

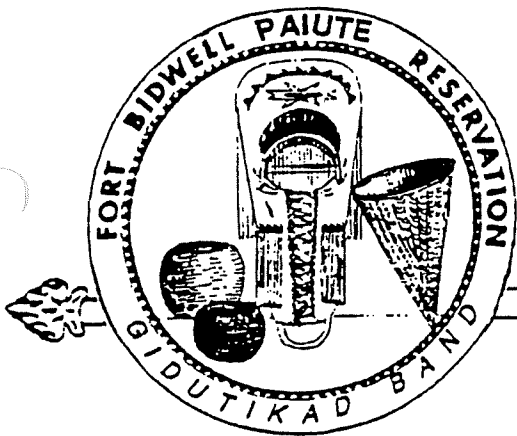
WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES POLICY MANUAL


R.P. Musselman D.O. (date)
Medical Director


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3-16-02



WARNER MOUNTAIN INDIAN HEALTH
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March 16, 2002

At a duly held meeting on of the Warner Mountain Indian Health Board on March 16, 2002, this Contract Health Services Policy Manual was reviewed and approved.

Chairperson, Health Board

MISSION STATEMENT

**It is the mission of the
Warner Mountain Indian Health Clinic
to provide, promote, improve and support
quality health services for the overall
well-being of the Community.**

BASIC SERVICES MEDICAL STATEMENT

All advice, diagnosis, treatment, drugs and appliances shall be provided only by persons authorized by law to provide such services.

A clinic shall only provide those services for which it is organized, staffed and equipped. A physician, physician's assistant, or a registered nurse shall be present whenever medical services are provided. All employees of the medical clinic who provide direct patient care shall be under the supervision of a registered nurse or physician.

All persons working in the clinic who are known to have symptoms of infectious disease shall be removed from contact with patients.

If this clinic ceases operation, arrangements shall be made for the safe preservation of the patient's health record. The Department of Health Services will be informed by the clinic of the arrangements within 48 hours before cessation of operation.

The Department of Health Services shall be informed within 48 hours, in writing, by the licensee whenever patient health records are defaced or destroyed before termination of the required retention period.

If ownership of the clinic changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating that the new licensee shall have custody of the patient's health records and these records shall be available to the former licensee, the new licensee and other authorized persons; or that other arrangements have been made by the current licensee for the safe preservation and the location of the patients' health records and that they are available to both the new and former licensees and other authorized persons.

Any change in the principal officer such as administrator, or chairman of the governing board shall be reported to the Department of Health Services in writing immediately, but in no case later than 10 days following such change. Such written notice shall include the name and principal business address of each new principal officer. The notification shall also include the name of the new administrator, the mailing address, the date of assuming office, and a brief description of his or her background and qualifications.

The Clinic Administrator may be responsible for more than one clinic only if all of the clinics are operated by the same governing body.

Essential personal, health and medical information shall either accompany the patient upon transfer or be transmitted immediately by telephone to the receiving facility.

WARNER MOUNTAIN INDIAN HEALTH CLINIC ADMINISTRATIVE POLICY

(termination of services and charges)

Warner Mountain Indian Health Clinic will accept Native American and non-Native American patients.

Termination of services can be applied to both Native American and non-Native American patients when any employee of the Clinic has been threatened by violent behavior, or by any behavior, which would pose a threat to Clinic staff.

Charges for services are standardized for all patients. A sliding-fee schedule is in place for anyone that does not have medical insurance. If a Native American does not have medical insurance their medical expenses will be paid for through "Contract Health Services."

These policies are made available to patients or their agents and to the public upon request.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Contract Health Services	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: Program Director
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001 / CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To define the scope of the Warner Mountain Indian Health Contract Health Services.

II. SCOPE:

- | | | | | |
|----|-----|-------------------------|------|--------------------|
| 1. | / / | Medical Providers | / / | Medical Assistants |
| 2. | / / | Dental Providers | / / | Medical Records |
| 3. | / / | Mental Health Providers | /x / | Administration |
| 4. | / / | Other Health Providers | / / | Fiscal |
| 5. | / / | Nursing | / / | Reception |

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

- A. CHS services shall be provided only to individuals who have established the eligibility to receive such services.
- B. Payment for CHS services are limited to those services that fall within the priorities of care (levels of care) approved by the Warner Mountain Indian Health Board.
- C. Priorities of care may be changed as frequently as deemed necessary by the Warner Mountain Indian Health Board to maintain the financial viability of the organization.

