



**WAGANAKISING ODAWAK POLICY
LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
Health Department
1080 Hager Drive
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**Contract Health Vision Care and Services
Health Policy 111508-024**

Section I. – Purpose: To define guidelines for obtaining vision examinations and purchase of glasses.

Section II. – Definitions “No definitions required”

Section III. – Policy: Qualifying LTBB CHS recipients may be provided vision examinations within the following limits, unless a doctor, vision specialist, or school screening recommends a more frequent evaluation.

1. Examinations:
 - a. Students and preschool: once every twelve months
 - b. Adults: once every two years
 - c. Exceptions:
 - i. Eye disease or injury is suspected: acute eye redness, acute eye pain, sudden loss of vision, or recent history of eye injury.
 - ii. Need for exam is apparent from visual symptoms
 - iii. Referral is made by doctor or school screening.
 - iv. Told by eye doctor to return sooner for specific reason, such as diabetes (need at least yearly exam), follow-up exam, amblyopia (lazy eye) therapy.
2. Glasses:
 - a. Limit:
 - i. Pre-school thru third grade: 1 per 12 months; plus one replacement.
 - ii. Other students: 1 per 12 months; no replacements.
 - iii. Adult: 1 per 24 months; no replacements.

- b. Exceptions:
 - i. When there is significant prescription change, such as would affect school or job performance, is documented by an eye care professional.
 - ii. Safety glasses required for employment at IHS health facility.
- 3. No new glasses unless ocular condition warrants within two years.
- 4. The 12 month – 24 month limits apply to glasses procured through IHS contract sources or Medicaid.
- 5. Tints allowed only when medically indicated.
- 6. Repairs:
 - a. Not authorized by CHS guidelines (It will be treated as new glasses in paragraph B).
- 7. CHS will pay maximum of \$150.00 toward the purchase of glasses
- 8. CHS will not cover the cost of transition lenses or 'blended' bi-focal lenses.
- 9. CHS will not cover the additional cost for glasses not covered in the plan, either insurance or Medicaid.



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**RPMS Electronic Health Record Policy
Health Policy 111508-001**

Section I. – Purpose: To establish the LTBB, (RPMS) Electronic Health Record.

Section II. – Definitions

1. RPMS, EHR means Resource Patient Management System Electronic Health Record.
2. RPMS EHR is a system designed to be used at the point-of-care to support timely access and retrieval of information, accurate and complete capture and documentation of information, clinical decision-making, and communications with all stakeholders in the care process.
3. Point of Care: refers to the use of the RPMS EHR in close proximity to the patient, such as to support positive patient identification, obtain accurate and complete information for documentation, and appropriately communicate clinical findings to the patient.
4. Real Time: refers to use of the RPMS EHR at the time data are captured and used.
5. Clinical Decision Making Support Tools: the specific alerts, reminders, or recommendations that are triggered by a process event such as results or orders that are entered into the RPMS EHR.

Section III. – Policy: All LTBB Health Clinicians who are authorized shall use the RPMS EHR to document treatment, access, retrieve information, enter data and respond to clinical decision support tools at the point of care. Protocols shall be developed for manual record keeping in the event of RPMS EHR system outages.



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**RPMS Employee Access
Health Policy 111508- 002**

Section I. – Purpose: To limit and monitor access to the LTBB RPMS system by requiring Supervisor notification and approval before granting employee access.

Section II. – Definitions

RPMS means Resource Patient Management System which is a computer software system used by Indian Health Services facilities as an electronic record of patient health information which can include demographic and visit information.

Section III. – Policy:

1. The information on the Resource Patient Management System is highly confidential and private; therefore access shall be limited and monitored.
2. RPMS Site Manager will be responsible for controlling access and will develop internal control procedures.



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**RPMS User Agreement
Health Policy 111508-003**

Section I. – Purpose: To ensure Health Department employees' knowledge of the rules and responsibilities of the RPMS computer access.

Section II. – Definitions

RPMS means Resource Patient Management System which is a computer software system used by Indian Health Services facilities as an electronic record of patient health information which can include demographic and visit information.

Section III. – Policy:

1. A user agreement form must be reviewed and signed annually by each employee who has access to RPMS.



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**Termination of RPMS Access
Health Policy 111508-004**

Section I. – Purpose: To ensure the safety of all patient data and to retain confidentiality within the RPMS system.

Section II. – Definitions

RPMS means Resource Patient Management System which is a computer software system used by Indian Health Services facilities as an electronic record of patient health information which can include demographic and visit information.

