

West Volusia Hospital Authority
WVHA BOARD OF COMMISSIONERS BUDGET WORKSHOP
July 20, 2017 4:00 P.M.
DeLand City Hall Commission Chamber
120 S. Florida Avenue, DeLand, FL

AGENDA

1. Call to Order
2. Approval of Proposed Agenda
3. Discussion Items
 - A. Millage Rate – presentation attached
 - B. POMCO 2017-2018 Budget Forecast
 - C. Funding Applications and amounts requested
 - D. Specialty Care limits and Exclusions
4. Commissioner Comments
5. Adjournment

West Volusia Hospital Authority
Preliminary Budget 2017-2018

Millage	No new agencies No increases		No new agencies No increases			
	Millage Rate 1.59	Actual Annualized	Millage Rate 2.52 2017-2018 Proposed at 100% of Requested	Millage Rate 2.36 2017-2018 Recommended	Millage Rate 2.4 2017-2018	Without Any Funded Agencies
	2016-2017			2338 members	2338 members	
Revenues						
Taxes	12,500,000	12,507,000	21,210,000	19,530,000	20,200,000	18,200,000
Investment income	65,000	52,745	45,000	45,000	45,000	45,000
Rent Income	67,301	67,301	68,000	68,000	68,000	68,000
Other Income		34,311				
Other Sources - Use of Reserves		-				
Total Revenues & Other Sources	12,632,301	12,661,357	21,323,000	19,643,000	20,313,000	18,313,000
Healthcare Expenditures						
Hospitals						
Hospitals	5,350,949	5,350,949	5,460,000	5,460,000	5,460,000	5,460,000
Physicians	225,000	225,000	225,000	225,000	225,000	225,000
NEFHS - Primary care clinics	730,000	710,775	918,322	918,322	918,322	918,322
Pharmacy	688,938	823,932	660,040	660,040	660,040	660,040
Pre-Natal	30,000	23,839	30,000	30,000	30,000	30,000
Lab Services	307,065	404,000	508,000	508,000	552,000	404,000
Specialty Care	3,549,457	3,710,392	4,776,000	4,776,000	5,195,000	5,210,739
County of Volusia Medicaid Reimbursement	2,197,953	2,200,000	2,250,000	2,250,000	2,250,000	2,250,000
HCRA-In County	400,000	150,000	400,000	400,000	400,000	400,000
HCRA-Outside County	419,612	60,000	419,612	419,612	419,612	419,612
Local Match Funding						
SMA-Baker Act	325,000	304,000	425,000	325,000	325,000	
Other funded agencies						
FL Dept of Health - Dental	300,000	120,825	300,000	125,000	125,000	
Good Samaritan						
Health Clinic	25,000	22,000	25,000	25,000	25,000	
Dental	57,712	33,500	54,747	54,747	54,747	
Global Health Care-Primary care	150,000	15,250	150,000			
Healthy Start Coalition of Flagler & Volusia-Outreach	73,500	73,246	73,500	73,500	73,500	
Healthy Start Coalition of Flagler & Volusia-Fam Services	68,900	60,000	68,862	68,862	68,862	
The House Next Door	181,975	75,000	181,975	110,000	110,000	
The Neighborhood Center	70,000	70,000	100,000	70,000	70,000	
SMA Residential	550,000	550,000	650,000	550,000	550,000	
Rising Against All Odd-HIV/Aids	210,000	251,000	280,265	210,000	210,000	
SMA ARNP Services @ THND	7,000	5,000	7,000	7,000	7,000	
SMA Homeless Program	78,336	78,336	110,257	78,336	78,336	
Hispanic Health Initiatives	100,000	49,600	191,000			

