

Dear Patient:

We have prepared this booklet to help you understand how managed care services are offered through Yellowhawk Tribal Health Center (YTHC). We hope it will answer many of your questions about your benefits, eligibility, and the various requirements associated with access to the Managed Care Program.

YTHC has limited funds so it is important that they are used efficiently. It is a constant struggle to keep pace with our expanding patient population, and the rising costs of medical care.

For these reasons we need to work with you, our patients, to maximize efficiency and to make maximum use of private insurance and governmental healthcare programs that can assist us in meeting the healthcare needs of our community.

Since the information in this booklet is subject to change, please feel free to contact YTHC's

Patient Benefits Coordinator at 541-278-7540

or

Contract Health Services staff at 541- 278-7521

Sincerely,
CTUIR Health Commission
and YTHC Staff

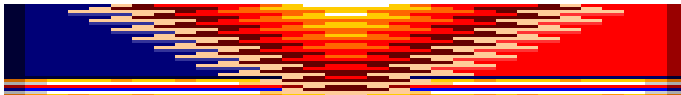








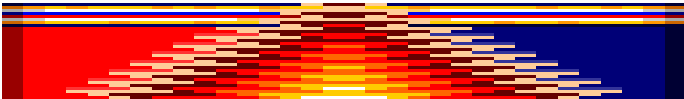


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YELLOWHAWK PATIENT BILL OF RIGHTS

*The Yellowhawk Tribal Health Center Staff welcomes you!
Our pledge to you is that we will provide professional,
respectful, and compassionate care while working diligently to
assure protection of your dignity and privacy.*

In this spirit you have the following rights:



Competent and Considerate Care

Patients have the right to receive quality care provided by competent and considerate professional staff members. Patients have the right to considerate, respectful and dignified treatment by all health professionals and staff.



Right to Privacy

Patients have the right to have the staff consider and protect their sense of modesty whenever possible. Case discussion, examination and treatment shall be conducted ensuring privacy. Chaperones shall be available and provided upon request.



Confidentiality

Patients have the right to have their health status, medical problems, diagnosis, treatment, and medical records kept confidential as required by applicable law and policy, including the Health Insurance Portability and Accountability Act (HIPAA) and the Federal Privacy Act. No protected health information shall be released or disclosed to any persons or entities unless it is necessary for the patient's medical care, or when expressly authorized in writing by the patient (or by a minor child's legal guardian/authorized representative). Patients have the right to review or receive a copy of their own medical record.



Effective Communication

Patients or their legal representative have the right to be provided, to the degree known, complete information about their diagnosis, evaluation, treatment, and prognosis. This information shall be provided by YTHC care providers in a supportive, easy to understand fashion.



Right to be Informed

Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. Patients have the right to refuse treatment, but in doing so have the right to be informed of the risks associated with that decision. Patients have the right to refuse to participate in experimental research.



Staff Members Clearly Identified

Patients have the right to know who is providing services. Staff members shall prominently display identification, including their professional title or position. Medical or other health care students working or interning at YTHC shall always be introduced to the patient as such, and the patient has the right to refuse permission for their Presence. The licenses and other credentials of all providers shall be posted for all patients to view.



Right to Change Providers

Patients have the right to change their provider if other qualified providers are available.

YELLOWHAWK PATIENT BILL OF RIGHTS CONTINUED

Referrals



Patients have the right to be informed of the process to obtain a referral to outside medical professionals for diagnosis and treatment when YTHC does not possess the personnel, equipment, or expertise to properly treat the patient. Patients have the right to know which services shall be payable by YTHC and the right to an explanation if YTHC cannot pay for the service. Patients have the right to have their referring health care provider receive and review reports on their care and progress.

Healthcare Invoices



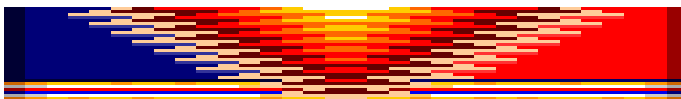
Patients have the right to know the status of invoices associated with care provided to them. Invoices that are YTHC's responsibility, for eligible beneficiaries, shall be paid promptly. Patients receiving bills for care that was not preauthorized shall be informed promptly of their obligation to pay the bills.

Transfer to Another Healthcare Facility



Patients have the right to grant or refuse regarding alternatives to such transfers, including information of the risks associated with their decision.

Patients also have the right to file a complaint. In fact, you are encouraged to give us feedback about the services you have received. Please refer to page 19 for instructions on how to address your concerns or suggestions.





PATIENT RESPONSIBILITIES

You are encouraged to play an active role in your healthcare. Accepting the patient responsibilities below will go a long way in helping to ensure success:

Patients shall:



Treat other patients and the staff with courtesy and respect.



