

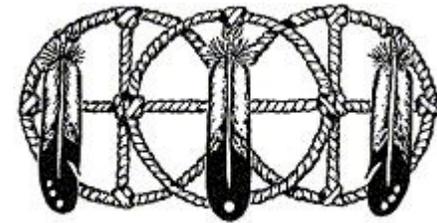
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ACCREDITATION
ASSOCIATION
for AMBULATORY
HEALTH CARE, INC.

Yellowhawk Tribal Health Center
PO Box 160
73265 Confederated Way
Pendleton OR 97801
(541) 966-9830
www.yellowhawk.org

YELLOWHAWK

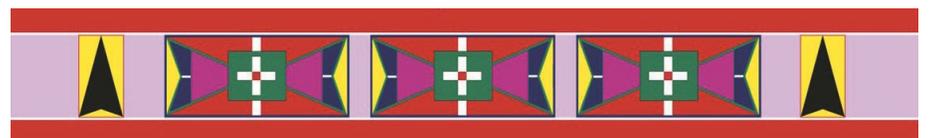
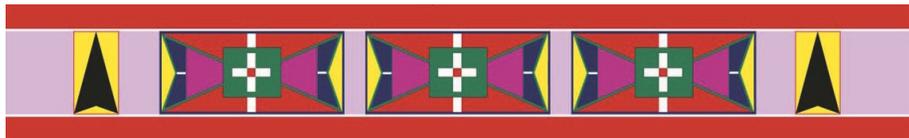


Cayuse Walla Walla Umatilla

TRIBAL HEALTH CENTER

PATIENT HANDBOOK

REVISED JANUARY 2014



Dear Patient,

On behalf of the Confederated Tribes of the Umatilla Indian Reservation Tribal Health Commission, we are pleased you have chosen Yellowhawk Tribal Health Center as your provider. We have been focused on demonstrating quality of care, improving access to our services and programs and enhancing our community outreach efforts, especially in the areas of wellness and prevention. We also strive to be good stewards over our limited resources. Understanding Yellowhawk patient-related policies and procedures helps you get the care you and your family need, and helps us managed valuable resources (such as Contract Health).

Thank you for choosing Yellowhawk as your provider of choice!

From the CTUIR Health Commission & Yellowhawk Leadership

Our Vision:

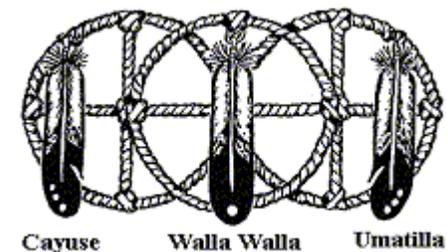
Yellowhawk Tribal Health Center will be recognized by the population that it serves as a provider of quality health education and services, and considered a model of excellence by the health care community.

THE “YELLOWHAWK” STORY

Yellowhawk staff members are often asked by visitors how the health center was named. Mitzi Rodriguez, one of our long-term employees, tells this story:

“Piitamyanon Maqsmags, which translates into Yellow Hawk, was a Cayuse Chief. He was the last surviving brother among the Cayuse men in the 1850s. As such, Yellow Hawk took on the chieftanship and signed the Treaty of 1855 on behalf of the Paszapu Band of Cayuse.

This Cayuse group was later removed from the Walla Walla Valley and relocated to the Confederated Tribes of the Umatilla Indian Reservation, which included the Walla Walla and Umatilla Tribes. Yellow Hawk was survived by his son Phillip Minthorn whose daughters, Anna Cash Cash Minthorn Wannassay (my grandmother), was on the original health committee. Before the tribe assumed ownership and management of the Umatilla Service Unit, the Indian Health Service approached Anna’s family about an appropriate name for the health clinic. Anna’s family chose the name Yellowhawk for the clinic in honor of Cayuse Elder Piitamyanon Maqsmags.”



GOVERNANCE & MISSION OVERVIEW

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

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

Yellowhawk promotes the wellness of Tribal members & other eligible patients through a Patient-Centered Medical Home, which includes providing & coordinating medical & dental services, mental & behavioral health counseling services, health promotion, disease & substance abuse prevention, community education and training.

