

# Contract Health Service (CHS) Program

An Overview of the CHS program



# CHS – An Introduction

- Contract Health Services (CHS) are funds received by Indian Health Services (IHS). These funds are used to help tribal members off set the cost of medical, dental, vision and pharmacy bills.
- Services needed are provided dependant upon the availability of funds.



# Contract Health Service (CHS) Funds





# CHS Funding

- The CHS is funded each year by the Indian Health Services through appropriations by the U.S. Congress
- CHS **is not** an entitlement program, and cannot guarantee payments
- CHS **is not** an insurance program



# Uses of Contract Health Services Funds

- CHS funds are used to **supplement** and **compliment** other health care resources available to eligible Indian people
- The funds are utilized in situations where:
  1. No IHS direct care facility exists
  2. The direct care element is incapable of providing required emergency & specialty care
  3. The direct care element has an overflow of medical care workload
- Funds are used to provide health care consistent with established Contract Health Services medical priorities



# CHS Funds

May be used for eligible Indian patients due to:

1. **Unavailability** of needed services exists, such as specialty care
2. **Inaccessibility** of services, such as lack of an IHS/Tribal/Urban (I/T/U) facility to meet the need
3. **Patient's liability**, such as private insurance (in the form of deductibles, co-insurance and co-payments)



# Accessibility

<b>Ponca Tribal Office locations</b>	<b>Santee Health Center</b>  <b>Santee, NE</b>	<b>Wagner IHS</b>  <b>Wagner, SD</b>	<b>Winnebago IHS</b>  <b>Winnebago, NE</b>	<b>Carl T. Curtis Health Center</b>  <b>Macy, NE</b>	<b>FLHWC Fred LeRoy Health &amp; Wellness Center</b>  <b>Omaha, NE</b>	<b>PHHWC Ponca Hills Health &amp; Wellness Center</b>  <b>Norfolk, NE</b>	<b>NE Urban Indian Center</b>  <b>Lincoln, NE</b>
PTN-Niobrara	14.31	40.33	106.8	117.85	191.19	82	202.77
PTN-Norfolk	84.06	114.14	68.9	70.52	119.03	0	122.98
PTN-Lincoln	210.18	240.27	125.09	132.95	57.83	122.98	4.08
PTN-Omaha	194.56	219.66	91.38	80.74	0	119.03	53.73
PTN-Sioux City	108.99	119.64	20.95	32.01	102.86	86.35	150.34

**\* Mileage is from PTN office site(s) to I/T/U facilities**





# CHS Funds

May be used to purchase a variety of health care services, such as but not limited to:

- Physician Services
- Hospital Services
- Diagnostic Services
- Dental
- Pharmacy



# CHS Eligibility

Federal Regulations Govern  
the CHS Eligibility Criterion





# CHS Eligibility

- To be eligible for CHS, an individual must meet the eligibility requirements as defined by the Code of Federal Regulations (CFR) Title 42, Section 36.21 through 36.25, and Indian Health Services, Part 2, Chapter 3, “Contract Health Services” dated January 5, 1993.
- Public Law 101-484 Ponca Restoration Act Section 5 provides special legislation recognizing for the provision of program services to be for Ponca Tribal members ONLY.
- Reside in the United States, in the Ponca Tribe of Nebraska Contract Health Service Delivery Area (CHSDA) (42 CFR 136.22).



# Contract Health Service Delivery Area

CHSDA is defined as a geographic area where the IHS/Tribes provide CHS.



# Other CHS Eligibility Rules

Indian Boarding School, Transients  
and other considerations



# Indian Boarding School Student

- Full-time boarding school students can receive CHS whether or not they resided in a CHSDA before attending the school.
- Contract Health Services are provided for them during their full-time attendance, by the Area in which the boarding school is located.

For example: A student residing in Fremont, NE (Dodge County) decides to attend Marty Indian School at Marty, SD; they would be eligible for CHS through that service unit.





# Transients

- Persons who are traveling or who are temporarily employed, such as a seasonal or migratory worker, continue to be eligible for CHS at their permanent residence.

# Students

- Students must be eligible for CHS, **PRIOR** to attending college or other school, and must be attending at full-time status, and provide verification from the school's registrar's office
- Students continue to be eligible for CHS during school breaks, holidays, and continue to be eligible for CHS for 180 days (6 months) after the completion of school



# Students or Transient

- Each IHS Area maintains requirements for CHS – eligible Indians who leave the CHSDA to attend school
- A student's permanent area of record is responsible to determine CHS payments (42 CFR 136.23)





# Other Eligibility Considerations

- Persons who leave the CHSDA in which they are eligible for CHS and who are neither students nor transients will be eligible for CHS for a period not to exceed 180 days from such departure.
- Adopted Indian children by non-Indian parents-must meet all CHS requirements to be eligible for care such as residing in the CHSDA, applying for alternate resources etc.