Global Healthcare System Urgent Care	200,000	2,150	200,000			
Community Legal Services	80,000	10,300	76,931			
New programs						
Community Life Center Outreach Services			40,000			
Affordable Financial Services			65,000			
HSCFV outreach Proposals (2)			49,725			
Deltona Firefighters Foundation Access to Healthcare			104,410			
Other Healthcare			264,826	108,053	296,553	
Total Healthcare Expenditures	<u>16,376,397</u>	<u>15,379,094</u>	<u>19,065,472</u>	<u>17,452,472</u>	<u>18,103,972</u>	<u>15,977,713</u>
Total Healthcare Expenditures						
Other Operating						
Tax Coll/Appraiser Fees	500,000	479,000	767,000	700,000	718,500	790,000
Tax Increment Districts	40,000	38,304	75,000	75,000	75,000	75,000
TPA Services	400,000	450,000	720,000	720,000	720,000	720,000
Eligibility/Enrollment	85,745	45,000	85,745	85,745	85,745	85,745
Healthy Communities(Kid Care)	72,036	68,200	72,036	72,036	72,036	72,036
Application Screening (RAAO & THND)	205,477	159,650	237,747	237,747	237,747	237,747
Other operating fees	417,200	370,000	300,000	300,000	300,000	317,200
Total Operating expenditures	<u>1,720,458</u>	<u>1,610,154</u>	<u>2,257,528</u>	<u>2,190,528</u>	<u>2,209,028</u>	<u>2,297,728</u>
Total Expenditures	<u>18,096,855</u>	<u>16,989,248</u>	<u>21,323,000</u>	<u>19,643,000</u>	<u>20,313,000</u>	<u>18,275,441</u>
Excess revenue over expenditures	<u>(5,464,554)</u>	<u>(4,327,891)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>37,559</u>

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Saturday, July 01, 2017 1:03 PM
To: Eileen Long; Al Powers
Cc: Ron Cantlay; Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Penny Barron
Subject: Specialty Care Cost Trend for Possible Health Card Membership Cap Recommendation - Projections from POMCO for budget

Good afternoon Eileen and Al. Per the note below I envisioned the WVHA health card membership cap as a joint recommendation between POMCO and DRT.

Although we have different projections for the specialty care costs in the 2017-18 fiscal year, I believe we are in agreement that the cost trend is significantly higher than what was budgeted for the 2016-17 fiscal year.

In fact if we just use the actual specialty care costs for the 8-month period from October 2016 through May of 2017 (2,305,525.90) and annualize it at the current health card membership, specialty care costs are expected to hit **\$3,458,288.70** by the end of this current fiscal year. That is significantly higher than the budgeted amount of \$2,612,610.

The effects of the above trend are compounded when we factor in the trend of the health card membership increases. Per my previous note below, the health card membership could increase to 1,858 by the end of this current fiscal year. If that is realized then the specialty care cost trend will also increase. Using the current per member per month (PMPM) costs of specialty care of \$162.27, that means specialty care costs in the 2017-18 fiscal will be at a minimum of \$3,617,971.90; assuming the same cost trend as we've seen this fiscal. Furthermore, POMCO's projections show that the specialty care costs could hit \$167.37 PMPM or \$2,008.46 per health card member. If that expected trend is realized then the following is the expected impacts on the specialty care costs:

	1,858 HC Members (membership projection at the end of 2016-17 fiscal)	2,000 HC Members	2,338 HC Members (membership projection at the end of 2017-18 fiscal)	\$2,500 HC Members
Projected Annual Specialty Care Costs	\$3,731,172	\$4,016,920	\$4,695,779	\$5,021,150

Overall when we look at these trends and projections, all of the specialty care recommended limits and exclusions could not produce the level of savings needed to reduce the trend. The trend appears to be a direct result of both the increase in membership and the overall specialty care utilization. If the utilization is not expected to decrease and the membership is expected to increase, we expect to see the types of cost impacts noted above. A decrease in utilization would mean a significant shift in the improved health of current health card members and new health card members coming into the program. Given the nature of the program we would not expect to see the new membership coming in to be healthier than the current membership.

IF DRT is in agreement based on the cost trends you've been seeing, the nature of the WVHA health card membership population, the cost impacts based on increased membership and the possibility of what POMCO is predicting, let's make a joint recommendation to cap the health card membership at 2,000 if there is room in the budget to account for the predicted specialty care costs of 2,000 members.

Let me know if you have any questions and if you would like to discuss on a call.

Thanks.

Regards,
S.A.J.

Shawn A. Jacobs
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From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, June 26, 2017 11:11 AM
To: Shawn Jacobs; Al Powers
Cc: Ron Cantlay; Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com)
Subject: RE: Attached - Projections from POMCO for budget

Hi Shawn,

When last we spoke about the ever increasing HC membership, you mentioned recommending a cap in membership to the Board during the July meeting. We would like for you to pursue this recommendation. It is the specialty care network line item that is wreaking havoc with the WVHA budget.

What are your thoughts?

I've included Ross Dickinson and Ted Small so that they are aware of this discussion.

