

Basic Contract Health Service (CHS) Information

CHS is an Indian Health Service program carried out by the Pokagon Band

CHS supports care provided through our clinic.

CHS is not:

- A health insurance program
- An entitlement program

CHS is the payor of last resort; all other alternate resources must be exhausted before CHS payment can be made. Therefore, **CHS payments cannot be made:**

- For services our clinic could have reasonably provided.
- If you are eligible, or would have been eligible if you had applied, for **alternate resources**, such as health/medical insurance, state, Medicaid, federal, or other assistance programs.
- If you choose to go to providers who do not accept your insurance or are otherwise out of the network of your insurance coverage, PPO, HMO or MCO.

Your CHS request must fall within the Band's and federal IHS health priority categories and be medically necessary to be considered for payment.

Non-emergent use of emergency room services does not meet medical necessity standards and will not be paid by CHS. Emergency situations are those health situations that are life- or limb-threatening and include heart attacks, active labor and delivery, excessive and unstopable bleeding and treatment for sudden, extensive physical trauma. After-hours medical treatment for non-emergency reasons such as anxiety, flu, earache or headache are not appropriately treated in the emergency room and will not be paid by CHS.

It is your responsibility to meet strict CHS eligibility requirements

To be eligible you must:

1. **Be an enrolled member of the Pokagon Band of Potawatomi Indians** (this includes infants).
2. **Reside within the Band's 10-county Contract Health Services Delivery Area (CHSDA).** Our CHSDA counties are Allegan, Berrien, Cass and Van Buren in Michigan and Elkhart, Kosciusko, LaPorte, Marshall, Starke and St. Joseph in Indiana.
3. **Establish and maintain a complete registration file for CHS.** You must update your file at least annually and whenever any of your registration information changes.
4. **Keep your registration file current** by providing documentation about any changes in your address, name, medical insurances or other types of health care coverage including state, Medicaid, or Medicare, and other pertinent registration information.

You must properly notify our CHS program staff at least three days before receiving non-emergency services (usually by phone conversation with CHS staff person). This includes all follow-up appointments including labs, surgeries, and any and all dental procedures beyond the initial exam. CHS cannot pay unless you have notified our office that you have been referred outside our clinic.

In cases of medical emergency, you must notify our CHS staff within 72 hours of the start of emergency care. Elders or disabled people have 30 days to notify our CHS staff of emergency care.

To process requests for CHS payments, it is your responsibility to provide to CHS staff:

- **Provider billing claim statements:** these are HCFA 1500, UB 92, and/ or other claims that have the diagnostic and procedural coding written on them.
- **All pertinent Explanations of Benefit (EOB).** The EOB is issued from your other payers or insurance. The EOB explains what has been paid and the unpaid balance.

CHS is limited by the budget and medical priorities.

If you have any questions, call us. We have staff who are trained to help you use this program.
269/782-4141 or 1 888/440-1234.