



American Indian & Alaska Natives requesting an Indian Health Service (IHS) or Tribe*, **Contract Health Service (CHS)** program to pay for their referred or self-referred care must meet the requirements in 42 C.F.R 136.

*Tribes that contract with the federal government for the IHS's Contract Health Service function.

Basic CHS* Eligibility Requirements:

*Health services provided at the expense of the IHS or Tribe by other public or private providers.

- Provide proof of enrollment in a federally recognized tribe, OR, proof that you descend from an enrolled member of a federally recognized tribe, and;
- Permanently reside on a reservation; OR, may reside outside of a reservation but within the CHS Delivery Area (CHSDA) of your tribe, and;
- Obtain prior approval; OR for self-referred care, notify your CHS program within 72 hours of receiving care (30 days for elderly & disabled), and;
- Services must be medically necessary. (CHS is limited to services that are within your IHS or Tribal Health facility's established CHS Medical Priorities and/or funds available) CHS funds may not be expended for services that are reasonably accessible and available at an IHS or Tribal Health facility, and;
- CHS will not be responsible for, or authorize payment of, services if the patient is eligible for *Alternate Resources* (e.g., Medicaid). As "*Payor of Last Resort*" CHS will only pay for authorized/approved care after all other *Alternate Resources* (e.g., Medicare, Private Insurance) have paid.

These are the basic CHS requirements; see 42 C.F.R. (Code of Federal Regulation) Part 136 to view the entire CHS eligibility requirements. For more information visit the IHS website at <http://www.ihs.gov/NonMedicalPrograms/chs/>, or contact your local CHS Program at: