

WYOMING MINERS' HOSPITAL

POLICY AND PROCEDURES



JULY 1, 2018

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Wyoming Miner's Hospital Board
Administrative Procedures

ELIGIBILITY

1. Who is eligible.

- (a) A Wyoming resident who works or has worked on a mine site for at least 10 total years. (Effective 7/1/2018 SF0082). A Wyoming resident with less than 10 total years of mining who had an active account prior to June 30, 2018, were grandfathered in to the previous requirement.
- (b) The mine site was in Wyoming or a neighboring state, but the miner was a WY resident while working in the neighboring state.
- (c) Must be able to prove employment on the mine site.
- (d) Can be an active employee or no longer working in the mine, but is still a Wyoming resident.
- (e) Sand and gravel employment must be at an operation that is or has been active 12 months a year. Employment must occur at or with the crusher, a wash plant that is working in conjunction with the crusher, during the initial topsoil stripping or during the reclamation of the pit. Reference Rules, Chapter 2, Section 1 Definitions.
- (f) Vendors must report to the mine site as their primary work location and not on an "as-needed" basis.
- (g) Once a miner is no longer a Wyoming resident they lose their benefits. Miners may reapply with proof of residency upon returning to Wyoming.

REGISTRATION PROCESS

2. Registration

- (a) A miner must fill out a registration form and provide proof of Wyoming residency, as defined in W.S, 30-6-104. One of the following may be used; a copy of their Wyoming driver's license, a current voter registration card or State issued ID.
 - 1. The registration form is available in the Miner's Hospital Board (MHB) offices, at Human Resources (HR) departments or online at <http://mhb.state.wy.us>
- (b) The bottom portion of the form must be verified by the miner's qualifying employer.
 - 1. If the mine is no longer active, the miner can provide a copy of their w-2 forms, pension letter or social security records to verify employment.
- (c) The form must be mailed to one of the two offices or scanned and e-mailed to the e-mail address below.
 - 1. 2001 W. Lakeway Road, Ste B, Gillette, WY 82718
 - 2. 2632 Foothill Blvd, Suite 102, Rock Springs, WY 82901
 - 3. minershospbd@wyo.gov
- (d) The miner must be registered prior to services being available to them.
- (e) There will be no retroactive benefits available.

FAILURE TO UPDATE RECORDS

3. Failure to update records when requested

- (a) Miners will be terminated and will no longer be eligible for benefits when the Board requests updates to their records and the miner does not respond.
- (b) Miner will not be eligible for benefits during the time they are terminated.
- (c) Miner will be reinstated on the date the Board receives the information requested if they are still a Wyoming resident and meet all other requirements.

HEARING AID ASSISTANCE PROGRAM

Hearing Aid Purchasing Assistance

This program offers Miners' monetary support for purchasing hearing aids. The dollar amount will not exceed \$2,000.00, payable to any hearing aid provider. (Effective 8/8/2016) The board has discontinued the Preferred Provider Program. The Board provides assistance by payment directly to the provider. All benefits are paid to the provider, not the miner.

Effective 10/7/2016, a miner may receive assistance towards a subsequent set of hearing aids under the guidelines listed below. The Miner's Hospital Board contracts EBMS to process all hearing aid claims.

Effective 2/17/2016, Hearing Aid molds can be included in the price of the hearing aid

1. To use the benefits for this program:

- (a) The Miner must first register with the Miner's Hospital Board.
- (b) The Miner has the option of going to the Hearing Aid Specialists/Provider or Audiologist of their choice. The provider does not have to reside in Wyoming.
- (c) The Miner must submit their Miner's ID number to their provider and ensure they are actively enrolled.
- (d) The Miner must provide all insurance information to the Hearing Aid Provider.
 1. The Hearing Aid Provider must submit a claim to the Miner's primary and any supplemental insurance prior to submitting a claim to EBMS. Claim forms are available at <http://mhb.state.wy.us>
 2. If the miner only has Medicare, the provider does not need to submit to Medicare for payment since it is stated on Medicare's website that they do not pay for hearing aids.

3. If the miner has a Medicare supplement a representative from the hearing aid provider must contact the supplemental insurance and inquire about the hearing aid coverage for that miner.

