

Ponca Tribe of Nebraska Contract Health Services

Information Guide



Contract Health Services

1800 Syracuse Ave.
Norfolk, NE 68701
Phone 402.371.8834 • Toll Free 800.405.0365
Fax 402.371.0176
Tina Villalpando, Contract Health Specialist
tinav@poncatrIBE-ne.org
Thomas Wright II, CHS Clerk
thomasw@poncatrIBE-ne.org

Health Resource Advocate

2602 J. St.
Omaha, NE 68107
Phone 402.734.5275 • Fax 402.734.5708
Toni Hoffman, HRA
tonih@poncatrIBE-ne.org

Tribal Health Director

P.O. Box 160
Niobrara, NE 68760
Phone 402.857.3341 • Fax 402.857.3771
Twila Lush, Tribal Health Director
twilal@poncatrIBE-ne.org

CONTRACT HEALTH SERVICES



HISTORY

Treaties exchanged aboriginal lands for federal trust responsibilities and benefits. Snyder Act authorized funds "for the relief of distress and conservation of health ... [and] for the employment of ... physicians ... for Indian tribes throughout the United States." (1921). Transfer Act placed Indian health programs in the PHS. (1955)

The appropriation to Indian Health Services (IHS) by Congress to provide medical services and health care programs are made available through the Snyder Act of 1921. The IHS must compete with other agencies for Federal funds through Congress; therefore, funds appropriated for IHS programs cannot be designated as entitlement programs.

The term Contract Health Services originated under BIA when medical health care services were contracted out to health care providers. In 1955 the Transfer Act moved health care from BIA to the Department of Health Education & Welfare & established the IHS.

The CHS funds are used to supplement and complement other health care resources available to eligible Indian people. The funds are used in situations where: (1) no IHS direct care facility exists, (2) the direct care element is incapable of providing required emergency and/or specialty care, (3) the direct care element has an overflow of medical care workload, and (4) supplementation of alternate resources (i.e., Medicare, private insurance) is required to provide comprehensive care to eligible Indian people.

Because IHS programs are not fully funded, the CHS program must rely on specific regulations relating to eligibility, notification, residency, and a medical priority rating system. The IHS is designated as the payor of last resort meaning that all other available alternate resources including IHS/Tribal/Urban facilities must first be used before payment is expected. These mechanisms enhance the IHS to stretch the limited CHS dollars and designed to extend services to more Indians. This renders the CHS program to authorize care at restricted levels and results in a rationed health care system.





OVERVIEW

The Ponca Tribal Health Department is a program of the Ponca Tribe of Nebraska. It is operated under a contract 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 Ponca Tribal members throughout Nebraska, Iowa and South Dakota. Through CHS the Ponca Tribe can buy services that are inaccessible or unavailable to tribal members at the Fred LeRoy Health & Wellness Center or other Indian Health Service, Tribal or Urban (I/T/U) facilities (e.g. Winnebago, Santee).

- ❖ 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 availability of funds. There is no guarantee that funds will always be available.
- ❖ CHS funds are intended to help pay for health care when no other source of health care payment is available. CHS also supplements alternate resources after they have been utilized. The use of alternate resources enables the Tribe to provide more and better health care for the Ponca Tribal members.
- ❖ Payment for health care outside a tribal or IHS facility can only be authorized by a CHS staff member. No one else can authorize payments.

SERVICES

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

- ❖ The IHS or tribal direct care facility cannot provide the required emergency or specialty care.
- ❖ A patient's alternate resource(s) are not enough to cover the total cost of the required care.



- ❖ The service is determined to be within established medical priority.

