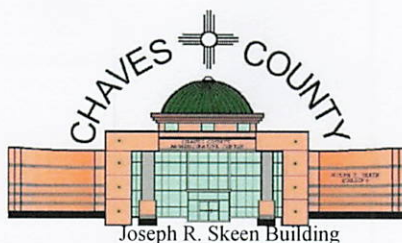


**CHAVES COUNTY
HEALTHCARE SERVICES**

P.O. Box 1597
Roswell, NM 88202-1597
Phone 575-624-6547, 575-624-6545
OR 575-624-6535
Fax 575-627-7554



COMMISSIONERS

Dara Dana · District 1
Cliff Waide · District 2
Herbert Corn · District 3
Richard Taylor · District 4
Michael Perry · District 5

Health Care Director
Jeff Ortega

**Health Care Covered
Services Information**

County Manager
Bill Williams

1. Hospital services for in-patient and out-patient treatment which is determined as medically necessary to the patient.
 - a. University Medical Center- Lubbock Texas
 - b. University Hospital- Albuquerque, NM
2. Ambulance transportation
 - a. Ambulance transportation- Trans Aero Medevac (Flight transportation)
3. Primary Care Services- La Casa Family Health Care
4. Behavioral Health- La Casa Behavioral Health
5. Dental- La Casa Family Dentistry

Limitations

1. Claim limits and changes to the IHC Policy will be determined annually by the County IHC Board. Most services will be reimbursed at the 50% ratio, except for in-patient hospital services, physician reimbursement, and oxygen services through the participating Home Health Provider. There is a \$100.00 billed amount limitation. There is a \$15,000.00 fiscal year limit for hospital services and a \$5,000.00 fiscal limit for ambulance service. (This is per patient and amounts can not be transferred from one patient to another.)
2. Primary Care Services to an eligible individual will be subject to a limit of \$4,000.00 per patient per fiscal year and claims are paid at 65%.
(Primary Care co-pays are not eligible because they are considered reasonable and generally result after the Medicare reimbursement.)

Eligibility Criteria

1. Required to be a Chaves County resident for more than ninety (90) days prior to the date of treatment.
2. Applicant's income must comply with the Income Criteria below, if the household income exceeds the income schedule below, a medical spend down must be included. (A medical spend down is any medical and pharmacy payments and or insurance premiums made by members of the household within the last three months prior to the current services rendered. It does not include payments made by an insurance provider.) If you make monthly child support payments, that can also be used to help your household meet our income guidelines. (Include proof with your application.)

Persons	1	2	3	4	5	6	7	8
Annual	\$29,952	\$39,127	\$49,302	\$59,477	\$69,652	\$79,827	\$90,002	\$100,177
Monthly	\$2,496	\$3,260	\$4,108	\$4,956	\$5,804	\$6,652	\$7,500	\$8,348

Note: An expectant mothers unborn child will be included in determining the family or household eligibility. Add \$10,175 for each additional household member.

Exclusions (IHC will not provide coverage for the following.)

1. Elective surgery or treatment. These types of services are not medically necessary for the well-being of the patient. Example: Tubaligation, Vasectomy, Fertility aid, Cosmetic procedures etc.
2. Nursing Home Care.
3. Routine physician charges (outside those of the contracted primary care provider.) Radiology readings, laboratory services outside the hospital setting unless these were provided due to an emergency life threatening or disabling situation. Any durable medical supplies are not covered. Anesthesiologist and Chiropractic services are not covered.

Note: IHC has contracted providers that can render services. Call (575) 624-6535, (575) 624-6545, or (575) 624-6547 to find out if a physician you are planning to have services with is a participating provider.