



# LTBB Contract Health

Member Handbook



## Member Handbook Table of Contents

Table of Contents.....	2
What is Contract Health.....	3
Utilization .....	4
Use of Tribal Clinic .....	5
Prior Authorization .....	6
Use of Urgent Care and Emergency Room Facilities .....	7
Other Health Insurance .....	7
Is Payment for Services Always Guaranteed .....	8

### **Contract Health**

1250 Lears Rd  
Petoskey, MI 49770  
Phone: (231) 242-1600  
Fax: (231) 242-1617

### **Dental Clinic**

1250 Lears Rd  
Petoskey, MI 49770  
Phone: (231)242-1740

### **Health Clinic**

1250 Lears Rd  
Petoskey, MI 49770  
Phone: (231) 242-1700

# What is Contract Health

Contract Health Services (CHS) is an Indian Health Service, US federally funded program run by the Little Traverse Bay Bands of Odawa Indians Health Department. CHS is the means used to pay for Health Services that cannot be provided at the Mina-Mskiki Gumik clinic for patients who are eligible for CHS.

**CHS is not an entitlement program, an insurance plan, or guarantee of payment. CHS is considered the payer of last resort!**

**Private Insurance,** Medicare, or Medicaid must be applied first.

If the patient has no insurance, Medicare or Medicaid that patient will be required to apply for Medical Assistance before eligibility for CHS can be established. Medicaid Applications must be filed to the local FIA office of the county of residence. An eligibility determination must be received by CHS within thirty (45) days of CHS registration.

If the determination is not received at CHS within fortyfive (45) days of registration any services such as labs, x-rays, medications or referrals to outside providers will be billed to the patient. These bills will not be covered by CHS.

**Remember that CHS funds come from the US government Indian Health Services and they do not guarantee that funds will always be available.**



## Contract Health Service Area (CHSDA)

### Upper Peninsula

Alger, Luce, Delta, Mackinac, Schoolcraft, Chippewa

### Lower Peninsula

Emmet, Cheboygan, Presque Isle, Charlevoix, Antrim, Otsego, Montmorency, Alpena, Leelanau, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, Alcona, Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco

## Utilization

A member must register for Contract Health Service Benefits. This includes providing our office with proof of your insurance (s), or if you do not have insurance, you must provide this office with a copy of the determination letter from your local Family Independence Agency (FIA). You will be asked to update your file once every twelve (12) months. When calling for services a member of our Health Staff will ask if there are any updates that need to be made to your file. The following documents must also be submitted:

- ◆ Completed and signed Patient Registration Form
- ◆ Tribal Identification Card or proof of descendency, (i.e. birth certificate and marriage license to show name change)
- ◆ Copy of Driver's License, State Identification, or Government Issued Picture Identification
- ◆ Second proof of residence, (i.e., utility bills, voters registration, leases, automobile registration) proof of residency must be your physical address **not** an RV park or Post Office box.
- ◆ Proof of insurance(s) or letter of determination from your local FIA office.
- ◆ Copy of Social Security Card (optional)

## WHAT STEPS DO I TAKE IF MY BILL HAS BEEN DENIED

The three step process must be followed in the order described. Failure to follow the steps in order will result in the appeal being denied.

### 1. CONTRACT HEALTH LEVEL

The applicant has thirty (30) days from the date of

the original denial to request an appeal. The appeal must be made in writing to the Contract Health office with additional information. The applicant shall be notified within five (5) days of a decision.

### 2. ADMINISTRATIVE LEVEL

If the decision of denial is upheld by LTBB Contract Health an appeal may be sent to the Health Director at 1250 Lears Rd, Petoskey, MI 49770 The appeal shall be in writing and explain the reasoning of the appeal. The applicants appeal must be made to the Health Director within thirty (30) days of the receipt of the denial notice from Contract Health.