Section III. – Policy:

1. Upon certain conditions an employee's access to the Resource Patient Management System may be terminated/deactivated.
2. Conditions applicable to termination/deactivation of system access:
 - a. An employees termination/resignation of employment;
 - b. Transfer out of the department;
 - c. Change in employees job duties that do not require access to the system.



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**Dental Clinic Appointments
Health Policy 111508-005**

Section I. – Purpose: To define the routine scope of care for patients receiving either an initial examination or a recall examination.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. The following services constitute the routine scope of care for all examination patients:
 - a. A new patient or one who has not had a dental exam in over one (1) year will receive the following services as needed:
 - i. Examination
 - ii. Bitewing radiographs as needed
 - iii. Review of medical history
 - iv. Oral hygiene instructions as needed
 - v. Panoramic film if none is available or is over five (5) years old and the patient is six (6) years of age or older.
 - vi. Occlusal radiographs prior to age five (5)
 - vii. Treatment plan for all services falling within current levels of care guidelines
 - viii. Follow-up appointments until all planned treatment is completed or broken appointment limit is exceeded.
 - b. Recall examination (Patient who is patient of record/has been seen in the last six (6) months)
 - i. Review and update of medical history
 - ii. Examination
 - iii. Bitewing or PA radiographs as ordered
 - iv. Update treatment plan
 - v. Oral hygiene reinforcement as needed
 - vi. Follow-up appointments as needed to complete treatment.



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**Fee for Dental Appliances
Health Policy 111508-006**

Section I. – Purpose: For non Contract Health eligible dental patients only.
To establish payment criteria for Dental patients who use LTBB Dental as a Direct Service, for referrals to outside specialty providers or dental appliances or cost charged by outside dental labs.

Section II. – Definitions Direct Service means patients who are eligible to be seen and treated at LTBB health but are not eligible for Contract Health Services.

Section III. – Policy:

1. Members of Federally recognized Tribes and their descendants who are eligible for direct services at the LTBB dental clinic but are not eligible for Contract Health Services must pay out of pocket for costs of dental appliances or lab fees from outside dental labs.
 - a. This would include all costs for referrals to any dental specialist.
 - b. Costs for all materials for any dental appliance such as bridges, crowns, caps or dentures.



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**Broken Dental Appointments for Minor Patients
Health Policy 111508-007**

Section I. – Purpose: To reduce the incidence of lost revenue related to broken or no-show for dental appointments by minors.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. The Health Department – Dental Clinic will consider patients who are under the age of eighteen (18) as a no call/no show for appointments:
 - a. If the patient fails to keep their scheduled appointment.
 - b. If the patient fails to cancel the appointment twenty-four hours in advance.
 - c. If the patient arrives fifteen (15) minutes past the scheduled appointment time.
2. A letter will be sent to the parents or guardians of minor children who have more than two no call/no show appointments within a six (6) month period.
3. Patient will be seen for emergency care regardless of their broken appointment status.



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**LTBB Dental Clinic No call/No show For Appointments
Health Policy 111508- 008**

Section I. – Purpose: To reduce the incidence of lost revenue related to broken or no-show for dental appointments by adults.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. The Health Department – Dental Clinic will consider patients who are over the age of eighteen (18) as a no call/no show for appointments:
 - a. If the patient fails to keep their scheduled appointment.
 - b. If the patient fails to cancel the appointment twenty-four hours in advance.
 - c. If the patient arrives fifteen (15) minutes past the scheduled appointment time.
2. If a patient has two no call/no show appointments within a six (6) month period, the patient will not be seen for routine dental care for a six month period.
3. Patient will be seen for emergency care, regardless of their broken appointment status.



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**Contract Health Services Elder Care
Health Policy 111508-009**

Section I. – Purpose: To assure elders high quality Contract Health Services (CHS) congruent with Indian Health Service (IHS) guidelines and federal requirements regarding use of CHS funds.

Section II. – Definitions

1. For the purposes of Contract Health Services “Elder” is defined under federal guidelines as a person sixty-five (65) years of age or older.
2. CHSDA means Contract Health Service Delivery Area.
3. IHS means Indian Health Service.
4. CHS means Contract Health Services

Section III. – Policy: Elder Health Care

1. To be eligible for CHS programs an Elder must obtain direct primary health services from the LTBB Health Clinic or another Indian Health Service clinic.
2. To assure we are using our limited resources optimally CHS coverage will be by referral only initiated by the LTBB clinic or another IHS clinic and sent to LTBB Managed Care team for approval.
3. CHS eligible Elders that live within the CHSDA and are no more than ninety minutes drive one way from the LTBB Health Clinic are required to obtain health services from the LTBB Health Clinic or an another IHS clinic if that clinic is closer to their residence.
4. Under IHS regulations Tribal Citizens/members are not eligible for CHS services if they live outside of the tribal CHSDA.



