



Better Healthcare for Indian People; Today and Tomorrow



Oklahoma City Area Indian Health Service
Contract Health Services
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Oklahoma City Area Indian Health Service

Contract Health Services



- Contract Health Services (CHS) is health care purchased by the Indian Health Service (IHS) from non IHS providers and facilities when direct services of care are not available.
- Due to limitation of CHS resources, funds must be managed in accordance with established medical priorities.
- CHS resources are used for referred services, and emergency services.

How Does CHS Work

Requests for CHS are reviewed weekly and ranked according to relative medical priority. Requests are approved for CHS payment to the extent of available resources for the review period.

Eligibility

Patients must meet eligibility, notification, pre-authorization, and alternate resource requirements of the CHS program.

To be eligible for CHS funding, you must meet all of the 5 requirements listed below.

1. You must be a member of, or descendent of a federally recognized Indian tribe and provide appropriate documentation such as a Certificate of Indian Blood (CDIB) or birth certificate reflecting descendency from an otherwise enrolled tribal member. A non-Indian pregnant woman with an eligible Indian's child is eligible for direct and CHS care during pregnancy and for 6 weeks through post partum for OB related care.

2. You must reside on a permanent basis within a CHS Delivery Area (CHSDA) that includes the state of Oklahoma, Brown, Doniphan, Douglas, Jackson Counties in Kansas, Richardson County, Nebraska and Maverick County, Texas.

The following individuals are also eligible:

A) Full-time boarding school, college, vocational, or other academic students who are living away from the CHSDA specifically for the purpose of education. Haskell Service Unit covers all full time students at Haskell Indian Nations University.

B) A person who is temporarily away from the CHSDA due to travel, employment, etc.

C) Non-Indian adopted, step children, and foster children of an otherwise eligible Indian parent. Indian children placed in foster care away from the CHSDA by order of a court of competent jurisdiction and who were eligible for CHS at the time of the court order shall continue to be eligible.

D) Maintain close economic and social ties with that federally recognized tribe or tribes.

Accessing CHS

3. Payment for medical care outside an IHS facility can only be authorized by a CHS official if funds are available. To access payment for services through CHS a patient must first either have an approved emergency service or referral.

Referrals

A) Referrals are written by an IHS, Tribal, or Urban (ITU) provider(s) for service(s). A referral, however, does not constitute authorization for payment until approved by CHS. If funds are not available the referred service(s) will be deferred. All approved referrals are date specific and any further treatment requires a new approved referral.

Appointments

B) It is important that all referral appointments are kept. Patients are asked to cancel any appointments at least 3 days prior to the scheduled appointment date by a telephone call to CHS. Any changes to the appointment must be made by the CHS staff in order to ensure authorization for payment.

Verification

C) Patients are to take alternate resource(s) identification with them to their appointment to ensure providers have accurate and appropriate billing information.

Emergency Services

D) CHS must be contacted within 72 hours of receiving emergency care other than at a ITU. For an elderly or disabled person receiving emergency care, this time may be extended to 30 days. If a patient is unable to contact CHS, a person acting on their behalf must contact CHS within the same time limits. All non-emergency care must be pre-authorized by CHS before receiving medical treatment. Emergency services may be approved for payment or denied.

Alternate Resources

4. You must apply for all resources available to you such as: Medicaid, Medicare, Worker's Compensation, Vocational Rehabilitation, Auto Insurance and other personal injury or liability coverage. CHS staff and/or Benefit Coordinators can assist with the application process for alternate resources. Failure to exhaust available or potentially available alternate resources will result in denial of payment.

Claims Coordination

5. Patients are to provide the CHS Office copies of the following documents for claims processing:

Alternate resource(s) payment information
Explanation of Benefits Report
Remittance Statements/Reports
Other documentation of payments
Responses to application for alternate resources
Medical records

Denials

If your request for CHS funding is denied, you will receive a letter informing you of the denial. Sometimes all that is needed is more information. If you already went to a non-Indian Health Service provider for your care a letter of denial for payment will also be sent to them. You have 30 days to request reconsideration in writing. Your letter should be addressed to the CHS listed at the bottom of the denial letter.