

**Patient Assistance Program for Tulalip Elders  
(Age 62 and over)**

The **Mission** of Tulalip Patient Assistance Program is to provide H.O.P.E. (Helping Our People Every day) for quality specialty medical & dental care for our Tulalip Tribal Elders.



**POLICY CHANGES EFFECTIVE ON November 14, 2016**

Patient Assistance Program  
(Formally Known as Contract Health Services)  
7520 Totem Beach Road  
Tulalip, WA 98271  
(360) 716-5630 Phone (360) 716-5789 Fax

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**This booklet last updated November 14, 2016**  
**Policy last reviewed and approved November 16, 2015**

### **Definitions:**

**PAP- Patient Assistance Program**

**Policies are reviewed annually.**

**Eligibility:** Eligibility criteria for **Patient Assistance Program** are as follows:

- Tulalip Members living within Snohomish County.
- Tulalip Tribal Members living outside Snohomish County will be listed as Direct Care only and will **not** be eligible for the Patient Assistance Program.
- Eligibility must be established prior to receiving authorization for payment for health care.
- Tulalip Patient Assistance Program will not pay for health care services obtained outside the United States.
- Tulalip Patient Assistance Program excludes honorary Tulalip Tribal members.

**Funding:** Tulalip PAP is funded by a PL-638 contract with the Indian Health Service (IHS). Indian Health Service falls under the jurisdiction of the Public Health Service under the U.S. Department of Health and Human Services. This contract is renewed annually and funding amounts are subject to change each year by the U.S. congress.

**The PAP program is not:**

1. An entitlement program (such as Medicare)
2. An insurance program
3. An established benefit package

PAP payments are authorized based on a clearly defined guideline and eligibility criteria are subject to availability of funds. PAP cannot guarantee that funds are always available. PAP is a payer of last resort; therefore, all alternate resources must be exhausted prior to PAP funds.

**Authorization:** Payment for healthcare outside of the Tulalip Health & Dental Clinic can **only** be authorized by PAP staff. No one else can authorize payments. PAP payments are authorized based on PAP guidelines, and eligibility criteria.

**PAP (Patient Assistance Program) covers the following:**

**Please note it could take up to 24 hours for PAP staff to issue a Purchase Order, so please call ahead of time**

**Number 1-3 apply to all sections:**

1. Patients must have a current update on file with registration, and be listed as CHS eligible.
2. Patients must follow Tulalip Health/Dental clinic & PAP polices and guidelines.
3. Patients with primary insurance must utilize their primary insurance prior to PAP covering

**PAP will cover C-PAP and Oxygen Supplies.**

1. PAP only uses the following vendor (patients must use the following vendor):
  - Lincare

**In-Network:** Patients must use providers within network of their primary insurance when available, in order for PAP to cover. If patients fail to use providers within network when available, their claim will be denied. The Tulalip Health/Dental Clinic referral specialist(s) and alternate resource staff will help assist patients in finding providers in network with primary insurance, when being referred from the Tulalip Health/Dental Clinic.

**PAP Coverage for Vision (Glasses/Contacts/Exams):**

1. PAP will cover from age 62 and over a once a life time up to \$2,000.00 for LASIK procedure through **Physicians Eye Clinic** for elders age 62 and over who meet current criteria for this intervention; not everyone with impaired vision are good candidates for this type of eye surgery. Patient must have a referral from the Tulalip Health Clinic.
2. PAP will cover elders age 62 and over once a year (Calendar year Jan.-Dec.) up to \$500.00 dollars for cost of exam, glasses & contacts.
3. PAP uses the following vendors for glasses/contacts/exams:
  - i. Everett Optometry – Phone (360) 716-4511
  - ii. Everett Clinic – Phone (425) 252-3937
  - iii. State Ave Vision Center – Phone (360) 658-5071 (This providers does not accept Medicaid, if you have Medicaid primary you may not use this vendor).
4. PAP continuously updates our vendor list and if you see a vendor not listed please call us at 360-716-5630.

### **PAP Coverage for Hearing Aids**

1. PAP will cover elders age 62 and over up to \$6,000.00 every 5 years (Calendar years Jan.-Dec.).
2. PAP uses the following vendors:
  - i. Costco in Smokey Point WA – Phone (360) 652-4554
  - ii. Ears 2 U in Marysville WA – Phone ( 360) 653-0335
  - iii. Advanced Hearing System in Edmonds WA – Phone (425) 771-3886
3. PAP continuously updates our vendor list and if you see a vendor not listed please call us at 360-716-5630.

### **PAP Coverage Dental:**

1. Patients must have a referral from the Tulalip Dental Clinic.
2. PAP will cover:
  - Dentures and partials once a calendar year.
  - Replacements for dentures and partials once a calendar year.
  - Relines
  - All dental copayments, deductibles and co-insurances, exclude listed non-covered diagnosis on page 10-11. And excludes implants and crowns.
  - Elders must have implants, crowns, flippers, partials and dentures done at the Tulalip Dental Clinic; if implants, crowns, flippers, partials and dentures are done outside the Tulalip Dental Clinic PAP will not cover.

