

## CONTRACT HEALTH SERVICE (CHS) USERS GUIDE

The Siletz Tribal Health Department is a program of the Confederated Tribes of Siletz Indians. It is operated under a compact agreement between the Tribe and the Indian Health Service (IHS), an agency of the Public Health Service under the U.S. Department of Health and Human Services.

The program serves over 2900 Siletz Indians throughout Oregon. Through CHS the Siletz Tribe can buy services that are unavailable at the Siletz Clinic or other IHS facilities.

⇒ The CHS program is funded each year by the United States Congress where it is determined how much money is to be made available.

⇒ The CHS program is not:

1. an entitlement program (such as Medicare)
2. an insurance program
3. an established benefit package

⇒ CHS payments are based on clearly defined guidelines and eligibility criteria. Level of care is subject to the availability of funds. There is no guarantee that funds will always be available, especially towards year end, depending upon expenditures throughout the year.

⇒ CHS funds are intended to help pay for health care when no other source of health care payment is available. CHS also supplements alternative resources after they have been utilized. The use of alternative resources enables the Tribe to provide more and better health care for Siletz people.

⇒ Payment for health care outside a tribal or IHS facility can only be authorized by CHS staff member. No one else can authorize payments.

## SERVICES

Contract Health Services (CHS) are payment for medical and dental services that tribal or IHS facilities are unable to provide. CHS is used in situations where:

⇒ No tribal or IHS direct care facility exists with a 40 mile radius of the patient's residence.

⇒ The IHS or tribal direct care facility cannot provide the required emergency or specialty care.

⇒ A patient's alternative resources are not enough to cover the total cost of required care.

⇒ The service is determined to be within established medical priority.

**YOU ARE ELIGIBLE FOR CHS SERVICES** through the Siletz Tribal Health Department if you have registered through Siletz Contract Health Services or the Registration Clerk at the Siletz Clinic, updated that registration within the past year, **AND**

1. You are an enrolled Siletz tribal member, or a minor dependent through age 18 of an enrolled member **AND**

⇒ Reside within the Oregon eleven-county service area of Lincoln, Tillamook, Marion, Polk, Yamhill, Linn, Lane, Benton, Multnomah, Washington and Clackamas counties. This is called the Siletz Contract Health Service Delivery Area, hereafter referred to as SCHSDA.

⇒ You may be away from the SCHSDA and still be eligible for CHS if you are a full-time student, foster child, or transient (migratory/seasonal worker) or if none of these but you have left the SCHSDA less than 180 days before the date of service.

2. Other persons eligible for CHS are:

⇒ A non-Indian woman pregnant with a CHS eligible Siletz Tribal member's child and residing with the SCHSDA. If you are not married to the father of your child, he must verify with a notarized written statement that he is the father.

⇒ A non-Indian member of a CHS eligible Siletz Tribal member's household, if the Health Director determines that services are necessary to control a public health hazard.

⇒ A minor, non-Indian dependent, foster child or step child of a CHS eligible Siletz Tribal member. A copy of adequate proof must be provided, i.e. marriage certificate, birth certificate, tax return, guardianship or foster care placement orders.

⇒ A member of a federally recognized tribe who resides on trust land within the SCHSDA.

## ALTERNATIVE RESOURCES

Alternative resources are other resources of health care or health care payment available and accessible to you. CHS is the payor only of last resort. If you have questions, contact Contract Health..

You are required by federal regulation (42 CFR, Ch1, Subpt 36.23F) to apply for an alternative resource if there is reason to believe that you may be eligible.

If you are eligible for an alternative resource and you refuse to apply for or refuse to use that alternative resource, you will not be allowed to use CHS. You do not have to use your own financial resources or sell valuables or property to qualify for alternative resources.

Some examples of alternative resources:

MEDICARE (Part A, Part B)  
MEDICAID/ OREGON HEALTH PALN  
VETERAN'S BENEFITS (Champus, Champva)  
CRIPPLED CHILDREN'S SERVICES  
CHILDREN'S REHABILITATIVE SERVICES  
PRIVATE INSURANCE  
STATE MATERNAL & CHILD HEALTH PROGRAMS  
AUTO INSURANCE  
VICTIM'S ASSISTANCE PROGRAM  
WORKMEN'S COMPENSATION  
STATE VOCATIONAL REHABILITATION  
SCHOOL INSURANCE  
HOME OWNERS INSURANCE

If you are student and your grant includes funds for health services, you will be expected to use the grant funds to purchase available student health insurance.

It is frequently to your advantage to sign up for these types of programs. Often these alternative resources can pay for or be a source of health care services that the CHS program cannot provide.

#### PATIENT'S RIGHTS AND RESPONSIBILITIES

As a patient, it is your responsibility to register and update your registration annually through the Siletz CHS office or the Siletz Community Health Clinic. Through registration, your eligibility for "Direct" and CHS services is determined and potential or established alternative resources are identified. You will need to provide proof of your Indian descent when you first register, and you may be asked to provide proof of residency.

**PRIOR APPROVAL** - You or someone acting for you must get prior approval for any non-emergency treatment you receive that will require CHS funds for payment.

**72-HOUR NOTICE** - When you receive emergency treatment from or are admitted to a non-IHS facility, you must notify a CHS staff member within 72 working hours. CHS closely monitors the use of hospital emergency room services. A 24 hour on-call medical professional is available to assist you in determining whether your symptoms require

immediate medical attention. To reach the person on-call, use the CHS or Clinic telephone numbers. An answering service will direct your call.

**DENIAL AND APPEAL** - If you are denied CHS payment, a letter from the CHS program will explain the reason. You have the right to appeal if you do it in writing to the Health Director within 30 days from the date of the denial letter. The Health Director will review your case and respond in writing. If the Health Director denies your appeal, you have the right to appeal to the Siletz Tribal Health Committee if you write them within 30 days from the date of the response from the Health Director. If your appeal is again denied, you have the right to appeal to the Siletz Tribal Court, whose decision is final.

#### THE MOST COMMON REASONS FOR DENIAL

- You did not call CHS within 72 working hours following an emergency room service.
- You did not supply appropriate proof of Indian descent or you live outside the SCHSDA and are ineligible for CHS services.
- Request for specialty care services did not meet the level of care requirements of the Gatekeeping Committee at their review.
- You did not obtain prior approval for non-emergency service by calling a CHS staff member for a pre-authorization number.
- You did not apply for potential or established alternative resources or did not use the resources you had available.
- Medical review of your emergency room report did not support the necessity for using the emergency room.

#### TIPS FROM CHS

When you call ask for the person who handles claims for the first initial of the patient's last name. Each staff member handles a different part of the alphabet. In the future ask for that staff member by name.

Remember, we are closed every Tuesday afternoon starting at 12:00 Noon.

Call and ask for authorization as soon as you know the date of an upcoming appointment. Specialty care may require the review and approval by the Gatekeeper Committee so allow plenty of time.

Call in each appointment. Each appointment required a new authorization number. Always ask and keep a record of the authorization number even if someone calls in for you (such as a nurse at the Clinic)

Keep your authorization numbers on your calendar next to your appointment date and time.

If you have insurance, CHS is not able to authorize payment until after the insurance has responded. They will send you statement (called an Explanation of Benefits (EOB) explaining what they paid and the balance still owed. Send a copy of that statement to CHS so that we can pay the remaining balance.

Download the Registration form provided, complete and sign and send it to CHS. You may also contact a CHS staff member of the Registration Clerk at the Siletz Clinic to update your eligibility annually or when you change your name, address, phone number or insurance.