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**Contract Health Emergency Care
Health Policy 111508-010**

Section I. – Purpose: To assure Contract Health Service coverage when eligible LTBB Contract Health Service recipients obtain emergency or urgent care services from a non-Indian Health Service facility.

Section II. – Definitions

1. Disabled – a person who has a physical or mental condition that reasonably prevents him/her from providing or cooperating in obtaining the information necessary to notify Contract Health Service at the time of emergent or urgent care.
2. Emergency – a threat to life or limb.
3. Urgency – serious complication may develop without prompt treatment.
4. Elder is defined as anyone 65 years old or older.

Section III. – Policy:

1. All CHS eligible patients must notify Contract Health Services Office within seventy-two (72) hours of the emergent or urgent care, except, Elders or disabled (of any age) have 30 days to notify the Contract Health Services Office of emergency services or urgent care services.
2. Emergency/Urgent care must be for an emergent or urgent condition.
3. All emergent and urgent care services will be reviewed by the Managed Care Team for appropriate utilization of services before approval of payment.



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**Contract Health Service Eligibility
Health Policy 111508-011**

Section I. – Purpose: To define how LTBB will use Contract health Service funding to provide specialized healthcare payment for services to LTBB Citizens and their descendants and those LTBB patients who meet eligibility requirements.

Section II. – Definitions

1. CHSDA means Contract Health Service Delivery Area is the twenty seven counties of northern Michigan designated by the LTBB Tribe.
2. CHS means Contract Health Services

Section III. – Policy: This policy defines Contract Health Services eligibility for supplemental health care costs.

1. Utilization of Contract Health Service must be congruent with Indian Health Service rules and federal laws.
2. Contract Health Service funds are used to supplement and complement other health care resources to eligible patients.
3. The funds are utilized in a situation where:
 - a. No IHS or direct care tribal direct service facility exists.
 - b. The direct care facility is unable to provide required emergency or specialty care.
 - c. The direct care clinic has an overflow of medical care workload.
 - d. The utilization of alternate resources (i.e., Medicare, Medicaid or private insurance) is not sufficient to cover cost of care required.
4. Patients eligible are Tribal Citizens, their children, descendants and stepchildren under the age of 19 years. Non-Indian spouses are not

covered except during pregnancy and for care related to postpartum recovery.

5. CHS Eligibility Requirements must be met:
 - a. Must be enrolled in LTBB or eligible for membership, or prove descendancy; and
 - b. Must have an established primary residence within the Contract Health Service Delivery Area (CHSDA); and
 - c. Must have submitted the required eligibility forms and documents to the LTBB Contract Health Service Office.
 - d. In lieu of preceding requirements (a), (b) and (c), the individual must be a member of a federally recognized tribe or a federally recognized tribal descendant, reside in the CHSDA and maintain close economic or social ties to LTBB.. Determination of close economic or social ties are established by:
 - i. Employment with LTBB) and residence within the LTBB CHSDA.; or
 - ii. Marriage to or being a child of an eligible citizen of LTBB; or
 - iii. Determination by the LTBB Health Director that the applicant has close economic or social ties with the tribe.
6. Contract Health Services is to be used as the payer of last resort for payment for specialized health services/ prescriptions. Contract Health Services Office will not authorize payment until all alternative health insurance sources have been applied, in advance. Contract Health Services funds will not be available if:
 - a. The patient is eligible for alternative resources but has not applied to obtain these services.
 - b. The patient would be eligible for alternative resources under State or local law if he/she were to apply for them.
 - c. The services are outside the scope allowed.
 - d. Insufficient funds



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**Use of LTBB Health Clinic Services
Health Policy 111508-012**

Section I. – Purpose: This policy defines the appropriate use of the Health Clinic in order to be in compliance with the federal regulations regarding availability of services from Tribal/IHS clinics.

Section II. – Definitions

1. IHS means Indian Health Service.
2. Business Hours means the hours that Tribal Government Offices are open for regular business.

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Section III. – Policy:

1. The Tribal/IHS facility must be accessed for covered services if the facility is within 90 minutes one-way surface transportation from person's place of residence.
2. In general the LTBB Health Clinic must be used for all health care appointments. A physician or physician assistant will be available during Business Hours.
3. Referrals are only for services not available at the LTBB Clinic and will be implemented in accordance with LTBB Health/Clinic procedures.
4. Contract Health Services will not cover the cost of referrals from outside providers. (Exceptions; see related emergency care, preferred provider referrals.)



