

**NATIVE VILLAGE OF EYAK
ILANKA COMMUNITY HEALTH CENTER**

**DIRECT CARE SERVICES
AND
PURCHASED REFERRED CARE PROGRAM**

Approved By Tribal Council 03/18/2025



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NVE Mission Statement

Dedicated to exercising our sovereignty to enhance the well-being of our people, culture and homelands.

Native Village of Eyak (NVE) provides Health Services to eligible beneficiaries through the following two programs: the Ilanka Community Health Center (IHC), which provides Direct Care services; and the Purchased/Referred Care (PRC) program, which pays for referred care that is properly authorized.

- Services that are provided at an NVE health care facility are called Direct Care.
- The PRC Program is for pre-approved services that are not available at NVE's health care facility. PRC is not an entitlement program, and a referral does not imply that the care will be paid by the NVE's PRC program.

This manual provides a reference for eligibility determinations and procedures involving persons seeking Direct Care and PRC from the NVE, consistent with the NVE's interpretation of 42 C.F.R. Part 136 and the Indian Health Care Improvement Act.

In order for the NVE to pay for services through its PRC program, the various requirements described in this manual must be met, including requirements for eligibility and residency, notification, priority level of service, and use of available Alternate Resources.

All patients should be aware of the following requirements each time they are referred or request that NVE pay for medical care away from an NVE health care facility:

1. PRC Eligibility Requirements
2. PRC Notification Requirements
3. Priority of Care

4. Use of Alternate Resource: (Medicare, Medicaid, VA, Private Insurance, charity, etc.)
5. Appeal Process for Denial of PRC

This manual describes these and related requirements.

Section 1: DEFINITIONS

- A. Alternate Resources:** “Alternate Resources” are sources of health care or health care payment available to the patient, other than those of the NVE. Some examples of such resources include but are not limited to Medicare; Medicaid; private insurance; workplace insurance; T-SHIP; and Veterans Administration. Additionally, students whose grants include funds for health services are required to use the grant funds to purchase available student health insurance.
- B. Appeal:** A specific request to reverse denial of PRC eligibility or denial of PRC payment.
- C. Close Social or Economic Ties:** Includes AN/AI who is employed by the Tribe, married to a Tribal member, or maintaining other family ties to the Tribe.
- D. Direct Care Services:** Health services directly provided by NVE at an NVE facility or location, including but not limited to the facilities and locations listed in Appendix D to NVE’s Funding Agreement with the IHS. See Appendix A for list of examples of Direct Care Services.
- E. Disabled Alaska Native/American Indian (AN/AI):** A Disabled AN/AI is an AN/AI who has a physical or mental condition that reasonably prevents them from providing or cooperating in obtaining the information necessary to notify NVE of their receipt of emergency care or services from a non-service provider or facility within 72 hours after the non-service provider began to deliver the care.
- F. Elderly AN/AI:** An Elderly AN/AI is an AN/AI 55 years of age and over.
- G. Eligible AN/AI:** A person who meets the eligibility requirements set forth in Section 2(I) of this manual.
- H. Emergency:** Any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual.

- I. Family Ties:** an AN/AI with direct lineage to the Native Village of Eyak base roll.
- J. Indian Health Service:** A division of the U.S. Department of Health and Human Services charged with providing health care services for Alaskan Native and American Indians.
- K. Non-Tribal Beneficiary:** a person who is not AN/AI who may be eligible for limited services in certain circumstances.
- L. Purchased/Referred Care (PRC) Services:** Health services that NVE does not directly provide at its own facilities, but which are provided at the expense of the NVE from other public or private providers (e.g., specialty providers). See Appendix B for a list of examples of PRC.
- M. Purchased/Referred Care Delivery Area (PRCDA):** The geographic areas within which PRC will be made available by NVE. Per 42 CFR § 136.22(a)(1), the entire State of Alaska is the PRCDA for NVE.
- N. T-SHIP:** Tribally Sponsored Health Insurance Program
- O. Tribal Beneficiary:** An AI/AN who is a member of a federally recognized tribe.
- P. Vulnerable Adult:** person 18 yrs or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement or disappearance, is unable to meet the person's own needs or to seek help without assistance.

Section 2: WHO IS ELIGIBLE FOR THESE SERVICES?

All persons seeking Direct Care Services and PRC from the NVE must submit a completed enrollment application to NVE and all documentation requested by the NVE.