# Other Eligibility Considerations

- Foster and custodial children – If eligible prior to placement by a court of competent jurisdiction and who were eligible for CHS at the time of the court order, continue to be eligible while in foster care placement outside their CHSDA



# Other Eligibility Considerations

- Children under the age of 19 years, whether or not they are of Indian descent, and are **natural, adopted, step, foster, legal ward, or orphan** of an eligible Indian and are not otherwise eligible for direct care, shall be provided by the IHS on the same basis and subject to the same rules that apply to eligible Indians until such individuals attain 19 years of age. (Section 813 of the IHCIA, P.L. 94-437, as amended)
- Example: If a Ponca member adopted non-Ponca child, that child would be eligible for CHS until they turn the age of 19.



# Other Eligibility Considerations

- Non-Indian woman who is pregnant with an eligible Indian's child and resides in the CHSDA of the eligible Indian is eligible for CHS during pregnancy through post partum (usually six weeks).
- To control a public health hazard, or an acute infectious disease, non-Indians residing in an eligible Indian's household may be covered.



# Priorities of Care

## Medical Priority Levels





# CHS Priorities of Care

- IHS resources are insufficient to meet ALL the needs of the Indian people served, regulations CFR 42, 136.23 (e), “Priorities for contract health services” require that medical priorities be established governing authorization of CHS funds.
- Priorities of care and treatment for health care services is determined on the basis of relative medical need.
- The application of medical priorities of care is necessary to ensure that the funds provided by Congress for the IHS/CHS are adequate to provide services that are authorized in accordance with IHS approved policies and procedures