- D. No prior notification of users shall be made when priorities of care are changed. The Clinic shall publish changes to the CHS priorities of care in the clinic newsletter/bulletin.
- E. The Warner Mountain Indian Health Board shall notify the Program Director and CHS Officer of changes to the CHS system or priorities of care in writing. The notice shall specify the effective date of any changes.
- F. The CHS Officer shall maintain Board communiqués in the CHS file cabinet. Communiqués shall be in reverse chronological order.
- G. All patients who may expect Warner Mountain Indian Health to pay for CHS services shall abide by the referral process.
- H. An appeals process shall be available for all individuals who are denied payment for CHS services.
- I. The Program Director shall be ultimately responsible for the maintenance of CHS services. The responsibility shall be delegated to the CHS Officer.
- J. The CHS authorizing official shall not authorize CHS services to his/her immediate family members, i.e., husband, wife, son, or daughter to avoid a conflict of interest. The Program Director shall designate a Clinic staff person to be the CHS authorizing official in these instances.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Overview of CHS Program	EFFECTIVE DATE: April 13, 2001, 3/16/2002
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: April 13, 2001	REVIEW DATE: Jan. 30, 2001 / CHS Committee
BD. APPROVAL DATE: 3/16/2002	REVIEW DATE: 3/16/2002 - Health Bd.
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. **PURPOSE:** To provide an overview of the Warner Mountain Indian Health CHS Program

II. **SCOPE:**

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. **EXCEPTIONS:** None

IV. **POLICY/PROCEDURE:**

A. The CHS Program is designed to supplement other health care resources available to eligible Indian people. It is not an entitlement program. CHS funds are utilized when

1. the service is unavailable at the Warner Mountain Indian Health Clinic site;
2. no alternate resources are available;
3. the patient and the service meet all requirements of these policies;
4. services are medically indicated;
5. funds are, in fact, available.

- B. **The CHS Program is the payor of last resort (42 CFR 36.61)** for persons defined as eligible for CHS. All alternate resources and entitlements must be used before CHS funds will be utilized.

CHS money is provided by the Indian Health Service as a supplement resource to clinics in order to purchase the services of outside providers. CHS funding is a limited resource, and CHS benefits are limited to funds budgeted. When CHS funding is unavailable or exhausted, the benefit shall similarly cease.

- C. Individuals electing to use CHS services must meet all eligibility requirements as defined below.

1. Indian Eligibility
2. Non-Indian Eligibility
3. Residence
 - a) pregnant
 - b) infectious diseases
4. Alternate Resources
5. Active user of Warner Mt. Indian Health Clinic services
6. Referral Process

- D. The care requested must be within the Levels of Care currently approved for payment by the Warner Mountain Indian Health Board.

- E. The CHS Officer shall be responsible for coordinating the CHS referral and payment process, and the CHS Committee.

- F. Only the CHS Officer shall approve or deny payment for CHS services.

- G. **CHS Officer shall be responsible for**

1. **determining an individual's eligibility for CHS services;**
2. **patient education about the CHS Program;**
3. **maintaining the CHS records.**

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Active User	EFFECTIVE DATE: April 13, 2001, 3/16/2002
SECTION: CHS	RESPONSIBILITY: Board of Directors/ Managed Care
BD. APPROVAL DATE: April 13, 2001	REVIEW DATE: Jan. 30, 2001 / CHS Committee
BD. APPROVAL DATE: 3/16/2002	REVIEW DATE: 3/16/2002 - Health Ad.
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To define active user for purposes of eligibility for Warner Mountain Indian Health CHS Program services.

II. SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. To be considered an active user, an individual must:

1. be a registered patient at the Warner Mountain Indian Health Clinic site;
2. have received a service from the Warner Mountain Indian Health medical department (medical, dental, family services) within the previous 3 years.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

PATIENT RECORD POLICY AND PROCEDURE MANUAL

POLICY: Patient Files	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002-Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To maintain documentation of individuals' eligibility for, and use of, the Warner Mountain Indian Health CHS Program services.

II. SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. A CHS patient file shall be maintained for each individual requesting CHS services.

B. The CHS patient file shall contain:

1. Proof of Indian eligibility
2. Proof of Residency
3. Alternate resource eligibility/denial or date of application
4. Period of temporary eligibility for persons applying for alternate resource
5. Copies of paid CHS purchase orders
6. Copies of denial or deferred service letters
7. Appeal letters

8. Decision of appellant group/CHS Committee, Health Board, Tribal Council, California Rural Indian Health Board
 9. Miscellaneous communications/Documentation related to CHS
- C. Files shall be maintained in a file cabinet in alphabetic order at the Warner Mountain Indian Health Clinic
- D. The file cabinet shall be locked when unattended by CHS Officer in order to preserve patient confidentiality.
- E. Access to CHS patient files are limited to:
1. CHS Officer or designee
 2. Program Director or designee
 3. CHS Management Committee on a need-to-know basis
- F. Keys to CHS file cabinet are limited to:
1. CHS Officer or designee
 2. Program Director or designee

The CHS Officer shall be responsible for maintaining CHS files and assuring the files are accurate, complete and accessible to authorized users.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Residence Requirements	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001 / CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

PURPOSE: To specify the documentation required as proof of eligibility for the Warner Mountain Indian Health CHS Program services based on residence.

I. SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

II. EXCEPTIONS: None

III. POLICY/PROCEDURE:

A. Non-California Indians. Individuals who are members of non-California tribes are eligible for CHS services only if they meet one of the following:

1. resides on a reservation, rancheria or trust land in California;
2. is a member of a Federally-recognized tribe;
3. maintains close social or economic ties with the Tribe.

B. California Indians and their Descendants. Except as specified in sections C-F below, California Indians must reside in the California Contract Health Service Delivery Area (CHSDA) in order to be eligible for CHS services. CHSDA is defined by the Indian Health Service as the entire State of California excluding the counties of:

- | | |
|---------------------|--------------------|
| a) Alameda | k) San Benito |
| b) Contra Costa | l) San Francisco |
| c) Kern | m) San Joaquin |
| d) Los Angeles | n) San Luis Obispo |
| e) Marin | o) San Mateo |
| f) Merced | p) Santa Clara |
| g) Monterey | q) Santa Cruz |
| h) Napa | r) Solano |
| i) Orange | s) Stanislaus |
| j) Sacramento | t) Ventura |

- C. Individuals must provide proof of residency prior to the CHS Officer committing CHS funds. Proof of residence is considered to be one of the following:
1. Current California Driver's License, showing street address, (not PO Box)
 2. California Identification Card, showing street address (not PO Box)
 3. Medi-Cal Card
 4. Medi-Cal Denial Letter
 5. Utility bill which includes service address
 6. Other official document that contains the street address
- D. Individuals who are full-time students shall continue to be eligible for CHS services providing they meet all of the following:
1. were residents of the CHSDA prior to enrollment in the college, university or trade school.
 2. were eligible for CHS services prior to enrollment in school.
 3. furnish proof of enrollment each quarter/semester, and maintain full-time student status (12 units).
- E. **Individuals who move out-of-state or to a non-CHSDA county will continue to be eligible for CHS services for 180 days following the date of their departure.** Date of departure will be considered to be the date of the last utility bill or other supporting documentation.
- F. Individual moving from a non-CHSDA county or from out-of-state must provide proof of residency in a CHSDA county before becoming eligible for CHS services:

WARNER MOUNTAIN INDIAN HEALTH CLINIC
CONTRACT HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

POLICY: Indian Eligibility	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To determine the documentation required determining a person's eligibility for Warner Mountain Indian Health CHS Program services.

II SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

IV. POLICY/PROCEDURE

A. Proof of Indian Eligibility must be documented to the program. Such proof must include one of the following:

1. Enrollment in a Federally Recognized tribe. A copy of the enrollment card or a letter from the individual's tribe shall be considered proof.
 - a) The BIA shall be considered the authority on Federally Recognized tribes.
 - b) A list of Federally Recognized tribes are published periodically in the Federal Register by the BIA.
2. Descended from a California Indian who was resided in California on June 1, 1852.

- a) California birth certificate or other historical documentation showing the individual to be an Indian and date of birth on or prior to June 1, 1852. All subsequent marriage and birth certificates or other historical documentation showing direct descendency must be furnished.
 - b) Individual must live in California;
 - c) Individual must be a member of an Indian community within the Warner Mt. Indian Health Clinic service area.
3. A tribal member of the Fort Bidwell Paiute Reservation and reside in the tribally designated service area.
4. Any Indian in California who is included on one of the California judgment rolls, or their descendants, and resides on the Fort Bidwell Paiute Paiute Reservation.
5. Adopted Children. Indians adopted by non-Indian parents must meet all CHS requirements to be eligible for services.
6. Foster/Custodial Children are eligible for CHS services if the child was eligible for CHS services at the time of the court order.
- a) placed by order of a court of competent jurisdiction;
 - b) if placed outside a CHSDA, the child shall be eligible for CHS while in foster care;
7. Minor Children. Minor children are eligible for CHS services if:
- a) the child is younger than 19 years of age; and
 - b) the child is the natural, adopted, step, foster, legal ward or orphan of an eligible Indian.

WARNER MOUNTAIN INDIAN HEALTH CLINIC
CONTRACT HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

POLICY: Non-Indian Eligibility	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001 / CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To specify when Non-Indians are eligible for the Warner Mountain Indian Health CHS Program services.

II. SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. EXCEPTIONS: None

IV. POLICY:

A. Non-Indians are eligible for CHS services only when they meet one of the following:

1. Non-Indian woman pregnant with an eligible Indian's child is eligible during her pregnancy and 6 weeks postpartum.
 - a) In the case of unmarried persons, the Indian man must verify in writing the non-Indian woman is carrying his child.
 - b) Only services related to, or affecting the pregnancy shall be covered.

2. Non-Indian member of an eligible Indian's household is eligible if the Warner Mountain Indian Health Medical Director determines the services are necessary to control:
 - a) a public health hazard; or
 - b) an acute infectious disease that constitutes a public health hazard;
 - c) only services related to the public health hazard or the acute infectious disease are covered.
3. Minor Children. Minor children are eligible for CHS services if:
 - a) younger than 19 years of age; and
 - b) the adopted child, step child, foster child, legal ward or orphan of an eligible Indian.
4. The non-Indian must meet residency requirements.
5. The non-Indian must meet alternate resource requirements.

