



Ponca Tribe of Nebraska Contract Health Services (CHS) Summary of Services

Summarization:

CHS funds are used to supplement and complement other health care resources available to eligible Ponca members. Because the CHS program is not fully funded, the CHS program must rely on specific regulations relating to eligibility, notification, residency, and a medical priority rating system.

CHS is designated as the payor of last resort meaning that all other available alternate resources must first be used before CHS payment. An Indian Health/Tribal/Urban (I/T/U) facility is deemed an alternate resource when available and accessible. The above mechanisms enhance the CHS program to stretch the limited CHS dollars and are designed to extend services to more members.

Services cannot be authorized until the CHS office has received all the necessary information in determining eligibility. Ponca members residing within 25 miles of an I/T/U facility must first use this resource before CHS can authorize services. In cases where a Ponca facility is unavailable to provide services, the member will need to obtain a written verification form from the Medical Director indicating that there are no appointments available. After receipt, CHS will be allowed to authorize primary medical and/or dental care without prior committee approval. Referrals and/or call ins will still be reviewed at committee at the next appointed meeting to monitor services. In all other areas, CHS staff will contact the appropriate I/T/U to verify availability, when necessary.

Important Notice: All services REQUIRE prior authorization before obtaining services or a 72 hour notification following an emergency service.

Primary Care (General Practitioner/Family Physician)

- Four primary medical visits per fiscal year (*Request CHS Provider List*)
 - ❖ Prescription coverage following primary care visit (*No refills*)
 - ❖ Chronic Disease – two additional visits per fiscal year (*verified by CHS Committee*)
- Required Physicals (Pre-K through 12th grade)
 - ❖ Includes immunizations and series
- Well Child Visit
 - ❖ Per CDC Immunization guidelines, recommended vaccinations are at 3 days, 2 wks, 1, 2, 4, 6, 12 & 15 months
 - ❖ Prescriptions

Specialty Care

- Specialized services
 - ❖ You must be referred to a specialist due to medical necessity, you, the patient cannot self refer to the specialist.
 - ❖ A written referral or any other pertinent information is required and must be submitted to the CHS office prior to scheduling the appointment. Once obtained, information will be reviewed so that a decision can be made on approval or denial of services.
 - ❖ Chiropractic Services – 6 visits per fiscal year
 - ❖ Hearing Aids – *(See Hearing Aid Plan)*

Vision Services *(See Vision Care Plan)*

- 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 Plan)*

- One initial or periodic oral exam 2 times per year *(once every 6 months)*
- Dental cleaning 2 times per year *(once every 6 months)*
- X-rays / fluoride / sealants
- Amalgam Restorations / Composite Restorations *(fillings)*
- Children's prefabricated crowns for primary teeth *(baby)*
- Endodontics *(root canals)*
- Oral Surgery
- Periodontal care
- Orthodontic Services *(braces; for members 19 and under)*

All dental services will need pre-authorization from Contract Health. Please submit a pre-determination estimate on a ADA claim form. Your dental office should be able to provide this to you. Also, have your dentist include any supporting documents i.e. radiographs, chart notes and/or a narrative to support their recommendations. Cosmetic procedures will not be approved.

Please Note: The below dental procedures are of a lower priority:

20% of the CHS dental budget will be reserved for dental services including, but not limited to:

- Crown and bridge procedures. (Ceramic and porcelain fused to noble metal allowed. No gold crowns or bridges.)
- Dentures and partial if fabricated by Affordable Dentures located at Lincoln/Bellevue, NE and Sioux City, IA.
- Mini Implants if by Affordable Dentures or Implants if placed at the University of

Nebraska Medical Center College of Dentistry or at Creighton University School of Dentistry.

Emergency Dental

- Emergency office visit/exam & necessary treatment to alleviate the emergent condition
- Prescription coverage following the emergency visit (*No refills*)

Emergency Services

Emergent care services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes. All emergency services will be reviewed by CHS Committee to determine if the service meets Medical Priority I.

- Prescription coverage following the emergency visit (*No refills*)

Prescription Services

- Prescriptions following an approved primary care visit
- Prescriptions before and after surgeries
- Prescriptions following an emergency visit
- Prescriptions following an inpatient stay
 - ❖ No refills will be covered for above categories
- Prescription following a well child visit
- Prescriptions for a Priority I service
 - ❖ Refills covered with CHS Committee approval

Elderly Services (*See Elderly Care Plan*)

- Primary Medical Services
- Prescription services
- Immunizations

In order to be eligible under the Elderly Care Plan, you must have Medicare Part B or Insurance. To be eligible for prescription coverage you must have Medicare Part D or Insurance. All services must be obtained from an approved CHS provider.

The elderly member must be denied from Medicaid and must provide proof of such denial. If you do not have Medicare Part B and/or 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: (Available to all ages who are classified 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.

Women and Men’s Health

- Cardiovascular & Diabetes Screening
 - ❖ Blood Pressure check
 - ❖ Cholesterol check
 - ❖ Blood Sugar (glucose) check
- Colon Cancer Screening
 - ❖ Fecal Occult Blood Test (FOBT) for home testing; or
 - ❖ Colonoscopy - if approved

Women’s Health

- Breast & Cervical Cancer Screening
 - ❖ One visit per fiscal year for women services unless there is a family history of cancer

Men’s Health

- Prostate screening
 - ❖ One visit per fiscal year for men services unless there is a family history of cancer

All alternate resources must be exhausted. Please contact the following State programs for potential coverage:

<p style="text-align: center;"><u>Nebraska</u></p> <p style="text-align: center;">Office of Women’s and Men’s Health Every Woman Matters Program Nebraska Colon Cancer Program Toll Free: 800-532-2227 www.dhhs.ne.gov/womenshealth www.dhhs.ne.gov/menshealth www.dhhs.ne.gov/crc</p>	<p style="text-align: center;"><u>Iowa</u></p> <p style="text-align: center;">Breast and Cervical Cancer Early Detection/WISEWOMAN Iowa Department of Public Health (800) 369-2229 www.womenshealthiowa.info</p>
<p style="text-align: center;"><u>South Dakota</u></p> <p style="text-align: center;">South Dakota Department of Health WISEWOMAN Program Phone: (605) 773-3622 or 1-800-738-2301 http://getscreened.sd.gov/</p>	