

# CONTRACT HEALTH SERVICES

Medical/dental care provided at an Indian Health Services or tribal health care facility is called Direct Care. The Contract Health Services (CHS) Program is for medical/dental care provided away from an IHS or tribal health care facility. Services generally include: hospital care; specialty-care physicians; ambulance; laboratory and x-ray services and emergency room visits. CHS services are available as long as funds exist relative to the Tribe's priority system of funding. The Nisqually Tribe began management of Contract Health Services in 1991.

It is important to note that CHS is not an entitlement program and a referral does not imply the care will be paid. If CHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources (such as WA Apple Health, or private insurance, see page 11). It is federally mandated that CHS is the payer of last resort. Therefore we must document that the patient exhausted any other resources before CHS may make payment for health care services.

## Referral pre-authorization

All visits must start here at Nisqually Tribal Health Center and any specialty care that a patient needs requires a referral from one of our providers. A referral from the specialty provider must be approved via Contract Health Services. All outside health care to be received must have prior authorization from Contract Health Services, a referral does not guarantee payment but it does ensure CHS is aware of the care being received.

Patients must notify CHS of any emergency room visits within 72 hours of the visit. This is the only exception to the prior

## General restrictions continued

Nisqually Tribe Health Department does NOT pay for self-referrals. Specific types of treatment which are not covered under the Supplemental Health Care Program or covered only under limited circumstances are listed in the Supplemental Program policy. These excluded and limited treatments may change. Please ensure you have the most current list. This section contains an overview of the Supplemental Health Care Program.

**For complete details about this policy, contact the Nisqually Tribe Health Department Business Office at (360) 486-9599.**



# NISQUALLY TRIBAL HEALTH DEPARTMENT

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NISQUALLY TRIBAL HEALTH DEPARTMENT

authorization rule stated previously. We require this because CHS needs to assure that the ER care is budgeted for, as well to assure that CHS can assist patients to apply for alternate resources.

If prior notification is not provided, the patient's bill may go to collections because CHS will not have any knowledge of the visit nor be able to budget for the cost. We also need to ensure that the services are within the priority levels of care, as listed in the Nisqually CHS Manual and the Indian Health Services (IHS) Manual. We have to follow the guidelines of our IHS grant dollars which are auditable.

### **If you seek emergency or urgent care:**

For urgent care after hours or on weekends, you must call the Business Office the following business day.

In case of emergency situations, you must notify the Business Office within 72 hours of receiving services. Failure to do so may result in denial of your claim.

For urgent/emergency services for elders 65 and older or those who are disabled, a 30-day notification window is allowed.

After receiving health care service, if you receive an Explanation of Benefits statement from your provider, please bring that statements to the Business Office.

### **Tracking claims and payments with POs**

Purchase order (PO) numbers are essentially prior authorization numbers and serve as claim numbers as well. POs allow the business office to track and regulate claims for payment. The entire claims and payments process resolves around the PO system because it is what connects providers, patients, and the finance team. POs are used to track a referral visit for health care outside the tribal health clinic, tracking the claim once it is received by our department, all the way until a check is mailed out. PO numbers are the backbone of how our CHS operates and stays within budgets and empowers our

tribal health system to provide the best care.

CHS verifies patients' visits and for what they are being seen to make sure it is within the scope of care they need. This includes evaluating the priority levels of care and verifying that it is not an excluded service. With a PO number, CHS is assuming financial liability of that visit and other associated costs such as x-rays, labs, etc.

The patient should always obtain a PO number before going in for a doctor's office visit outside the Nisqually Tribal Health Department. Whether coming in to request one, making a phone call, leaving a message on the phone or with the business office secretary prior to the visit. When leaving a message provide your name, the name of the provider or clinic you are seeing and their phone number (if available), the date of service, and your primary insurance or medical coverage information. It is also mandated that everyone be screened for alternate resources, as this helps CHS to ensure the continuity of care as well as expand on available resources we can provide for specialty care, as well as provides resources to the Tribal Clinic for expanded services on site.

### **Out-of-area health care**

Tribal members need to reside in Thurston county receive CHS assistance in their care and follow the protocol established previously such as a referral from a Nisqually provider and pre-authorization.

When patients travel and go out of area (whether out of state, or just out of our county), we recommend they visit another IHS-funded tribal clinic. If an IHS-funded tribal clinic is not available, patients should visit a hospital emergency room for their health care.

Patients who leave Thurston county have 180 days or 6 months left of eligibility, and the process to receive care is the same as if they lived in the area. Nisqually health would request chart notes of the office visit to the patient's new primary care

provider for our providers to review and determine if the referral requested is within a medical necessity of the patient. It is important to note that out-of-area care providers will rarely know how to process for Nisqually contract health, so it is important that tribal members take the initiative and ensure Nisqually CHS is aware of the visit. Bring the bill in to the Nisqually clinic when you return home, or mail the bill to us directly. In areas where there are a lot of tribes and where providers/vendors may be familiar with what Indian Health / Contract Health Services is, the bill may be sent somewhere local to them and never make it to Nisqually. Again, communication is essential. Please bring in your billing statements or call the number on the bill to give them your insurance information so that these bills don't end up in collections.

Other out-of-area circumstances includes students who are attending school out of the area yet reside here as their primary residence. The student needs to send proof of enrollment from the school, and update the health department quarterly to document this status to ensure that they remain eligible for care.

### **General restrictions**

The Nisqually Tribe Health Department will NOT pay for missed appointment fees, travel costs, accommodations, work-related claims (L&I), or experimental treatments or procedures.

The Nisqually Tribe Health Department will NOT pay medical or dental services provided to individuals who are in police custody. Patients will NOT be directly reimbursed for their own out-of-pocket expenses such as pharmacy or office visits. The Nisqually Tribe Health Department will NOT pay for any accrued interest.

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