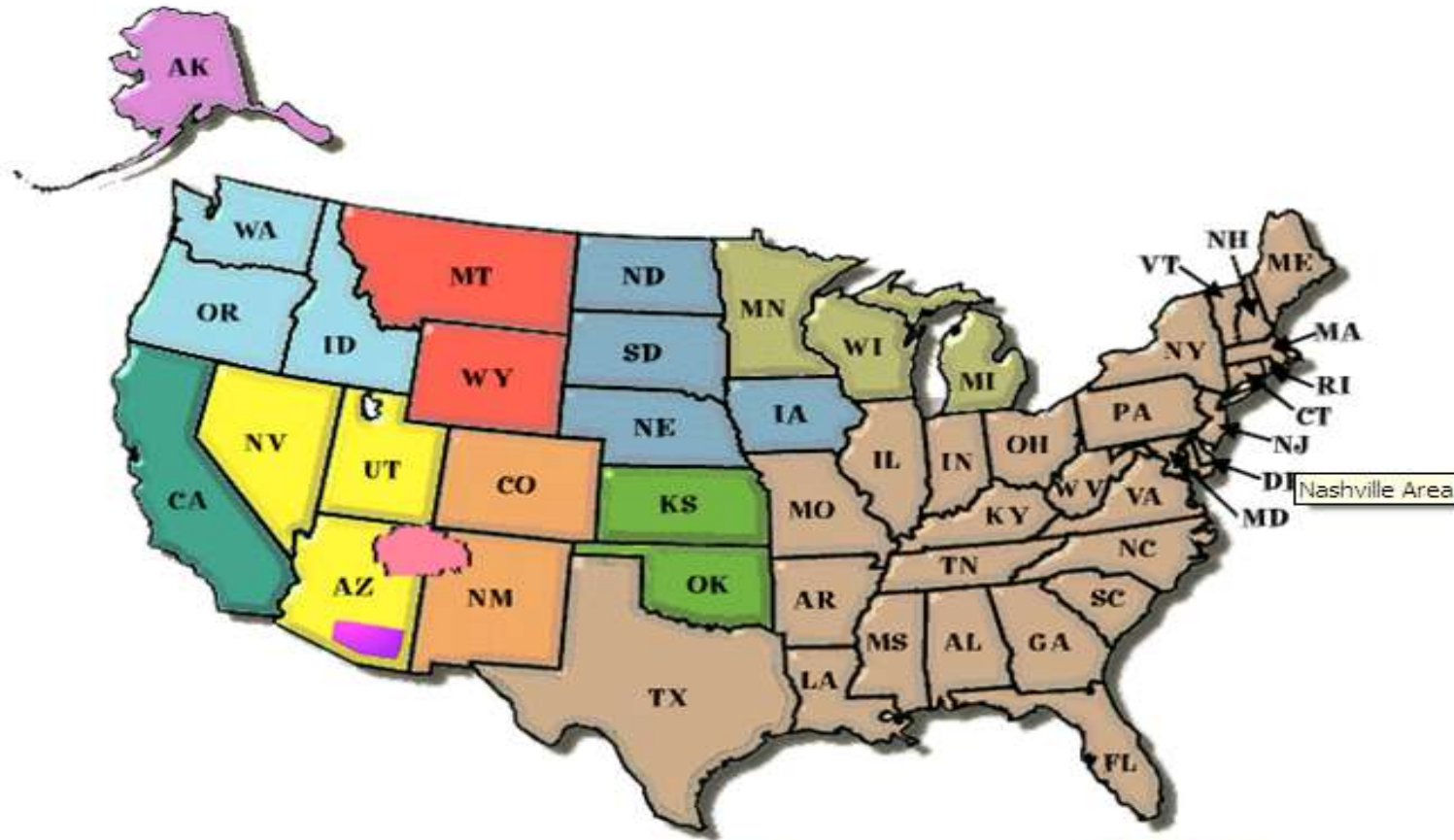
# CHS Priorities of Care













- Under this authority each *Area* established the medical priority of care that sets forth which health care services will be covered by CHS.
- The medical priority of care is determined as levels: I, II, III, IV and V. The funding and volume of need by the population have required that most Areas can only provide CHS authorization at the highest priority medical services – Level I.
- These medical services are generally only emergency care service, i.e., those necessary to prevent the immediate threat to life, limb, or senses.





**Indian Health Service Map :** The 14,500 employees of the Indian Health Service provide health care to more than 1.3 million American Indians and Alaska Natives in 35 states. *To manage such a complex health care delivery system, the IHS is divided into 12 geographic regions, called "Areas."* Each Area Office provides administrative support to the hospitals, clinics and other facilities and personnel within its region. The 12 IHS Areas are depicted by color on the map below.



- |   |  |  |
|---|--|--|
|  <a href="#"><u>Aberdeen Area</u></a>    |  <a href="#"><u>Billings Area</u></a>   |  <a href="#"><u>Oklahoma Area</u></a> |
|  <a href="#"><u>Alaska Area</u></a>      |  <a href="#"><u>California Area</u></a> |  <a href="#"><u>Phoenix Area</u></a>  |
|  <a href="#"><u>Albuquerque Area</u></a> |  <a href="#"><u>Nashville Area</u></a>  |  <a href="#"><u>Portland Area</u></a> |
|  <a href="#"><u>Bemidji Area</u></a>     |  <a href="#"><u>Navajo Area</u></a>     |  <a href="#"><u>Tucson Area</u></a>   |

# IHS Medical Priorities

## I. EMERGENT/ACUTELY URGENT CARE SERVICES

Definition: Diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual, necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that, if left untreated, would result in uncertain but potentially grave outcomes.

Example: Emergency room care for emergent/urgent medical conditions, surgical conditions, or acute trauma, obstetrical deliveries and acute perinatal care

## II. PREVENTIVE CARE SERVICES

Definition: Primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention). Level II services are available at most IHS facilities.

Example: Non-urgent preventive ambulatory care (primary prevention), Screening Mammograms



# IHS Medical Priorities

## III. PRIMARY AND SECONDARY CARE SERVICES

Definition: Inpatient and outpatient care services that involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment-for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It includes services that may not be available at many IHS facilities and/or may require specialty consultation.

Example: Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology,

## IV. CHRONIC TERTIARY AND EXTENDED CARE SERVICES

Definition: Inpatient and outpatient care services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, elective, and often require tertiary care facilities. These services are not readily available from direct care IHS facilities. Careful case management by the service unit CHS committee is a requirement, as is monitoring by the Area CMO, or his/her designee. Depending on cost, the referral may require concurrence by the CMO.

Example: Rehabilitation care, Highly specialized medical services/procedures

## V. EXCLUDED SERVICES

Definition: Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit.

