



# Indian Health Service

The Federal Health Program for American Indians and Alaska Natives



Patient Benefits Coordinators



# Winnebago Indian Health Service

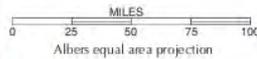
- Winnebago and Omaha Tribes of Nebraska
- Over 10,000 members
- Nebraska, Iowa, and South Dakota



FEDERAL LANDS AND INDIAN RESERVATIONS

- Bureau of Indian Affairs
- Bureau of Reclamation
- Department of Agriculture
- Department of Defense (includes Army Corps of Engineers lakes)
- Fish and Wildlife Service / Wilderness
- Forest Service / Wilderness
- National Park Service / Wilderness

Some small sites are not shown, especially in urban areas.



Abbreviations

- |     |                          |
|-----|--------------------------|
| AFB | Air Force Base           |
| IR  | Indian Reservation       |
| NF  | National Forest          |
| NG  | National Grassland       |
| NM  | National Monument        |
| NRA | National Recreation Area |
| NWR | National Wildlife Refuge |



U.S. Department of the Interior  
U.S. Geological Survey





# Patient Benefits Coordinator

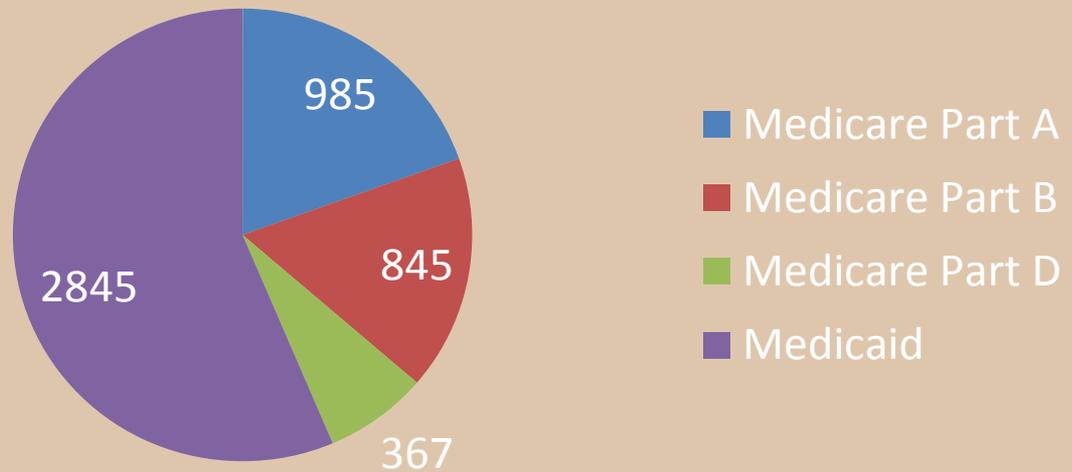
- Enroll all eligible service unit population with alternate resources
- Serve as a patient advocate for those who need assistance when applying for an alternate resource program
- Provide education and training to staff about alternate resource programs and changes in the healthcare industry
- Act as a liaison between federal, state, local, and tribal agencies



