



descent so a decision of eligibility can be made on your request for CHS payment.

Primary Denial Comments:

PLEASE PROVIDE PROOF OF ENROLLMENT, OR DESCENDANCY (BIRTH CERTIFICATE), IN A FEDERALLY RECOGNIZED TRIBE TO THE RAPID CITY SERVICE UNIT.

Residency

You are neither a full-time student nor a transient who is temporarily away from the "home of record" CHS delivery area. You must submit a notarized statement from the school registrar indicating that you are enrolled and considered a full-time student to ACHSNFAC or submit proof of information that you have not been away from your "home of record" CHS delivery area for more than 180 days.

Other Denial Comments:

YOU CURRENT ADDRESS \_\_\_\_\_ RESIDES OUT OF THE PRC DELIVERY AREA.

Residency

You do not live within your tribe's CHS delivery area and/or maintain close economic and social ties with the tribe(s) where you currently reside.

In states where the whole state is a CHSDA, you do not live within the SU healthcare delivery area. [42 CFR 136.23]

Other Denial Comments:

PLEASE SUBMIT PROOF OF RESIDENCY DOCUMENT TO THE PRC OFFICE WITHIN (30) DAYS OF THIS LETTER. DOCUMENT MAY BE A CURRENT LEASE AGREEMENT, UTILITY BILL, OR DRIVER'S LICENSE.

Notification

You or someone acting on your behalf (such as a family member or name of medical provider) did not

JANE SR DEMO

162-CEED-2403

Page 3

not obtain prior authorization for your non-emergency services from the IHS/tribal facility. For this reason the IHS/Tribal facility cannot approve CHS payment. [42 CFR 136.24(b)]

Other Denial Comments:

THERE IS NO APPROVED REFERRAL ON FILE FOR DATE OF SERVICE \_\_\_\_\_

Notification

You or someone acting on your behalf (such as a family member or name of medical provider) did not notify the IHS/tribal facility of your emergency within 72 hours from the date you received these services or admission, therefore the IHS/Tribal facility cannot authorize CHS payment. [42 CFR 136.24(c)]

Medical Priority

Medical Priority [Per 42 Code of Federal Regulations(CFR) 136.23(e)]

Contract Health Services is limited to services

that are medically indicated and within the established Indian Health Service Medical Priorities. The medical service(s) you were provided did not fall within these priorities based on the medical information received and reviewed by the IHS medical provider. Therefore, your request for payment of these services is not approved.

Other Denial Comments:  
PRIORITY \_\_\_\_\_

Alternate Resource Available

IHS/Tribal Facility Was Available and Accessible  
[Per 42 Code of Federal Regulations(CFR)  
136.23(a)]

The following IHS/Tribal facility, RAPID CITY HOSPITAL, was able to provide the services you received.

Other Denial Comments:  
THE RAPID CITY SERVICE UNIT WAS AVAILABLE FOR SERVICES.

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JANE SR DEMO

162-CEED-2403  
Page 4

Alternate Resource Available

Alternate Resource Available [Per 42 Code of Federal Regulations (CFR)136.61]

You are currently enrolled in a program that will pay for your health care services.

You are currently enrolled with:

INSURANCE	ID NO.	EFF. DATE	TRM. DATE
Medicaid	000123456	03/01/2012	
700 GOVERNORS DRIVE PIERRE, SD 57501-2291			

Which the provider(s) must bill on your behalf.  
This letter is for information only; your provider(s) have been notified of your insurance.

Other Denial Comments:  
LIST INSURANCE (1,2,3)

RECONSIDERATION AND APPEAL [Per 42 CFR 136.25]. You may appeal the denial in writing. Please submit a statement supporting the reason for the appeal. NOTE: If you fail to submit a written appeal within (30) days of receipt of this letter, payment will be denied through the CHS program. If you have additional information that may affect our decision, please submit it in writing within 30 days of receipt of this letter to:

JOE AMIOTTE, CEO  
3200 CANYON LAKE DR  
RAPID CITY, SD 57702  
605-355-2236

If you do not have additional information, you may appeal in writing, within 30 days of receipt of this letter:

JAMES DRIVING HAWK  
AREA DIRECTOR, ACTING  
FEDERAL BUILDING, ROOM 309  
115 4TH AVENUE SE  
ABERDEEN, SD 57401  
605-226-7581

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JANE SR DEMO

162-CEED-2403  
Page 5

Sincerely,

JOE AMIOTTE, CEO  
3200 CANYON LAKE DR  
RAPID CITY, SD 57702  
605-355-2236

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\*\*\* CONFIDENTIAL PATIENT INFORMATION \*\*\*

CHS DENIAL  
DENIAL FACT SHEET

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Document number: 162-CEED-2403  
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JANE SR DEMO  
30 E MAIN  
RAPID CITY SD 57701

CHART: 999992 RAPID CITY HOSPITAL

DATE OF SERVICES: Mar 12, 2016.  
REQUEST MADE TO: RAPID CITY HOSPITAL  
DATE REQUEST REC: Mar 12, 2016  
TYPE OF SERVICE: OUTPATIENT  
PRIORITY: I EMERGENT/ACUTELY URGENT CARE  
DATE OF ISSUE: Mar 12, 2016  
ISSUED BY: SHEPPARD,NICO

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DENIAL REASON(S)

PRIMARY DENIAL REASON: Indian Descent/Membership  
Residency  
Residency  
Notification  
Notification  
Medical Priority  
Alternate Resource Available  
Alternate Resource Available

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TYPE CODE DIAGNOSIS(No diagnosis on file)  
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VENDOR(S)		CHARGES
RHRC HOSPITAL		\$3,000.00 (EST.)
PO BOX 3450		
RAPID CITY SD 57709		
RAPID CITY ER SERVICES PA		\$500.00 (EST.)
PO BOX 912882		
DENVER CO 80291-2882		

RC FIRE EMERGENCY SERVICES 10 MAIN STREET RAPID CITY SD 57701	\$700.00 (EST.)
RADIOLOGY ASSOCIATES 11460 N. MERIDIAN ST. CARMEL IN 46032	\$500.00 (EST.)
CLINICAL LABORATORY OF B.H. PO BOX 238 RAPID CITY SD 57709-0238	\$100.00 (EST.)
RH MEDICAL CLINIC ASPEN PO BOX 3450 RAPID CITY SD 57709	\$500.00 (EST.)
RH MEDICAL CLINIC WHPB PO BOX 3450 RAPID CITY SD 57709	\$500.00 (EST.)
WEST RIVER ANESTHESIOLOGY PO BOX 2760 RAPID CITY SD 57709-2760	\$100.00 (EST.)
RHRC HOSPITALISTS PO BOX 3450 RAPID CITY SD 57709	\$500.00 (EST.)

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TOTAL: \$6,400.00

\*\*\* CONFIDENTIAL PATIENT INFORMATION \*\*[\_