

REDDING RANCHERIA TRIBAL GOVERNMENT POLICIES

Chapter TP 9-100

Direct Clinical Services



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SECTION 1: PURPOSE

To provide eligible patients with quality ambulatory clinical and related health care services that can be operated effectively within the resources and capacity of the Redding Rancheria Tribal Health System.

To elevate awareness, provide information and motivate individuals to improve their health and that of their families.

SECTION 2: BACKGROUND AND INTENT

The Indian Health Care Improvement Act defines those Native Americans for which federal appropriations are available to provide services. "Direct Care" is used to identify those services for which Indian Health Services appropriations are provided for the benefit of eligible Native Americans. Direct services are to be provided, without discrimination on the basis of Tribal affiliation, to all persons of Indian descent who are members of the Indian community served by the facility and programs. Services may also be extended to non-Indian women pregnant with and Indian's child and to other non-Indian members of an Indian household. This policy defines those persons deemed eligible for direct services by the Tribal Council as governing body.

The Redding Rancheria Tribal Health System (System) offers ambulatory clinical and related health care services at locations deemed appropriate throughout its designated service area. Unless otherwise provided, Direct Care Services include all services operated by the System, without discrimination, to those Native American persons who are eligible under this policy.

The Indian Health Care Improvement Act states that nothing in the Act prohibits Tribes that are operating health programs pursuant to Title V (Self-Governance) of the Indian Self-Determination Act from charging Indians for services. The Tribal Council has made provisions for making such charges if the maintenance of quality programs at the System requires such charges.

Some services are offered only on a cost reimbursable basis. These services are not "direct health care services." "Cost reimbursable services," authorized pursuant to Chapter TP 9-400 of these policies, are those services that could not otherwise be offered within available Federal resources. Tribal Council has made provisions within this policy to provide limited direct care support to eligible patients for some cost reimbursable services.

SECTION 3: DEFINITIONS

- (a) Charges for Services: Charges for services levied on eligible Indians for direct care services, authorized pursuant to this chapter.

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- (b) Direct Health Care Services: Those services provided to eligible Native Americans by the System for which the individual receiving the service is not directly charged for service, except as may be authorized pursuant to this policy.

SECTION 4: DELEGATED AUTHORITY

The Chief Executive Officer is hereby authorized to:

- (a) With notice to the Tribal Council, authorize pursuant to Administrative Rule, charges for services, if necessary, to ensure the quality and quantity of direct health care services provided by the System. There shall be no discrimination between eligible Indians on the basis of Tribal affiliation. Provided that charges for services and fee schedules may take into account such factors as the availability of alternate resources and supplemental funding or other resources contributed by a Tribe on behalf of its members receiving services provided by the System.
- (b) Adopt procedures governing the reimbursement of costs of dental care, by way of cost allocation to budgeted direct service Indian Health Services funds, for services provided by the System's fee for service dental program.

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES

- (a) **Medical Services** – Outpatient primary and specialty care services including alternative medical care for the diagnosis, treatment and prevention of illness. The scope of services may include: patient interview, physical examination, limited diagnostic testing, treatment, counseling and education, case management and referrals. In addition, preventive services will be offered, including: immunizations, family planning, prenatal and postpartum care, well child care, nutrition and diabetic counseling.
- (b) **Dental Services** – Subject to budget and availability of funds, dental services operated by the System on a fee for service basis may be reimbursed at cost, on behalf of direct service eligible patients, through cost allocation procedures adopted in accordance with this policy.
- (c) **Behavioral Health Services** – Outpatient service for the diagnosis and treatment of mental health conditions and substance abuse. The scope of services may include: patient interview, diagnostic testing, treatment, counseling and education, referrals and case management.