Eileen O'Reilly Long



Dreggors, Rigsby & Teal, P.A.
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From: Shawn Jacobs [<mailto:sjacobs@pomco.com>]
Sent: Monday, June 26, 2017 8:21 AM
To: Al Powers <APowers@drtcpa.com>
Cc: Eileen Long <ELong@drtcpa.com>; Ron Cantlay <RCantlay@drtcpa.com>
Subject: RE: Attached - Projections from POMCO for budget

Good morning Al. To answer your question below, I looked at the average rate of increase over the past 9 months and the trends shows the following:

1. Increase of 362 members over 9 months
2. Average increase of 40 members per month
3. When annualized the membership could hit 1,858 by the end of September 2017
4. If we see the same trend during the next fiscal the membership could top 2,338 by the end of September 2018

Let me know if that helps.

Regards,
S.A.J.

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2017-2018 Funding Applications received by date and time

Agency name-CAC Review	Date		Amount		Difference	FYE 2016	YTD Actual	Difference
	Received	Time	Requested	Last Year		Budget	2016	
Community Legal Services of Mid-Florida (CLSMF)	3/23/2017	4:37 PM	76,931.00	80,000.00	-3,069.00	0.00	0.00	0.00
Florida Department of Health Dental Services	3/27/2017	11:40 AM	300,000.00	300,000.00	0.00	145,000.00	7,446.00	137,554.00
SMA Baker Act Services	4/5/2017	4:55 PM	425,000.00	425,000.00	0.00	400,000.00	400,000.00	0.00
SMA Residential Treatment Beds	4/5/2017	4:55 PM	650,000.00	450,000.00	200,000.00	450,000.00	450,000.00	0.00
SMA Homeless-Psychiatric Services	4/5/2017	4:55 PM	110,257.00	78,336.00	31,921.00	78,336.00	78,336.00	0.00
SMA ARNP @ THND	4/5/2017	4:55 PM	7,000.00	7,000.00	0.00	7,000.00	3,856.00	3,144.00
The House Next Door Therapeutic Services	4/6/2017	1:45 PM	181,975.00	181,975.00	0.00	181,975.00	76,727.00	105,248.00
The Neighborhood Center Outreach Services	4/6/2017	2:55 PM	100,000.00	70,000.00	30,000.00	50,000.00	50,000.00	0.00
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services	4/7/2017	8:11 AM	68,862.00	68,900.00	-38.00	68,918.00	40,076.00	28,842.00
HSCFV WIS/NOS Services	4/7/2017	8:11 AM	73,500.00	73,500.00	0.00	73,566.00	58,290.00	15,276.00
Global Healthcare Systems Urgent Care	4/7/2017	9:34 AM	200,000.00	324,000.00	-124,000.00	313,600.00	18,866.00	294,734.00
Hispanic Health Initiative Outreach-Educational Services	4/7/2017	10:20 AM	191,000.00	100,000.00	91,000.00	0.00	0.00	0.00
Rising Against All Odds HIV/AIDS Outreach Services	4/7/2017	11:09 AM	280,265.00	210,000.00	70,265.00	176,012.00	176,012.00	0.00
Totals			2,664,790.00	2,368,711.00	296,079.00	1,944,407.00	1,359,609.00	584,798.00

New Agency Applicants	Date		Amount		Difference
	Received	Time	Requested	Last Year	
Community Life Center Outreach Services	4/6/2017	1:40 PM	40,000.00	0.00	40,000.00
Affordable Financial Services	4/7/2017	9:48 AM	65,000.00	0.00	65,000.00
Checkmate Services International	4/7/2017	10:48 AM	163,600.00	0.00	163,600.00
Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach Proposal (2)	4/7/2017	11:38 AM	49,725.00	0.00	49,725.00
Deltona Firefighters Foundation Access to Healthcare Services	4/7/2017	11:40 AM	104,410.00	0.00	104,410.00
Sub-Total			422,735.00	0.00	422,735.00