Yellowhawk provides a range of services that include diagnosis & treatment of illness, injury & preventative care.

Yellowhawk's hours of operation vary by department. In general, Yellowhawk is open for patient care services Monday, Wednesday, Thursday and Friday, 7:30am to 4pm. Tuesday hours are from 12:30pm to 4pm. Yellowhawk is closed on federal and tribal holidays. These closures are posted on our website at all entrances to the main clinic building.

Physicians, dentists, dental hygienists, nurse practitioners, registered nurses, pharmacists, lab/x-ray personnel, behavioral health counselors, community health staff, WIC personnel, other professional personnel & support staff provide services.

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Welcome to Your Patient-Centered Medical Home

What is a Patient-Centered Medical Home?



A Patient-Centered Medical Home is a system of care in which a team of health professionals work together to provide all of your health care needs. We use a team approach to communicate and coordinate your care and provide the best possible outcomes for you.

You, the patient, are the most important part of a patient-centered medical home.

When you take an active role in your health and work closely with us, you can be sure that you're getting the care you need.

How does a Patient-Centered Medical Home benefit you?

- **We are available** when you need us. You can communicate with us easily, efficiently, and get appointments quickly.
- **We know you and your health history.** We know about your personal or family situation and can suggest treatment options that make sense for you.
- **We help you understand your health** and how to take care of yourself. We explain your options and provide you with information to help you make decisions about your care.
- **We help you coordinate your health care** - even if we are not the ones giving you the care. We will help you find specialists, get appointments, and make sure others have the information they need to care for you.
- **We use technology** such as electronic medical records and share records to help prevent medical errors and make sure that we are always on the same page.

PATIENT CONCERNS OR SUGGESTIONS FOR IMPROVEMENTS

Yellowhawk 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 you should:

- ♦ **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 Risk Manager and/or Program manager. You can reach the Risk Manager directly at (541) 278-7545.
- ♦ 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.

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 Yellowhawk'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.

What are the Principles of a Patient-Centered Medical Home?

- ◆ You, the patient, has an ongoing relationship with a Primary Care Provider (PCP) trained to provide first contact, continuous, and comprehensive care. You actively participate in decision-making and feedback is sought to ensure your expectations are being met. The goal of the PCP and your healthcare team is to assure that you get the healthcare you need when you need and want it.
- ◆ PCP directed - the PCP leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of you, the patient, using a planning process driven by a compassionate, robust partnership between the PCP and you.
- ◆ Your care is coordinated and integrated - Your PCP is responsible for providing for all of your health care needs to taking responsibility for appropriately arranging care with other qualified professionals, for all stages of life; acute care; chronic care; preventive services; and end of life care. Your care is coordinated and/or integrated across all elements of the complex health care system (subspecialty care, hospitals, home health agencies, nursing homes) and your community (family, public and private community-based services).
- ◆ Quality and safety - evidence based medicine and clinical decision support tools guide the decision-making process. All providers at your Patient-Centered Medical Home accept accountability for continuous quality improvement through voluntary engagement in performance measurements and improvement. Information technology is utilized appropriately to support optimal patient care, performance measurements, patient education, and enhanced communication.
- ◆ Enhanced access to care is available through systems such as same day appointments, expanded hours. Making your first call to us will allow your Patient-Centered Medical Home staff to better manage your care.

OUR SERVICES - Make an Appointment Today!

Hours of operation may vary between departments. In general, Yellowhawk is open Monday, Wednesday, Thursday and Friday, 7:30am—4pm and Tuesday 12:30pm—4pm. Yellowhawk is closed on weekends and federal holidays.

MEDICAL (541) 966-9830

Monday, Wednesday, Thursday 7:30am—5pm; Tuesday 12:30pm—5pm; Friday 7:30am—4pm. Closed for lunch daily 11:30am—12:30pm.

