



THE PAIUTE INDIAN TRIBE OF UTAH

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

CHS CLAIMS PAYMENT POLICY

March 19, 2013

Policy: Manage CHS funding for medical and dental care

Procedure:

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

1. Communications will be mailed to Tribal members to notify of claim denial.
 - a. Letter attachment A: Notice of claim denial (client) failure to apply for alternate resource.
 - b. Letter attachment B: Notice of claim denial (client) failure to obtain prior-authorization.
 - c. Letter attachment C: Notice of claim denial (medical provider) failure to apply for alternate resource.
 - d. Letter attachment D: Notice of claim denial (medical provider) failure to obtain prior-authorization.

B. Payment. In accordance with national IHS payment regulations, all eligible outpatient and inpatient medical claims will be priced and paid on a Medicare like fee schedule. Eligible dental claims will be paid on the 75th percentile of the Optum Insight customized fee schedule.

C. Eligibility. The following eligibility requirements must be met.

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 *CHS AR Policy*.
2. CSH eligibility must be current as outlined in the *Paiute Indian Tribe of Utah Health Policy*.

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. Tribal members are required by Federal regulations, and Tribal Council resolution (RESOLUTION 2011-36) to apply for alternate resources.

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 should issue a CHS letter of denial to the patient and forward a copy to the provider.
3. 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.

Appendix: Claim Review Process

Definitions

PITU – Paiute Indian Tribe of Utah

AI/AN – American Indian/Alaskan Native.

Transient – 1. not lasting long 2. staying somewhere only a short time.

CHSDA – Contract Health Service Delivery Area (Washington, Millard, Iron or Sevier counties)

IHS – Indian Health Services

CHS – Contract Health Services

AR – Alternate Resource



THE PAIUTE INDIAN TRIBE OF UTAH

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

Date

XXX
address
Cedar City, UT 84720

Dear XX,

The enclosed medical bill was submitted to the Paiute Tribe of Utah Health Department for payment.

Patient:
Date of Service:
Provider of Service:

I regret to inform you that the above date of service is denied for payment, due to failure to apply for alternate resources. This medical bill will be your responsibility.

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.

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 Office 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 84721

Dear XX,

The enclosed medical bills were submitted to the Paiute Indian Tribe of Utah Health Department, for payment.

Patient:
Date(s) of service:
Provider of Service:

I regret to inform you that the above dates of service are denied for payment. Per IHS regulation 2-3-9 (2a) see pg 13. The required pre-authorization was not obtained.

In order for Contract Health to consider payment for medical services, Tribal policy requires the patient to obtain a prior authorization number. This number can be issued prior to the medical visit by calling (435) 586-1112 ext 400. In the event on an emergency, the patient has up to three business days to call in and request the prior authorization number.

You have a right to appeal this decision with the Paiute Health Committee within 30 days of receiving this letter of denial. Please forward your appeal letter with all relevant bills attached, to:

Paiute Health Committee/Michele Lefebvre
440 North Paiute Drive
Cedar City, UT 84721

Please contact Janice Grygla at (435) 586-1112 ext 410 with any questions regarding this notice.

Thank you,

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

Attachment C



THE PAIUTE INDIAN TRIBE OF UTAH

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

Date

XXX
address
Cedar City, UT 84720

Dear XX,

The enclosed medical bill was submitted to the Paiute Tribe of Utah Health Department for payment.

Patient:

Date of Service:

I regret to inform you that the above date of service is denied for payment, due to the patient's failure to apply for alternate resources. This medical bill will be the patient's responsibility.

Please contact Janice Grygla at the Paiute Health Department if you have any questions regarding this letter. (435) 586-1112 ext 410.

Sincerely,

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

Attachment D



THE PAIUTE INDIAN TRIBE OF UTAH

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

Date

{Facility}
{address}
{address}

Dear Sirs,

The enclosed medical bills were submitted to the Paiute Indian Tribe of Utah Health Department, for payment.

Patient:
Date(s) of service:

I regret to inform you that the above dates of service are denied for payment. The required pre-authorization was not obtained. This bill will be the patient's responsibility.

In order for Contract Health to consider payment for medical services, Tribal policy requires the patient to obtain a prior authorization number. This number can be issued prior to the medical visit by calling (435) 586-1112 ext 400. In the event on an emergency, the patient has up to three business days to call in and request the prior authorization number.

Please contact Janice Grygla at (435) 586-1112 ext 410 with any questions regarding this notice.

Thank you,

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

Appendix

Claim Review Process. The Health Department Contract Health/Billing Office Supervisor will follow (or oversee) the following outlined claim review process. (see attached flow sheet)

1. Received by the Health Department, date stamped and IHS numbers added.
2. Forwarded to the Contract Health/Billing Supervisor.
3. Reviewed in the Health Program for client eligibility.
4. RPMS is researched for the required prior-authorization number.
5. Charges are reviewed and re-priced according to the Medicare fee schedule *OR* paid as a secondary claim according to the primary insurance "Explanation of Payment".
6. The claim is signed, dated and the re-priced amount is circled in red ink.
7. Claim is forwarded to Medical Records Clerk, who will complete the proper check request form.

The Following Claim Pricing Tools will be used.

- a. Optum Insight Encoder Pro for Payers. For all CPT (Current Procedural Terminology) codes, X-ray and evaluation and management codes, for pricing. Choose *facility or non-facility* as appropriate to the claim.
- b. Optum Insight Customized Fee Analyzer (CD). For all dental or vaccination charges and any unspecified codes without a listed price in the Encoder Pro package.
- c. Medicare Fee Schedule. Found on the internet. Used to price lab charges.

CERTIFICATION

I hereby certify that the foregoing CHS Claims Payment Policy was full considered and adopted by the Health Committee at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 6 in favor, 0 opposed, 0 absent, and 0 abstained, this 19 day of March, 2013



Toni Pikyavit, Health Committee Chair

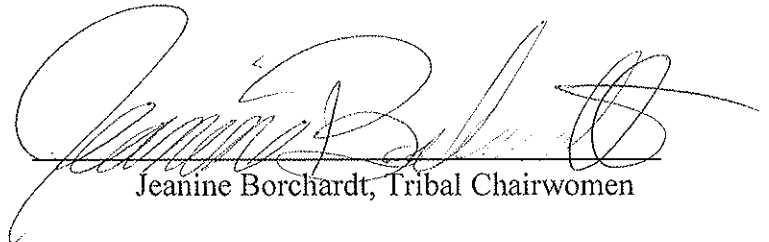
ATTEST:



Laurel Garcia, Administrative Assistant

CERTIFICATION

I hereby certify that the foregoing CHS Claims Payment Policy was full considered and adopted by the Tribal Council at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 4 in favor, 0 opposed, 1 absent, and 0 abstained, this 21st day of March, 2013



Jeanine Borchardt, Tribal Chairwomen

ATTEST:



Naomi Colorow, Tribal Council Secretary