



Northern Cheyenne Service Unit
Indian Health Service
100 Cheyenne Avenue
P.O. Box 70
Lame Deer, MT. 59043

Attached is the Purchase Referred Care (PRC) formerly Contract Health Service "Student Packet." The information and guidelines enclosed pertain to you as a student. Please complete the Student Data and have it signed by the Registrar.

Fax the one page application along with a copy of your transcript (if a student in college longer than one year) to 406-477-4431 or mail to; Purchase Referred Care, P.O. Box 70, Lame Deer, MT 59043.

If you should have any questions, please feel free to call the Purchased Referred Care Dept.

Stephanie Addy	406-477-4430
Lavanda Hiwalker	406-477-4432
Jodean Wertman	406-477-4471
Roberta Whiteman	406-477-4433

Thank you!

INDIAN HEALTH SERVICE
STUDENT MEDICAL PROGRAM
Instructions to the Student and/or Provider

These instructions on Purchased Referred Care (PRC) formerly Contract Health Service, supersede all previous instructions issued from this Service Unit.

Students who are otherwise eligible for Purchased Referred Care, but who are temporarily absent from their permanent place of residence, will continue to be eligible as long as they retain their full time status in a program of vocational, technical or academic education.

All non-emergency services must have prior approval from an appropriate IHS ordering official. Please call Purchased Referred Care (PRC) at the Northern Cheyenne Indian Health Clinic, Lame Deer at (406) 477-4430/4432/4471/4433 to obtain approval. Notification must be made prior to the provision of medical services and supply information that the ordering official deems necessary to determine the relative medical need for services.

Regarding all emergent and/or acute care, the requirement for notice prior to providing medical care and services under this paragraph may be waived by the ordering official if:

1. Such notice and information is provided within 72 hours after the beginning of treatment or admission to a health care facility; and
2. The ordering official determines that giving of notice prior to obtaining the medical care and services was impractical or that other good cause exists for the failure to provide prior notice.

Routine and preventive dental and medical care for student and dependents should be obtained at the service unit during school vacations and breaks. The Indian Health Service WILL NOT PAY FOR EYEGLASSES, but may pay for refractions when prior approval is made.

The use of alternate resources is mandatory, refusal to apply for alternate resources when there is a reasonable possibility that one exists (Medicaid, VA, Children's Health Service, Auto Liability Insurance, etc.) or refusal to utilize an alternate resource, requires the denial for Purchased Referred Care.

Students who attend school within 90 minutes (driving time) of any IHS facility must utilize that facility for needed care; except for emergencies which are defined as any medical condition for which immediate medical attention is necessary to prevent death or serious impairment of the health of an individual. The determination of a medical emergency will be made by an IHS Physician. Students whose grants include funds for health services will be expected to use the allotted funds to purchase available coverage from college health care insurance programs. Any student or dependents who have private insurance or are covered through a policy other than their own, must utilize that resource first. Indian Health Service may pay balances after insurance payment if all other administrative requirements have been met.

Please complete this form and fax to 406-477-4431 OR mail to:

Indian Health Service
Northern Cheyenne Service Unit
PO Box 70
Lame Deer, MT. 59043

STUDENT DATA

Official Name of School: _____

Address of School: _____

Name of Student: _____

Date of Birth: _____ Tribe: _____

Address at College: _____

Phone: _____

Date left the reservation: _____

Last address immediately prior to entering college: _____

What IHS facility have you received services: _____

List dependents:

Name	Relationship	DOB	Tribe
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have medical/health insurance? _____

This includes private insurance, Medicaid or Medicare, etc.

Student Signature

I certify that the above named individual is a full time student and that the medical services required are not part of the schools health program.

Signature of School Official

Title

Date

Phone: _____

RULES AND REGULATIONS

§ 36.23 Persons to whom contract health services will be provided.

(a) *In general.* To the extent that resources permit, and subject to the provisions of this subpart, contract health services will be made available as medically indicated, when necessary health services by an Indian Health Service facility are not reasonably accessible or available, to persons described in and in accordance with § 36.12 of this part if those persons:

- (1) Reside within the United States and on a reservation located within a contract health service delivery area; or
- (2) Do not reside on a reservation but reside within a contract health service delivery area and:

(i) Are members of the tribe or tribes located on that reservation or of the tribe or tribes for which the reservation was established; or

(ii) Maintain close economic and social ties with that tribe or tribes.

