CONTRACT HEALTH SERVICES POLICIES AND PROCEDURES

POLICY: Contract Health Services (CHS) are funds provided to the Tribe for prioritized health care services for eligible individuals when there are no comparable **DIRECT CARE SERVICES** available. It is the policy of the Lower Elwha Klallam Tribe's Contract Health Services to provide CHS to all eligible individuals in accordance with 42 CFR 36. To the maximum extent possible, within the available funding, the Tribe will manage the CHS Costs to ensure the best use of the funds in safeguarding the health and well being of Lower Elwha Klallam Tribal members and other eligible individuals.

I. ELIGIBILITY REQUIREMENTS: To be eligible, an individual needs to meet the criteria outlined in "A," "B," and "C" under this section.

A. Residency Requirement

1. An eligible person must reside within the exterior boundaries of Clallam County, except:
    a. A student who remains dependent upon their parent, or retains a residence within Clallam County, while attending an education program out of Clallam County;
    b. A child who is in foster care outside of Clallam County due to a placement by a court of competent jurisdiction and who was eligible for Contract Health Services prior to the foster home placement.
    c. A person working outside of Clallam County for transitory periods, but who maintains permanent residency within Clallam County.
    d. An enrolled Lower Elwha Klallam Tribal member who moves out of the area will remain eligible for Contract Health Services for up to 180 days.
2. Documentation Requirements
    a. A person must provide documentation of residency within Clallam County that consists of:
        i. A driver's license or state identification card; or
        ii. A passport; and
        iii. Lease or mortgage agreement and utility bill in the client's or spouse's name.
    b. For students residing outside of Clallam County:
        i. Documentation of full time (12 credits) enrollment in an education program;

ii. Tax return of a resident showing the student is a dependent; or
iii. Other documentation showing student maintaining permanent residency in Clallam County.

c. For Foster children a copy of the court order placing the child in foster care.

B. Tribal Affiliation

1. An enrolled Lower Elwha Klallam Tribal member as verified by the Tribe's enrollment officer.
2. A descendent of an enrolled Lower Elwha Klallam Tribal member as verified by the Tribe's enrollment officer.
3. A member of another federally recognized tribe or a member of a First Nation from Canada, residing on Tribal lands when:
   a. The individual is not an enrolled member of the Jamestown, Makah, or Quileute Tribes.
   b. The person is married to an enrolled Lower Elwha Tribal member as verified by a marriage license; or
   c. Is a dependent child of an adult eligible for Contract Health Services as verified by a court order identifying the custodial parent; or.
   d. Has resided within the Tribal community for 5 consecutive years.
4. A natural, adopted, step, foster child, legal ward, or orphan of an eligible Indian under the age of 19 who is not otherwise eligible for Contract Health Services.
5. A Native or non-Native woman who is pregnant, and the child she is carrying is potentially eligible for Contract Health Services. Contract Health Coverage is limited to needs related to the pregnancy through postpartum needs. Documentation must include:
   a. Verification of pregnancy, and either;
   b. Marriage to the father as verified by a Marriage license; or
   c. Acknowledgement of paternity in writing by the child's father that he is the father and that he will be:
      i. Financially responsible for the child; and
      ii. Seeking enrollment of the child in the Lower Elwha Klallam Tribe; or
   d. A determination of paternity by a court of competent jurisdiction.
6. A non-Native member of an eligible Indian's household if the Medical Director determines that services are necessary to control a public health

hazard or an acute infectious disease which constitutes a public health hazard.

7. An individual who is enrolled in two or more tribes will not be eligible for Contract Health Services. If services are received, the amount may be subject to an overpayment and/or prosecution in accordance with the ***Dual Enrollment Policy***.

C. Financial Requirements

1. All public resources must be accessed and utilized prior to Contract Health Services.
    a. Individuals or families that may be eligible for Medicaid must apply and provide a determination of eligibility prior to utilization of Contract Health Services.
    b. Individuals that may be eligible for Medicare, Part B coverage must apply and provide a determination of utilization prior to utilization of Contract Health Services.
    c. Any other publicly funded program that provides funding for a covered services for which an individual may be eligible must be accessed prior to utilization of Contract Health Services, e.g. CHIPS, Parks and Recreation, etc.
2. Individuals who have employer-sponsored health care services must use those resources prior to accessing Contract Health Services.
3. Students must access education health services, including utilizing education grant funds available for health services, prior to accessing Contract Health Services.