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SECTION 6: PRIORITIES, ELIGIBILITY AND PAYMENT FOR SERVICE

- (a) The Redding Rancheria Tribal Health System will provide direct health care services, as defined in this policy, at its facilities, as indicated, and to the extent that funds and resources permit, to persons of Native American descent, and to certain non-Indians who are:
- (1) Members of the Redding Rancheria regardless of residence.
 - (2) Members of other federally recognized California Indian tribes who reside within the Redding Rancheria designated service area.
 - (3) Pit River, Wintu, Yana Indians who can verify lineage, and who reside within the service area.
 - (4) Members of other federally recognized Indian tribes who reside within the Redding Rancheria designated service area.
 - (5) Non-Indians residing in the service area pregnant with the child of an eligible Indian, only for the term of the pregnancy, including post-partum care.
 - (6) Non-Indian members of a Redding Rancheria member household limited to spouses (legal or common law) and dependent biological or adopted children or step-children under the age of 19 who reside within the service area.
 - (7) Non-Indian members of an eligible Indian listed in paragraph (2) through (4) above who are employed by the Redding Rancheria, limited to spouses (legal or common law) and dependent biological or adopted children or step-children under the age of 19 who reside within the service area, and who are covered by Tribal self-insurance.
 - (8) Eligible Indians residing outside the designated service area, who present for service, may be seen on an emergency basis.
- (b) Direct health care services may be available to non-Indians who have an alternate resource, with the following priorities, on a fee for service basis:
- (1) Non-Indian members of an eligible Indian household (except those listed in paragraph (6) and (7) above) limited to spouses (legal or common law) and dependent biological or adopted children or step-children of the Indian parent of the household. Eligibility is determined by the three criteria listed above.

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- (2) Non-Indian patient aged 55 years or greater who loses eligibility because of the death of the eligible Indian spouse.
 - (3) Non-Indian employees of the Redding Rancheria and members of their immediate family who are covered by the Redding Rancheria Self-Insurance plan.
 - (4) Former Non-Indian employees of the Redding Rancheria who are no longer employed due to retirement or voluntary resignation, who had a minimum ten of years of employment, who were established patients with the Tribal Health System for no less than one year prior to separation of employment, and must maintain billable insurance for medical and pharmacy services.
 - (5) Spouse and dependents of former Non-Indian employees of the Redding Rancheria who were listed as dependents on the date of former employees separation, and who were established patients with the Tribal Health System for one year prior to former Non-Indian employees separation from The Redding Rancheria. Spouse and all dependents must maintain billable insurance for medical and pharmacy services.
 - (6) Former Non-Indian employees must have left the Redding Rancheria on good terms in order for them and their spouse or dependents to remain eligible for continued medical care and pharmacy services through the Redding Rancheria Tribal Health Center.
- (c) Patients who do not otherwise meet the above eligibility criteria may be seen at the System on a fee-for-service basis. The System assumes no financial responsibility for patients who are not Indian Health Service beneficiaries pursuant to federal laws and regulations, and fees shall be set and collected in such a manner as to assure that there is no diminution of services to eligible Indian patients as a result of serving patients on a fee for service basis.
- (d) Individuals are required to apply for and access all alternate resources for which they may be entitled. An alternate resource is defined as a third-party payer who reimburses for health care services. If an alternate resource does not cover the point of service provided, i.e., medical, dental, pharmacy, then it does not qualify as an alternate resource for that specific service. A patient who fails to apply for alternate resources for which they may qualify may be denied services. Redding Rancheria Tribal self-insurance shall be recognized as an alternate resource only for the purpose of satisfying this requirement.

