

STOCKBRIDGE-MUNSEE HEALTH & WELLNESS CENTER POLICY

Department: Tribal Health Fund Department Head: PRC/TFRS/THF Manager
Policy Title and #: 202THF0001 THF Eligibility Effective: 9-5-06
Supersedes: None Review Date: 4-21-15

REVIEW/APPROVAL PROCESS

LEGAL: 4-4-06 HEALTH BOARD: 4-17-06 TRIBAL COUNCIL: 4-21-15

Purpose: To identify clients who are eligible for services through the Stockbridge-Munsee Tribal Health Fund (THF).

Policy: The intent of THF is to provide funding for medically necessary and prescribed services and procedures for eligible persons. The THF is solely funded by the Stockbridge-Munsee Community, and eligibility for these benefits creates no legal entitlement to the THF, but only potential eligibility for services.

The THF functions as a settlement program where eligible persons are responsible for the direct payments to providers and the THF pays them for such medical bills. These funds are to be used only after it has been established that no other alternate resources (i.e. Medicare, Medicaid, Badger Care, Private Insurance) are available to the person requesting THF services. Each eligible person may receive up to \$2500.00 per Tribal fiscal year (October through September) for Health Care services, depending on available resources.

Health Care Services

General Statements:

1. Only enrolled members of the Stockbridge-Munsee Community, who reside outside of the Purchase/Referred Care Service Delivery Area (PRCDA), which is Shawano and Menominee counties, are eligible for Tribal Health Fund services.
2. It shall be the patient's responsibility to submit documents for eligibility to the Purchased/Referred Care Program at the Stockbridge-Munsee Health and Wellness Center (SMHWC). Stockbridge-Munsee enrollment documentation can be obtained by providing the appropriate verification at the Stockbridge-Munsee Land & Enrollment office, N8402 Moh He Con Nuck Road, Bowler, Wisconsin 54416, (715)793-4677.
3. The following are the **only** exceptions to medically necessary services: laser eye surgery (life time allowance of \$1500.00), orthodontics, chiropractic care (12 visits per 12 months), and mental health or AODA (substance abuse).
4. Consideration of payment will not be made for services and procedures that are considered purely cosmetic in nature. *Indian Health Service Circular No. 93-03 "Cosmetic and Experimental Procedure Review"*
5. Optical Services are funded as follows:

Children (Pre-school through 12th Grade)

A. Frequency of examinations:

1. Once every 12 months.

B. Frequency of Replacement:

1. Once every 12 months, only lenses will be replaced prior to the requisite 12-month time period if a significant ocular change occurs and is documented by an eye care professional. It is the eligible person's responsibility to submit proof of change to the THF office.
2. A one-time benefit of \$25.00 will be disbursed for lost or stolen glasses prior to the 12-month requisite time frame.
3. In the case of broken glasses eligible persons should seek warranty information from the vendor.

C. Payment Allowance:

1. Eligible Children are allowed up to but not exceeding \$250 payment of total charges this includes the exam, frame, lenses, and/or contacts and miscellaneous charges after other sources of payment have been used.

Adults (age 19 through 54 years of age)

A. Frequency of examinations:

1. Once every 24 months.

B. Frequency of Replacement:

1. Once every 24-months, only lenses will be replaced prior to the requisite 24-month time period if a significant ocular change occurs and is documented by an eye care professional. It is the eligible person responsibility to submit documentation of change to the THF office.

C. Payment Allowance:

1. Eligible adults are allowed up to but not exceeding \$250 payment of total charges this includes the exam, frame, lenses, and/or contacts and miscellaneous charges after other sources of payment have been used.

Elderly (age 55 and older) and Disabled:

A. Frequency of examinations:

1. Once every 24 months

B. Frequency of Replacement:

1. Once every 24 months, only lenses will be replaced prior to the requisite 24 - month time period if a significant ocular change occurs and is documented by an eye care professional. It is the eligible person's responsibility to submit documentation of change to the THF office.

C. Payment Allowance:

1. Elderly and disabled persons are allowed up to but not exceeding \$500 of total charges, this includes exams, frames, lenses, and/or contacts and other miscellaneous charges after all other resources have been used.

6. AUDIOLOGY SERVICES (ages 3 and up)

- A. Frequency of examinations:
1. Once every 12 months, unless more frequent exams are deemed medically necessary.
- B. Frequency of Replacement:
1. Hearing aids will typically be replaced at most once every 4 years. Hearing aids will be replaced prior to the requisite 4 year time period if a significant hearing change occurs and is documented by an audiologist. It is the eligible person's responsibility to submit proof of change to the THF office.
 2. In the case of a damaged hearing aid, eligible persons shall be eligible to receive up to \$300.00 every 4 years that can be used for repairs after the warranty has expired. Warranty information should be obtained from the vendor. Most hearing aids come with a 2-year warranty to cover repair costs.
- C. Payment Allowance:
1. Eligible persons are allowed up to, but not exceeding, a total of one audiology exam per year.
 2. Eligible persons are allowed up to, but not exceeding, a total of one follow up appointment (i.e. for adjustments to hearing aids) per year.
 3. Eligible persons are allowed up to, but not exceeding, a total of \$1,200.00 payment for one hearing aid or \$2,400.00 for bi-lateral hearing aids every four (4) years.

Procedure:

Eligible patients must abide by the following guidelines when submitting claims to THF.

1. Eligible persons must complete a THF application, and are eligible for payment for services only within the fiscal year in which they apply. New applications must be completed and returned every 3 years along a copy of all insurance cards.
2. Eligible persons must submit a copy of their denial from alternate resources to the THF office i.e. Medical Assistance, Community Support, etc., if patients have no insurance coverage.
3. Prior authorization is recommended for determination of benefits, and eligible persons should verify funding availability for each visit. Each service will be reviewed for determination of payment.
4. Eligible persons must submit a copy of their statement along with the health insurance explanation of benefits (EOB); this includes Medicare, to the THF office. All claims, prescription reimbursements, bills, and refunds must total a minimum of \$10.00 combined due to the cost of processing
5. All bills must be paid to the vendor by the patient. THF will pay the patient based on the statement and EOB and then patient is responsible for the payment of their bills to the medical providers.
6. THF reimbursements normally are paid through direct deposit of funds into the person's

bank account. To receive direct deposit, the patient will need to submit all required paperwork to the Stockbridge-Munsee Community's finance department.

7. If a person does not have a bank account, then a check can be mailed for the THF reimbursement. However, people should be aware that the timeframe for the issuance of a payment by check is longer than the timeframe for direct deposit. Patients are also responsible to ensure that there is a correct address on file with the Finance Department as any THF reimbursements returned will be voided.
8. Eligible persons must submit all reimbursements and claims for the current fiscal year to the THF within 90 days of the date of service. Once the SMHWC receive all proper documentation for reimbursement, payment will be processed within a 4-week timeframe if funds are available. Only claims or reimbursements submitted for the current fiscal year will be considered eligible for payment. Exceptions are determined by primary insurance payment if the services were initially authorized.
9. Letters will be sent, through the mail, to patients when additional information is needed to determine whether payment of services is appropriate. If the requested information is not returned within 30 days of the request, all bills will be denied.
10. Appeals of any denial must be submitted in writing to the PRC manager within 30 days of receipt of the denial. If a person is denied by the PRC manager, an appeal may be submitted to the Director of the SMHWC for consideration.

Tribal Health Fund

Services-Inclusions, Exclusions And Limitations of the Tribal Health Fund

1. Contingent upon the current level of funding the following services, though not exhaustive, may be covered under the Tribal Health Fund:
 - Physician services.
 - Inpatient hospital services.
 - Outpatient medical/surgical services including emergency room services at hospital based locations.
 - Outpatient evaluative and crisis intervention mental health services.
 - Medical services for substance abuse.
 - Diagnostic laboratory and diagnostic and therapeutic radiological services.
 - Home health services, if within medical priorities (e.g., a cancer patient can be treated at home more cost effectively than being admitted to a hospital for treatment).
 - Preventive health services.
 - Skilled nursing home services as defined by Medicare regulations.
 - Laser eye surgery, (life time allowance of \$1500.00)
 - Dental services.
 - Physical therapy and rehabilitative services.
 - Prescription medications.
 - Chiropractic services, for subluxation of the spine as demonstrated by X-ray, (12 visits per 12 months).
 - Prosthetic devices.
 - Medical laboratory and radiology.
 - Podiatry services.

2. The following services, though not exhaustive, are **specifically excluded**:

- Services and supplies that are not necessary for the diagnosis and treatment of a covered illness or injury.
- Any products or services that can be purchased over the counter.
- Custodial care.
- Domiciliary care.
- Intermediate nursing home care.
- Services and supplies for which the Indian person has no legal obligation to pay or for which no charge would be made if the individual were not eligible for the Tribal Health fund.
- Services or supplies furnished by local, State, or other Federal programs.
- Abortions, except in the case that the life of the mother is threatened or in danger or if the pregnancy is the result of criminal activity as documented by a police report or an attending physician.
- Naturopaths.
- Burials including other related funeral expenses.
- Housekeeper and companion services.
- Personal comfort and/or convenience items such as beauty and barber services, radio, telephone, and television.
- Services to persons in the custody of local, State, and Federal law enforcement facilities/agencies.