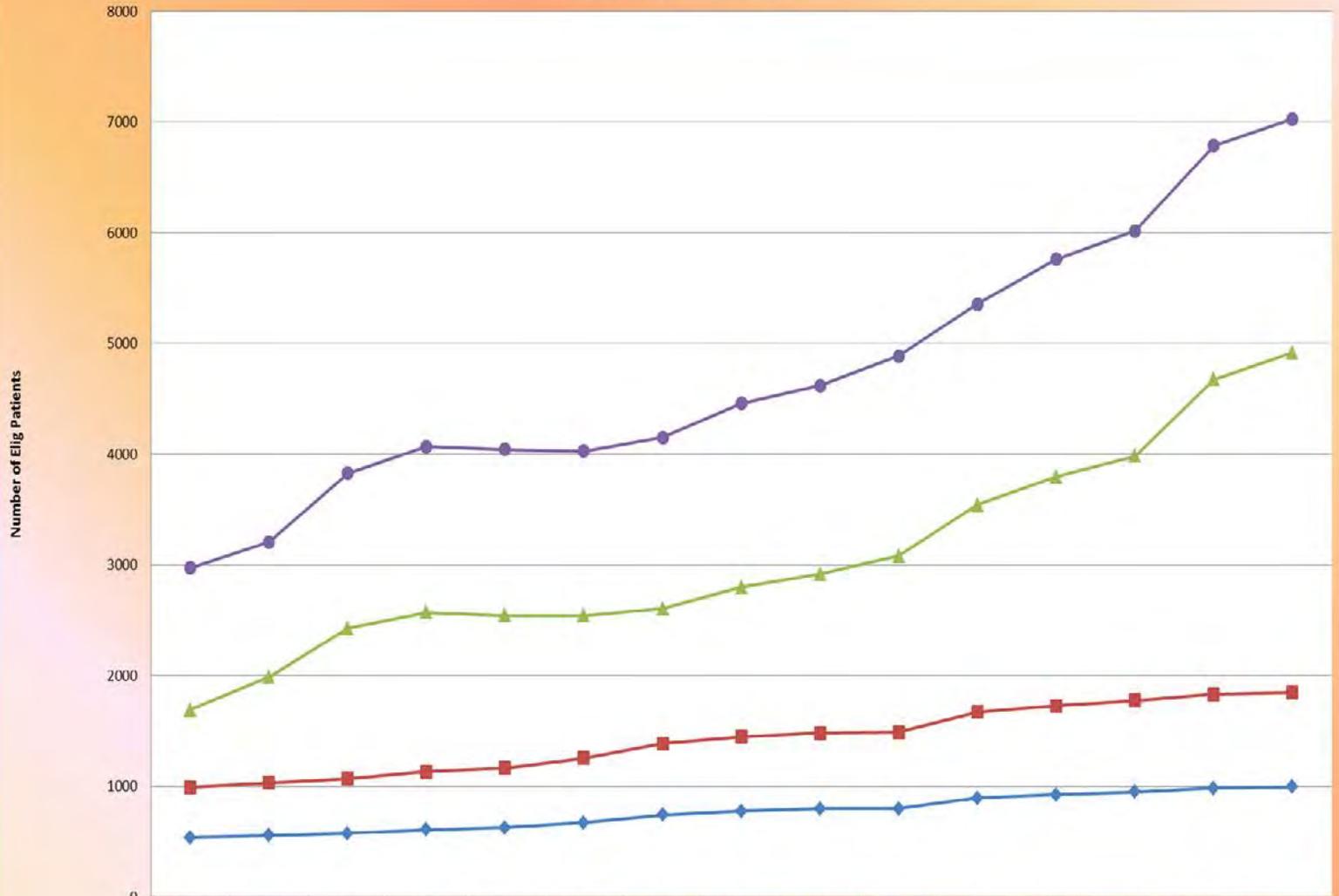
# Contract Health Services

- CHS funds are limited to the medical or dental services considered medically necessary and listed within the established Area IHS medical/dental priorities.
- An individual must apply for and use all alternate resources that are available and accessible,
  - such as Medicare A and B, state Medicaid, state or other federal health program, private insurance, etc.
- The IHS facility is also considered a resource, and the CHS funds may not be expended for services available at IHS facilities.
- I H S is the "payor of last resort" of persons defined as eligible for CHS

# Third Party Eligibility FY 2011



## Winnebago IHS Hospital Third Party Eligibility



	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12
Priv Ins	1,283	1,219	1,402	1,498	1,503	1,487	1,549	1,660	1,702	1,807	1,813	1,964	2,034	2,110	2,109
Medicaid	698	959	1,358	1,439	1,376	1,286	1,219	1,350	1,436	1,592	1,868	2,068	2,205	2,845	3,070
Medicare Part B	455	475	493	524	539	583	643	672	685	691	777	804	827	845	855
Medicare Part A	537	555	575	608	625	673	741	777	796	797	895	923	950	985	993

# Medicare Benefits

Part A - Hospital Coverage

Part B - Medical Insurance

Part C - Medicare Advantage Plans

Part D - Prescription Drug Plans



# Medicaid and CHIP

## Eligibility Requirements

- Disabled Individuals
- Pregnant Woman
- Children
- And some parents



# Disability, Retirement, Widow's Benefits, and Survivor's Benefits

- Age
  - Education
    - Work Experience
- Physical/Mental Conditions





# Five Step Process

- Work Activity
- Medical severity of your impairment
- Medical severity of your impairment meets the duration requirement and equals one of our listings through the SSA
- Residual functional capacity and your past work
- Age, education, and work experience



# Hepatitis C

- Chronic Liver Disease with Liver Cell Necrosis
- Chronic Hepatitis and Alcoholic Liver Disease
- Chronic Viral Hepatitis caused by Hep C virus
- Gastrointestinal Hemorrhaging from varices, requiring transfusions
- Ascites of the hydrothorax
- Spontaneous Bacterial peritonitis infection
- Renal Failure associated with Chronic liver Disease
- Hypoxemia associated with Chronic Liver Disease
- Neuropsychiatric disorder characterized by abnormal behavior
- End-Stage Liver Disease



# Human Immunodeficiency Virus

- Bacterial infections
- Fungal infections
- Protozoan or helminthic infections:
- Viral infections
- Malignant neoplasms
- Hematologic abnormalities
- Neurological abnormalities



# Monthly Exception Report

- Patients under 18 without third-party coverage who may be eligible for the Medicaid/CHIP Program
- Patients over 65 without third-party coverage who may be eligible for Medicare A, B, and Part D



## HOW CAN I/T/U PROVIDERS IMPROVE ON ACCESSING PUBLIC BENEFITS FOR THEIR COMMUNITIES

- Implement an Action Plan
- Keep statistics on your communities
- Provide regular education and training to your communities
- Be proactive rather than reactive
- Hold regularly scheduled meetings with your service area
- Report your progress with the local Tribal leadership
- Assist the elders if they require assistance, e.g. home visits, application assistance, transportation, etc.
- Resources – have promotional items made
- Training – “your outreach effectiveness depends on your knowledge of programs and patience!”



# Useful Tools

- Exception Report
- Page 5
- Appointment List
- Trainings



[www.ihs.gov](http://www.ihs.gov)

[www.ssa.gov](http://www.ssa.gov)

[www.cms.gov](http://www.cms.gov)

[www.Medicare.gov](http://www.Medicare.gov)

[www.Healthcare.gov](http://www.Healthcare.gov)

[www.wikipedia.com](http://www.wikipedia.com)

[www.allsup.com](http://www.allsup.com)

Flute music by Robert Mirabal and Rare Tribal Mob