The Medical department is comprised of health care professionals with a variety of education and experience. The team takes pride in providing quality health care to its patients. The primary focus of care is family practice, which cares for patients of all ages and includes:

- ◆ Well baby and child exams
- ◆ Immunizations
- ◆ Women's Health
- ◆ Prenatal/obstetrics
- ◆ Physicals
- ◆ Procedures
- ◆ Disease management
- ◆ Health screenings

LAB and X-RAY (541) 278-7506

Our laboratory is full-service with professional personnel who have more than 100 years combined experience. We also provide state-of-the-art digital x-rays. Our services include:

- ◆ Skilled phlebotomy
- ◆ Drug therapy monitoring
- ◆ Disease state monitoring
- ◆ Infection control and reporting
- ◆ Digital x-ray laboratory

PHARMACY (541) 278-7505

Monday, Wednesday, Thursday, Friday 8:00am—5:00pm
Tuesday 1pm—5pm. Closed for lunch daily 12:30pm—1:00pm

Our pharmacy goes beyond general prescription medication services. Our patients also enjoy these convenient benefits:

- ◆ Adult immunizations
- ◆ Blood pressure screenings
- ◆ Diabetes glucose meter instruction
- ◆ Medication therapy monitoring
- ◆ Tobacco cessation education

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 Yellowhawk service area;
3. Refusal to apply for and/or use alternate resources;
4. Have visited an Emergency Room (ER) for non-emergent services; did not notify Yellowhawk within 72 hours of ER visit; or did not follow-up with healthcare provider as requested after ER visit;
5. Failure to provide critical documents to Yellowhawk (i.e. proof of insurance or other documents);
6. Failure to get preauthorization for services to an outside provider or facility;
7. Visited an outside provider or facility for services available at Yellowhawk.

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 CHS staff are 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.

REFERRAL & PREAUTHORIZATION PROCESS

(continued)

3. If you have been referred to a provider outside Yellowhawk and require follow-up visits or additional tests, it is **YOUR RESPONSIBILITY** to see that your outside provider notifies Yellowhawk's Patient Care Coordinator to request pre- authorization of payment for these additional visits. This is necessary in order to track CHS funding.

****THIS IS REQUIRED FOR EVERY FOLLOW-UP VISIT****

4. This request for preauthorization must be submitted to the Patient 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 Yellowhawk **immediately** to verify preauthorization **before** you go to your appointment. This will help ensure you are not held responsible for the bill.
6. If you are unable to keep an appointment or need to re-schedule, 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. Yellowhawk cannot honor referrals generated by providers that are not working within a Yellowhawk primary care provider's treatment plan.

DENTAL

(541) 278-7516

Monday, Wednesday, Thursday, Friday 7:30am—5pm with walk-ins daily after 12pm. *Closed for lunch 11:30am—12pm*; Tuesday 12:30pm—5pm with walk-ins after 12:30pm.

From a basic cleaning to specialized services, our dental team will help you take care of your smile.

- ◆ Cleaning
- ◆ Full mouth x-rays
- ◆ Bonding
- ◆ Periodontal care
- ◆ Fillings
- ◆ Extractions and oral surgery
- ◆ Crown and bridge
- ◆ Dentures
- ◆ Night guards
- ◆ Sport guards
- ◆ Emergency care

BEHAVIORAL HEALTH

(541) 278-7528

Our Behavioral Health department offers a full spectrum of behavioral services for children and adults.

- ◆ **Stress management**
- ◆ **Mental health counseling**
- ◆ **Substance abuse counseling**
- ◆ **DUII Diversion**
- ◆ **Prevention education**
- ◆ **Psychiatric telemedicine**

COMMUNITY HEALTH

Our Community Health program serves as the link between patients, families and providers. The staff members include professionals who are trained to improve patient outcomes and advocate for patient needs. Our services include:

Community Health Representatives & Nurses	(541) 278-7559
Senior Center	(541) 276-0296
Seniors Program	(541) 278-7533
Maternal Child Health	(541) 278-7564
WIC/Nutrition	(541) 278-7563
Diabetes Education/Fitness	(541) 278-7515
Youth Wellness Program	(541) 215-1969
Circles of Care—Family Strength	(541) 215-1979

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 & considerate professional staff members. Patients have the right to considerate, respectful & 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 & medical records kept confidential as required by applicable law & policy, including the Health Insurance Portability & Accountability Act (HIPAA) & 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 payment, 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.