(b) *Students and transients.* Subject to the provisions of this subpart, contract health services will be made available to students and transients who would be

eligible for contract health services at the place of their permanent residence within a contract health service delivery area, but are temporarily absent from their residence as follows:

(1) Student—during their full-time attendance at programs of vocational, technical, or academic education, including normal school breaks (such as vacations, semester or other scheduled breaks occurring during their attendance) and for a period not to exceed 180 days after the completion of the course of study.

(2) Transients (persons who are in travel or are temporarily employed, such as seasonal or migratory workers) during their absence.

(c) *Other persons outside the contract health service delivery area.* Persons who leave the contract health service delivery area in which they are eligible for contract health service and are neither students nor transients will be eligible for contract health service for a period not to exceed 180 days from such departure.

(d) *Foster children.* Indian children who are placed in foster care outside a contract health service delivery area by order of a court of competent jurisdiction and who were eligible for contract health services at the time of the court order shall continue to be eligible for contract health services while in foster care.

(e) *Priorities for contract health services.* When funds are insufficient to provide the volume of contract health services indicated as needed by the population residing in a contract health service delivery area, priorities for service shall be determined on the basis of relative medical need.

(f) *Alternate resources.* The term "alternate resources" is defined in § 36.61(c) of Subpart G of this part.

§ 36.24 Authorization for contract health services.

(a) No payment will be made for medical care and services obtained from non-Service providers or in non-Service facilities unless the applicable requirements of paragraphs (b) and (c) of this section have been met and a purchase order for the care and services has been issued by the appropriate ordering official to the medical care provider.

(b) In nonemergency cases, a sick or disabled Indian, an individual or agency acting on behalf of the Indian, or the medical care provider shall, prior to the provision of medical care and services notify the appropriate ordering official of the need for services and supply information that the ordering official deems necessary to determine the relative medical need for the services and the individual's eligibility. The requirement for notice prior to providing medical care and services under this paragraph may be waived by the ordering official if:

(1) Such notice and information are provided within 72 hours after the beginning of treatment or admission to a health care facility; and

(2) The ordering official determines that giving of notice prior to obtaining the medical care and services was impracticable or that other good cause exists for the failure to provide prior notice.

(c) In emergency cases, a sick or disabled Indian, or an individual or agency acting on behalf of the Indian, or the medical care provider shall within 72 hours after the beginning of treatment for the condition or after admission to a health care facility notify the appropriate ordering official of the fact of the admission or treatment, together with information necessary to determine the relative medical need for the services and the eligibility of the Indian for the services. The 72-hour period may be extended if the ordering official determines that notification within the prescribed period was impracticable or that other good cause exists for the failure to comply.

§ 36.25 Reconsideration and appeals.

(a) Any person to whom contract health services are denied shall be notified of the denial in writing together with a statement of the reason for the denial. The notice shall advise the applicant for contract health services that within 30 days from the receipt of the notice the applicant:

(1) May obtain a reconsideration by the appropriate Service Unit Director of the original denial if the applicant submits additional supporting information not previously submitted; or

(2) If no additional information is submitted, may appeal the original denial by the Service Unit Director to the appropriate Area or program director. A request for reconsideration or appeal shall be in writing and shall set forth the grounds supporting the request or appeal.

