

**Patient Assistance Program for Tulalip Members
(Age Birth- 61 yrs old)**

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 Members living in Snohomish County.



POLICY CHANGES EFFECTIVE ON November 14, 2016

Patient Assistance Program
(Formally Known as Contract Health Services)
7520 Totem Beach Road
Tulalip, WA 98271
(360) 716-4511

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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 **Tulalip 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.
- A non-native American woman pregnant with an eligible Native American (enrolled in a federally recognized tribe) living within Snohomish County may be eligible for Patient Assistance Program during pregnancy and six weeks' post-partum. **Patients must follow THC registration and PAP guidelines**
- Tulalip Patient Assistance Program will not pay for health care services obtained outside the United States.
- Tulalip Patient Assistance Program excludes honorarium 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.

Alternate Resources: PAP funds are intended to help pay for healthcare where no other sources of healthcare payment are available, or to supplement other alternate resources after they have been utilized. The use of alternate resources enables I.H.S to provide more and better healthcare for Native Americans. You are required by Title 42 CFR 436.61 to apply for alternate resources, refusal to apply for alternate resource when there is a reasonable possibility that one exists will result in a denial of eligibility for PAP. You are required to apply for alternate resources (Obama care/ ACA, DSHS/WA Apple Health) and provide Tulalip PAP staff with a copy of the denial or approval letter to be eligible for PAP funds

Examples of Alternate Resources:

- Medicare
- DSHS/WA Apple Health/Obama Care/ACA, State Programs
- Vocational Rehabilitation
- Children’s Rehabilitative Services
- Private Insurance
- Auto Insurance (motor vehicle accidents)
- Workman’s compensation
- Victims of crime act of 1984 is not an acceptable alternate resource

(See Contact Information for Alternate Resources on page 12)

Emergent/ Urgent/ Life threatening Services are defined as 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 to use of the most accessible health care available and capable of furnishing such services. Diagnostic and treatment of injuries, or medical conditions, which if they were left untreated, would result in uncertain but potentially grave outcomes.

Examples of Emergent/Urgent/Life Threatening Services:

- Emergency room care for emergent or urgent medical conditions, surgical conditions, or acute trauma.
- Emergency inpatient care for emergent or urgent medical conditions, surgical conditions or acute injury.
- Acute and chronic renal replacement therapy.
- Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
- Obstetrical deliveries and acute perinatal care.

- Neonatal care

Emergent/urgent/Life threatening services:

- Your claim will be sent to medical review to determine if it falls within emergent/urgent/ life threatening services. If your claim is approved and falls within emergent/urgent/life threatening services PAP will cover as long as you have complied with guidelines, if denied you will receive a denial in the mail and **will have 30 days to appeal from date denied.**
- You will have 72 hours to provide notification, when you receive emergency care from or are admitted to a non-I.H.S facility you must notify PAP department within 72 hrs of visit/discharge. If you fail to notify PAP your claim will be denied. It is important to notify PAP so that we can verify eligibility, insurance, and explain guidelines.
- If patients have no other insurance, they must comply with alternate resources and provide PAP staff with a copy of approval or denial from alternate resource program within 30 days of emergency visit.
- **Please remember that you must use the clinic when available for non-emergent/urgent services.**

Non-Emergent Services:

- Patients must have a current update on file with registration, and be listed as CHS eligible.
- If patients have no other insurance, they must apply for alternate resources (Obama Care, WA Apple Health/DSHS).
- Patients must have a current referral from the Tulalip Health/Dental Clinic, Urgent and Routine referrals are good for up to 6 mos. and number of visits listed on referral. General referrals are good for up to 1 yr. and number of visit listed on referral.
- If the service falls under the non-covered charges PAP will not cover. (See page 14 for list).
- Patients must bring PAP staff their bill statements within 30-60 days of receiving them, if statement is not brought in within 60 days PAP will not cover.
- PAP will not cover bills over 1-year-old, even if the above guidelines are followed. It is important you tell your providers to contact PAP for billing information, and turn statements in once received.

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 one and two applies to all of the following sections:

1. Patients must have a current update on file with registration and be CHS eligible.
2. If patients have no other insurance they must apply and comply with alternate resources, (DSHS/WA Apple Health, Obama Care/ACA), and provide PAP staff with approval or denial of alternate resource application within 30 days of visit/discharge.