3a. If the supplemental does not pay, this is to be noted on the claim form with date and name of contact person from the supplemental insurance.

3b. If the supplemental insurance does pay, the claim must be submitted to them before being sent to EBMS.

4. If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund.

(e) When the provider submits a claim to EBMS, it must be accompanied by:

1. A Miner's Hospital Board claim form
2. An explanation of benefits (EOB) from the miner's primary and secondary insurance if applicable.
3. A purchase agreement between the miner and the hearing aid provider.
4. A copy of the miner's audiogram.

(f) If the hearing aid provider has a contract with the miner's primary or secondary insurance company, the contracted payment structure between the hearing aid provider and the insurance company must be honored by the hearing aid provider.

1. If the EOB states the miner's responsibility after their primary pays is zero, then EBMS must honor that and not pay any more funds to the provider.
2. If the EOB states the miner's responsibility is \$100.00 then that is all EBMS will pay and the provider is restricted by the contract with the

primary insurance from collecting funds not paid by the miner's primary insurance.

- (g) All claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting prior to the established cutoff date.
- (h) If the miner uses a hearing aid provider from an online source, or a discounter, such as Costco or Sam's Club, the miner must ensure the claim is first submitted to the miner's primary insurance.
 - a. When submitting the claim to EBMS for payment, the miner must ensure all documentation in 1e are included.
 - ~~b.~~ When proof of full payment is provided to EBMS, any reimbursement may be submitted to the miner instead of the provider.

2. To use the hearing aid benefit for a subsequent time:

- (a) The miner must already be registered and deemed eligible.
- (b) Steps 1b-1g above applies.
- (c) The previous hearing aid benefit paid by the Miner's Hospital Board for purchasing an aid, or set of hearing aids must be at least 5 years prior to the second claim. Ex: If the miner received their first hearing aid or set of hearing aids with funds from the Miner's Hospital Board in June of 2015, the miner would be eligible for a second aid or set in June of 2020.
- (d) The subsequent aid or set of hearing aids does not need to be pre-approved, but the provider and/or miner is strongly encouraged to confirm the miner is still eligible and that their last benefit was 5 years prior to the second claim.
- (e) Claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting prior to the established cutoff date.

3. Hearing Aid Repairs:

- (a) The Miner's Hospital Board will assist with repairs that are done by a hearing Aid Provider after the warranty or extended warranty period.
- (b) The miner is not required to go to the provider that they originally purchased the hearing aids from.
- (c) The maximum amount paid for repairs will be \$250.00 per hearing aid.
- (d) There is a benefit maximum of 2 repairs for each hearing aid, for the life of that aid. This is the same for the first set of aids and subsequent set.
- (e) Repairs do NOT need to be submitted to primary or supplemental insurance prior to submitting to EBMS.
- (f) Repair claims are to be sent to EBMS on a regular Hearing Aid Claim form with documentation to support the repair cost, preferably the repair invoice.
- (g) Claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting prior to the established cutoff date.

MINER'S MEDICAL ASSISTANCE PROGRAM

Miner's Medical Assistance

This program offers Miners' monetary support for medical and prescription expenses related to these four areas of treatment **when they are experienced due to labor in the mining industry:**

Hearing Loss
Cardiac
Respiratory/Pulmonary
Musculoskeletal Conditions

The dollar amount of this benefit will not exceed \$5,000.00 per year. The board provides assistance by payment directly to the provider/doctor/hospital and not the miner. All claims must be submitted to the miner's primary and any supplemental insurance prior to submitting to EBMS.

Effective 1/1/2018, Miner's Hospital Board will apply a \$2,000 deductible to all Medical Assistance Claims. (2x2x3 plan). The Miner's Hospital benefits will reimburse the first \$2,000 dollars of eligible claims submitted. After the first \$2,000 in benefits are paid out, the next \$2,000 in eligible claims submitted will go towards the miner's deductible. Once the miner has reached their deductible, they will be eligible for another \$3,000 in benefits towards eligible claims.

If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund.