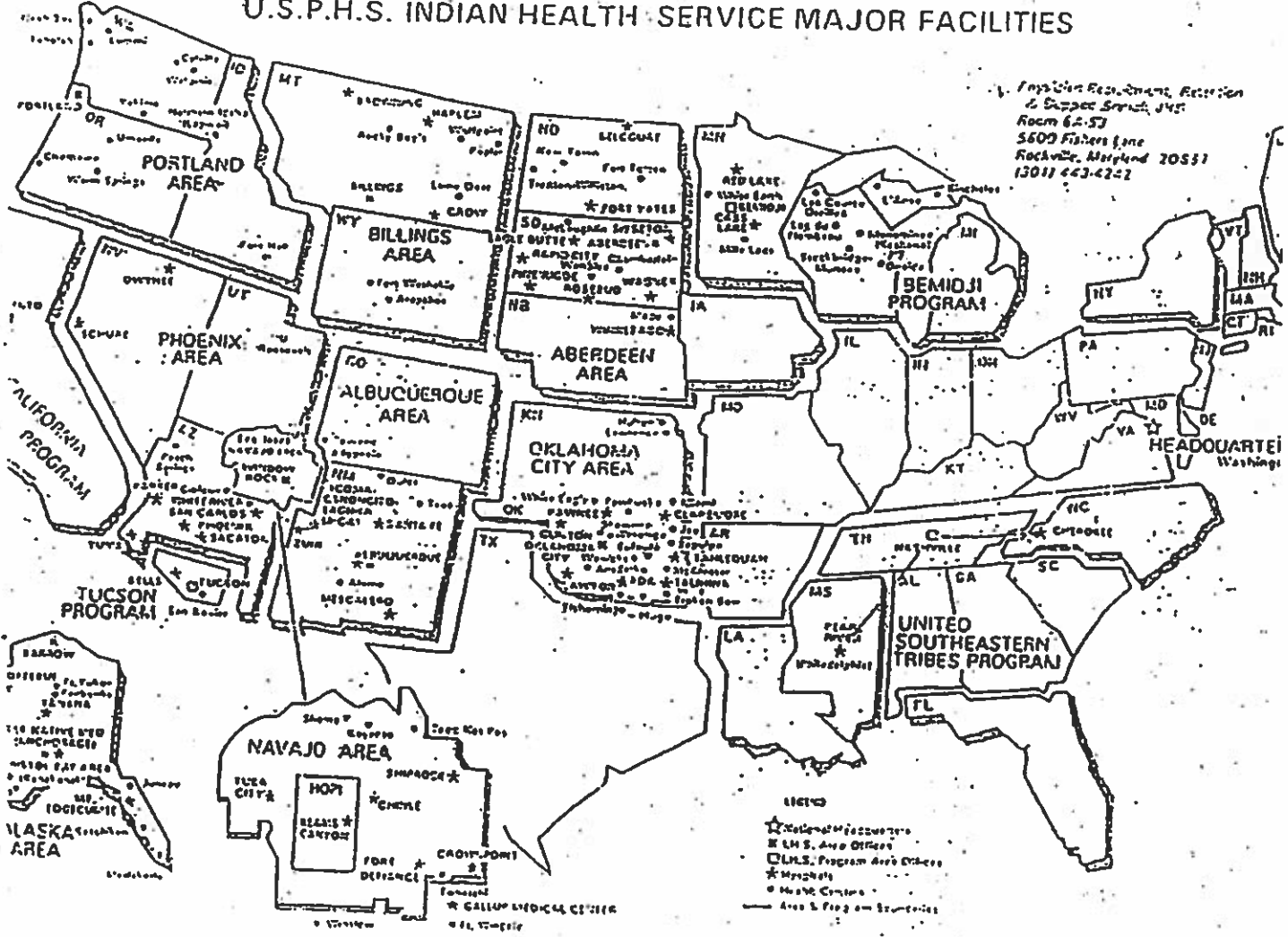
(b) If the original decision is affirmed on reconsideration, the applicant shall be so notified in writing and advised that an appeal may be taken to the Area or program director within 30 days of receipt of the notice of the reconsidered decision. The appeal shall be in writing and shall set forth the grounds supporting the appeal.

(c) If the original or reconsidered decision is affirmed on appeal by the Area or program director, the applicant shall be so notified in writing and advised that a further appeal may be taken to the Director, Indian Health Service, within 30 days of receipt of the notice. The appeal shall be in writing and shall set forth the grounds supporting the appeal. The decision of the Director, Indian Health Service, shall constitute final administrative action.