REFERRAL & PREAUTHORIZATION PROCESS

You must receive preauthorization of payment to ensure that Yellowhawk will pay for non-emergent medical services provided by non-Yellowhawk providers. The process for obtaining pre-authorization 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 Yellowhawk 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 Yellowhawk within 72 hours of initiating treatment. (See page 13).

Referral Process:

1. Most referrals are initiated when you are seen by a Yellowhawk 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 information to the Patient Care Coordinators at **(541) 966-9830 or (541) 215-1970 (fax)** to request preauthorization of payment. Once the preauthorization is obtained, a Patient Care Coordinator will assist you in setting up the appointment with the provider to whom you are being referred.

AFTER HOURS PHARMACY NEEDS

The Yellowhawk pharmacy is open during regular clinic hours and can be accessed in person or by calling the **Direct Prescription Refill Line at (541) 278-7505** or the **main business line at (541) 966-9830**.

If prescription medications are needed when the Yellowhawk 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 Yellowhawk, a legitimate visit to the emergency room, or the result of a preauthorized visit to an outside provider. If the medication is available at Yellowhawk but Yellowhawk pharmacy is closed, a limited supply maybe filled until the pharmacy at Yellowhawk is open.

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 Yellowhawk 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.

The Yellowhawk Pharmacy is open Monday-Friday from 8 a.m.—5 p.m. and closed daily from 12:30—1 p.m. with the exception of Tuesdays when the Pharmacy opens at 1 p.m.



PATIENT BILL OF RIGHTS (continued)



Effective Communication

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



Right to be Informed

Patients are given the opportunity to participate in decisions involving their healthcare, 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 Yellowhawk shall always be introduced to the patient as such & the patient has the right to refuse permission for their presence. The licenses & 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.

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 Yellowhawk 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 Yellowhawk and the right to an explanation if Yellowhawk 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 Yellowhawk'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. Patients should bring ALL invoices in for CHS staff review to ensure payment.



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 25 for instructions on how to address your concerns or suggestions.

When symptoms are not life-threatening, Yellowhawk recommends calling us for a Same-Day appointment during our next regular business day.

Examples of NON-emergencies include:

Fever, Rash or Constipation

Mild or moderate pain

Cold, cough or congestion

Nausea, vomiting or diarrhea

Help for long-term illness or chronic conditions

Check-ups and shots

2. You must **notify Contract Health Services within 72 hours** of an emergency room visit.

To report an "EMERGENCY VISIT" please call:

(541) 278-7514

or

(541) 215-1946

(541) 278-7572 fax

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

3. You must **follow-up with a healthcare provider** after all emergency room visits, usually within 1 to 2 weeks according to emergency room advice. See pages 6-7 to schedule an appointment.

NOTICE: IN THE EVENT OF A CLOSURE, FOR URGENT MEDICAL CARE, ST ANTHONY'S WE CARE CLINIC IS AVAILABLE MONDAY - FRIDAY 7AM-7PM, AND SATURDAY 9AM-5PM

Contract Health Services (continued)

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

Emergency Services: True emergencies are situations that if not handled quickly may result in loss of life, limb, eye, and/or organs. For further information see 'EMERGENCY ROOM VISITS' below.

Pre-authorized care: Pre-authorization of payment is required before any routine services from an outside healthcare provider or facility can be accessed at Yellowhawk expense. Yellowhawk staff normally arranges these services after receiving a copy of the referral from your primary care provider.

EMERGENCY ROOM VISITS

The emergency room is for "emergencies" only and using it inappropriately for routine health care and other non-emergency needs can put your health at risk and result in denial of payment by Contract Health Services. IMPORTANT points to remember when visiting the emergency room —

1. Is the condition a **true emergency**? All emergency room visits are reviewed for emergent medical need.

Examples of true emergency conditions include:

Difficulty breathing or shortness of breath
Chest pain or pressure; Sudden blurred vision
Deep cuts or uncontrolled bleeding
Coughing or vomiting blood
Sudden severe pain; Major injuries, such as broken bones
Sudden facial drooping or weakness in an arm or leg
Sever burns, Fainting, Poisoning, *High* fevers or Seizures

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 & 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 Yellowhawk caregivers & staff with detailed information related to any allergies or sensitivities, past illnesses, treatments & medication use, including over-the-counter products & dietary supplements.
-  Follow the treatment recommendations healthcare 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 & 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.