1. Individuals who have retired from the military, but who were on active duty immediately prior to their move to the Warner Mountain Indian Health service area, are exempt from the 180 day residency requirement.
 2. Individuals from the Warner Mountain Indian Health service area who were incarcerated in a non-CHSDA county or in an out-of-state institution immediately prior to their return to the service area, are exempt from the 180 day residency requirement.
- G. Transients (persons who are in travel status or who are temporarily employed, such as seasonal or migratory workers) remain eligible during their absence from their place of permanent residence. The permanent residence must be within a CHSDA county.

WARNER MOUNTAIN INDIAN HEALTH CLINIC
CONTRACT HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

POLICY: Referral Process	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: Medical Provider Staff
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001 / CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To document the Warner Mountain Indian Health CHS Program referral process.

II. SCOPE:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medical Providers <input checked="" type="checkbox"/> Dental Providers <input checked="" type="checkbox"/> Family Services Providers <input checked="" type="checkbox"/> Other Health Providers <input checked="" type="checkbox"/> Nursing | <ul style="list-style-type: none"> <input type="checkbox"/> Medical Assistants <input type="checkbox"/> Medical Records <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Fiscal <input checked="" type="checkbox"/> Reception |
|---|--|

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. Referrals to outside providers are made only for care that is not provided at the Warner Mountain Indian Health Clinic site.

1. All patients referred out from the Warner Mountain Indian Health shall have a properly completed Patient Referral Notice.

2. Warner Mountain Indian Health Clinic provider initiates a patient referral form for care to which they are referring a patient.

a) The completion of the referral form shall be the responsibility of the Clinic physician, dentist and/or their counterpart, except for those items on the referral form specifically designated as being the responsibility of the CHS office.

3. If a patient is referred to an outside provider for services that do not fall within the levels of care, which the Warner Mountain Indian Health CHS program will not pay for, the patient shall be informed in a timely manner prior to the scheduled appointment with the referred outside provider.
- B. CHS Officer may initiate the request for CHS Referral form when patients notify the Warner Mountain Indian Health Clinic of:
1. Emergency care received (72 hour notice), or 30-day notice for Elderly and disabled patients (PL 102-573 Elderly & Disabled).
 - a) Elderly Indian means an Indian who is 60 years or older.
 - b) Disabled Indian means an Indian who has or suffers from a physical or mental condition that reasonably prevents him/her from providing or cooperating in obtaining the information necessary to notify the Warner Mountain Indian Health CHS office of his/her receipt of emergency care.
 2. Prior approval is required on all non-emergency services.
 3. When services, in addition to those previously approved, are being requested by the patient:
 - a) CHS Officer sends the patient referral notice form to the medical department; the medical records staff attaches the patient referral request form to the patient's chart and gives it to the provider for review.
 - b) If the provider or patient notifies the Warner Mountain Indian Health Clinic, approval for payment shall only be given by an individual that has the delegated procurement authority for CHS.
- C. The Warner Mountain Indian Health Clinic provider initiates a patient referral form for the outside care to which they are referring a patient.
- D. A CHS referral form shall be used to request payment for a CHS service:
1. Optical
 2. Radiology
 3. Consultation
 4. Prescriptions
 5. Laboratory
 6. Dental other than orthodontics

7. CTs, MRIs, and Ultrasounds
8. Audiology
9. Podiatry
10. Physical Therapy

E. Referrals:

1. The Warner Mountain Indian Health Clinic:

- a) provider completes the patient identification, diagnosis, and procedure sections, designates the name of the provider to whom the referral is made and how soon the referral is to be made, assigns the Level of Care, and signs the referral form.
- b) provider directs the patient to the CHS Office or other appropriate individual to finalize the appointment. This individual completes the referral form by making the appointment for the patient, and records the date of service on the form. She/he reviews the form for completeness.
- c) CHS Officer shall date stamp and initial the referral forms as they are received. The CHS Officer shall determine:
 - (1) the approximate cost of the service, either from historical records or by calling the provider;
 - (2) individual's eligibility for CHS services;
 - (a) individual must meet Indian (or non-Indian) eligibility, residency, alternate resource and active user requirements as documented in CHS record.
 - (b) If additional eligibility information or action is necessary, the patient shall be informed. Document the notification of the patient in the CHS record. Patient shall be informed.
 - (c) eligibility status shall be recorded on the CHS referral form.
 - (d) The CHS officer shall determine if Warner Mountain Indian Health CHS program or the patient will be financially responsible for the referral based upon the above criteria.
 - (3) completeness of the form.
 - (a) all sections on the form must be complete;
 - (b) incomplete forms shall be returned to the initiating provider.