Keep all appointments, or cancel them at least 24 hours in advance so that another patient can be seen in your place.



Update files with any changes, including address, phone number or health insurance information.



Provide YTHC care givers and staff with detailed information related to any allergies or sensitivities, past illnesses, treatments, and medication use, including over-the-counter products and dietary supplements.



Follow the treatment recommendations health care professionals provide to you. If you are unable to follow their recommendations, notify them so that alternate treatment plans can be discussed.



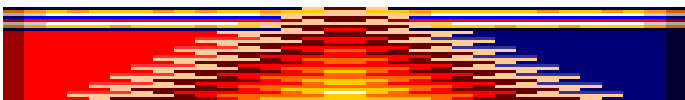
Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.



Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.



Ask a lot of questions!! Make sure you understand your condition and your provider's instructions. Let us help you understand the treatment plan, and how it will help you.





MANAGED CARE PROGRAM OVERVIEW

The Board of Trustees (BOT) of the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) chartered the Tribal Health Commission to oversee and ensure that quality, efficient, cost-effective healthcare is provided to Tribal members and other persons eligible to receive services from YTHC. The Tribal Health Commission is appointed by the BOT and governs YTHC.

The mission of YTHC is to develop responsive, cost-effective, high-quality healthcare services that meet the needs of CTUIR Tribal members and other persons eligible to receive YTHC medical services.

YTHC promotes the wellness of Tribal members and other eligible patients through a Managed Care Program, which includes providing and coordinating medical and dental services, mental and behavioral health counseling services, health promotion, disease and substance abuse prevention, community education and training.

YTHC provides a range of services that include diagnosis and treatment of illness, injury, and preventative care.

The facility is in operation daily, Monday through Friday, excluding Federal and Tribal holidays. Physicians, dentists, hygienist(s), nurse practitioner(s), registered nurses, pharmacists, lab/x-ray personnel, behavioral health counselors, community health staff, WIC personnel, other professional personnel and support staff provide services.

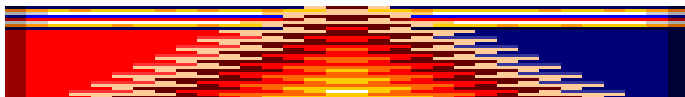
Referrals

If you require treatment by a specialist, or if YTHC is unable to address your medical needs for other reasons, we will help you arrange to receive these services from outside medical professionals.

Different services have different eligibility criteria that must be met for payment in order to satisfy IHS regulations and to protect the availability of financial resources.

YTHC'S Patient Benefits Coordinator is available to answer specific benefits questions.

**Additional referral guidance is located on
Page 15.**





DETERMINING ELIGIBILITY FOR MANAGED CARE PROGRAM BENEFITS

Before you receive medical services from YTHC, you must register with us. Through patient registration we can determine whether you are eligible for YTHC services (also known as Direct Care) and/or outside services (also known as Contract Health Services) that may be paid for by YTHC.

You will need to present the following when you register and apply for services:

- ◆ Proof of Indian descent (through birth certificates or other certified documents such as a Certificate of Indian Blood;
- ◆ Social Security card or proof of Social Security Number;
- ◆ Proof of other medical or healthcare insurance sources, such as insurance cards from programs such as Healthcomp, Blue Cross/Blue Shield, and Oregon Health Plan;
- ◆ Proof of residence, such as a driver's license with current address, utility bill with current address, or a letter from the housing authority;
- ◆ Other documents as requested.

You will be required to read and sign an affidavit which states that the proof of eligibility and residency that you have submitted is correct.

*NOTE: It is very important that your eligibility information remain current. For this reason we ask that you notify Yellowhawk immediately whenever this information changes. You will be asked to verify the information that we have for you with each visit. An eligibility form will need to be signed annually regardless of changes.



Direct Care Services

Direct Care Services are those services provided at YTHC.

You may be eligible to receive Direct Care Services at YTHC if you are:

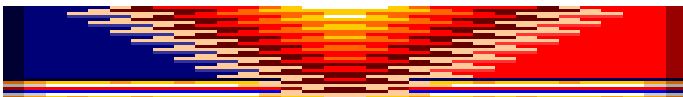
- 1. Of Indian descent and affiliated with a Federally recognized Tribe;**
- 2. Non-Indian and are pregnant with the child of an Indian eligible for services at YTHC, or;**
- 3. Non-Indian, a member of a household of an Indian eligible for services, and a YTHC medical provider determines services are necessary to manage a public health hazard.**



Contract Health Services

Contract Health Services are those services provided outside YTHC by physicians, hospitals and other health-care professionals.