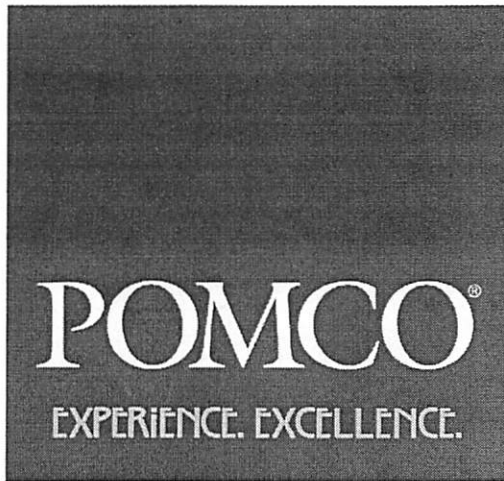
Primary Care/Administrative Applications-Board of Commissioner Review	Date		Amount		Difference
	Received	Time	Requested	Last Year	
Healthy Communities Outreach Services	3/15/2017	2:39 PM	72,036.00	72,036.00	0.00
Good Samaritan Clinic	4/5/2017	11:35 AM	79,747.00	82,712.00	-2,965.00
The House Next Door HealthCard Prescreening Services	4/6/2017	1:45 PM	189,742.00	143,737.00	46,005.00
Family Health Source	4/7/2017	9:11 AM	1,608,362.00	1,448,938.00	159,424.00
Global Health Care Systems Primary Care	4/7/2017	9:34 AM	150,000.00	313,600.00	-163,600.00
Rising Against All Odd HealthCard Prescreening Services	4/7/2017	11:09 AM	34,005.00	36,359.00	-2,354.00
Sub-Total			2,133,892.00	2,097,382.00	36,510.00

Combined Totals			5,221,417.00	4,466,093.00	755,324.00	4,133,786.00	3,086,300.00	1,047,486.00
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Example of Covered/Excluded Health Care Services Florida Hospital Silver Care Advantage Health Plan

Outpatient Services. Note: Authorization rules may apply.	Member Cost share	WVHA Cost Share
Primary Care Physician Visit	50.00	4.00
Specialists Office Visit	75.00	6.00
Chiropractic Services 26 visit maximum per calendar year	75.00	6.00
Podiatry Services	75.00	6.00
Maternity Office Visit (not including perinatology) up to 15 visits per calendar year are covered without cost-sharing in-network. Additional visits are subject to appropriate physician office cost-share	0.00	4.00
Maternity Ultrasounds	deductible + coinsurance	6.00
Diagnostic Lab Services (excludes genetic testing) (e.g. blood work) including independent clinical labs	0.00	6.00
Radiology Services (per visit, per type)	deductible + coinsurance	6.00
Emergency Room Visit (Facility copayment waived if admitted)	200.00	10.00
Hospital Services. Note: Authorization rules may apply.		
Inpatient Hospital Services (Per admission) Inpatient Rehabilitation Services limited to 21 days per year	deductible + coinsurance	0.00
Outpatient Surgery Services	200.00	10.00
Outpatient Observation	200.00	10.00
Other Medical Services. Note: Authorization rules may apply.		
Skilled Nursing Facility (Per admission) 120 days maximum per calendar year	deductible + coinsurance	Not covered
Home Health Care 60 visit maximum per calendar year	deductible + coinsurance	Not covered
Outpatient Rehabilitation and Habilitation services, physical, speech, occupational therapies - 20 hours per year, per condition (authorization may be required after the benefit limit has been met when therapy is for a different condition)	deductible + coinsurance	6.00
Cardiac & Pulmonary Rehabilitation 36 sessions per lifetime, per service (Additional days may be authorized when medically necessary)	deductible + coinsurance	6.00

Hyperbaric Oxygen Therapy		deductible + coinsurance		6.00
Hospice Services		deductible + coinsurance		Not covered
All other covered medically necessary services		deductible + coinsurance		6.00
Urgent Care Visit		75.00		4.00
Mental Health Services: Note: Authorization rules may apply.				
Inpatient Mental Health Care (Per Adminssion		deductible + coinsurance		0.00
Outpatient Mental Health Care		75.00		6.00
Patient Hospitalization		75.00		0.00
Inpatient Substance Abuse (Per admission) (Detox & acute care only for alcohol/substance abuse)		deductible + coinsurance		0.00
Outpatient Substance Abuse Office Visit (Alcohol/substance abuse)		75.00		6.00
Prescription Drug Benefit				
Tier 1 - Preferred Generic (as compared to 340B Drug Formulary)		2.00		1.00



POMCO

June 15, 2017

Submission Report for WVHA Board Members



POMCO Specialty Care Network Referral System

Specialty Care Provider Access

With the board's decision to open up POMCO's referral system to specialty care providers, we have reviewed best ways to implement the request given the specifics of the motion that was passed; *'...to open up the POMCO provider portal for specialty care referrals to specialists' who already have an authorized referral from NEFHS to have the ability to request additional specialty care network referrals. Further those specialists need to be directed by POMCO to print out and fax those referrals to NEFHS so that the record of the referral is a part of the NEFHS patient's continuum of care record'*.