(4) The designated Clinic staff shall ensure that the patient takes the referral upon his/her visit to the referred outside provider; and the CHS Officer shall keep a copy for file.

(a) All outside providers shall be informed that they are not to expect payment from the Warner Mountain Indian Health CHS program if a properly completed referral form does not accompany the patient as referred by the Warner Mountain Indian Health program during normal working hours.

(5) If completed patient referral forms need to be reviewed by the CHS Committee, they shall be reported with notation in the patient's CHS file for the next CHS Committee meeting.

(6) After review from the CHS Committee, the CHS Officer shall place the completed patient referral form with a summary of the decision from the CHS Committee minutes in the patient's CHS file.

2. If the initial referred outside provider refers the patient to another outside provider, the patient shall provide a copy of that referral to the Warner Mountain Indian Health Clinic in order for the WMIH Clinic provider to initiate the written referral to the second outside referred provider.

F. The CHS officer shall make the following determinations and, if applicable, shall so indicate on the Patient Referral form.

1. If the Warner Mountain Indian Health CHS program does not intend to fund the referral for whatever applicable reason, it shall be indicated on the referral form.

2. In those instances where it is not known whether an individual is eligible for CHS or whether the Warner Mountain Indian Health CHS program will fund the referral, it shall be indicated on the referral form.

3. All patients referred for outside patient care and/or services where the Warner Mountain Indian Health CHS program will pay for the visit, it shall be indicated on the referral form.

4. All referrals shall be in effect for one year only. For any follow-up visits to the referred provider outside the one year, the patient must

schedule an appointment with the Warner Mountain Indian Health Clinic provider for a new referral.

- G. 'Late referrals' shall not be issued for a client receiving medical services from an outside medical provider without the Warner Mountain Indian Health Clinic Medical Director's review of the medical chart visit report. The Warner Mountain Indian Health Clinic Medical Director and the CHS Committee shall then determine whether the client was in need of immediate medical treatment.
- H. Transport services or transportation assistance shall be provided upon a receipt of a referral from the Warner Mountain Indian Health Clinic physician for a patient to see an outside provider for services not provided at the Clinic, or a copy of the initial referred outside provider's written referral to that second referred outside provider.

WARNER MOUNTAIN INDIAN HEALTH CLINIC
CONTRACT HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

POLICY: Alternate Resources	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. **PURPOSE:** To document Warner Mountain Indian Health 's policy that individuals must make a good faith effort to apply for and utilize alternate resources in order to be eligible for CHS Services.

II. **SCOPE:**

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. **EXCEPTIONS:** None

IV. **POLICY/PROCEDURE:**

A. Alternate Resource is defined as any method of payment for health care expenses which may be available to the patient. Alternate Resources include, but are not limited to:

1. Medicare
2. Medi-Cal (Medicaid)
3. Third Party Insurance
4. Denti-Cal

5. VA
6. California Crippled Children (CCS)
7. Healthy Families
8. Any benefit to which the individual is entitled based on his/her status as a citizen, employee, or member of a group.

B. Individuals requesting CHS services must use the alternate resources available to them.

1. If an alternate resource makes payment for health care services to an individual, the individual must pay the health care provider.
 - a) Failure to pay the health care provider shall result in denial of CHS payment for those services.
 - b) If the funds from the alternate resource are insufficient to pay the entire health care bill, the individual must provide the Warner Mountain Indian Health CHS Officer with:
 - (1) copies of the healthcare bill
 - (2) copies of the explanation of benefits (EOB) form from the alternate resource.

C. Individuals shall be screened for eligibility for alternate resources. Those who may be eligible for alternate resources must make a good faith effort to apply for that alternate resource.

1. Failure to make a good faith effort shall result in the individual being ineligible for CHS services.
2. Good faith effort includes, but is not limited to:
 - a) submitting all required forms and documentation and attending all required appointments.
 - b) submitting required documentation to maintain eligibility for alternate resources.
3. Individuals shall be granted a grace period of 30 days in which to apply for identified resources. During this 30-day period, CHS services shall be extended to individuals meeting all other eligibility requirements.

- D. It is the policy of the Warner Mountain Indian Health Board that individuals do not have to sign a Medi-Cal or CMSP property lien in order to remain eligible for CHS services.

- E. When a good faith effort has been made to apply for an alternate resource, but a reply to the application has not been received, the CHS Officer shall review the case and may extend CHS eligibility for an additional period.
 - 1. Any such cases shall be tracked by the CHS Officer.

 - 2. CHS Officer shall report the status of any cases at least monthly to the CHS Committee. Report shall be made at the first meeting of each month.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Levels of Care	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: Board of Directors/ Managed Care Committee
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001 / CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To specify the Warner Mountain Indian Health CHS Program levels of care

II. SCOPE:

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. The Warner Mountain Indian Health Board shall establish the health services Level of Care.