YOU ARE ELIGIBLE FOR CHS SERVICES through the Ponca Tribal Health Department if you have registered with the Ponca Tribal Contract Health Services program and have updated your registration within the past year, **AND**

1. You are an enrolled Ponca Tribe of Nebraska member, or a minor dependent through age 18 of an enrolled member **AND**
2. Reside within the Ponca Tribe of Nebraska fifteen (15) county contract health service delivery areas (CHSDA) of Madison, Douglas, Lancaster, Boyd, Sarpy, Burt, Platte, Stanton, Holt, Hall, Wayne, and Knox counties of Nebraska and Charles Mix County of South Dakota and Woodbury and Pottawattomie Counties of Iowa.
3. You may be away from the CHSDA 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 CHSDA less than 180 days before the date of service.
4. Other persons eligible for CHS are:
 - ❖ A non-Indian woman pregnant with a CHS eligible Ponca Tribe of Nebraska member's child and residing with the CHSDA. If you are not married to the father of your child, he must verify with a notarized letter stating Paternity (stating that he is the father).
 - ❖ A non-Indian member of a CHS eligible Ponca Tribe of Nebraska member's household, if it is determined that services are necessary to control a public health hazard.
 - ❖ A minor, non-Indian dependent, foster child or step child of a Ponca Tribe of Nebraska tribal member. A copy of adequate proof must be provided, i.e. marriage certificate, birth certificate, tax return, guardianship or foster care placement orders.

ALTERNATE RESOURCES

Alternate Resources are other resources of health care payment available and accessible to you. CHS is the payor of last resort. If you have questions, contact the Contract Health Service Department.

You are required by federal regulations (42 CFR, Chapter. 1, and Subpart 36.23 F) to apply for an alternate resource if there is reason to believe that you may be eligible.



If you are eligible for an alternate resource and you refuse to apply for or refuse to use that alternate 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 the alternate resource(s).

Some examples of alternate resources (not an all inclusive list):

- ❖ Medicare (Part A, Part B, Part D)
- ❖ Medicaid
- ❖ Veteran's Benefits
- ❖ Private Insurance
- ❖ Auto Insurance
- ❖ Workmen's Compensation

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

PATIENT'S RIGHTS AND RESPONSIBILITIES

As a member/patient, it is your responsibility to register and update your registration paperwork on an annual basis through the Contract Health Service office. Through this registration process, your eligibility is determined and potential or established alternate resources are identified.

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. We encourage 48 hours advance notification given the geographical structure of the Ponca Tribe of Nebraska. This will help us get the necessary authorization paperwork to your provider and help eliminate confusion that might occur when you arrive at your appointment.



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 hours from the beginning of service. CHS closely monitors the use of hospital emergency room services.

DENIAL AND APPEAL (There are three (3) levels of appeal)

If you are denied CHS Payment, a letter from the CHS program will explain the reason(s) for the denial. The Tribal Health Director will have reviewed all pertinent information relating to your case and determined that a denial was required. ¹You have the right to appeal the denial by submitting information not previously submitted to the Tribal Health Director. The Tribal Health Director will review your case and will respond to you in writing. If the Tribal Health Director upholds your appeal, ²you have the right to appeal to the Area Director in Aberdeen. The Area Director will review your case and will respond to you in writing. If the Area Director upholds your appeal, ³you have the right to appeal to the IHS Director. The IHS Director will review your case and will respond to you in writing. The decision of the IHS Director is final.

THE MOST COMMON REASONS FOR DENIAL

- ❖ You did not obtain prior-authorization for a non-emergency service by calling a CHS staff member.
- ❖ You did not call CHS within 72 hours following an emergency service.
- ❖ You did not apply for potential or established alternate resources or did not use the resources you had available.
- ❖ You applied but did not follow through with your application to the alternate resource such as providing additional documentation required by their program (i.e. income verification).

TIPS FROM CHS

- ❖ Call and ask for authorization as soon as you know the date of an upcoming appointment. Specialty care requires the submittal of a referral and/or medical justification to authorize the services or follow-up care. Please allow plenty of time for requested care to be reviewed.
- ❖ Call in EVERY appointment. Each appointment requires prior authorization from the CHS department.
- ❖ If you have insurance, CHS is not able to process any claims for payment until after the insurance has responded. The Insurance Company will send you a statement called an Explanation of Benefits (EOB) explaining what they paid and the balance still owed. Send a copy of the EOB to the CHS department so that CHS can pay the remaining balance.



- ❖ Contact a CHS staff member at the Norfolk Office 402.371.8834 or toll free at 1.800.405.0365 to update your eligibility on an annual basis or when you change your name, address, phone number or Insurance etc. Your assistance in doing so is greatly appreciated!
- ❖ If you have any questions, **PLEASE** do not hesitate to contact us.