1. Miner's Medical Assistance-medical expenses:

- (a) The Miner must first register with the Miner's Hospital Board.
- (b) There will be no retroactive benefits available.
- (c) The Miners must submit their Miner's ID number to their Medical Provider and ensure they are actively enrolled.
- (d) The Miner must provide all insurance information to the Medical Provider.
- (e) The Miner's Hospital Board benefit is a "payer of last resort" by statute.

- (f) All claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting timely.
- (g) Physical therapy treatment is an allowable benefit if it relates to one of the four health conditions and requirements listed above.

2. Chiropractic Treatment:

- (a) The Miner must first register with the Miner's Hospital Board.
- (b) There will be no retroactive benefits available.
- (c) The Miner must provide all insurance information to the Medical Provider.
- (d) The Miner's Hospital Board benefit is a "payer of last resort" by statute.
- (e) All claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting timely.
- (f) Treatment must fall under one of the four health conditions and for the reasons listed above.
- (g) Chiropractic care is limited to twenty one (21) visits per year
- (h) The maximum amount paid to the provider is \$50.00 per visit.
- (i) **If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund.**

3. Stem Cell Therapy:

- (a) Effective 2/17/2016, Stem Cell Therapy is a payable medical treatment procedure when used with any of our four covered conditions.
- (b) The Miner must first register with the Miner's Hospital Board.
- (c) There will be no retroactive benefits available.
- (d) The Miner must provide all insurance information to the Medical Provider.
- (e) The Miner's Hospital Board benefit is a "payer of last resort" by statute.
- (f) All claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting timely.
- (g) Treatment must fall under one of the four health conditions and for the reasons listed above.
- (h) If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund.

4. Prescription Drugs: *This is the only portion of the program that payment is made directly to the miner.*

- (a) The Miner must first register with the Miner's Hospital Board.
- (b) There will be no retroactive benefits available.
- (c) The Miner must provide all insurance information to the pharmacy.
- (d) The Miner's Hospital Board benefit is a "payer of last resort" by statute.
- (e) Prescription treatment must fall under one of the four health conditions and for the reasons listed above.
- (f) Claims are sent in to EBMS by the miner.
 - 1. The miner will use their primary and any supplemental insurance prior to purchasing their prescription.
 - 2. The miner is to file a claim for reimbursement of out of pocket expenses to EBMS using the Prescription Claim form available on our website: <http://mhb.state.wy.us>
 - 3. The miner shall submit to EBMS, along with the claim form, the receipt from the pharmacy that shows the miner's name, the drug name, the amount the insurance/s paid and the amount the miner paid out-of-pocket.
 - 4. Once the claim is processed the miner will receive their out-of-pocket expenses in the form of a check made out in the name of the miner.
- (g) All claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting timely.
- (h) **If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund.**

5. Prescription Hardship Program:

- (a) There is a Hardship Program available for Miners who have no insurance, limited income and high prescription expenses.
- (b) Prescriptions are limited to the standard prescription coverage and must fall under one of the four covered diagnoses addressed on page 11 of this document and caused by work in the mines as described above.
- (c) Application to the Hardship program should be mailed to the Executive Director, Mary Ellen Young at 2001 W. Lakeway Rd, Ste B, Gillette, WY 82718
- (d) The benefit of the Hardship Program is that the miner does not have to pay the cost of the prescription up front and then wait to be reimbursed. The Prescription Hardship will allow the miner to show their card at the pharmacy and the prescription will be processed at 100% with no co-pay.
- (e) The Hardship Program runs October 1- September 31 and must be renewed every year.

6. Filing Medical Claims:

- (a) The Miner must provide all insurance information to the Medical Provider.
- (b) The Medical Provider must submit a claim to the Miner's primary and any supplemental insurance prior to submitting a claim to EBMS. Claim forms are available at <http://mhb.state.wy.us>
- (c) When the Provider submits a claim to EBMS, it must be accompanied by an EOB (Explanation of Benefits) from the Miner's primary and supplemental insurance with all the proper diagnostic coding needed.
- (d) The Miner will receive an EOB from EBMS/Miner's Hospital Board detailing how much was paid to the Medical Provider.
- (e) If a miner has a Health Savings Account or any other medical savings account, those funds must be exhausted prior to receiving any benefits from the Miner's Hospital Fund. The Miner's Hospital Board benefit is a "payer of last resort" by statute.
- (f) Claims submitted to EBMS must be received by June 30th of the following year. Claims received after the June 30th deadline will be denied for not submitting prior to the established cutoff date.

7. Not covered conditions/treatment:

The following list includes examples of conditions or treatments that are not covered by this program. The list is not all inclusive.

- General Wellness / Preventive Care Charges** (e.g. Mammograms, PSA test, Health Fair Expenses, Routine Wellness Exams, etc.)
- Hyperlipidemia or High Cholesterol Treatment (unless there is a documented history of heart disease and hyperlipidemia medication is prescribed as follow up care)
- Acute* Infections of Illnesses (e.g., acute bronchitis)
- Sinusitis
- Accidents & Poisonings
- Slips/Falls/Accidents/Fractures/Injuries occurring off the job. If they occur on the job, they must be filed with Worker's Compensation
- Allergic Rhinitis Due to Pollen or Other Allergies
- Deviated Nasal Septum
- Chronic Rhinitis
- TMJ
- Hernia
- Strokes
- RA (Rheumatoid Arthritis)
- The purchase of DME (Durable Medical Equipment) unapproved by the board.
- Massage performed in a nonclinical or professional establishment.
- Diabetes
- Cancer
- Vision
- Dental

DENIAL OF REGISTRATION, SERVICES OR BENEFITS

- (a) Upon receipt of a registration form or claim for benefits, the Executive Director or staff shall review the form and information or claim submitted. If the applicant clearly qualifies, the applicant shall be registered or benefits shall be dispersed. If there are questions regarding eligibility or claims, the Executive Director shall forward the application or claim to the Review Committee (RC). The RC shall consist of the Executive Director and two (2) members of the board designated by the board chairman.
 - (i) The RC shall review the application or claim and all other information available and following the review may:
 - (A) Approve the application or claim; or
 - (B) If there are questions as to whether denial is appropriate, forward the application and the RC report to the Assistant Attorney General assigned to the Board for prosecution to review. 2-5
 - (ii) If, after review, the RC and Assistant Attorney General recommends denial of an application or claim:
 - (A) A preliminary denial letter shall be sent to applicant or claimant by registered mail, return receipt requested. The letter shall state the basis for the denial, including applicable rules.
 - (B) If preliminarily denied, the applicant or claimant shall submit a written request for a hearing within 15 days of the date of the denial letter or the denial is final.
- (b) A denial hearing is a formal contested case hearing conducted pursuant to the Wyoming Administrative Procedure Act.
- (c) The applicant has the burden of proving that the applicant is eligible for registration. The claimant has the burden of proving the claim should be paid.
- (d) The hearing will be conducted by the Office of Administrative Hearings in accordance with its Uniform Rules for Contested Case Practice and Procedure. The hearing officer shall submit proposed findings of fact, conclusions of law and order to the Board within thirty (30) days of the hearing's conclusion. The Miner and review committee may submit exceptions to the proposed order within ten (10) days after service. By incorporating the Office of Administrative Hearings' Uniform Rules, the Board makes the following findings;

- i.) Incorporating the full text of the Uniform Rules would be cumbersome and inefficient given the length and nature of the rules;
 - ii.) The incorporation is limited to the Uniform Rules adopted by the Office of Administrative Hearings and effective on October 17, 2014, and shall not include any subsequent editions or amendments to the Uniform Rules.
 - iii.) Copies of the Uniform Rules are available to the public at the Board's office at 2001 W. Lakeway Road, Suite B, Gillette, WY 82718.
 - iv.) An electronic copy of the Uniform Rules is available to the public at the following web address: <http://mhb.state.wy.us>
- (f) Proposed orders will be given consideration, but are not binding upon the Board. All final decisions will be issued by the Board and shall be based exclusively upon the evidence in the record and matters officially noticed. The Review Committee shall not participate in the Board's final decision. 2-6
- i.) A Petition for Judicial Review of the Board decision may be filed in the district court in accordance with the Wyoming Rules of Appellate Procedure.
 - ii.) If a Petition for Judicial Review is filed in the district court, the petitioner shall either arrange the preparation and pay for the transcript of the testimony, or reimburse the Board for the cost of the transcript if previously prepared at Board expense.