

# Can CHS pay for your referral medical care? Find out in 3 stages.

## Individual Qualifications

### Stage 1

#### You are eligible if:

You are a member or descendant of a federally recognized Tribe or have close relatives acknowledged by your Tribe\*

and

You live on the reservation or, if you live outside the reservation, you live in a community of the CHSDA for your Tribe\*  
 which Contract Health Service Delivery Area (CHSDA) covers a single Tribe or a few Tribes local to the area.\* You are ineligible for CHS elsewhere.

and

You get prior approval for each case of needed medical service or give notice within 72 hours in emergency cases (30 days for elders & disabled)

No for the above

#### Application is denied.

There are a few narrowly defined exceptions. Ask CHS staff for more specifics about individual eligibility, CHSDA, or prior notice.

## Relative Medical Priorities

### Stage 2

#### Payment may be approved if:

a) The health care service that you need is medically necessary

— as indicated by medical documentation provided

and

b) The service is not available at an accessible IHS or Tribal facility

and

c) The facility's CHS committee determines that your case is within the current medical priorities of the facility

Unfortunately, CHS funds often are not sufficient to pay for all needed services. When this happens, the committee considers each individual's medical condition to rank cases in relative medical priority. Cases with imminent threats to life, limb, or senses are ranked highest in priority.\*\*

and

d) CHS funds available are sufficient to pay for the service to be authorized

No for the above

#### Application is deferred.

\*\* Ask CHS staff for more specifics. Sometimes deferred lower priority cases may be reconsidered later if funding permits.

## Coordination and Payment

### Stage 3

#### Approval, Billing, Payment

a) You must apply for any alternate resources for which you may be eligible — Medicare, Medicaid, insurance, etc.

then

b) A CHS purchase order is issued to a provider authorizing payment for services

then

c) IHS or Tribal staff and the authorized provider coordinate your medical care

then

d) The authorized provider bills and collects from your alternate resources

then

e) The authorized provider bills any unpaid balance to CHS for payment — because CHS is payer of last resort, it pays only for costs not paid by your alternate resources

Steps are completed in order

#### Provider is paid.

Specific services authorized within relative medical priorities may vary from time-to-time in response to changing supply and demand, especially to stretch diminished funds over the remainder of the fiscal year.

Yes

for all

Yes

for all

## PAYOR OF LAST RESORT

IHS is the payor of last resort of persons defined as eligible for CHS under the Code of Federal Regulations - 42 CFR 36.61, notwithstanding any State or local law or regulations to the contrary.

- A. Accordingly, IHS will not be responsible for or authorize payment for CHS to the extent that:
1. The Indian is eligible for alternate resources, defined in paragraph (c), or for them, or
  2. The Indian would be eligible for alternate resources if he or she were to apply for them, or
  3. The Indian would be eligible for alternate resources under State or local law or regulation for the Indian's eligibility for CHS or other health services from IHS or IHS programs.
- B. Upon application by an Indian patient for CHS the CHS Offices must:
1. Determine, upon reasonable inquiry, whether the patient is potentially eligible for alternate resources.
  2. Advise the patient of the need to apply for alternate resources.
  3. Assist the patient in applying, especially where it is evident that the patient is unable to apply or is having difficulty with the application process.

## FAILURE TO FOLLOW ALTERNATE RESOURCE PROCEDURES

There are two instances when CHS will not pay the provider for medical bills incurred by a CHS eligible Indian patient:

1. When the patient willfully or intentionally fails to apply or fails to complete an alternate resource applications.
2. IHS will not pay the provider when the provider fails to follow alternate resource procedures, such as not notifying the program within its time constraints. IHS's trust responsibilities include requiring the providers to maximize the availability of alternate resources. Thus, if the provider is not able to receive payment from an alternate resource program because of the provider's failure to follow proper procedures, IHS will not be responsible for the medical bill, even if the Indian patient is otherwise CHS eligible.

The use of alternate resources is mandated in the Code of Federal Regulations - 42 CFR 36.23 (a).

- a. An individual is required to apply for alternate resources if there is reasonable indication that the individual may be eligible for the alternate resources.
- b. Refusal to apply for alternate resources when there is a reasonable possibility that one exists; or refusal to utilize an alternate resource, requires denial of eligibility for CHS.
- c. An individual is not required to expend personal resource for health services to meet alternate resource eligibility or to sell valuables or property to become eligible for alternate resources.