II. CONTRACT HEALTH SERVICES

A. In emergency situations, defined as: **"If the patient's condition is such that immediate care and treatment are necessary to prevent the death or serious impairment of the health of an individual;"** service may be accessed through an emergency room or other provider. Notice must be provided to the Contract Health Service manager within 72 hours of the access of services.

B. Following referral by the Lower Elwha Klallam Tribe's Direct Care Programs (Medical, Dental, Behavioral Health, Chemical Dependency) or another IHS funded direct care facility for a priority one need (defined at "F").

C. Following referral by the Lower Elwha Klallam Tribe's Direct Care Programs, another provider if eligible, or another IHS funded direct care facility if out of Clallam County, for a priority two – four need (defined at "F") upon review and approval of the Managed Care Committee.

1. Priority two needs will be reviewed at least every other month.
2. Priority three needs will be reviewed semi-annually.
3. Priority four needs will be reviewed annually.

D. When the Lower Elwha Klallam Tribe's, or other IHS funded direct care facility is unavailable; and the individual needing care has followed the established procedures of contacting the after hours contact and told to access the emergency room or other provider for coverage. Notice must be provided to the Contract Health Service manager within 72 hours of the access of services.

E. When the Lower Elwha Klallam Tribe's, or other IHS funded direct care facility is unavailable; and the individual needing care has attempted to follow the established procedures of contacting the after hours contact and has been unsuccessful, Contract Health will provide coverage when:
   1. The Contract Health Manager has been notified within 72 hours of accessing the emergency room or other coverage. And
   2. The Managed Care Committee determines that the circumstances justified a "reasonable person" determination of access to the emergency room or other coverage; or.
   3. The Managed Care Committee determines that the individual may not have adequately understood the Tribe's policies and procedures. In this case a warning letter will be sent describing the Tribe's policies and procedures, and communicating that Contract Health Service will not cover further instances of inappropriate use.

F. Eligible Services. Funding for Priority Two – Four is dependent upon funding. Contract Health is not an entitlement program and utilization of funds is dependent upon the following priorities. Payment by Contract Health Services will always be as the payer of last resort as required in 42 CFR 36. Examples of covered services are included in the Appendix to the Health Care Policies.
   1. Priority One Services are ***EMERGENT / ACUTELY URGENT*** CARE ***SERVICES.***. **"If the patient's condition is such that immediate care and treatment are necessary to prevent the death or serious impairment of the health of an individual."** Priority One needs will be funded by Contract Health Services for eligible individuals.
   2. Priority Two Services are ***ACUTE PRIMARY AND PREVENTIVE CARE SERVICES.*** **"Primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention)."**

3. Priority Three Services are ***CHRONIC PRIMARY AND SECONDARY CARE SERVICES.*** **"Inpatient and outpatient care services that involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment-for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses."**
4. Priority Four Services are ***CHRONIC TERTIARY CARE SERVICES.*** **"Inpatient and outpatient care services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, elective, and often require tertiary care facilities."**
5. ***EXCLUDED SERVICES.*** **"Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit."**

III. ACCESSING CONTRACT HEALTH SERVICES

A. Referral Procedure:

1. The Medical Director, Dentist, Community Health Nurse, Behavioral Health Manager, Chemical Dependency Manager or their designees may make a referral for Priority One services and directly refer an individual to appropriate care.
2. An individual who has followed the Tribe's established procedure for accessing after hours care and has sought emergency care; notifies the Contract Health Manager within 72 hours of care. The review of the care and procedures will be assessed at the Managed Care Meeting.
3. The Medical Director, Dentist, Community Health Nurse, Behavioral Health Manager Chemical Dependency Manager or their designees may make a referral for Priority Two – Four to the Managed Care Committee.
4. The Managed Care Committee will review all Priority One requests under "B" of CONTRACT HEALTH SERVICES, on at least a bi-monthly basis.
5. The Managed Care Committee will review all Priority Two requests on at least a bi-monthly basis.
6. The Managed Care Committee will review all Priority Three requests on a semi- annual basis in March and September.
7. The Managed Care Committee will review all Priority Four requests on an annual basis in September.

B. Communication:
   1. The Contract Health Manager, or designee, will notify the patient of the decision of the Managed Care Committee's decision within 5 working days of the Committee's meeting
   2. A denial will include information on how to appeal the decision.

