

PTN - CHS funds are used to supplement and complement other health care resources available to Ponca Tribal members. Because Indian Health Service (IHS) programs are not fully funded, the CHS program must rely on specific regulations relating to eligibility, notification, residency, and a medical priority rating system. IHS is designated as the payor of last resort meaning that all other available alternate resources must first be used before payment is expected. These mechanisms enhance the IHS to stretch the limited CHS dollars and designed to extend services to more members.

Ponca Tribe of Nebraska offers its members limited medical services for primary care services. As for specialized care, the member/provider must submit the referral and all pertinent information to the Contract Health Department so that a determination can be made in regards to approval or denial of such referral.

**Please note:** Services cannot be approved until all appropriate documentation is submitted to patient registration in determining eligibility. You will be asked to update information during each visit to the FLHWC and on an annual basis. If your update reflects a new address, you will be requested to provide proof of residency.

Coverage: (All ages)

### **Primary Care (General Practitioner/Family Physician)**

- Two primary medical visits per year ([See CHS Provider List](#))
  - ❖ CHS does not cover prescriptions following these medical visits
  
- Yearly Required Physicals (18 & under for grades K-12)
  - ❖ Includes all needed immunizations and series
  
- Specialized services
  - ❖ If a provider indicates that a referral is necessary for specialty care, please submit referral or any other pertinent information for review so that a decision can be made on approval or denial of services

### **Vision Services (See Eye Care Policy)**

- 0-18 Annual Exam, Frame and Lenses every year
- 19-64 Annual Exam, Frame and Lenses every two years
- 65 & over Annual Exam, Frame and Lenses every year
  - ❖ If you are diabetic, diabetes program may pay for your eye exam

### **Dental Services (See Dental Service Policy)**

- One initial or periodic oral exam 2 times per year (once every 6 months)
- Dental cleaning 2 times per year (once every 6 months)
- Includes x-ray, fluoride and sealants
- Amalgam Restorations/Composite Restorations (fillings)
- Endodontic (root canals)
- Oral Surgery
- Orthodontics Services (braces) for members age 19 and under

### **Emergency Services**

### **Emergency Dental Policy (See Emergency Dental Policy)**

- CHS will cover prescriptions after an emergency dental visit

### **Prescription Services**

- Following an emergency visit
- Before and after surgeries
- Following an inpatient stay
- NOTE: There is no coverage on refills

## **Elderly Services** (See Elderly Care Plan)

- Primary Care Medical Services
- Prescription services
  - ❖ Elders - 65 Years or older
  - ❖ NOTE: Elderly are eligible for all services listed above regardless of their coverage

To be eligible for the Elderly Care Plan where you have unlimited access to your primary care physician, you must have Medicare Part B or Insurance. To be eligible for unlimited access for prescriptions you must have Medicare Part D or Insurance coverage for prescriptions.

The elderly member must be denied from Medicaid and must provide proof of such denial. If you do not have Medicare Part B/D or Insurance, you are not eligible for the elderly care plan. It is the members' decision as to whether or not they want to participate in this program as CHS cannot require that a member pay out of pocket to meet an alternate resource.

Disabled: Prescription co-payment coverage only, if the member is covered by Medicaid and/or Medicare because of disability. Proof of disability will be requested. Prescription co-payment coverage is available only if the member is covered by Medicaid and/or Medicare Part D as a direct result of the disability. Proof is required.

### **ELIGIBILITY REQUIREMENTS**

CHS authorizing officials authorize all health care payments. The general eligibility requirements are as follows:

- You must be an enrolled member of the Ponca Tribe of Nebraska.
- You must reside in PTON-CHS delivery area

In addition, eligibility extends to non-Indians in the following three situations:

1. Non-Indian woman pregnant with an eligible Indian's child, for the duration of pregnancy through six weeks post partum (for pregnancy-related care only)
2. Non-Indian member of eligible Indian's household - public health hazard only
3. Non-Indians who are adopted, foster, step-child (ren) of eligible Indian (until age of 19 yrs)

### **PATIENT RESPONSIBILITY**

After meeting the eligibility requirements, the patient must register with CHS by submitting the following information:

- Patient Intake Form
- Proof of Residency
- Birth Certificate
- Copy of Social Security Card
- Enrollment Card
- Copy of Alternate Resource Coverage

CHS is a payer of last resort. When a patient has Medicare, Medicaid, Veteran's benefits, private insurance, worker's compensation, or is covered by any other resource, that resource is the primary payor. Patients must immediately provide all explanations of benefits from the primary resources(s) to the CHS office when received by the patient. If the client has Medicaid, CHS does not pick up any remaining balances because participating providers must accept Medicaid's payment as full payment.

Members need to update information with CHS annually (or as needed). If the update reflects a new address, patients must provide proof of residency prior to authorization of services.

### **FUNDING BACKGROUND**

Indian Health Service (IHS) is a branch of the United States Public Health Service and Department of Health and Human Services that provides a full range of health services to more than 900,000 American Indian and Alaska Natives throughout the United States. It is considered the payer of last resort (notwithstanding any state or local law or regulations to the contrary).

Federal Regulation 42CFR 36.61 established the CHS delivery areas, eligibility, notification and related requirements. The U.S. Congress allocates funds for the CHS program annually.

## Helpful Links

Click a link for additional health care information:

- [Partnership for Prescription Assistance](#)
- [Iowa Department of Human Services](#)
- [Nebraska Health & Human Services](#)
- [South Dakota Dept of Human Services](#)
- [Medicare](#)
- [Social Security Administration](#)
- [Veteran Affairs](#)

## CHS Contact Information

Contract Health Specialist  
Contract Health Clerk  
CHS A/P Clerk

Ponca Tribe of Nebraska  
1800 Syracuse Ave.  
Norfolk, NE

(P) 402.371.8834

(F) 402.371.0176