### 3. TRIBAL ADMINISTRATOR

If the original denial is affirmed on appeal to the Health Director then the applicant shall be notified in writing and advised that further appeal shall be in writing and explain the reasoning of the denial. The applicant must make the appeal to the Tribal Administrator at 7500 Odawa Circle, Harbor Springs, MI 49740 within thirty (30) days of receipt of the denial notice from the Health Director. The decision of the Tribal Administrator shall be final.

## IS PAYMENT FOR SERVICES

### GUARANTEED

- ◆ **NO**, while we would like payment for services to be guaranteed, CHS funds are limited, funding is received once a year and must last through the year.
- ◆ To ensure that there are adequate funds to meet the needs of tribal members, medical and dental services are prioritized.
- ◆ As funds are used throughout the year, priorities may change. This means that some services may be limited and persons requesting these services may be placed on a deferred services list until funds become available.
- ◆ Contract health Service (CHS) payment is limited by medical priorities. Some treatments and procedures are not eligible for payment.
- ◆ Priorities are determined by the Managed Care Committee made up of the: Medical Director, Health Director, Health Coordinator, CHS Specialist, Medical Provider, Clinic Nurse.
- ◆ The Managed Care Committee looks at what funds have been spent, what funds are still available and the Medical Priorities.

## Use of Tribal Clinic

**Mina Mskiki Gumik/Little Traverse Bay Bands of Odawa Indians Health Clinic** must be used for all health care appointments.

### CLINIC HOURS ARE

**Monday through Friday 9:00 a.m. to 5:00 p.m.**

A Physician or Physician Assistant will be available during these hours.

When immediate attention is needed for an urgent but non-life threatening condition, services must be sought from Mina-Mskiki Gumik (LTBB Health Clinic), if the LTBB Clinic is closed then services should be obtained at Quick Care at (231) 348-2828.

If you obtain services at one of these clinics you must call Contract Health Services at (231) 242-1600 **within seventy-two hours** of the visit to notify them and to obtain a reference number for the date of service. If you do not contact CHS within the required time your emergency or urgent care bill will not be paid by CHS.

## Prior Authorization

### Contract Health Services cannot pay for health services without prior authorization.

- ◆ Authorization must be obtained from Contract Health Services at least twenty-four hours before the scheduled health care appointment.
- ◆ You must seek separate authorization for all follow-up appointments, x-rays, and all lab work.
- ◆ All prescriptions need to have prior authorization.
- ◆ Additional treatment ordered by a specialty physician needs to be submitted to the managed care committee for review and prior authorization.
- ◆ If you reschedule your appointment you must call Contract Health to obtain a new number.
- ◆ Notification must be given to CHS within **72 hours** of emergency or urgent care. **Elders or disabled clients have 30 days to notify** our office in case of emergency or urgent care. Approval will be determined after Managed Care reviews the case for compliance and appropriateness.

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It is the patient's responsibility to submit all bills to Contract Health Services, it is not your provider's responsibility to bill Contract Health. If you have alternate resources, you must

## Use of Urgent Care and Emergency Room Facilities

Emergencies are defined as "a condition that occurs suddenly and unexpectedly. This condition could result in serious bodily harm or threaten life unless treated immediately. "For emergencies call 911 or go immediately to your nearest emergency center. You or a family member must notify Contract Health within seventy-two (72) hours of the visit. Elders and disabled patients have up to (30) days to notify Contract Health at (231) 242-1600.

### DO YOU HAVE OTHER

### HEALTH INSURANCE

CHS is the absolute payer of last resort. This means that if you have access to any other type of health coverage—health insurance through your employer, your spouses employer, State or Federal health plans (Medicare, Medicaid, MI Child, Tricare, etc.) - it must be billed before CHS. It is your responsibility to provide insurance information to all outside providers.

You are required to apply for Medicaid if you have no other health insurance.

LTBB CHS and Community Health Staff are available to help you with your health benefits, and to assist you in completing a Medicaid application. Please call the CHS or Community Health office to speak with a benefits coordi-