Protocols are currently being implemented to match the motion as approved. POMCO will communicate the rules, processes and coordination requirements to our specialty care provider network and NEFHS when the protocols have been implemented.

As we monitor referral trends post implementation of this approved motion, the board may consider having POMCO perform utilization reviews as an added layer of oversight of the patient's care throughout the specialty care provider network.

Subrogation Case Review

Request for Lien Reduction

POMCO has been working on a subrogation case regarding a WVHA health card member claims that have confirmed third party liability.

In our attempt to recover the funds for WVHA, the health card member's attorney is asking if WVHA will accept 1/3 less of the lien from an expected refund of \$1,685.78 down to \$1,096.85.

On subrogation cases we normally see this type of request for 1/3 reduction in the lien whenever the member has employed an attorney with the goal of keeping as much of the third party settlement in the hands of the member/plaintiff. However the decision is always up to the program/plan sponsor.

A de-identified version of the health card member attorney's request is attached separately.

Eileen Long

From: Schaeffer, Deanna <Deanna.Schaeffer@halifax.org>
Sent: Friday, June 23, 2017 1:02 PM
To: Eileen Long
Subject: Fwd: RE: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf

Hi, Eileen. Please see the below response from Halifax patient assistance staff member.

Also, I have a few comments.

Bullet 6 for services out of county - as you are aware, WVHA covers the Volusia County HCRA obligations that are either emergencies or pre-approved.

Complications so from a non covered service maybe a case by case call.

WV does fund treatment for alcohol rehab and it is very much needed.

Suicide attempts that require medical care that MUST be provided should be covered.

Urgent care - I believe WV funds this? Good for cost savings.

That's all I have.

Take care,

Dee

----- Original Message -----

From: "Shinners, Deborah" <Deborah.Shinners@halifax.org>

Date: Wed, Jun 21, 2017, 11:48 AM

To: "Dees, Alisa" <alisa.dees@halifax.org>, "Bolte, Angela" <Angela.Bolte@halifax.org>

CC: "Watson, Alicia" <Alicia.Watson@halifax.org>, "Schaeffer, Deanna" <Deanna.Schaeffer@halifax.org>

Subject: RE: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf

*Looking at the list the majority of what is listed we do not cover.
There were one or two I had a carve out on.*

The under arrest one, if they are actually under arrest then no, we bill the jail. If they have not been processed and there are no formal charges on them they are a self pay which could make them able to request assistance.

As to the foot care, if the Patient is referred by our PCP it may be covered.

We do not do joint replacements.

We do not do Prosthetics.

Assistance with AMA Patients would be a individual call.

We will go back and pick up accounts prior to eligibility date with in a set time limit.

If the Patient is sent home with a wound VAC and it provides a safe discharge then yes.

Please let me know if anything else is needed.

Deb.

From: Dees, Alisa
Sent: Monday, June 19, 2017 3:01 PM
To: Bolte, Angela; Shinnors, Deborah
Cc: Watson, Alicia; Schaeffer, Deanna
Subject: FW: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf
Importance: High

Angela / Deb,

Please see Alicia Watson's email below and respond. Please cc me.

Thank you,

Alisa Dees, CSRMP

Assistant to the SR VP & Chief Revenue Officer
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303 North Clyde Morris Blvd.
Daytona Beach, FL 32114
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(F) 386-239-2325
Alisa.Dees@Halifax.org

username	password	LOG IN
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Exclusions