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**Contract Health Referred Care
Health Policy 111508-013**

Section I. – Purpose: To assure quality health care is provided to patients who need medical services beyond the scope of those provided by LTBB Health Clinic.

Section II. – Definitions

1. Preferred Provider Agreement means a signed contract between LTBB Contract Health Department and a specialty medical care provider.
2. Managed Care Team means the health department management team that reviews Contract Health Services referral requests for approval or disapproval for payment.
3. Managed Care Team, consists of Medical Director, Health Director, Clinic PA, Contract Health Specialist, Clinic Registered Nurse and Contract Health Manager.

Section III. – Policy:

1. LTBB Medical providers will refer the patient out as medically indicated regardless of the client's ability to pay for the specialty services.
2. All referrals will be sent to Contract Health Services Program from the clinic for review by the Managed Care Team.
3. A patient who requires a specialty consult and referral will be referred to a provider who has signed a Preferred Provider Agreement with the LTBB Contract Health Program whenever possible.
4. LTBB Contract Health Services Program will not cover the cost of referrals from outside providers except those that are a result of Managed Care Team approved emergency treatment.
5. Referrals are only for services not available at the LTBB Clinic. The patient is responsible for notifying LTBB Contract Health of any changes made to the referral appointment.



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**Clinic Check- In Policy
Health Policy 111508-014**

Section I. – Purpose: To ensure that patients' demographic and insurance information is up to date.

Section II. – Definitions: "Demographics" means: name, address, phone numbers, tribal identification.

Section III. – Policy:

1. It is the policy of the LTBB Health Clinic, when patients check-in, demographic and insurance information will be obtained and verified by the receptionists in an orderly, consistent and professional manner. Information is collected and verified in order to:
 - a. Facilitate outstanding service and quality patient care.
 - b. Ensure capture of appropriate demographic and billing information and eligibility information.
 - c. Notify appropriate staff of the patient's arrival.



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**Authority of the Medical Director and Attending Providers
Health Policy 111508-015**

Section I. – Purpose: To define the authority of the Medical Director and Providers within the LTBB Medical Clinic and Health Department.

Section II. – Definitions

1. Medical Director means the licensed physician employed by LTBB to direct medical services at the Health Department.
2. Provider means persons licensed to practice medicine or dentistry.

Section III. – Policy:

1. All care and safety of patients is legally and ethically the responsibility of the Medical Director and Provider(s). All medical operations are directly and legally performed under the authority of the Medical Director or Providers' licensure.
2. Individuals within the authority of the Medical Director include all clinical nurses, medical assistant, clinic secretaries, Nurse Practitioners, Physician Assistants, home visiting nurses, medical students, and resident physicians. This also includes any other employees that may recommend healthcare referrals or are involved in medical decision making. Clinical staff or clinic providers employed or retained through contract services will have the same authority but will report to the Medical Director.



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**Signing of Charts and Medical Records
Health Policy 111508-016**

Section I. – Purpose: To insure timely review and medical oversight of all records becoming part of each patient's medical record by insuring that a qualified medical provider has reviewed all medical records.

Section II. – Definitions

1. Electronic Signature means the designated digital signature of a medical provider entered into the electronic health record.
2. Electronic Health Record means the digital medical patient chart kept in database format by the Tribal Health Department

Section III. – Policy:

1. All data on charts shall have the initials or electronic signature of the reviewing provider that indicates that the data was seen and reviewed. This data includes, but is not limited to:
 - a. Lab results
 - b. X-rays and radiological studies
 - c. Hospital H&P's and discharge summaries
 - d. Consultations and referral information
 - e. Emergency room reports
 - f. Any medical records from other physician's offices or clinics
 - g. Any request for records to be released
 - h. Requests for medications or refills
 - i. Phone messages



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**Annual Tuberculosis Testing
Health Policy 111508-017**

Section I. – Purpose: To ensure that Health Department employees are free from tuberculosis.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. All health department employees that may have direct contact with patients must be tested by subcutaneous test or chest x-ray at least once every twelve months. This would include transports, reception area staff, and professional personnel. Testing will be available at no charge and conducted annually.



