

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Bemidji Area Indian Health Service

Bemidji, Minnesota

Indian Health Service Circular No. 03-06

POLICY ON CONTRACT HEALTH SERVICE REFERRAL APPOINTMENTS

SECTION

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1. **PURPOSE:** This circular establishes the Bemidji Area Indian Health Service policy and procedures for health care referral appointments made through Contract Health Services (CHS).

2. **BACKGROUND:** CHS funds are used to supplement and complement other health care resources available to eligible Indian people. The funds are utilized in situations where: (1) no Indian Health Service (IHS) direct care facility exists, (2) the direct care element is incapable of providing required emergency and/or specialty care, (3) the direct care element has an overflow of medical care workload, and (4) supplementation of alternate resources (i.e., Medicare, private insurance) is required to provide comprehensive care to eligible Indian people.

The Indian Health Service CHS program is funded annually by the United States Congress. It is **NOT** an entitlement program or an insurance program. The IHS cannot guarantee that funds are always available.

3. **POLICY:** It is the policy of the Bemidji Area Indian Health Service that CHS appointment referrals will be made under the following guidelines:
 - A. Patients must meet eligibility requirements for Contract Health Services (CHS) and CHS funds may not be expended for services that are reasonably accessible and available at IHS facilities.

- B. Patients must be referred by IHS and meet current established priority guidelines.

4. **RESPONSIBILITIES:**

- A. Contract Health Service Staff are responsible for:
 - (1) Determining whether individuals referred by the providers are eligible for coverage through alternate resources and/or meet CHS established guidelines.
 - (2) Verifying that referrals are made by IHS and that referrals meet current established Priority Guidelines.
 - (3) Processing all requests for approved referral appointments, including the issuance of purchase orders and maintaining all financial records.
- B. Patient/Individuals requesting services are responsible for:
 - (1) Providing documentation of CHS eligibility and updating registration and/or CHS of any changes in eligibility, including eligibility for alternate resources.
 - (2) Obtaining referral from IHS. Referral must meet current established Priority Guidelines
 - (3) Obtaining prior approval/authorization from the CHS Managed Care Committee.
 - (4) Returning completed Appointment Verification Form to CHS (as applicable).
 - (5) Notifying and obtaining pre-approval from the CHS/CHS Managed Care Committee for any procedures, follow-up or medical visits not included in the initial referral.

5. **PROCEDURE:** The following procedure is used for appointment referrals:

Non-Urgent Referrals

- A. Referrals are initiated by an IHS and will be reviewed by the Managed Care Committee.
- B. Referrals must be pre-approval by the CHS Managed Care Committee for payment by Indian Health Service. IHS is the Payor of Last Resort --- all alternate funding resources must be used first.
- C. Referral appointments for Direct Care Patients may be scheduled by CHS as a courtesy service. Referral appointments for CHS patients may be scheduled by the CHS Staff, individual providers and/or nursing staff, once they have been pre-approved by the CHS Managed Care Committee.

Urgent Referrals

- A. Referrals of an urgent nature (Priority 1A or IB or conditions that could not wait for review by the CHS Managed Care Committee) will be reviewed and approved by a designated IHS program representative.

Appointment Cancellation or Patient Failure to Keep Appointment – It is important for patients to keep scheduled appointments to promote their health.

- A. Patients are strongly encouraged to keep scheduled appointments when ever possible. CHS staff will assist in rescheduling cancelled appointments for legitimate reasons.
- B. Patients who failed appointments (no show) will be assisted in rescheduling the appointment three (3) times. If the patient fails to keep the second appointment, the patient will be required to reschedule the appointment or may be required see the primary provider to review and reassess the referral. A letter, regarding this requirement, will be sent to the patient.

6. **DEFINITIONS:**

Contract Health Services – Health care services provided at the expense of the Indian Health Service from other public or private medical or hospital facilities other than those of IHS.

Medical Priorities - Medical priorities are defined as follows:

Priority IA: Immediate medical emergencies; immediate life-threatening situations, danger of loss of limb or senses, unstable condition requiring treatment for stabilization.

Priority IB: Potential for becoming life threatening; not immediate emergency; essential for daily function; no acceptable alternative.

Priority II: Contributes to better daily functioning but not absolutely essential; able to function without being performed; there may be acceptable alternatives.

Priority III: May function with or without this procedure; results tend to be only cosmetic; there are acceptable alternatives

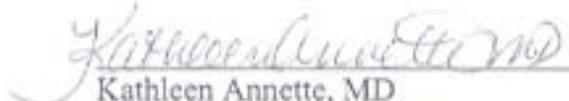
Payor of Last Resort – Indian Health Service is considered the “Payor of Last Resort”. All alternate funding sources must be utilized first i.e. Medicare, Private Insurance, Medicaid, VA, Tribal Funds, Charitable Funds, etc...

Legitimate Reasons (to cancel an appointment)– May be defined as:

- Death or illness in the family
- Unrelated medical emergency
- Serious adverse weather conditions.
- Transportation

8. **EFFECTIVE DATE:** This circular shall remain in effect until cancelled or superceded.
9. **REFERENCES:** Indian Health Manual, Chapter 3 – Contract Health Services Medical Priority Guidelines
10. **APPROVAL**
Originated: 6/2003

Date: 6/23/03


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