

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Bemidji Area Indian Health Service

Bemidji, Minnesota

Indian Health Service Circular No. 03-07

**POLICY ON CONTRACT HEALTH SERVICE TRANSPORTATION AND
LODGING**

SECTION

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1. **PURPOSE:** This circular establishes the Bemidji Area Indian Health Service policy and procedures for transportation and lodging for referrals made through Contract Health Services (CHS).
2. **BACKGROUND:** Contract Health Service healthcare funds are used to supplement and complement other health care resources available to eligible Indian people. The funds are utilized in situations where: (1) No Indian Health Service direct care facility exists, (2) the direct care element is incapable of providing required emergency and/or specialty care, (3) the direct care element has an overflow of medical care workload, and (4) supplementation of alternate resources (i.e., Medicare, private insurance) is required to provide comprehensive care to eligible Indian people.

The Indian Health Service CHS program is funded annually by the United States Congress. It is **NOT** an entitlement program or an insurance program. The Indian Health Service (IHS) cannot guarantee that funds are always available.
3. **POLICY:** It is the policy of the Bemidji Area Indian Health Service that transportation and lodging will be provided for referrals made through CHS under the following guidelines:
 - A. CHS funds may not be expended for services that are reasonably accessible and available at IHS facilities.

- B. IHS is considered the Payor of Last Resort. All alternative funding sources must be utilized first i.e. Medicare, Medicaid, Private Insurance, VA, Tribal, Charitable Funds, etc...
- C. Patients must meet eligibility requirements for CHS.
- D. Patients must be referred by a IHS Service Unit Provider and meet current established priority guidelines.

Transportation Guidelines

- A. Must meet individual IHS Service Unit and/or Tribal Transportation Policies and Procedures.

Lodging Guidelines

- A. Lodging may be considered for Outpatient Testing in facilities outside of the local travel area, based on funding availability and existing priority levels.
- B. Lodging Expenses: Reduced rates for lodging related to medical appointments/hospitalizations (hospital rates) are available through many hotels. The basic room rate for a maximum of two (2) adults will be covered under approved lodging. The patient/family are responsible for any additional costs.
- B. Lodging is not authorized for:
 - (1) Local Travel
 - (2) Same Day Surgery - Consideration for lodging may be made under the following exceptions:
 - The Attending Physician requests overnight stay after surgery/procedure due to travel restrictions related to the patient's medical condition.
 - Travel restrictions related to adverse weather conditions i.e. snow storm resulting in closure of highway travel.

4. RESPONSIBILITIES:

- A. Contract Health Service Staff are responsible for:
 - (1) Determining whether individuals referred by the providers are eligible for coverage through alternate resources and/or meet CHS established guidelines.

- (2) Verifying that referrals are made by IHS and that referrals meet current established Priority Guidelines.
- (3) Processing all requests for travel and/or lodging, including the issuance of travel orders/purchase orders and maintaining all financial records. This may include collaboration with Tribal Programs depending on who provides services i.e. Transportation is tribally run in some locations.

B. Patients/Individuals Requesting Services are responsible for:

- (1) Providing documentation of eligibility requirements and updating registration and/or CHS of any changes in eligibility, including eligibility for alternate resources.
- (2) Obtaining referral from IHS. Referral must meet current established Priority Guidelines (lodging could be a very low priority, even though the medical referral is a high priority).
- (3) Obtaining prior approval/authorization from alternate resources, Medicare, Medicaid, VA, Tribal or from CHS for travel and/or lodging.
- (4) Returning completed Appointment Verification Form to CHS (as applicable). If appointment is cancelled or patient does not keep appointment as scheduled, CHS funds must be returned to the service unit (if applicable).
 - * Further travel will be restricted if verification is not submitted or funds are not returned due to failed appointment.

5. **DEFINITIONS:**

Contract Health Services – Health care services provided at the expense of the Indian Health Service (IHS) from other public or private medical or hospital facilities other than those of IHS.

Local Travel - Within 250 mile radius of an IHS Service Unit(s).

Medical Priorities - Medical priorities are defined as follows:

Priority IA: Immediate medical emergencies; immediate life-threatening situations, danger of loss of limb or senses, unstable condition requiring treatment for stabilization.

Priority IB: Potential for becoming life threatening; not immediate emergency; essential for daily function; no acceptable alternative.

Priority II: Contributes to better daily functioning but not absolutely essential; able to function without being performed; there may be acceptable alternatives.

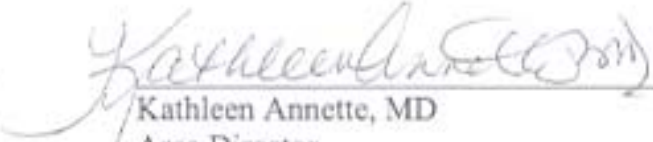
Priority III: May function with or without this procedure; results tend to be only cosmetic; there are acceptable alternatives

Outpatient Diagnostic Procedures - Two (2) or more days of consecutive medical evaluation testing at a health facility that is outside the local area when the patient does not require inpatient hospitalization.

Payor of Last Resort – Indian Health Service (IHS) is considered the “Payor of Last Resort”. All alternate funding sources must be utilized first i.e. Medicare, Private Insurance, Medicaid, VA, Tribal Funds, Charitable Funds, etc...

6. **EXHIBITS:** Attachment A. Appointment Verification Form
7. **EFFECTIVE DATE:** This circular shall remain in effect until cancelled or superseded.
8. **REFERENCES:** Indian Health Manual, Chapter 3 – Contract Health Services Medical Priority Guidelines
9. **APPROVAL**
Originated: 06/2003

Date: 6/23/03


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