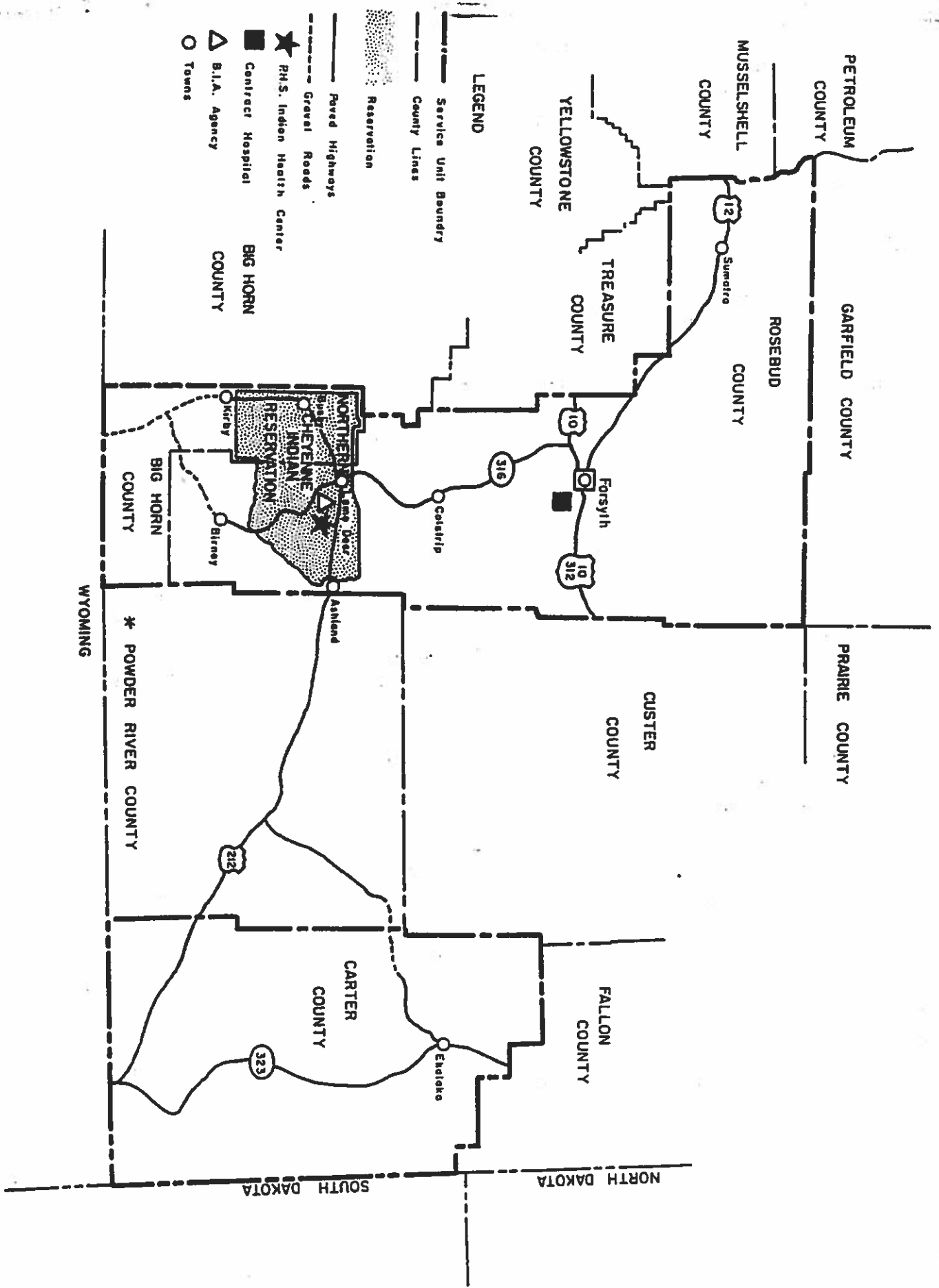
The Contract Health Services Delivery Area for the Northern Cheyenne Reservation

is Rosebud and Big Horn Counties, and enrolled Turtle Mountain Indians residing in Carter County.