Examples of alternate resources are those resources including IHS/tribal facilities that are available and accessible to an individual. Alternate resources would include, but not be limited to, Medicare, Medicaid, vocational rehabilitation, Veteran Administration, Crippled Children's programs, private insurance, and State programs.

## OTHER ALTERNATE RESOURCE INFORMATION

1. Students whose grant includes funds for health services shall be required to use the grant funds to purchase available student health insurance.
2. When an alternate resource is identified that will require the IHS/tribal program to pay a portion of the medical care costs, the appropriate IHS form will be processed immediately to obligate the funds for the estimated balance, after the alternate resource payment. Payment will not be processed unless and until the provider has billed and received payment from the alternate resource. It is necessary to require either an Explanation of Benefits (EOB) or, in cases of denial from the alternate resource, a copy of the denial notice for the record.

# DENTAL SERVICES

Dental services are covered by the CHS Department for all clients eligible for the program; however, the patient must use their primary insurance before the CHS program can provide payment assistance. All dental services must be preauthorized. An example of each dental service priority is listed below.

## DENTAL SERVICE PRIORITIES

### LEVEL I EMERGENCY DENTAL SERVICES

- Extractions as necessary
- Temporary fillings as necessary
- Pulpotomy or pulpectomy as necessary
- Antibiotics and analgesics as necessary

### LEVEL II PREVENTIVE DENTAL SERVICES

- Teeth cleaning and oral hygiene instruction
- Topical fluoride application
- Topical application of sealants

### LEVEL III SECONDARY DENTAL SERVICES (BASIC DIAGNOSTIC AND RESTORATIVE SERVICES)

- Examination and necessary radiographs
- Routine restorations (amalgams, composites, preformed crowns for primary teeth)
- Space maintainers for primary and mixed dentition patients
- Limited periodontal treatment (scaling and root planning)
- Endodontics (root canals) for anterior teeth

### LEVEL IV LIMITED REHABILITATION DENTAL SERVICES

- Large, complex restorations requiring more than three tooth surfaces to be restored
- Cast crowns for endodontically treated teeth
- Endodontics (root canals) on bicuspid teeth
- Limited orthodontic treatment (children/adolescents)



## LEVEL V REHABILITATION SERVICES

- Removable full or partial dentures
- Periodontic surgery
- Endodontics on first molar teeth
- Fixed bridge work
- Comprehensive orthodontic treatment (children/adolescents)

## LEVEL VI COMPLEX REHABILITATION DENTAL SERVICES

- Periodontal surgery with osseous or soft tissue grafts
- Comprehensive orthodontics
- Maxilla-facial prosthetics

\*Services in the higher levels of care IV, V, and VI will be provided on a limited basis.\*

All dental services with a priority level of III or higher must be pre-certified with the Mashantucket Pequot Health benefit Plan, if the provider is seeking reimbursement for the co-payments from Tribal Health Services.



# PULSE ALERT



## NEW PHARMACY HOURS OF OPERATION

EFFECTIVE 08/03/2015

Monday	8:00 AM TO 6:00 PM
Tuesday	8:00 AM TO 8:00 PM
Wednesday	8:00 AM TO 6:00 PM
Thursday	8:00 AM TO 8:00 PM
Friday	8:00 AM TO 6:00 PM
Saturday	9:00 AM TO 12:00 PM
Sunday	Closed

The Satellite Pharmacy located at Foxwoods will remain with the current hours of:

Monday to Friday	7:30 AM TO 4:30 PM
Saturday & Sunday	Closed

PEQUOT

**Pequot Health Care**

1 Annie George Drive

PO Box 3559

Mashantucket, CT 06338-3559

# PEQUOT HEALTH CARE



Available at Main and Satellite Pharmacy

Save on the products you use EVERY DAY

<u>ALLERGY</u>	<u>Price</u>	<u>PAIN RELIEVERS</u>	<u>Price</u>
Fexofenadine 180mg .....	\$ 12.00	Aspirin 325mg EC .....	\$ 1.50
Children's Allergy Liquid .....	\$ 1.00	Children's Ibuprofen Liquid .....	\$ 4.00
Allergy Relief Capsule .....	\$ 1.50	Children's Non-Aspirin Liquid .....	\$ 1.25
Allergy Relief Loratadine .....	\$ 2.75	Infant Non-Aspirin Drops .....	\$ 3.00
All Day Allergy Cetirizine .....	\$ 3.50	Migraine Relief .....	\$ 2.50
<u>COUGH &amp; COLD</u>		All Day Pain Reliever .....	\$ 4.00
Children's Cold & Allergy .....	\$ 2.00	Aspirin 81mg EC .....	\$ 1.00
Dextromethorphan (Delsym) .....	\$ 7.00	Extra-Strength Non-Aspirin Pain Reliever	\$ 1.50
Mucinex 600mg .....	\$ 10.00	Ibuprofen Pain Reliever .....	\$ 3.25
Mucinex DM .....	\$ 10.00	Ibuprofen Infant Drops .....	\$ 3.00
Cherry Cough Drops .....	\$ 1.00	<u>STOMACH RELIEF</u>	
Daytime PE .....	\$ 3.00	Infant Gas Relief .....	\$ 3.50
Honey-Lemon Cough Drops .....	\$ 1.00	Fiber Laxative Capsules .....	\$ 5.75
Menthol Cough Drops .....	\$ 1.00	Stomach Relief Liquid .....	\$ 3.00
Deep Sea Saline Nasal Spray .....	\$ 2.50	Laxative + Stool Softener .....	\$ 2.00
Night Time Cold & Flu .....	\$ 3.00	Gas Relief Chewable Tab .....	\$ 2.75
Cherry Cough Drops (Sugar Free) .....	\$ 1.25	Antacid Chewable Tab .....	\$ 3.50
Q-Tussin .....	\$ 1.00	Antacid Plus Liquid .....	\$ 2.25
Nasal Decongestant PE .....	\$ 1.75	Anti-Diarrheal Tab .....	\$ 3.00
Tussin CF .....	\$ 2.00	Gentle Laxative .....	\$ 2.00
Q-Tussin DM .....	\$ 1.00	Omeprazole 20mg .....	\$ 9.00
<u>CREAMS/OINTMENTS</u>		Stool Softener .....	\$ 3.00
A&D Ointment .....	\$ 2.50	<u>VITAMIN</u>	
Muscle Rub Cream (BenGay) .....	\$ 3.75	B-Complex Vitamin .....	\$ 3.25
Anti-Itch Cream .....	\$ 1.50	Calcium 600mg+D .....	\$ 2.00
Miconazole Suppositories .....	\$ 6.50	Certavite Senior w/Lutein Multivitamin ..	\$ 3.00
Clotrimazole Cream .....	\$ 2.00	Iron Tablet 325mg .....	\$ 1.00
Terbinafine Cream .....	\$ 7.00	One-Daily Multivitamin .....	\$ 1.25
Triple Antibiotic Ointment .....	\$ 2.50	Children's Chewable Multivitamin .....	\$ 2.50
Unguentine Ointment .....	\$ 9.50	Pediatric Iron Drops .....	\$ 4.00
<u>EYE/EAR CARE</u>		Vitamin C 500mg .....	\$ 2.50
Artificial Tears .....	\$ 2.00	Vitamin D3 50,000IU .....	\$ 10.00
Earwax Remover .....	\$ 1.50	<u>OTHER</u>	
Allergy Eye Relief .....	\$ 1.50	Pill Organizer .....	\$ 1.00
Eye Itch Relief .....	\$ 6.50	Glucose Tablets .....	\$ 2.00
<u>FIRST AID</u>		Motion Sickness Tablet .....	\$ 1.00
Alcohol Swabs .....	\$ 1.75	Benz-O-Sthetic (Orajel) .....	\$ 2.00
Hydrogen Peroxide .....	\$ 1.00	Abreva .....	\$ 16.50
70% Isopropyl Alcohol .....	\$ 1.50		
Povidone-Iodine Solution .....	\$ 1.50		
Fabric Bandages .....	\$ 1.50		

\*List and prices are subject to change without notice

We are here for your health! Come in, visit us online at [www.prxn.com](http://www.prxn.com), or call us at 1-800-342-5779

# WHY WE ASK QUESTIONS

## Privacy Act Notification Statement of the Indian Health Service

### Benefits

Reasons why Indian Health Service (IHS) and contract health service providers need to collect information from and about you (name, date of birth, mailing address and health information):

- To find out how you feel or what you think is wrong;
- To find out if a member of your family has a condition that could affect your health;
- To locate your medical record among all the others
- To reach you and your family (for follow-up care, or to mail medical test results or future appointments to you) to maintain your health;
- To determine your health condition and the kind of care that is right for you.

It is not necessary to answer these questions to receive medical care. However, if you give complete and correct information to the best of your ability then IHS and contract health service staff will be better able to decide what the proper care is that you need.

