



Anav Tribal Health Clinic Quartz Valley Indian Reservation

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Contract Health Services

What is CHS?

Contract Health Services (CHS) is a program that is funded by the Federal Indian Health Services (IHS) and administered to the Quartz Valley Indian Tribe by the Anav Tribal Health Clinic. The CHS Program provides limited funding for medical and dental care provided away from our facility. The CHS program requirements are based on specific legislation, federal regulations, policy, and guidelines to maintain the needs of tribal members.

Direct Care is medical and dental care provided in the Anav Tribal Health Clinic. The CHS Program is for care provided away from our facility.

Eligibility:

CHS is not an entitlement program and a referral from Anav does not imply that the care will be paid. If Anav receives a request to pay, then a patient must meet the residency requirements, notification requirements, compliancy requirements, medical priority, and use of alternate resources.

Because IHS programs are not fully funded, the CHS program must rely on specific federal regulations. The IHS is designated as the payer of last resort; meaning that all other available alternate resources, including IHS facilities, must first be used before payment is expected. These mechanisms enhance the IHS to stretch the limited CHS dollars and designate to extend services to more Indians. This renders the CHS Program to authorize care at restricted levels and results in a rationed health care system.

To be eligible for CHS services at Anav, clients must provide proof of Quartz Valley Indian Reservation Tribal enrollment.

How to use CHS at Anav Tribal Health Clinic:

- Patients must have a referral from one of Anav's medical or dental providers for outside services.
- Eligibility requirements are assessed and payment for services is denied, deferred, or pre-authorized.
- Pre-authorization is required for payment on any referred services and or follow up care. It is the patient's responsibility to confirm authorization statues before utilizing the outside service.
- Anav Tribal Health Clinic asks that patients maintain close contact with CHS staff for coverage updates.
- Once all eligibility requirements are met, payment for services is made to the appropriate entity, as resources allow.

Alternate resources:

- o An individual must apply for and use all alternate resources that are available and accessible, such as Medicare A and B, state Medi-Cal, County Medical Services Program (CMSP), state or other federal health program, private insurance, etc.
- o Patients who do not have alternate resources must apply for the appropriate alternate service to meet eligibility.
- o If a patient fails to apply for alternate resources, CHS requests may be denied.
- o CHS payments may be authorized if the patient applies for alternate resources and provides proof of denial (for example, CMSP denial letter).

Remember:

Since CHS funding is limited, priority levels are according to severity so that even though a service may be necessary, it may not be covered by CHS. In addition, CHS funds are not guaranteed to last the entire fiscal year so it is very important that the patient confirms pre-authorization before utilizing a referred service.

For more information:

The IHS website provides additional information regarding Contract Health Services including the history of CHS, additional eligibility information, a Frequently Asked Questions (FAQ) section, and a complete CHS Manual based on Congressional legislation, funding, and authority for CHS program. <http://www.ihs.gov/nonmedicalprograms/chs/index.cfm>

Should you have any additional questions or concerns, please feel free to contact the Anav Tribal Health Clinic's CHS staff at (530)468-4470