Example: All purely cosmetic (not reconstructive) plastic surgery, Procedures for which there is no proven medical benefit - procedures listed as "not Covered" in the Medicare Coverage Issuance Manual, Section 27,200, Acupuncture, In-vitro Fertilization



# CHS Referrals & Notifications

The federal regulations REQUIRE proper notification to the appropriate CHS official before CHS assistance is authorized. In “non-emergency” cases, the patient, or an individual or agency acting on behalf of the patient, or the medical provider must notify CHS department prior to the provision of medical care and service in a non-IHS facility.

- While physicians must refer patients for medically indicated care, a referral does not authorize payment for the medical care delivered.
- Approval of the referral must be provided by CHS and a purchase order issued before the care can be provided.
- Funds are limited and some CHS medically indicated referrals are not within established and funded medical priorities, so therefore cannot be paid with CHS funds.





# CHS Referrals & Notifications

**Our CHS program receives referrals from the following I/T/U facilities:**

- Fred LeRoy Health & Wellness Center
- Ponca Hills Health & Wellness Center
- Winnebago
- Santee
- Carl T. Curtis Health Center
- Nebraska Urban Indian Center
- Wagner IHS



# CHS Referrals & Notifications

- General Practice Referrals  
(If member receives health care services from a general practitioner and is referred out for specialized care. This referral can be submitted to CHS for review and approval)
- In cases of emergency or inpatient services, discharge instructions/referral notifications are accepted for continuation of care



# Tribally Approved Services

In addition to referred services, members are eligible for our PTN tribally approved services as long as the service is not available or accessible. If the member resides within 25 miles of an I/T/U facility, that resource must be utilized first. If the service is unavailable, the Medical Director can submit a verification form stating services are not accessible and at that time CHS may approve a non-IHS primary care visit :

## **Four primary medical care visits per fiscal year**

- ❖ Prescription coverage following primary care visit
- ❖ Chronic Disease – two additional visits per fiscal year

## **Required Physicals (Pre-K through 12th grade)**

- ❖ Includes immunizations and series

## **Well Child Visit**

- ❖ Per CDC Immunizations guidelines, recommended vaccinations are at 3 days, 2 wks, 1,2 4,6,12, & 15 months
- ❖ Prescriptions







## Specialized services

- ❖ You must be referred to a specialist due to medical necessity; you, the patient cannot self refer
- ❖ A written referral or any other pertinent information is required and must be submitted to the CHS office prior to scheduling the appointment.
- ❖ Chiropractic Services – 6 visits per fiscal year
- ❖ Hearing Aids – *(See Hearing Aid Policy)*

## Vision Services (All ages)

- ❖ 0-18                      Annual Exam, Frame and Lenses every year
- ❖ 18-64                     Annual Exam, Frame and Lenses every two years
- ❖ 65 & over                Annual Exam, Frame and Lenses every year

Special Note: If patient is diabetic, they may qualify under the diabetes program who in turn would pay for the cost of the eye exam.



## Dental Services

These services are covered as part of the routine dental exam

- ❖ One initial or periodic oral exam 2 times per year (once every 6 months)
- ❖ Dental cleaning 2 times per year (once every 6 months)
- ❖ X-rays / fluoride / sealants

All other dental services including specialized services, provider will need to submit treatment plan

- ❖ Amalgam Restorations / Composite Restorations (fillings)
- ❖ Children's prefabricated crowns for primary teeth (baby)
- ❖ Endodontics (root canals)
- ❖ Oral Surgery
- ❖ Periodontal care
- ❖ Orthodontic Services (braces; for members 19 and under)



Please Note: The below dental procedures are of a lower priority:

20% of the CHS dental budget will be reserved for dental services including, but not limited to:

- ❖ Crown and bridge procedures. (Ceramic and porcelain fused to noble metal allowed. No gold crowns or bridges.)
- ❖ Dentures and partial if fabricated by Affordable Dentures located at Lincoln/Bellevue, NE and Sioux City, IA.
- ❖ Dentures/partials may be fabricated at Creighton School of Dentistry when required and appropriate approval is obtained.
- ❖ Mini Implants/Implants if placed by Affordable Dentures or Creighton School of Dentistry.

### **Emergency Dental**

- ❖ Emergency office visit/exam & necessary treatment to alleviate the emergent condition



- **Emergency Services**

Emergent care services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes. All emergency services will be reviewed by CHS Committee to determine if the service meets Medical Priority I.

- ❖ Prescription coverage following the emergency visit (No refills)

## **Prescription Services**

- Prescriptions following an approved primary care visit (4 times only)
- Prescriptions before and after surgeries
- Prescriptions following an emergency visit
- Prescriptions following an inpatient stay



- No refills will be covered for above categories
- Prescription following a well child visit
- Prescriptions for a Priority I service
- Refills covered with CHS Committee approval
  
- Exception: Elderly age 65 & over and those identified as disabled and who have an alternate resource may access an approved CHS provider for prescriptions with additional visits per fiscal year. CHS will pay for any and all deductibles/co-payments as long as prior authorization is obtained.
  
- Disabled: Prescription co-payment coverage only, if the member is covered by Medicaid and/or Medicare because of disability. Proof of disability will be requested.

# Notification Requirements

- **For Non-emergency** services, prior authorization must be obtained from the CHS Department. We ask for at least a 48-hour advance notice.
- **Emergency services**, CHS must be notified by the patient, provider, or a responsible person within 72 hours after the beginning of treatment or hospitalization
- Elderly/Disabled person(s) have 30 days to notify CHS of the emergency care received. (65 years and older)

**Therefore, it is IMPORTANT that every person requesting CHS assistance, the patient, patient's family, significant others, or non-IHS providers (physicians and/or hospitals) promptly notify an appropriate CHS staff member.**





# CHS Service Authorization

- Denied Services – denial notice is mailed to patient and provider
- Approved referrals – appointment coordination is between provider and patient
- CHS utilizes **RPMS** – Resource Patient Management System, **RCIS**-Referred Care Information System and **CHS/MIS**-Contract Health Service Management Information System to create referrals and medical purchase orders (MPO).
- A purchase order is faxed to the provider or sent with the tribal member to their appointment which authorizes the service and obligates CHS funds





# Alternate Resources

The use of alternate resources is mandated by the Indian Health Service Payor of Last resort Rule, 42 C.F.R. 36.61 [1990]

- An individual is required to apply for alternate resources if there is reasonable indication that the individual may be eligible for the alternate resource.
- Refusal to apply for alternate resource when there is a reasonable possibility that one exists, or refusal to use an alternate resource, requires the denial of eligibility for Contract Health Services.





# Failure to follow alternate resources

There are two instances when Contract Health Services will not pay the provider for medical bills incurred by an otherwise CHS eligible patient

1. When the patient **willfully** or **intentionally** fails to apply or fails to complete an alternate resource application.
2. The Contract Health Services will not pay the provider when the provider **fails to follow** alternate resource procedures.

Alternate resources include, but not limited to, programs under titles 18 and 19 of the Social Security Act (i.e. Medicare, Medicaid), State and local health care programs and private insurance.

# Appeal Process

CHS Denials and Appeal Levels



# CHS Denials

Denial Reasons include but are not limited to:

1. Patient does not reside in PTN established CHSDA
2. Patient is eligible for an alternate resource
3. Patient failed to apply for alternate resources
4. Lack of information to establish CHS eligibility
5. Services are not within the PTN CHS established medical priorities
6. Services are available at an I/T/U facility
7. No prior authorization for non-emergency service
8. No notification within 72 hours following an emergency service



# Appeals Process

## Level 1

- Within 30 days from the denial notice, date of receipt, the patient and/or provider may submit a written request for an appeal to the Service Unit Chief Executive Officer (CEO).

## Level 2

- The Area Director will respond to an appeal only after the SU/CEO has responded to the appeal at the first level
- The Area Director will provide written notifications indicating the decision to overturn or uphold the initial denial and cite the applicable reason(s) for the decision.

## Level 3

- The IHS Director will only respond to appeals after the second level has been completed by the Area Director.
- The final administrative action in the CHS appeals process is the decision rendered by the IHS Director





# Three levels of Appeal

Appeal Level	Appeal is Submitted to:	Time Frame
Level 1	Service Unit CEO	30 days from initial CHS denial letter
Level 2	Aberdeen Area Director	30 days from Level 1 decision
Level 3	IHS Director	30 days from Level 2 decision







# Member Education

It is the goal of CHS to find new and innovative ways to educate the community on the CHS program.

## **Current Educational emphasis:**

- Face to Face two-way conversation
- Phone to Phone two-way conversation
- Patient/Family Education conversation
- Newsletter Articles
- Printed material w/guidelines –Posted at various sites
- Brochures/literature racks at each office site
- Ponca Tribal Website
- Traveling Educational Table – Displayed at various sites
- Health Fairs/Pow-wows - Educational table

## **Future Educational emphasis** (in addition to above):

- Monthly or Quarterly Mailing to members
- Office Site visits
- Collaborate with other programs in providing program material and presentations
- Evening Presentations



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## **QUESTIONS?**