



Funds Depleted for Health Care

The Tribal Council designated \$200,000 from the 2003 excess pledge revenue (gaming funds) for health care services for tribal members who are not eligible for Contract Health Services (CHS) or live outside the 11-county service area. After required reductions for indirect costs and pharmacy benefits for out-of-area, a balance of \$89,512 was left for distribution.

Contract Health staff were prepared for a busy day July 1 to begin obligating funds. The response was tremendous, indicating a great need for health care. All available funds were obligated by 9:30 a.m. to 94 tribal members who received prior authorization in the following categories:

Dental – 57 tribal members, \$68,400
Vision – 20 tribal members, \$8,000
Medical – 14 tribal members, \$14,000
Hearing – three tribal members, \$4,129

A slightly greater amount was obligated than available because 34 tribal members have private insurance and didn't need the total benefit. Unfortunately, at least 80 callers could not be served because of a lack of funding.

Telephone lines were over-taxed and many callers experienced the frustration of not getting through. To be fair, CHS staff issued authorizations on a first-come, first-served basis. We recommend calling CHS on Jan. 3, 2005, in case any unused funds are returned for redistribution.

In 1998, 1999, and 2000, \$100,000 was obligated. In 2001, the amount increased to \$130,600. In 2002, it grew to \$195,000 and this year's 2003 obligation of \$200,000 brings the total out-of-area benefits to \$825,600.

With an allocation from the 1998 excess pledge revenue of \$100,000, hundreds of tribal members who otherwise would not have been able to receive much-needed care have used these funds to improve their well-being.

CHS Alert

With 26 weeks remaining in fiscal year 2004, however, CHS has only 13 weeks of available funding. What does this mean to you?

When you call for a prior authorization, your request will be strictly screened. We will limit authorizations to Priority I and II only. Priority I is Emergent/Acutely Urgent Care and II is Preventive Care.

Examples of Priority I include emergency room care for heart attack, stroke, car accident, acute pneumonia, and acute asthma. Trauma, severe burns, concussion, large lacerations, fractures, eye injuries, and other trauma also are considered Priority I.

Priority II includes preventive services such as screenings for known diseases, hypertension, diabetes, mammograms, pap smears, immunizations, well-child exams, sports physicals, and medication refills.

Requests for Priority III most likely will be deferred. These include specialty consultations in surgery, obstetrics, gynecology, ophthalmology, ENT, orthopedics, and most physical therapy.

Tribal Council infused CHS with \$300,000 in excess pledge revenue to assist us in reaching December with positive cash flow. Unfortunately, additional high-cost, catastrophic cases have completely devastated the budget. Third-party revenue from clinic collections will be available for limited assistance, but it will be impossible to fully fund all needed care.

Services that are denied or deferred will have little chance of reversal upon appeal. If you fail to obtain prior approval or do not call CHS within 72 hours of an emergency visit, payment will be denied and CHS will not be responsible for it.

You can help by accessing direct facilities for your care (Siletz Community Health Clinic, Chemawa Health Center, or Grand Ronde Health and Wellness). Portland-area tribal members also have the NARA clinic available to them.

You also can assist by accessing the Siletz Tribal Mail Order Pharmacy Program for your prescription needs. This is preferred over Pequot because we can pass along our savings to the program.

If you have access to low-cost private insurance through your or your spouse's employer, you would be

Urgent CHS News

Effective July 15, 2004, dental, vision and most physical therapy will be deferred because of the current spending rate in CHS.

Additional information on the CHS situation is available on this page. Please be patient and use IHS and tribal facilities whenever possible.

well-advised to bear that minimal cost to avoid the frustration of denied care through CHS. Thank you all for your understanding.

Mail Order Pharmacy

To tribal household members, please share this information with all tribal members. Mail order pharmacy became available June 1, 2004, for CHS eligible living outside the 40-mile radius of the Siletz Community Health Clinic.

Effective June 1, 2004, the Siletz Clinic Pharmacy now provides mail order pharmacy to Siletz Tribal members who live in the 11-county service area (CHS eligible). Tribal members can receive up to a 90-day supply of maintenance medication (subject to change with private insurance or OHP coverage). Mailing will be provided to those members who live 40 miles outside the Siletz Clinic area; others will be required to pick up at the Siletz Clinic.

Pequot mail order will end Dec. 31, 2004. All mail order prescriptions must be directed to the Siletz Tribal Mail Order Pharmacy at the Siletz Clinic by Jan. 1, 2005. Only a \$500 annual retail

amount will continue through your Advance PCS pharmacy card.

How to Use Mail Order Services

- To refill your prescription, call 1-800-648-0449 or 541-444-9624.
- Send an order form and your new prescription to the address listed on the mail order service form/envelope.
- Please allow 7-10 working days for your order to be processed. If the prescription is too soon to fill or not refillable, you will be notified by phone.
- U.S. Postal Service will ship orders. Some medicines may require an adult signature upon receipt. Packaging is confidential.
- Business hours are 8:30 a.m. to 12:30 p.m. and 2 p.m. to 5 p.m. Monday through Friday, with the exception of Tuesday, when hours are 8:30 a.m. to 12:30 p.m.
- Access to a registered pharmacist for consultation is available anytime during standard business hours.
- Call CHS for information and mail-in envelopes, 1-800-628-5720 or 444-1236 (closed Tuesdays at noon).

Low-Fat Fudge Pops

1 (14 oz.) can fat-free sweetened condensed milk
 ° cup sugar
 ° cup baking cocoa
 2° cups skim milk
 Artificial sweetener equal to ° C. sugar
 1 tsp. vanilla extract
 12 (3 oz.) disposable plastic cups
 12 Popsicle sticks

In a heavy saucepan, combine the first three ingredients; stir until smooth. Bring to a boil over medium-low heat; cook and stir for one minute. Gradually whisk in skim milk, whisking until cocoa

and sugar are dissolved. Remove from heat; stir in the sweetener and vanilla.

Pour into cups. Cover each cup with heavy-duty foil; insert sticks through the foil (foil will hold sticks upright). Place in a 13x9-inch pan. Freeze until firm, about five hours. Remove the foil and cups before serving. Serves 12.

Nutritional Analysis: One serving equals: 155 calories, 62 mg sodium, 3 mg cholesterol, 34 gm carbohydrate, 5 gm protein, 1 gm fat. Diabetic Exchanges: 2 starch

Source: www.lose-weight-online.com