Alternate Resources

Alternate resources are other sources of health care or health care payment that may be available to you. Some examples of alternate resources are:

- **Medicare (Part A, Part B and Part D)**
- **Oregon Health Plan (OHP)**
- **Veterans Benefits**
- **Private Insurance (HealthComp, Blue Cross, etc.)**
- **Auto insurance**
- **Workers Compensation**
- **State Vocational Rehabilitation**
- **State Maternal and Child Health Programs**

You may be required to apply for alternate resources if there is reason to believe you would be eligible for state, federal or other private benefits. This requirement is an IHS regulation.

It is often to your advantage to apply for these alternate resources because they can provide additional benefits for you and your family. It also helps the CTUIR Community by allowing funds to be better used in care for patients without the extra benefit of the other programs.

If you refuse to apply for, or renew your eligibility for alternate funding, Yellowhawk will not be allowed to take responsibility for your medical bills. Patients will then be financially responsible for their own expenses. We have little flexibility in these cases.

If you have other insurance coverage, always present your insurance card, or provide your insurance information to Yellowhawk personnel and other providers whenever you visit.

Referrals

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



Direct Care Services

Direct Care Services are those services provided at Yellowhawk.

You may be eligible to receive Direct Care Services at Yellowhawk 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 Yellowhawk; or**
3. **Non-Indian, a member of a household of an Indian eligible for services & a Yellowhawk medical provider determines services are necessary to manage a public health hazard.**



Contract Health Services

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

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

To be eligible for Contract Health Services you must be:

1. Eligible for Direct Care Services & 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 boundaries, but inside Umatilla or Union Counties.

There are also occasions where eligibility 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 one of our Patient Care Coordinators at (541) 966-9830.

DETERMINING ELIGIBILITY FOR PATIENT CARE PROGRAM BENEFITS

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

You will need to present the following when you register and apply for either Direct Care or Contract Health 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.
- ◆ Depending if you are an enrolled CTUIR member or not will determine what is required for documentation. (you can obtain a copy of the requirements at the front desk for clarification).

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.

medical professionals. **Prior Authorization is required for all initial and follow-up visits.**

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.

Yellowhawk's Patient Care Coordinators are available to answer specific benefits questions.

Additional referral guidance is located on Page 21.

Before Your Visit

A Patient-Centered Medical Home

Is a system of care in which a team of health professionals work together to provide all of your health care needs. We use a team approach to communicate and coordinate your health care and provide the best possible outcomes for you.

Getting ready for your appointment

- Make a list of your health questions. Ask a friend or relative for help if you need it. Put the questions that are most important to you at the top of the list.
- Make a list of other health care providers you have visited. Write down their names, addresses, phone numbers, and the reasons you visited them.
- Bring all of your medicines, in their original containers, to your appointment. Be sure to include prescription, over-the-counter, natural, and herbal medicines and vitamins.
- Bring your insurance card or other insurance information with you to your appointment.
- If you wish, ask a family member or trusted friend to go to your appointment with you.



During Your Visit

We want you involved in your care

You, the patient, are the most important part of a patient-centered medical home. When you take an active role in your health and work closely with us, you can be sure that you're getting the care you need.

During your appointment

- Write down the name of your team members.
- Use your list of questions. Ask your most important questions first. Even if you cannot get all of your answers on the first visit, having a list will help you keep track of the answers.
- Talk with your team about what health issue to work on first. Remember to ask about any immunizations that you may be due for, including vaccinations that may help prevent illness such as seasonal flu.
- Be sure you know what you should do before you leave the office, including where to pick up any prescriptions that may be ordered or who can help you coordinate any additional appointments that are needed.
- Use your own words to repeat back the things you've discussed with your team. This way, both you and your team will know the information is clear.

	Name	Phone Number
Primary Care Provider		
Team Nurse		
Team Nurse or MA		
Patient Care Coordinator		
Public Health Nurse		
Community Health Rep		