C. Appeals: If a client (either patient or providers) disagrees with the decision of the Managed Care Committee, they must submit a letter stating:
   1. The reason why the Managed Care Committee should reconsider the decision, including:
      a. Clarification or additional eligibility information;
      b. Additional health care information that may not have been available to the Committee.
   2. The letter should be submitted to the Contract Health Manager within 30 days of receipt of the denial letter.
   3. The Contract Health Care Manager will review the new information and:
      a. Call a special meeting of the Managed Care Committee if the Contract Health Manger believes that the request should be honored prior to the next regularly scheduled meeting.
      b. Place on the agenda for the next regularly scheduled meeting if the Contract Health Manager believes that there is substantive reason to believe that the request for reconsideration is valid.
      c. If no new information is presented, then submit a second letter of denial.
   4. If the client is still disagrees with the decision, they may appeal the decision to the Human Services Director.

IV. PAYMENTS FOR SERVICES

A. Contract Health Services is the payer of last resort, therefore:
   1. All other payers must be accessed first;
   2. Contract Health will only pay the patient requirement following reimbursement by any third party payer.

B. Prescription shall be for generic brands when feasible.

C. Referrals to specialists will be based on:
   1. The primary care practitioner's judgment based on the needs of the patient;
   2. The ability of the specialist to accept the primary insurance of the patient;
   3. Costs for the specialty care; and
   4. Location of the specialist.

D. Clients who are referred to a specialist and failed to keep or cancel the appointment will be responsible for any charges. Indian Health Service funds may not be used to pay for non-health related service. See ***Missed Appointment Policy.***

E. Out of area supportive services:
   1. Transportation cost will be paid
      a. After all other resources have been accessed
      b. At a minimal level, including:
         i. Actual ferry costs;
         ii. Gas at market rates, assuming 20 miles to the gallon at local per gallon price.
      c. Public transportation, including bus or plane, will be accessed if that is the most cost effective method of providing transportation.
      d. Transportation will be provided for the patient only, or if the patient is a child or handicapped adult, for a caregiver relative.
   2. Lodging will be paid:
      a. If the patient needs to leave the night before due to the time or another circumstances related to the visit. The Contract Health Manager will make the determination of need and location.
      b. For a single room for a relative(s) at a location to be determined by the Contract Health Manager while a family member (parent, child, sibling, or grandparent) is hospitalized out of Clallam County.

G. The Lower Elwha Klallam Tribe's Contract Health Services has resulted in the ability of the Tribe to provide services that typically wouldn't be funded. Assuming continued capability, the following services will be funded. The decisions for these services will be based on individual policy and procedure and/or a determination of the Managed Care Committee.
   1. Contract Health Services funds may be used to purchase insurance, including Medicare Part B & COBRA, when the Managed Care Committee determines that the CHS funds would be best used in this manner.
   2. Contract Health Service funds may be used for co-pays or deductibles when the service received is:
      a. Not available as a direct care service at the Lower Elwha Klallam Tribe; and
      b. Fits within the priorities as an eligible service.
   3. Orthodontia services will be available for up to $1,500 for a maximum of 5 individuals as outlined in the ***Orthodontia Policy and Procedures.***

4. Mental Health Services will be restricted to 6 visits per referral and will require a written treatment plan following the initial assessment or visit.
5. Vision Care will be authorized in accordance with the ***Vision Care Policy and Procedure.***
6. Mammography screening will be an eligible Contract Health Service every two years for eligible women between the ages of 40 and 49; and then yearly for women over the age of 50. Contract Health Additional mammography screening may be available for women who are considered high risk (history of breast cancer, first degree relative with breast cancer, and/or a woman who had her first child after age 30). These additionally screenings must be approved by the Managed Care Committee.
7. Chiropractic Care is available for a maximum of $200 per fiscal year with a $10 co-pay for each visit.
8. Physical Therapy will be restricted to 6 visits per referral upon receipt of a written treatment plan following the initial assessment by a registered physical therapist. The treatment plan needs to identify the services to be provided and the expected outcomes.
9. "Lifeline" emergency notification for medically needy patients for a maximum of $4,000 per fiscal year. The continuing need for the "Lifeline" service will be reassessed every 6 months.
10. Home Care for a maximum of 5 individuals who require assistance in their homes that can not be provided by other agencies for up to a maximum of $500 per case at Washington State minimum wage.
11. Medications & Supplements may be available up to $100 per patient per fiscal year.
12. Fertility Therapy may be available up to a maximum of $1,000 per couple.
13. Sterilization will be available for eligible Contract Health eligible individuals. Contract Health funds may not subsequently be used to undo the sterilization.
14. Hydrotherapy will be available based on the ***Hydrotherapy Policy and Procedure.***
15. Other services may be provided, as funding is available, as medical therapies expand, and based on the decisions of the Managed Care Committee.