### **PAP Coverage for diabetes- related DME**

1. PAP will cover one continuous blood glucose monitoring device and one insulin pump to include associated supplies while using these life-saving tools.
2. Patients must meet current AACE\* and ADA\*\* recommended prescribing criteria for the use of these tools; not all patients with insulin-dependent diabetes are well suited for this treatment.
3. Patients must have a current referral from the Tulalip Health Clinic.
4. PAP will not cover any lost or stolen equipment.

**\*AACE= American Associated or Clinical Endocrinologists**

**\*\*ADA= American Diabetes Association**

**PAP Coverage for Medical bills:**

- PAP will cover all medical copayments, deductibles; co-insurances this excludes listed non-covered diagnosis on page 10-11. And excludes any listed non-covered charges listed on page 11.

**PAP Denials:** If you are non-compliant with PAP guidelines a denial will be issued once a bill is received. Denials for healthcare services may be issued for one or more of the following reasons:

1. Non-compliance with alternate resource or applications.
2. Not a PAP covered expense
3. Non-Emergent Services should have utilized THC.
4. I.H.S facility (THC) was available.
5. No Referral
6. No notification within 72hrs of emergent care
7. Eligibility not established Patient is direct care only
8. Patient does not have a current update on file with registration
9. Patient does not utilize THC (Patient is not registered with the Tulalip Health Clinic.)
10. Non-covered charges primary failed to pay.
11. Patient failed to respond to inquiry for primary coverage information as requested.
12. Under \$5.00 write off- PAP non-covered charge.
13. Primary insurance paid more than Medicare like rate, no patient balance.

If you receive a denial from PAP and do not agree with it, you have **thirty days from the date** issued to appeal and provide new information as to why you should not have been denied, this must be in writing and addressed to the PAP Supervisor. If you do not appeal within the thirty days or provide new information as to why it should not have been denied, the denial will stand. You can submit your letters to the following:

Tulalip Patient Assistance Program  
Attention: Laura Jimenez  
7520 Totem Beach Road  
Tulalip, WA 98271  
Phone: (360) 716-5630

**Bill Statements:** You must give the phone number and billing address of Tulalip Patient Assistance Program to your doctor's office so that they may contact PAP staff for billing instructions and information. If you have primary insurance, you must give your doctor's office a copy of your primary insurance.

If you receive a bill statement in the mail from your doctor's office:

- Contact the doctor's billing office by calling the number on the statement and give them the number and address to Tulalip Patient Assistance Program (see page 9).
- If you have primary insurance give them your primary insurance information, as PAP is a payer of last resort.
- You have 30-60 days to bring your statement into PAP staff, if you do not bring your statement in within 60 days PAP will not cover.
- PAP cannot pay bills if they do not receive them. So it is important that once you receive a bill statement in the mail you bring it down the PAP staff.
- PAP will not pay any bills over 1 year old.
- If you were hospitalized or had surgery, you can have multiple bills for the same date of service, all charges/bills occurred on the same day will be covered, but you still need to bring in your bill statements. Some of the related charges may be for radiology, anesthesia, ER physician, surgeon, labs, etc.

## **Registration Requirements**

### **1. Tribal Verification**

- a. Tribal ID with enrollment number.

### **2. Address Verification**

Only the listed bills will be acceptable for Address verification if you do not provide one of the following you will not be able to be registered. It must have your name and address on the bill. If you use a PO Box, you will still need to provide one of the listed bills with your physical address.

Children under the age of 18 can use one of the listed bills in their parent/guardian's name until the age of 18; after the age of 18, they must provide a bill with their name and address.

- a. PUD Bill
- b. Water Bill

- c. Cable Bill
- d. Copy of lease or deed to house
- e. Cell Phone Bill

### 3. **Insurance Card**

If you do not have any other insurance, you must apply for Alternate Resources (DSHS/WA Apple Health, Obama Care/ACA), as it is required that all alternate resources be exhausted before using PAP funds. We require that patients apply and provide Registration and PAP with a copy of denial or approval from Alternate Resources. This will need to be done Every Calendar Year (Jan.-Dec.). You can contact our Alternate Resource team for more information or assistance in applying for DSHS/WA Apple Health, Obama Care/ACA:

- a. See Contact Information for **Alternate Resources** on page 9

### 4. **If you have had a name change**, we will need a copy of one of the following:

- a. Marriage certificate
- b. Divorce decree
- c. Legal documents regarding name changes (e.g. court papers)

### 5. **Signed and dated** forms available at the clinic:

- a. HIPAA
- b. Eligibility
- c. Direct Care

You must provide copies of all required documents to be registered. Registration charts are audited yearly, and if you do not have all the documents, or current address verification on file, you will be put in Pending or Direct Care status until you provide registration with the missing documents. Each enrolled individual must have a complete file. Your cooperation is greatly appreciated, for any questions; please feel free to contact Tulalip Health Clinic Patient Registration.