PAP Coverage for Labor and Delivery:

1. PAP will cover the labor and delivery as well as lactation services referred by the patient's attending OB/GYN or nurse midwife for up to 6 total visits to include in-patient ambulatory encounters.
 - a) Patients must call and notify PAP staff within 72 hrs of visit/discharge if patient does not call and notify within 72 hrs claim(s) will be denied.
 - b) Patients must register newborn with Tulalip Health/Dental Clinic within 60 days of delivery to get services covered and must be listed as CHS eligible.

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

1. Patients must call and obtain a PO number prior to appointment.
2. Patients that have primary insurance must utilize their primary insurance prior to PAP covering.
3. PAP will cover:
 - Ages birth-61; once a life time up to \$2,000.00 for Lasik procedure through **Physicians Eye Clinic** for members 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.
4. PAP will cover:
 - PAP will cover children 18 yrs and under once a year (calendar year Jan.-Dec.) up to \$500.00 for cost of exam, glasses & contacts.
 - PAP will cover ages 19-61 every two years (calendar years Jan.-Dec.) up to \$500.00 for cost of exam, glasses & contacts.
 - PAP uses the following vendors for glasses/contacts/exams:
 - Everett Optometry – Phone (360) 716-4511
 - Everett Clinic – Phone (425) 252-3937

- 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).
- 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. Patients must have a current referral from the Tulalip Health Clinic.
2. Patients with primary insurance must utilize their primary insurance prior to PAP covering.
 - PAP will cover age 61 and under up to \$2,500.00 every 3yrs (calendar years Jan.- Dec.)
 - PAP uses the following vendors:
 - Costco in Smokey Point WA – Phone (360) 652-4554
 - Ears 2 U in Marysville WA – Phone (360) 653-0335
 - Advanced Hearing System in Edmonds WA – Phone (425) 771-3886
 - PAP continuously updates our vendor list and if you see a vendor not listed please call us at 360-716-5630.

PAP Coverage for C-Pap Supplies and Oxygen:

1. Patients must have a current referral from the Tulalip Health Clinic.
2. PAP only uses the following vendor for C-PAP supplies & oxygen (patients must use the following vendor)
 - Lincare

PAP Coverage for Minors Specialty Mental Health:

1. Patients must have a referral from Beda? Chelh Psychologist.
2. Patients must be 18 yrs old and under.
 - PAP will cover the referral written by Beda? Chelh staff which is limited to:
 - Evaluation once a year. (calendar year Jan-Dec)
 - Intake once a year. (calendar year Jan-Dec)
 - Up to 3 consults a year. (calendar year Jan-Dec)
 - Any services beyond this will be patient responsibility; PAP will not be able to cover any additional services beyond what is listed above.

PAP Coverage for Dental:

1. Patients must have a referral from the Tulalip Dental Clinic.
2. PAP will cover:
 - Up to \$1,000.00 every 5 yrs (calendar years Jan.-Dec.) for dentures and partials for patients up to the age of 61.
 - Up to 4 crowns' a year (calendar year Jan.-Dec.) for patients up to the age of 61.
 - Orthodontics up to the age of 25.
 - Patients 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**

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 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 (not registered).
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 (30) 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
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 12).
- 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.
- b. If you are a descendant of the Tulalip Tribes, you will need a certified letter from the BIA stating you are a descendant and the name of the tribe which you are a descendant from. Or you may provide a copy of your enrolled parent's tribal ID, along with a copy of your birth certificate with their name on it as a parent; names must match on both of these documents.
- c. Bureau of Indian Affairs (BIA) Contact information
2707 Colby Avenue Suite 1101
Everett, WA 98201
(425) 258-2651
*Must be enrolled in a federally recognized tribe or a descendant of a federally recognized tribe.

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. Birth Certificate

If you do not have one you may contact the following if born in Snohomish County:
Snohomish Health District – Vital Statistics
3020 Rucker Ave. Suite 102
Everett, WA 98201

4. Social Security Card

If you do not have one, you may contact the following for Snohomish county:
Social Security
3809 Broadway
Everett, WA 98201
1-800-772-1213

5. 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 12

6. 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)

7. 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:

You may contact the following for more information regarding PAP program or PO requests.

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

PAP Non-Covered Medical Diagnosis – Not Limited To:

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

PAP Non-Covered Dental Diagnosis – Not Limited To:

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

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

PAP Non-Covered Charges:

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