SECTION 7: OPERATIONAL APPROACH

- (a) The Patient-Clinic Relationship
 - (1) Patients will be afforded the highest level of dignity and respect.
 - (2) Patients shall treat System employees with the same courtesy extended to them.
 - (3) Every effort shall be made to ensure that individual privacy and confidentiality is protected according to federal or state standards.
 - (4) Care is expected to be delivered in a manner which is sensitive to age, gender, culture and any special needs of the patient.
 - (5) Providers of services shall involve each individual in the design of their own care. Whenever possible, providers will present treatment options and work toward achieving a negotiated treatment plan with the patient.
 - (6) Every contact should be a learning experience in which patients are provided information to assist them in making decisions about their health and health practices.
 - (7) Every effort will be made to respect and maximize the use of a patient's time.
 - (8) Patient rights and responsibilities will be communicated to patients.
- (b) Quality Management and Improvement
 - (1) The System will be committed to the delivery of the highest quality service possible.
 - (2) A quality management and improvement program will be in place which includes peer review, a quality improvement program and risk management.
 - (3) Providers will have proper credentials and maintain proficiency with the continuing education requirements of their profession.
 - (4) Mid-level providers will be monitored by Center physicians.

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- (5) Patient follow-up systems will be in place to monitor patient treatment, progress and drug utilization.
- (6) Pursuit of formal accreditation will be undertaken.
- (c) Program Design
 - (1) Each department will develop its own department procedures consistent with the Tribal policies and operating procedures.
 - (2) Major changes in operations shall be approved by the Executive Director of Health Services and presented to the Tribal Council and/or Executive Team for approval as appropriate. Proposals of this nature should include a description of the current problem, proposed remedy, full cost, anticipated benefit and how the proposed change will be implemented and evaluated, along with appropriate amendment to approved business plans.

Providers will work closely with the System's pharmacy in addressing formulary, taking into account effectiveness and cost of pharmaceuticals, and in performing drug utilization reviews. Providers will be represented on a Pharmacy and Therapeutics Committee.
- (d) Dental Services Reimbursement
 - (1) Subject to amounts budgeted from Indian Health Service direct service funds, amounts may be reimbursed to the System's fee for service dental operation through cost allocation procedures adopted by the Chief Executive Officer.
 - (2) Amounts available for dental reimbursements may be prioritized on the basis of dental procedures, age, medical condition or other health status related consideration, but not on the basis of Tribal affiliation.
 - (3) Charges for services may be authorized for patients utilizing dental services reimbursements.

SECTION 8: ACCOUNTABILITY

(a) Budget

Each department is expected to manage its budget within the allowances prescribed by the Tribe. The allowances shall include federal appropriations and the allocated portion of collections.

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(b) Cost Accounting

Cost accounting and reporting shall be established to appropriately measure the costs of services provided and to assure that no diminution of services to IHS eligible patients results from the provisions of services to non-eligible patients on a fee for service basis.

(c) Billing for Services

Each department is expected to develop and maintain the capability to bill for all encounters for which payment can be expected. Each department will be familiar with the coding system employed by the billing office. There shall be an annual review of the fee schedules to assure that the System charges are in line with those of other health providers in the region.

(d) Program Objectives and Productivity Measures

Each year the clinical programs will identify program objectives and productivity measures that will be monitored (e.g., medical visits, dental visits, collection targets, etc.). These objectives and productivity measures shall be reviewed with the CEO and the Tribal Council.

(e) Patient Responsibility

Patients must certify at every visit that the registration information provided is accurate. The statement signed shall state that any misrepresentation of the information can result in loss of eligibility and personal liability for billed charges and collection costs. All patients are required to apply for Alternate Resources.

(f) Staff Credentialing

All staff will have proper credentials and maintain proficiency with the continuing education requirements of their profession.

Legislative History:

Originally Adopted by Tribal Council Resolution #04-08-97-G, dated April 8, 1997.

Amended by Tribal Council Resolution #036-06-01-04, dated June 1, 2004.

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Amended by Tribal Council Resolution #007-02-07-06, dated February 7, 2006.

Amended by Tribal Council Resolution #022-04-12-07, dated April 12, 2007.

Amended by Tribal Council Resolution #028-06-12-12, dated June 12, 2012.

Amended by Tribal Council Resolution #019-02-15-22, dated February 15, 2022.

Amended by Tribal Council Resolution # 006-01-24-23, dated January 24, 2023.