U.S.P.H.S. INDIAN HEALTH SERVICE MAJOR FACILITIES



NORTHERN CHEYENNE SERVICE UNIT



- LEGEND**
- Service Unit Boundary
 - County Lines
 - Reservation
 - Paved Highways
 - Gravel Roads
 - R.H.S. Indian Health Center
 - Contract Hospital
 - B.I.A. Agency
 - Towns

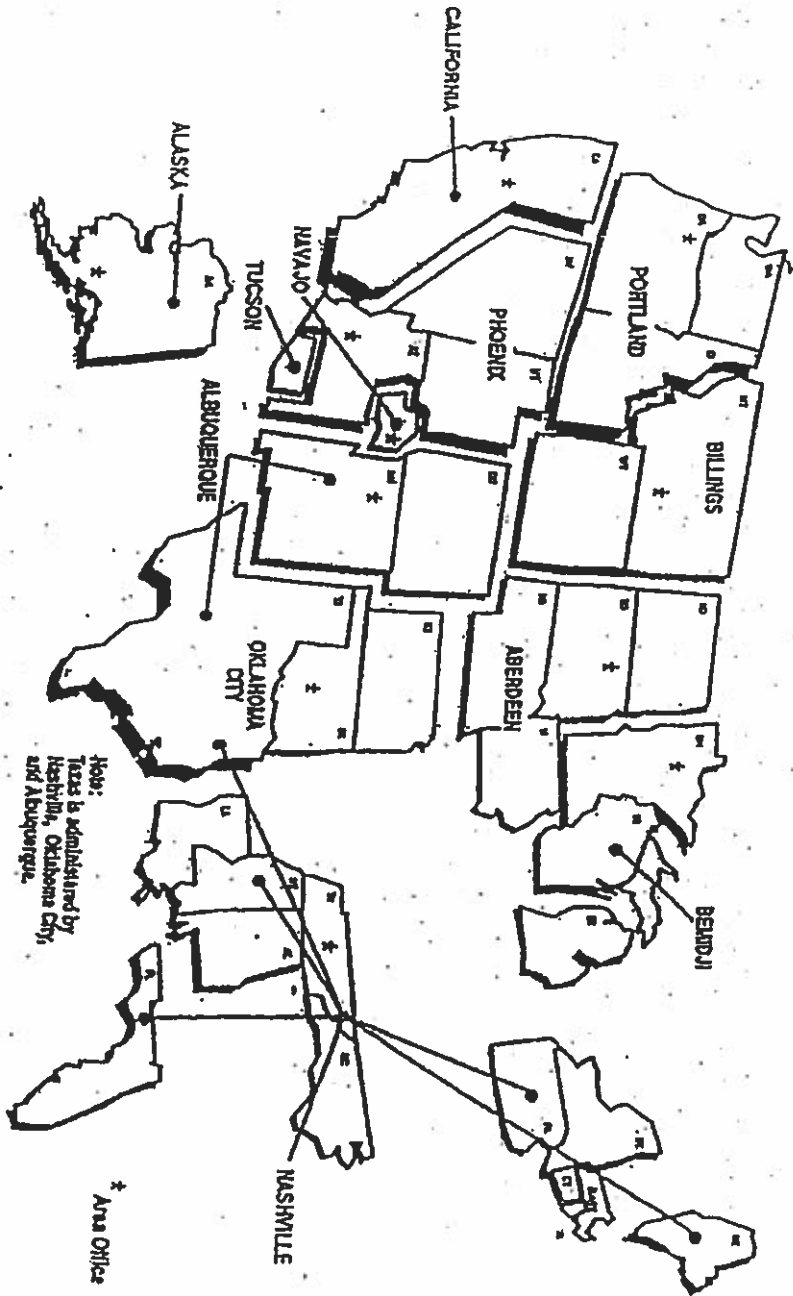
WYOMING

* POWDER RIVER COUNTY

* Not included in service unit

16 January 1978

APPENDIX D: Map of Indian Health Service Areas



PO #	Total Oblig	Net Disbur	Total Recei	Undelivered O	
HHSI2442014B0604516	6931.99	6931.99	0	6869.43	✓
HHSI2442014B0604458	2000	1666.6	0	333.4	- Adjust off
HHSI2442014B0605455	2500	1341.86	0	1158.14	
HHSI2442014B0604457	2000	1164	0	836	- Adjust off
<u>HHSI2442014B0604966</u>	6811.88	939.39	0	5872.49	
HHSI2442014B0603882	50	18.51	0	31.49	
HHSI2442014B0605710	69	9.8	0	59.2	