1. Medical
2. Dental

B. The Warner Mountain Indian Health CHS Committee shall approve the Levels of Care above \$1,000.00 which shall be paid by the Warner Mountain Indian Health CHS program based upon the availability of funding ("Approved Levels of Care").

- C. Approved Levels of Care may change from time to time depending upon Warner Mountain Indian Health Board's priorities and the organization's financial status.
- D. Only those services falling within an approved level of care may be approved for payment by the CHS Officer.
- E. The approved levels of care in effect at the time a service is rendered shall be the standard applied to each request for CHS funding.
- F. The provider (medical, dental, family services) shall be responsible for reviewing CHS requests and patient records to assign the appropriate level of care.
- G. Approved levels of care shall be available for the CHS Officer and shall include the date of the most current Warner Mountain Indian Health Board review, or revision of the approved levels of care.
- H. Prior listings of approved levels of care shall be maintained for a period of 7 years, in a file in the CHS office. Each of these old approved level of care listings shall contain the inclusive dates of coverage based on the minutes of the Board meetings.
- I. The Warner Mountain Indian Health Board of shall review the approved levels of care:
 - 1. at least annually, and
 - 2. within 45 days of a recommendation for change made by the CHS Committee.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Priorities of Care	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: Board of Directors/ Managed Care
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To specify the Warner Mountain Indian Health CHS Program priorities of care.

II. SCOPE:

- / / Medical Providers
- / / Dental Providers
- / / Mental Health Providers
- / / Other Health Providers
- / / Nursing
- / / Medical Assistants
- / / Medical Records
- / x/ Administration
- / / Fiscal
- / / Reception

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. The Warner Mountain Indian Health Board shall establish the priorities of care. The types of services shall be paid for when funds are available.

1. Category A & B Benefits. The following types of service fall into the first priority of care. If after paying, or committing to pay, for these services and additional monies are available in the CHS budget, Category C benefits may be approved.

a) Office visits for:

- (1) Pregnancy and Infant care
- (2) Family Planning Services (excluding sterilization)
- (3) Immunizations

- (4) Sexually transmitted Diseases
- (5) Hypertension Management and Control
- (6) Diabetes Management and Control
- (7) Tuberculosis Management and Control (including screening)
- (8) Routine Pap Smears
- (9) Periodic Health Examinations of Infants, Children and Adults

b) Emergency visits to physician offices or emergency rooms (refer to Indian Health Service, Contract Health Services Manual, Exhibit 2-3-A, Pages 12-16, for list of emergency diagnosis and conditions).

c) Routine Diagnostic Tests:

- (1) Laboratory Tests
- (2) Routine X-rays (excluding CAT scans, NMRs)
- (3) ECG/EKGs
- (4) Skin Tests for Tuberculosis (e.g., PPD)
- (5) Pap Smears

d) Prescription Drugs

e) Medical Supplies (excluding equipment)

2. Category C Benefits. The following types of service fall into the second priority for care. These types of services shall be paid for only when funds are available after paying for Category A & B services. The types of services in this category includes, but are not limited to:

a) Office Visits for Chronic Conditions:

- (1) Chronic Pain
- (2) Pain Management
- (3) Chronic Anxiety

b) Chiropractic Services, when specifically ordered by a physician.

c) Acupuncture services, when provided by a physician.

d) Podiatry Services.

e) Transport and per diem for patients traveling over 75 miles one-way to specialty care providers.

3. Category D Benefits. The following types of service fall into the

third priority for care. These types of services shall be paid for only when funds are available after paying for Category A, B & C services. The types of services in this category includes, but are not limited to:

- a) Mental Health Services:
 - (1) Social Work
 - (2) Psychologist
 - (3) Psychiatrist
 - (4) Behavioral Health
- b) Alcohol/drug Abuse Visits and Counseling
- c) Outpatient Renal Dialysis
- d) Hearing Aids
- e) Ambulatory Surgery (excluding sterilization and elective procedures)
- f) Physical Medicine and Rehabilitation Services, including:
 - (1) Physical Therapy
 - (2) Occupational Therapy
 - (3) Speech Therapy
 - (4) Recreational Therapy
- g) Prosthetic Devices

(Refer to Indian Health Service, Contract Health Services Manual, Exhibit 2-3-A, Pages 16-20, for further listings of all categories (TN 95-12, 9/28/95).)

- B. See CHS Exclusions for Category E benefits which are excluded because of the limited nature of CHS funds.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Exclusions	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Jan. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Ad.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. **PURPOSE:** To define services excluded from the Warner Mountain Indian Health CHS Program.