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**Influenza Infection Control for Health Workers
Health Policy 111508-018**

Section I. – Purpose: Preventing the spread of influenza protects patients and saves lives. Encouraging health care workers to be vaccinated can play a vital role in stopping the transmission of this potentially fatal infection. Studies show that influenza causes 36,000 deaths and over 200,000 hospitalizations in the US annually. Furthermore health associated transmission of influenza has been documented among many patient populations in a variety of clinical settings, and infections have been linked epidemiologically to unvaccinated health care workers.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. All Tribal Health Workers will be offered influenza vaccine. This includes all licensed independent practitioners with close patient contact at the Tribal Health Department.



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Storage of Medications
Health Policy 111508-019

Section I. – Purpose: To carefully monitor and account for all medications including samples.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. Drug containers that are cracked soiled or without secure closures shall not be used.
2. The storage closet or cabinets where drugs are stored must be kept locked, dry, clean, and neat at all times.
3. All drugs, including samples, shall be stored in an orderly manner in the specifically designated closet or cabinets away from public access to prevent unauthorized access to drugs.
4. Narcotics, if any, shall be double locked with a sign-out log. Narcotics shall be counted daily and keys restricted to licensed personnel.
5. Refrigerators containing drugs shall be maintained between 2 degrees centigrade (36 degrees Fahrenheit) and 8 degrees centigrade (46 degrees Fahrenheit). Room temperature for drug storage shall not exceed 30 degrees centigrade (86 degrees Fahrenheit).
6. Drugs for external use in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
7. Drugs shall not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs shall be used.
8. All medications, emergency drugs and samples shall be checked and logged at least monthly to assure appropriate replenishment of drug supply and to assure that drugs are not outdated.



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**Pharmacy Prescription Co-Pay Coverage
Health Policy 111508-020**

Section I. – Purpose: To ensure all CHS eligible clients are able to access the “co-payment” benefit for pharmacy prescriptions.

Section II. – Definitions "no definitions required"

Section III. – Policy:

1. Contract Health Services (CHS) covers pharmacy prescription co-payments for CHS eligible clients who have health insurance.
2. LTBB Contract Health Services will pay the cost of prescription co-payments for CHS eligible patients directly to the Rite-Aide pharmacies who have an agreement with LTBB to bill CHS directly
3. These co-payments will be provided if contract health funds are available and budgeted.
4. Patients must be registered and in compliance with the LTBB Contract Health Services (LTBB CHS).
5. Patients with prescription insurance will need to access those designated Rite Aide Pharmacies within the twenty-seven (27) county service area.
6. LTBB Contract Health department requires pre-authorization for all prescriptions. Prescription requests must be phoned or brought to CHS for authorization.



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**340 B Prescription Coverage for Non-Insured Patients
Health Policy 111508-021**

Section I. – Purpose: To outline requirements for prescription coverage for all CHS eligible patients through the 340B Program who are otherwise uninsured.

Section II. – Definitions

1. 340B Program means the federal reduced cost prescription purchasing program.
2. Prescription Services is the pharmacy at the Burns Clinic Building In Petoskey MI. contracted by LTBB for the 340B Program.

Section III. – Policy:

1. Patients with no prescription coverage shall have an established medical chart at LTBB Clinic prior to any prescriptions being filled at Prescription Services through the 340B Program.
2. All prescriptions under the 340B Program must be prescribed by LTBB Clinic Providers.



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**Mailing of Prescriptions to Patients beyond 65 Miles from Clinic
Health Policy 111508-022**

Section I. – Purpose: To ensure that patients living beyond a 65 mile radius of LTBB Health Clinic receive their prescriptions if unable to pick them up.

Section II. – Definitions “No definitions required”

Section III. – Policy:

1. Any client who is eligible for Contract Health Services and lives beyond a 65 mile radius of LTBB Clinic will be allowed to have prescriptions mailed to them from Prescription Services or Rite Aide South in Petoskey.
2. Prior to authorization for new prescriptions or prescription refills a patient's registration must be up to date with all documentation submitted to CHS.
3. When a patient is going to be traveling out of town for a period of time it is their responsibility to ensure they have adequate amounts of their prescriptions. No prescriptions will be mailed to a patient who forgot to get refills prior to leaving the area.



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**Safety and Accuracy of Biomedical Equipment
Health Policy 111508-023**

Section I. – Purpose: To set guidelines for use and maintenance of all fixed and portable biomedical equipment used within the LTBB Health Department regardless of equipment's purpose and assure safety and accuracy of all equipment used within LTBB Health services.

Section II. – Definitions "No definitions required"

Section III. – Policy: A procedure shall be established that monitors the use and assures the accuracy as well as safety of fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of patients.