When you need healthcare services that YTHC cannot provide, you may be eligible for Contract Health Services. Costs for preauthorized visits are paid for with IHS monies when funds are available.





Contract Health Services Continued:

To be eligible for Contract Health Services you must be:

- 1. Eligible for Direct Care Services and residing on the Umatilla Indian Reservation, or;**
- 2. A member of the CTUIR, eligible for Direct Care Services, and residing outside the Umatilla Indian Reservation, but inside Umatilla or Union Counties.**

There are also occasions where authorization is available for students residing away from the area, and for people who do not have a permanent residence. For more information about these special circumstances, contact the Patient Benefits Coordinator.

Generally, there are only two categories of medical care paid for with Contract Health Service funds. They are:

Bonafide Emergency Services. Bonafide emergencies are medical conditions that need immediate attention in order to prevent serious impairment or death. If emergency care is necessary, you must make sure YTHC is notified within 72 hours of receiving outside emergency care.

For instruction on how to do this see page 13.

Preauthorized Care. Preauthorization of payment is required before routine services from an outside healthcare provider or facility can be accessed at YTHC expense. YTHC staff normally arranges these services after receiving a copy of the referral from your primary care provider.

**To report an
“EMERGENCY VISIT”**

please call:

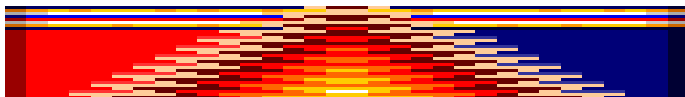
(541) 278-7521

or

(541) 278-7520

(541) 278-7572 fax

**If there is no answer, you should
leave a message with your name
and a contact phone number.**





AFTER HOURS PHARMACY NEEDS

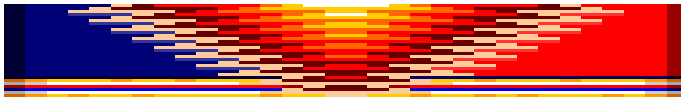
The YTHC pharmacy is open during regular clinic hours and can be accessed in person or by calling:

**main clinic phone number
(541) 966-9830
or
the direct prescription refill line
(541) 278-7505**

If prescription medications are needed when the YTHC pharmacy is closed, the cost of filling these prescriptions at a local retail pharmacy will be covered for Contract Health Services (CHS) eligible patients as long as the prescription is the result of a visit to YTHC, a legitimate visit to the emergency room, or the result of a preauthorized visit to an outside provider.

To prove eligibility to retail pharmacies, patients must provide their social security number to the pharmacy staff, and be prepared to show photo identification.

Due to increasing demand, effective April 1, 2010, the YTHC pharmacy will no longer be able to fill prescriptions from outside providers unless the prescription is the result of a legitimate emergency visit or a pre-authorized referral from Yellowhawk.





REFERRAL & PREAUTHORIZATION PROCESS

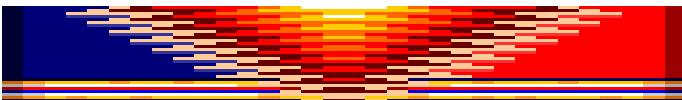
You must receive preauthorization of payment to ensure that YTHC will pay for non-emergent medical services provided by non-YTHC providers. The process for obtaining preauthorization is described below. An approval or denial of a payment is based upon a patient's eligibility, the availability of resources, and the IHS priority assigned to the services requested. Federal Regulations and YTHC Policy establish the criteria used to prioritize the services that will be covered by CHS funding.

If you have a medical condition that needs immediate attention in order to prevent serious impairment or death, it is an emergency! In the event of a legitimate emergency, preauthorization is not required.

However, you must contact YTHC within 72 hours of initiating treatment. (See page 13).

Referral Process:

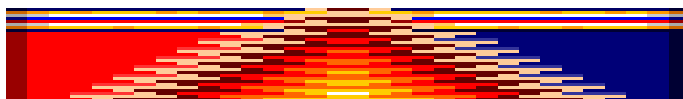
1. Most referrals are initiated when you are seen by a YTHC provider (Doctor, Dentist, Nurse Practitioner, Counselor) and they determine that you need a service not provided at our facility. In such instances they will issue a referral, help you obtain preauthorization for payment, and arrange for you to be seen by the outside provider that you are being referred to.
2. When referrals are initiated by outside providers, the patient has the responsibility to submit the referral to the Yellowhawk Business Office at 278-7542 or 278-7579 (fax) to obtain preauthorization of payment. Once the preauthorization



Referral Process Continued:

is obtained the Business Office will assist you in setting up the appointment with the provider to whom you are being referred.

