



# THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

## CHS APPLICATION FOR ALTERNATE RESOURCES

January 17, 2013

**Policy:** All eligible Paiute Indian Tribal members and other eligible AI/AN will follow the outlined protocols regarding application for alternate resources, to ensure compliance with all Federal, CHS and IHS guidelines and equality among clients.

### **Procedure:**

**A. Notification Requirements.** The following notification requirements apply to all categories of eligible AI/AN including students, transients, and clients who live in or leave the *Contract Health Service Delivery Area* (CHSDA).

[http://www.ihs.gov/IHM/index.cfm?module=dsp\\_ihm\\_pc\\_p2c3#2-3.8C](http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p2c3#2-3.8C)

1. Usage of other resources other than the CHS must be processed first, before the Health Department will consider payment. Failure to apply for, or utilize alternate resources may result in the Health Department denying payment as outlined in the *Paiute Tribal Resolution 2011-36*.
2. Communications will be mailed to Tribal members to notify of their obligation to apply for alternate resources (30) days to comply. The Client will be eligible for CHS for the (30) day grace period. A final notice of self funded status will then be issued.
  - a. Letter attachment A: Notice to apply for alternate resources
  - b. Letter attachment B: Notice of self funded status
3. Notifications of Primary Care Network (PCN) open enrollment will also be mailed. All Tribal members (without current AR) will apply for PCN.

**B. Payor of Last Resort Requirements,** Title 42 CFR §136.61. IHS is the payer of last resort for services provided to patients defined as eligible for CHS under these regulations, notwithstanding any State or local law or regulation to the contrary. Accordingly, CHS is responsible for paying or authorizing payment if the AI/AN is a victim of a crime (see Section 2-3.24), unless:

1. the AI/AN is eligible for alternate resources, defined in Section 2-3.9G, or
2. the AI/AN would be eligible for the alternate resources if he or she were to apply for them, or
3. the AI/AN would be eligible for alternate resources under State or local law or regulation but for the Indian's eligibility for CHS or other health services, from the IHS or IHS programs.

**C. Payor of Last Resort Rule.** The use of alternate resources is specified in Title 42 CFR §136.61.

1. An individual is required to apply for an alternate resource if there is reasonable indication that the individual may be eligible for the alternate resource.
2. Refusal to apply for alternate resources when there is a reasonable possibility that one exists, or refusal to use an alternate resource, requires the denial of eligibility for CHS.
3. An individual is not required to expend personal resources to meet alternate resource eligibility or to sell valuables or property to become eligible for alternate resources.

**D. Non-Payment.** There are three instances when the Paiute Health Department will not pay a provider for medical bills incurred by an otherwise CHS eligible patient:

1. When the patient willfully or intentionally fails to apply or fails to complete an alternate resource application. If the IHS does not require its patients or beneficiaries, in “good faith,” to apply for and complete an alternate resource application, the alternate resource rule will have little effect on conserving contract health funds.
2. The Contract Health Supervisor will provide written notice to patients that if an alternate resource application is not completed or if in 30 days the patient does not contact the CHS Officer for assistance in completing the application, then a CHS denial will be issued. If an alternate resource program issues a denial because the applicant failed to apply or failed to complete the application and the CHS file documents all attempts to assist the applicant, the CHS office will issue a letter of denial to the patient and forward a copy to the provider.
3. When the provider fails to follow alternate resource procedures, such as notifying the CHS program within specified time constraints, the IHS’ trust responsibilities include a requirement that providers maximize the availability of alternate resources. Thus, if the provider is not able to receive payment from an alternate resource program because of the provider’s failure to follow proper procedures, the IHS will not be responsible for the medical bill, even if the AI/AN patient is otherwise CHS eligible.

**E. Compliance.** If the above guidelines are not followed, CHS funding for claims payment will be denied.

#### Definitions

CHS – Contract Health Services, the department which manages funding for medical and dental services.

AR – Alternate resources such as Medicare, Medicaid or PCN.

IHS – Indian Health Services

AI/AN - American Indian/Alaskan Native

PCN – Primary Care Network. A Utah Medicaid Program for adults 18 years and older.

**Attachment A**



**THE PAIUTE INDIAN TRIBE OF UTAH**

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

WRITTEN NOTICE, PATIENT REQUIREMENT FOR  
APPLICATION FOR ALTERNATE RESOURCES

Date

Patient  
Address  
Kanosh, UT 84637

Dear \*\*\*

Pursuant of IHS regulations, 42 CFR Part C, you are required to make a good faith effort to complete an application for alternate resources. You must provide the Tribal Health Department a copy of the alternate resource program's eligibility determination.

If you are unable to apply for an alternate resource, or having difficulty applying, please let us know and we will try and assist you. If you do not complete an application or if you do not contact this office for assistance in completing an application within 30 days of the date of this notice, a denial letter will be issued from the Paiute Health Department, making any future bills your responsibility.

If you have any questions please call me at (435) 586-1112 ext 410.

Sincerely,

Janice Grygla, CPC, CPC-H  
Contract Health/Billing Supervisor  
Paiute Indian Tribe Health Department

**Attachment B**



**THE PAIUTE INDIAN TRIBE OF UTAH**

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

Date

patient  
address  
Cedar City, UT 84720

Dear \*\*\*,

This message is to inform you that you have been placed on fee-for-service (FFS) status for all medical and dental services. This is due to your failure to complete the eligibility requirements for Indian Health Services.

Pursuant of IHS regulations, 42 CFR Part C, you are required to make a good faith effort to complete an application for alternate resources. You must provide the Tribal Health Department a copy of the alternate resource program's eligibility determination.

You can re-apply for Contract Health Services eligibility by;

- Apply for Medicaid or Primary Care Network (PCN); provide the Tribal Health Department with a copy of the Medicaid determination letter. OR
- Pay a fee to the clinic at a reduced rate for services. This fee is determined by income.

Our clinic staff can assist you with the application process. Please be aware that any medical bills you acquire during the loss of Contract Health status will be your responsibility.

Sincerely,

Janice Grygla, CPC, CPC-H  
Contract Health/Billing Supervisor  
Paiute Indian Tribe Health Department