

Health Care Coverage

Health care through the Indian Health Service for American Indians and Alaska Natives is provided in two ways:

- **Direct Care.** Direct care includes all health services provided directly by IHS hospitals, clinics and health centers.
- **Contract Health Services.** Some services (such as hand services, cardiac testing, MRIs) are not available at many IHS hospitals or clinics. These services may require a referral to a non-IHS provider or facility. This care, when authorized, is paid for through the Contract Health Services (CHS) Program.

If you require care that is not available at an IHS facility, your health care provider will make a referral to a non-IHS facility or doctor. The referral does not mean that IHS will pay for the service(s) requested. The CHS Program is the only program authorized to determine CHS eligibility and approve or deny payment for care received outside any IHS facility.

Eligibility for Direct Care

Eligibility for health care is determined by Congress. A person is eligible for direct care if he/she can:

- Show proof of Indian descent or be an enrolled member of a Federally Recognized Tribe through Tribal or BIA documentation.

Special eligibility circumstances:

- A non-Indian woman pregnant with an eligible Indian's child (usually for the duration of the pregnancy through postpartum). If the non-Indian woman is not married to the eligible Indian man, the Indian man must acknowledge he is the father in writing.
- A non-Indian member of an eligible Indian's household when the Medical Officer in charge determines that the services are needed to control a public health hazard or an acute infectious disease.
- Any child under 19 years of age who is the natural, adopted, step-child, foster child, legal ward, or orphan of an eligible Indian shall be provided the same health services and is subject to the same rules that apply to eligible Indians until they are 19 years of age. If this applies to you, check with you local IHS



Eligibility for Contract Care

Specific policies and regulations created by Congress help determine who is eligible for Contract Health Services (CHS). In addition to showing proof of Indian descent or enrollment through Tribal or BIA documentation, you must:

1. Live on or near a reservation, or within a contract health service delivery area (CHSDA; a county in which all or part of your reservation is sharing a boundary). If you live off reservation, you must have a certified letter by the Tribe showing close social and economic ties to a Tribe whose reservation is in the CHSDA. If you must be away from your CHSDA because you are a full-time student you must have the CHS student form completed by the school. Transients (persons who are in travel or are temporarily employed, such as seasonal or migratory workers), during their absence from their place of residence. Persons, who leave the CHSDA in which they are eligible for CHS, and are neither students nor transients, will be eligible for CHS for a period not to exceed 180 days from such departure.
2. Use all other resources available to you to pay for your care, since the IHS is payor of last resort. If you do not already have alternate resources as described in the following section you must apply for them if you are potentially eligible to receive them.
3. Obtain prior approval from the Name Service Unit Contract Health Officer for any non-emergency services.
4. Notify an IHS facility within 72 hours of receiving emergency services. Special consideration is given to the elderly and disabled who have 30 days for notification. (When notifying the IHS facility keep an accurate record of the date and time you called and the name of the person you spoke to.

5. The services requested or received must fall within the medical priorities established at the Name Service Unit.

The above are general guidelines; All request are reviewed on a case by case basis.

Alternate Resources

Alternate resources are other sources of health care or health care payment that are available and accessible to an individual.

Examples of alternate resources include (but are not limited to Medicare, Medicaid, Veteran's Benefits, (CHAMPUS or Champ VA), Private Health Insurance, Workman's Compensation, Auto Insurance (liability) and State Vocational Rehabilitation.

Students whose education grants include funds for health services are expected to use some of these funds to purchase available student health insurance.

Why require alternate resources? Often alternate resources can pay for or be a source of health care services that the Indian Health Service is unable to provide. By using these resources the limited funds available through CHS can be stretched to help many more American Indians and Alaska Natives.

Why is CHS care denied?

The most common reasons to deny Contract Health Services are:

1. Not being Contract Health Service Eligible
2. Not living on or close to one's own reservation.
3. Failure to apply for alternate resources or to use these resources.
4. Failure to get prior approval from the Name Service Unit Contract Health Office for non-emergency services.
5. Failure to notify and IHS facility within 72 hours of receiving emergency services. (For the elderly and handicapped, notification must be given within 30 days of receiving emergency services.)
6. Having a diagnosed medical problem that does not fall within the medical priority set by the Name Service Unit.
7. Lack of appropriate documentation of Indian descent.

When CHS care is denied, what can you do?

If payment is denied, a denial letter will be sent to you by the CHS program. This denial letter will give you the reason(s) for the denial and explain your rights to appeal the decision.

You have 30 days from receipt of the denial letter to appeal at the Indian Health facility that denied paying the medical bill, if you have additional information that was not already provided to the CHS Program you can provide it at this time. The IHS facility must respond in writing within 30 days of receipt of your appeal.

If you are not satisfied with the response from the IHS facility that denied payment for your care, you may send a letter of appeal (within 30 days) to the second level (Name [who this Person/Office is](#)). This office must respond within 30 days.

Your final appeal may be to the (Name [who this Person/Office is](#)). This appeal must be done within 30 days of the response from the second appeal. The decision from the third appeal constitutes the final administrative action; there are no further appeals.

You're Responsibilities

- It is your responsibility to register with the local Indian hospital or clinic where you receive health care.
- When you register you will need to show proof of Indian descent and you will be asked to verify where you live. Your eligibility for direct care will be at the ([Name](#) of the facility) will be determined at this time.
- When you register you will be asked about alternate resources available to you (such as Medicaid or private Insurance). You need to provide us with current and accurate information, because decisions about your eligibility for CHS service depend on this. Please bring all appropriate ID such as your private insurance information or Medicaid card.
- If you do not have alternate resources but are potentially eligible for them, you will be asked to apply for them.
- Be sure during the registration process to determine, if you are eligible for contract care (services at a non Indian Health facility that will be paid for by us) or what you need to do to become eligible.

- Be prepared to help keep our records accurate by updating your information on a regular basis, usually every three months. These periodic updates will bring to our attention any changes in your eligibility for CHS services.
- You are responsible for obtaining prior approval for non-emergency treatment by a non-IHS facility or provider. This approval should be obtained from the ([Name](#) of the facility) Contract Health Office.
- You are responsible to notify ([Name](#) of the facility) within 72 hours of receiving emergency care treatment at an emergency admission to a non IHS facility. Notification does not assure authorization of payment. However if you do not notify an IHS facility within 72 hours your bills will not be paid.

Remember

Doctors and other health care professionals (nurses, clerks, etc.) cannot authorize payment of services received outside of the ([Name](#) of the facility). Only the Contract Health Services (CHS) Program staff can authorize payment.

For More Information

For more information, or answers to your questions please contact:

Contract Health Service Department
[Name](#) of the facility
Address and phone number

Or

If there is another contact office list here

Office hours are Monday through Friday from 8 am to 4:30 pm.

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