**Alternate Resources Staff:**

You may contact the following staff for support with alternate resources:

Broker	Meitra Patterson-Williams:	360-716-5669
Resource Specialist	Brent Case:	360-716-5722

**Registration Staff:**

You may contact the following for more information regarding patient registration:

Patient Registration Clerk:	Fono Keni	360-716-5607
Medical Records Manager:	Jennie Fryberg	360-716-5700

**PAP Staff:**

PAP Supervisor:	Laura Jimenez	360-716-5630
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Address: Tulalip Health Clinic  
Attention: Patient Assistance Program  
7520 Totem Beach Road  
Tulalip, WA 98271

**PAP Non-Covered Medical Diagnosis- Not Limited To:**

Angiocardiology	Gastric freezing	Neurosurgery
Acupuncture	Gastric bypass surgery	Osteoplasry
Ambulatory Blood Pressure	Hair analysis	(osteotomy)
BCG Vaccine (for ovarian cancer)	Hair implants	Pain control programs
Coronary Bypass (non-acute)	Hair transplants	Passive motion exercise devices
Cellular Therapy	Heart/lung transplantation	Plasmapheresis
Chelation Therapy for Atherosclerosis	Heat treatment for pulmonary conditions	Plastic surgery, reconstructive
Cochlear Implants (under 18yrs of age)	Hemodialysis for treatment of schizophrenia	Portable fusion pumps
Colonic irrigation	Human tumor stem cell drug sensitivity assays	Porta-caval shunt
Cytotoxic food tests	Immunotherapy	Pancreas transplants
Dermabrasion	In-vitro fertilization	Plastic surgery (purely cosmetic not reconstructive)
Electric aversion therapy	Intestinal bypass surgery	Portable hand held X-ray instruments
Electric nerve stimulation for motor dysfunction (not for pain control)	Intestine transplantation	Prolotherapy
Electro-sleep therapy	Intravenous histamine therapy	Pulmonary Embolectomy Trans venous (catheter)
Electro-therapy for facial nerve palsy	Joint replacement	Radical neck surgery
External counter-pulsation	Joint and ligament sclerosing therapy	Rhinoplasty, cosmetic
Esophageal PH monitoring	Keratoplasty, re-fracture	Sympathectomy
Facial bone repair	Laetrile	Scalp replantation
Food allergy testing and treatment	Lung transplantation	Sex-change operations
Gastric Balloon for treatment of obesity	Mammoplasty, reconstructive/cosmetic	Tattoo removal
		Thermo genic therapy
		Tinnitus masking
		Valvular open-heart surgery

### **PAP Non-Covered Dental Diagnosis- Not Limited To:**

*Complex amalgams (4 or more surfaces)	*Surgical extractions (impactions)
*Post and core restoration	Cast onlays or crowns with or w/o porcelain
*Crown buildups	Acid etch (Maryland) bridge
*Bicuspid endodontics (two canals)	Perodontal surgery (mucogingival and osseous)
*Gingivoplasty	Limited/interceptive orthodontics
*Molar endodontics (3 or more canals)	Apicoectomy/retrograde filling

**“\*” Services in the left column are provided at the Tulalip Dental Clinic**

### **PAP Non-Covered Charges:**

- 1. PAP will not cover medical/dental bills for patients in treatment, they will need to apply for alternate resources (DSHS/WA Apple Health, Obama Care/ACA) and utilize an I.H.S facility near them.**
- 2. PAP will not cover alternative complimentary services (i.e.: Chiropractic care, Reiki, Massage, Naturopathy, Acupuncture, Homeopathy, Chemical Endarterectomy, Home Health, Skilled nursing and etc.).**
- 3. PAP will not cover copayments, deductibles, Co-insurance, or referrals if you choose to go outside the Tulalip Health/Dental Clinic for primary care.**
- 4. PAP will not cover Durable Medical Equipment (DME).**
- 5. PAP will not cover Mental/ Behavioral Health bills or treatment.**
- 6. PAP will not cover if you go outside your primary insurance network, when providers are available within network.**
- 7. Prescriptive Medicines need to go through Tulalip Pharmacy and then can be reached at 360-716-2660.**
- 8. Paclab bills can only be paid if you are CHS eligible and have applied for Alternative Resources. If you are Direct Only and don't qualify, patient is responsible for bill not PAP.**
- 9. Non Emergent rides home from hospital that are not Life Sustaining will not be covered by PAP.**
- 10. Pap will not cover/nor pay any no late fees, no show fees or etc.**