- All costs associated with the collection and preservation of sperm for artificial insemination.
- Allergy testing and immunotherapy.
- Alternative and holistic health care services.
- Ambulance Services.
- Amniocentesis.
- Any medical service provided or received outside of Palm Beach County will not be considered for reimbursement by the Health Care District of Palm Beach County unless authorized by the Health Care District.
- Any patient treated in a hospital while under arrest by, in custody of, being guarded by a law enforcement officer, or under house arrest.
- Any service provided or received without having been prescribed, directed or authorized by the Health Care District, except in cases of emergency.
- Any services in connection with education and treatment for learning or developmental disabilities.
- Bone Stimulators.
- Care or treatment of anorexia or bulimia.
- Chelation therapy.
- Chiropractic treatment or services.
- Complications related to non-covered services.
- Cosmetic, medical, surgical, and non-surgical treatments and procedures provided primarily for cosmetic purposes, which shall include but are not limited to: (1) surgery to the upper and lower eyelid; (2) penile implant; (3) augmentation mammoplasty; (4) reduction mammoplasty for male or female or other cosmetic procedures to the breast, (5) removal of breast implants, except in post mastectomy surgery; (6) full or partial face lift; (7) dermabrasion or chemical exfoliation; (8) scar revision, (9) otoplasty; (10) surgical lift, stretch, or reduction of the abdomen, buttocks, thighs, or upper arm; (11) silicone injections to any part of the body; (12) rhinoplasty; (13) hair transplant; and (14) tattoo removal.
- Cost of services performed by another institutional facility while you are hospitalized in a facility.
- Custodial, domiciliary, convalescent or rest care and care in a skilled nursing facility.
- Diabetic shoes.
- Dialysis for chronic renal failure after the 90th day of treatment from first day of dialysis treatment; dialysis treatments within the home.
- ECP (External Counter Pulsation).
- Experimental medical, surgical or psychiatric procedures and pharmacological regimes that are not generally accepted by the medical community or the Health Care District.
- External defibrillator vest.
- Eye glasses or contact lenses.
- Fertility or infertility testing, artificial insemination or invitro fertilization, embryo transplantation, human chorionic gonadotropin (HCG) injections or reversal of sterilization procedure.
- Foot care, such as removal of warts, corns, or calluses, including, but not limited to, podiatric treatment of bunions, toenails, flat feet, fallen arches, hammertoes, and chronic foot strain, unless determined to be acute and medically necessary or resulting from acute injury.
- Gastric stapling, gastric bypass, gastric banding, and other surgical experimental or investigational procedures for the treatment of obesity, weight loss and/or weight management. Diet or nutritional programs and any variants thereof or exercise programs.

- Genetic testing, counseling and other related services.
- Health or beauty aids, or hair analysis.
- Hearing aids.
- Immunizations required for travel and physical examinations needed for employment, insurance, or governmental licensing.
- Joint replacements - limit one (1) per calendar year.
- Medical or rehabilitation services related to the abuse of or addiction to alcohol, drugs, or other substances.
Mental or Behavioral Health services including any services related to the abuse of alcohol, drugs, or other substances.
- Occupational, physical, and/or speech therapy unless prescribed by a physician and as it relates to a medical condition.
- Orthodontic services or procedures, periodontal surgery, cast crowns, cast post or core, cast bridges, inlays or onlays, porcelain or resin laminate veneers, space maintainers, implants, or any cosmetic dental procedures.
- Orthotics (except for joint immobilization).
- Pain management.
- Private duty nursing services.
- Prosthetics - limit one (1) prosthetic per limb per lifetime.
- Repair of prosthetic or other DME obtained prior to eligibility.
- Sclera therapy.
- Services associated with aiding a patient in the home, such as homemaker, domestic or maid service.
- Services in connection with long term care, chronic care, or nursing home care.
- Services provided by a family member.
- Services provided in a hospital setting when the member leaves against medical advice (AMA).
- Services received as a result of an illegal act. Any injury resulted from being arrested by, in custody of, being guarded by a law enforcement officer or under house arrest.
- Services received prior to your eligibility effective date or after the termination date.
- Sex change operations or any sex change related services including services for sexual transformation or sexual dysfunction or inadequacies.
- Suicide, attempted suicide, or self-inflicted injury.
- Transplants and any related service to transplants, including transplant donor expenses, or stem cell transplant.
- Transportation.
- Travel, whether or not recommended by a physician.
- Treatment and/or repair of chronic congenital abnormalities.
- Treatment for acne or non symptomatic lesions, which may include but are not limited to warts, moles, nevi, lipomas, or cysts.
- Treatment for conditions covered by Workers' Compensation laws.
- Treatment for military service-connected disabilities for which the Veterans Administration and military hospital system provides care to which the member is legally entitled and when such facilities are reasonably available within the service area.
- Treatment of Temporomandibular Joint Disease (TMJ).
- Treatment of varicose veins of the extremities.
- Urgent care clinic services.
- Vision training, eye exercises, orthoptics, or surgery performed primarily to correct or improve myopia.
- Wound VAC.