II. **SCOPE:**

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. **EXCEPTIONS:** None

IV. **POLICY:**

A. Services which are excluded from CHS coverage include, but are not limited to:

1. Services and supplies that are not necessary for the diagnosis and treatment of a covered illness or injury;
2. Custodial care;
3. Rest Homes;
4. Domiciliary care;
5. Intermediate nursing home care;
6. Services and supplies for which the Indian person has no legal obligation to pay or for which no charge would be made if the individual was not eligible for IHS/CHS;

7. Services or supplies furnished by local, County, State or other Federal programs;
8. Sterilizations as prescribed by IHS Regulations;
9. Naturopaths;
10. Burials;
11. Housekeeper and companion services;
12. Experimental procedures;
13. Elective surgeries;
14. Personal comfort and/or convenience items such as beauty and barber services, radio, telephone, and television;
15. Services to persons in the custody of local, County, State and Federal law enforcement agencies;
16. Services or costs related to deceased persons who are "dead upon arrival" at IHS of contract facilities.

Refer to Indian Health Service, Contract Health Services Manual, Exhibit 2-3-A, Page 1 thru 20 for further listings. (TN 95-12, 9/28/95)

B. Category E Benefits. The following types of Category E benefits are excluded from CHS coverage because of the limited nature of CHS funds: These types of services include, but are not limited to:

1. Hospitalization and Special Care Units:
 - a) Coronary Care Units
 - b) Intensive Care Units (including Neonatal Intensive Care)
 - c) Neuro Surgery
 - d) Valvular Surgery
 - e) Elective Plastic Surgery
2. Contact Lenses
3. Sophisticated Diagnostic Examinations:
 - a) CAT Scan
 - b) NMR
4. Autopsies
5. Ambulatory Surgery – Elective Surgery

WARNER MOUNTAIN INDIAN HEALTH CLINIC
CONTRACT HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

POLICY: Vision Care	EFFECTIVE DATE: April 13, 2001, 3/16/2002
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: April 13, 2001	REVIEW DATE: Jan. 30, 2001/CHS Committee
BD. APPROVAL DATE: 3/16/2002	REVIEW DATE: 3/16/2002 - Health Bd.
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. **PURPOSE:** To specify services under the Warner Mountain Indian Health CHS Program vision care services.

II. **SCOPE:**

- | | |
|-----------------------------|------------------------|
| / / Medical Providers | / / Medical Assistants |
| / / Dental Providers | / / Medical Records |
| / / Mental Health Providers | / x/ Administration |
| / / Other Health Providers | / / Fiscal |
| / / Nursing | / / Reception |

III. **EXCEPTIONS:** None

IV. **POLICY:**

A. Individuals must be eligible for Contract Health Services to be eligible for payment of the following services:

1. Eye Examinations

- a) Patients 18 years of age and older are eligible for 1 examination every 2 years;
- b) Patients younger than 18 years are eligible for 1 exam per year;
- c) Patients with chronic health conditions which affect vision (e.g., diabetes) may be seen as needed when

recommended and referred by the Warner Mountain Indian Health Clinic provider.

2. Eyeglasses

- a) Patients 18 years of age and older are eligible for 1 pair of eyeglasses every 2 years;
- b) Patients younger than 18 years are eligible for 1 pair of eyeglasses per year.
- c) Patients with chronic health conditions which affect vision (e.g., diabetes) are eligible for eyeglasses as prescribed by the referred provider.

3. Replacements

- a) Patients 18 years of age and older are eligible for the replacement of 1 pair of lost or broken frames/lenses every 2 years.
- b) Patients younger than 18 years are eligible for the replacement of 1 pair of lost or broken frames/lenses per year.

4. Restrictions

Vision care services shall be paid for eligible individuals only when CHS funds are, in fact, available.

The Warner Mountain Indian Health CHS program shall pay up to \$200.00 which includes the exam, frames and lenses (including oversized).

Contact lenses are excluded from payment, and shall be the responsibility of the patient.

Tinted lenses and ultraviolet screens for lenses are excluded from coverage under this program unless they are deemed medically necessary, and shall be the responsibility of the patient. If prescribed as medically necessary, payment shall be allowed above the \$200.00 limit if necessary.

When a patient selects frames and lenses costing more than the allowed rate of \$200.00, the patient shall be responsible for the additional cost.

WARNER MOUNTAIN INDIAN HEALTH CLINIC

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Denials	EFFECTIVE DATE: <i>April 13, 2001, 3/16/2002</i>
SECTION: CHS	RESPONSIBILITY: CHS Officer
BD. APPROVAL DATE: <i>April 13, 2001</i>	REVIEW DATE: <i>Apr. 30, 2001/CHS Committee</i>
BD. APPROVAL DATE: <i>3/16/2002</i>	REVIEW DATE: <i>3/16/2002 - Health Bd.</i>
BD. APPROVAL DATE:	REVIEW DATE:
BD. APPROVAL DATE:	REVIEW DATE:

I. PURPOSE: To define Warner Mountain Indian Health policy in regards to denial of payment for CHS Program services.

II. SCOPE:

- // Medical Providers
- // Dental Providers
- // Mental Health Providers
- // Other Health Providers
- // Nursing
- // Medical Assistants
- // Patient Records
- /x/ Administration
- // Fiscal
- // Reception

III. EXCEPTIONS: None

IV. POLICY/PROCEDURE:

A. All denials shall be in writing using the format approved by the Warner Mountain Indian Health CHS Managed Care Committee.