3. If you have been referred to a provider outside YTHC and require follow-up visits or additional tests, it is YOUR RESPONSIBILITY to see that your outside provider notifies YTHC's Managed Care Coordinator at 278-7542 (fax 278-7574) to request preauthorization of payment for these additional visits;
4. This request for preauthorization must be submitted to the Managed Care Coordinator at least **5 business days** in advance of any routine appointment date;
5. If you do not have a copy of the preauthorization form to take with you to your appointment, or if the office you are receiving services from does not have a faxed copy of this form, it is probably an indication that preauthorization has not been obtained. You must contact YTHC **immediately** to verify preauthorization;
6. If you are unable to keep an appointment, it is YOUR RESPONSIBILITY to notify both the office providing you services and Yellowhawk as soon as possible. If you do not cancel and there is a charge for the missed appointment, you will be responsible for the bill;
7. YTHC cannot honor referrals generated by providers that are not working within a YTHC primary care provider's treatment plan.





PAYMENT DENIAL AND APPEAL PROCESS

If payment for medical bills is denied, a written explanation will be sent to you. The most common reasons for denial are:

1. Ineligibility because of failure to prove you are of Indian descent;
2. Ineligibility because you do not reside within the YTHC service area;
3. Refusal to apply for and/or use alternate resources;
4. Visit to an Emergency Room for non-emergent services;
5. Failure to provide critical documents to YTHC (i.e. proof of insurance or other documents);
6. Failure to get preauthorization for services to an outside provider or facility;
7. Visit to an outside provider or facility for services available at YTHC.

If you want to appeal a payment denial you must provide a written response to the Resource Management Committee within 30 days of the date of the denial letter. You must clearly state the reasons you believe the healthcare visit should be paid for, and any circumstances you believe should be considered as relevant. The Managed Care Coordinator is available to assist patients in writing letters of appeal. All relevant supporting documentation should also be included with the appeal letter.

The Resource Management Committee will review this information at the next scheduled meeting. If additional information is needed, the patient will be contacted.

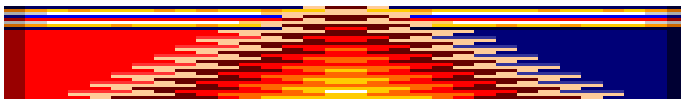
Payment Denial and Appeal Process Continued:

If the Resource Management Committee overturns the original decision to deny a referral request or payment, the patient will be informed in writing. If the Committee upholds the original denial, the patient will also be informed in writing and advised of the next step in the appeal process.

When the Resource Management Committee upholds the original denial, the patient may appeal the decision by providing a written appeal directly to YTHC’s CEO within 30 days of the date of the second denial letter. This written appeal must also clearly state the reasons the patient believes the decision should be overturned. Any relevant supporting documentation to support overturning the decision should also be included.

The CEO will review the supporting documentation and issue a decision on whether to issue a referral or payment. The CEO will also respond to the patient’s appeal in writing, citing the reasons for his decision. The Business Office Manager will receive a copy of the CEO’s decision.

If the CEO’s decision is to support the original denial, the patient may make an additional appeal to the Portland Area Director within 30 days of the CEO’s denial letter. Again, the appeal shall be in writing and must contain all supporting documentation pertaining to the case. The decision of the Portland Area Office is final and cannot be appealed.





PATIENT CONCERNS OR SUGGESTIONS FOR IMPROVEMENTS

Yellowhawk's goal is to ensure that all patients seeking service in our facility will be satisfied with the care or service that they receive. Yellowhawk's "Patient's Bill of Rights" provides a level of expectation and encourages patients to initiate action to resolve any concerns or share any complaints. To address any concerns or to report any complaints that you might have, please adhere to the following procedure:

- ◆ Report your concern first to the department managers.
A list of managers for each department and their contact information is posted on the bulletin board at the clinic entrance.
- ◆ If your concerns are not able to be addressed and/or resolved by the department manager, he/she will refer you to the appropriate executive manager.
- ◆ If your concerns are not resolved to your satisfaction at this level, you may take your concern directly to the CEO.

Complaints may be presented in person, in writing, or by telephone. Because most complaints involve information protected by privacy laws, E-mail is not an appropriate method for submitting a complaint. Please understand that every effort will be made to maintain the confidentiality of the information you share in your complaint.

For your convenience a "Suggestion Box" is located in the patient waiting area near the main entrance. Feel free to offer any suggestions or relay any information that may help us improve the service that we provide. We take your suggestions seriously. These suggestions are compiled and reviewed several times each month.