### Uses

IHS and contract health service personnel will not reveal to anyone what is in your medical record without your written permission, except to:

- State, local or other authorized groups to provide health service to you or to reimburse contractors for the services provided to you;
- Federally approved organizations that evaluate the health care you receive;
- Persons performing health related research where IHS is assured the research will help Native American people and the information will be adequately protected;
- State or local governmental agencies which by law require the information for the purposes of law enforcement, birth and death reporting and communicable disease control;
- Local schools for the purpose of providing health care to the children they teach;
- Organizations (Medicare/Medicaid, insurance companies) for them to reimburse IHS and contract health service providers for services provided to you;
- Agencies acting on behalf of IHS to collect reimbursable payments or to make payments on behalf of the Indian Health Service.

### Eligibility

Other information is required if we are to determine:

- Your eligibility to receive health care from the Indian Health Service or contract health service providers (evidence of Indian descent and your residence);
- Your eligibility to have other agencies such as Medicare, Medicaid or private insurance companies pay IHS or contractors for part or all of your health care expenses;
- Your eligibility to receive health care from other organizations (such as the Veterans Administration).

These requirements are contained in 42 CFR Section 36.12 and 42 CFR Section 36.23. These regulations say that IHS is to obtain information on possible use of other health resources which may be used to provide you with health care. This information is to be obtained before health care is provided to you directly by IHS or by contract health providers.

### Authority

Records of health care provided to you are maintained by IHS under the following laws:

- Public Health Service Act, Section 321;
- Indian Self-Determination and Education Assistance Act;
- Snyder Act;
- Indian Health Care Improvement Act;
- Construction of Community Hospitals Act;
- Indian Health Service Transfer Act.

IHS employees are required to keep a list of people to whom they release information from your medical record. You have a right to see that list. The list must show what was released, to whom (name and address), for what purpose and the date of release. You may speak with a person at the outpatient or admitting desk to find out how to do this.

The information you provide will be maintained in Health and Medical Records, Systems, HHS/PHS/IHS, (System Number 09-17-0019).

***Thank You For Your Help!***

## PRIVACY ACT NOTIFICATION STATEMENT

(To be given to persons provided health care by the Indian Health Service (IHS) or by contractors receiving funds from the IHS)

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When Federal Employees or Federal Contractors keep records about people, they must give the people information about the records they are keeping. The Privacy Act of 1974 (Public Law 93.579) requires that the following be done:

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1. You have the right to know what records about you are collected, stored, used or given out by the Federal agency or contractor and why. The page titled: "Why We Ask Questions" which comes before this notice, describes this.

More information about the health and medical information IHS employees or IHS contract employees keep about you is found in the IHS Health and Medical Records System Notice, 09-17-0019. You can get a copy of this notice by asking someone in the IHS or IHS contractor's Medical Records Office for it.

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2. You have the right to authorize IHS employees or IHS contract employees to send out information contained in a record about you for a purpose other than the original purpose(s) for which it was collected. Should you wish to do this you will be asked to complete and/or sign a form titled; "Authorization For Release of Information," Form No. IHS-810.

In order to give out a copy of your record (or information contained in your record) for a purpose not covered by the "Why We Ask Questions" notice or the Systems Notice 09-17-0019, you must give your permission in writing.

If you believe that your record is being used improperly, contact someone in the medical records department of the IHS facility or the IHS contractors facility where your record is stored and inform them of your objection. You should receive a written reply to your comment within two weeks. If for some reason you do not receive a response within two weeks contact the Service Unit Director for a response to your inquiry.

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3. You have the right to see the original record or a copy of it, to have a copy made of all or any part of it and to ask for correction of information you believe is incorrect. Copies are made at the expense of the IHS. Someone in the medical records department where your records is kept will assist you with these procedures. A medically trained individual will first have to examine your record to see if it is in order before this is done. This process generally takes two weeks.

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4. If you have questions about what is written in your record, you may ask the doctor to explain the entry to you. If you do not agree with an entry in the medical record you may write to the Service Unit Director, state what you disagree with and why and give proper identification (name, address, date of birth and signature). This statement will be made a permanent part of your record. You should receive a reply to your inquiry within 2 weeks.

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5. IHS employees or IHS contract employees are to ensure that the information stored in each record is (1) collected for a necessary and lawful purpose, (2) current and correct, and (3) safeguarded against misuse.

This is very important to IHS staff. Notify someone in the IHS or contractor's medical records office if you think one of the above requirements is not being done. You should receive a written reply within two weeks. If for some reason you do not receive a response within two weeks contact the Service Unit Director for a response to your inquiry.