B. The denial letters shall include:

1. Reason for denial:

- a) Ineligible person
- b) Not residing in a CHSDA
- c) Failure to use or apply for alternate resources
- d) Not an active patient
- e) Services not within levels of care funded
- f) Failure to notify CHS program within appropriate time frames

- (1) 72 hours after emergency treatment
- (2) 30 days for Elderly or disabled individuals

C. The denial letter shall inform the patient of the following appeal process:

1. Patient may request reconsideration of the denial within ten (10) working days after notification of the denial. The request must be in writing to the Clinic Program Director.
2. Should the Clinic Program Director uphold the denial, the patient may appeal the decision in writing within ten (10) working days to the Warner Mountain Indian Health Board along with the backup support documents. The Clinic Program Director shall notify the patient, in writing, within five (5) working days of the decision regarding the appeal.
3. Should the Warner Mountain Indian Health Board uphold the denial, the patient may appeal to the Tribal Council within ten (10) days. The Board shall notify the patient, in writing, within five (5) working days after the meeting of the Board's decision regarding the appeal.
4. The appeal to the Tribal Council shall be in writing accompanied by supporting documents and submitted to:

Chairperson
Fort Bidwell Indian Community Council
P.O. Box 129
Fort Bidwell, CA 96112

The Tribal Council shall notify the patient, in writing, within five (5) working days after the meeting of the Council's decision regarding the appeal. A copy of the decision shall be submitted to the California Rural Indian Health Board, Inc.

5. Should the Tribal Council uphold the denial, the patient may appeal in writing, accompanied by supporting documents, to the California Rural Indian Health Board for the final decision.

D. Copies of all communications to and from the individual, whether from the CHS Managed Care Committee, the Warner Mt. Indian Health Board, or the California Rural Indian Health Board, shall be incorporated into the individual's CHS record.

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

CONTRACT HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

POLICY: Patient Transport/Travel	EFFECTIVE DATE: April 13, 2001, Aug. 3, 2001, 3/16/2002
SECTION: CHS	RESPONSIBILITY: Clinic Admin.
BD. APPROVAL DATE: April 13, 2001	REVIEW DATE: Jan. 30, 2001/CHS committee
BD. APPROVAL DATE: Aug. 3, 2001	REVIEW DATE: Aug. 3, 2001 - Health Bd.
BD. APPROVAL DATE: 3/16/2002	REVIEW DATE: 3/16/2002 - Health Bd.
BD. APPROVAL DATE:	REVIEW DATE:

I. **PURPOSE:** To specify the Warner Mountain Indian Health's patient transport/
 II. travel policy.

III. **SCOPE:**

- | | |
|----------------------------|-----------------------|
| // Medical Providers | // Medical Assistants |
| // Dental Providers | // Patient Records |
| // Mental Health Providers | /x/ Administration |
| // Other Health Providers | /x/ Fiscal |
| // Nursing | // Reception |

IV. **EXCEPTIONS:** None

V. **POLICY/PROCEDURE:**

A. The Warner Mountain Indian Health Clinic is located in an isolated community and lacks the funding necessary to provide cars and drivers to meet the transportation needs of patients. Therefore, the Warner Mt. Indian Health Clinic will provide out-of-town transportation and travel costs to the WMIH Clinic's referred, CHS eligible, patients to assure the required, continuing medical, dental and vision needs of patients are addressed.

B. Transportation costs falling within the inclusions of this policy shall be paid under a separate contract budget line item, i.e., patient travel, and the following shall apply:

- a) Patients must be referred for outside specialty medical, dental and/or vision treatment by the WMIH Clinic physician and must fall within the CHS priorities of care.
 - b) Patients requesting to be transported by the WMIH Clinic must notify the CHR/Transporter and/or Clinic staff at least 4-5 working days in advance of the scheduled appointment.
 - c) For the use of personal vehicles, patients shall be paid at 15 cents per mile for appointments beyond a 75 mile radius.
 - d) Overnight stays must be deemed necessary by the WMIH Clinic staff. Overnight stays shall be paid at \$45.00 per night with no receipts required. Any overnight expense in a high rate area above the \$45.00 amount, within reason, shall require a motel receipt prior to being reimbursed for the full overnight cost.
 - e) Only diabetic patients shall be paid for meals. Payment shall be paid at a rate of \$40.00 per meal. Diabetic patients may be paid for meal expenses for both day and overnight travel. (Day travel is that in excess of 150 miles round trip.)
 - f) Local transportation shall be provided to the Reservation Elders 60 years of age and over.
- C. Travel Assistance Requests forms are available at the WMIH Clinic. The form must be completed and approved prior to the date of travel. A copy of the referral from the WMIH Clinic physician must be attached to the travel request form prior to approval of the expense.