I. Direct Care Services Eligibility:

- A. General Rule.** The NVE provides Direct Care Services to persons of Alaska Native/American Indian (AN/AI) descent belonging to the community of the NVE, which means any of the following individuals who provide documentation to the NVE's satisfaction:
1. A person who is an enrolled member of the NVE, as documented by the NVE's enrollment program.
 2. An AN/AI or person of AN/AI descent who is a member, enrolled or otherwise, in an AN/AI federally recognized tribe or group under federal supervision, and who belongs to the NVE's community as evidenced by such factors as: Proof of Residency or Proof of close social or economic ties to the community/tribe.
- B. Other Persons Eligible for Direct Care Services.** The following persons are also eligible for Direct Care Services from the NVE:
1. *A non-AN/AI woman pregnant with an Eligible AN/AI's child*, but only during the period of her pregnancy through postpartum (usually about six (6) weeks after delivery). Required documentation may include a positive pregnancy test from a doctor or lab and a marriage license showing marriage to an Eligible AN/AI. In cases where the woman is not married to the Eligible AN/AI under applicable state or tribal law, paternity must be acknowledged in writing by the Eligible AN/AI or determined by a court of competent jurisdiction. Affidavit of paternity must be provided to ICHC Clinic. Forms will be available at ICHC Clinic or the NVE Enrollment department. Expectant mothers are also eligible for services at Alaska Native Medical Center (ANMC) and are typically referred for prenatal care starting at 15 weeks, and for delivery.

2. *A child under nineteen (19) years old*,¹ whether AN/AI or not, who is the natural or adopted child, step-child (legally adopted by the step-parent), foster child, legal ward, or orphan of an Eligible AN/AI and is not otherwise independently eligible for health services under Section 2.1. Such children must prove **both**:
- a. That a parent or guardian is an Eligible AN/AI, consistent with the documentation required under Section 2(I)(A); **and**
 - b. That the child is that person's biological child, adopted child, foster child, step-child, legal ward, or orphan, as follows:
 - i. Biological children must provide a state or tribal birth certificate naming the Eligible AN/AI as the child's father or mother, or an affidavit signed by the Eligible AN/AI acknowledging that the minor is their child, or a state or tribal court order declaring that the minor is the Eligible AN/AI's child, or other proof as allowed by the NVE's health program, in its discretion.
 - ii. Adopted children must provide a copy of the state or tribal court order confirming the identity of the child's mother or father as an Eligible AN/AI.
 - iii. Foster children must provide a copy of the state or tribal court order that placed them with a foster parent who is an Eligible AN/AI.
 - iv. Step-children must provide a copy of their parents' marriage certificate where at least one of the parents is an Eligible AN/AI and has assumed legal responsibility for the step-child (*e.g.*, by court order).
 - v. Legal wards must provide a copy of a guardianship order issued by a state or tribal court placing the child in the guardianship of a person who is an Eligible AN/AI above.

¹ When a dependent child reaches the age of 19, they will no longer be covered under their parent(s), but instead must document eligibility independent of their parent(s), except that when such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such an individual shall remain eligible for such services until one year after the date such disability has been removed.

- vi. Orphaned children must provide one of the types of proof required under subsections (a)-(e) above.
- 3. *A non-Indian member of an Eligible AN/AI's household*, but only if the medical officer in charge determines that medical care is necessary to control acute infectious disease or a public health hazard.

II. PRC Eligibility:

- A. **Documentation.** An individual claiming eligibility for PRC has the responsibility to furnish the PRC Program with verifiable documentation to substantiate the claim, as described in this manual and as otherwise determined by the NVE.
- B. **Eligibility.** To the extent resources permit, PRC will be made as medically indicated, when necessary health services at the NVE are not reasonably accessible or available, to an individual who is eligible for Direct Care Services, so long as the individual also meets the following two requirements:
 - 1. Resides within the NVE's PRCDA (*e.g.*, within the State of Alaska);
and
 - 2. Is either (a) a member of the NVE; or (b) who belongs to the NVE Community or maintains close social and economic ties with the NVE. (see I.A.2)
- C. **Residency within the State of Alaska.**
 - 1. The NVE may request proof of residence in Alaska, which may be documented by a copy of a utility bill or a copy of a lease, or other similar documentation that NVE in its discretion chooses to accept.
 - 2. The terms "reside" or "residence" or "residency" mean living and making one's home in the State of Alaska for at least 180 calendar days immediately prior to the date of service and with the intent to remain in Alaska indefinitely.
 - 3. Patients who have just moved to the State of Alaska are encouraged to contact the service area they left or their tribe for PRC coverage during the first 180 calendar days that they live in the State of Alaska.

This rule applies to new patients registering for health services or previously enrolled other AI/AN patients that have returned to the State of Alaska after residing in a different area.

4. Until residency is established, the Eligible AN/AI patient will be registered only for Direct Care.

D. Close Economic and Social Ties.

Close economic and social ties can be demonstrated through factors such as marriage, family ties or employment. The NVE may request proof of close economic and social ties with NVE, such as but not limited to the following:

1. Pay stubs from local employment, utility bills or
2. Other documentation that NVE in its sole discretion determines demonstrates close economic and social ties to the NVE.

E. Additional Eligibility Considerations.

1. Applications and Burden of Proof. Applicants are responsible for furnishing the NVE's PRC program with documentation to substantiate eligibility to the PRC Program's satisfaction. Once PRC eligibility has been documented and confirmed by the PRC Program, individuals must provide updated eligibility documentation from time to time if requested by the NVE. Individuals should notify the PRC Program as soon as reasonably possible whenever there is a change of address or family composition.
2. Students. PRC will be made available to students who would be eligible at the place of their permanent residence, but who are temporarily absent from their residence, as follows:
 - a. Full-time student programs such as high school (except for Bureau of Indian Education (BIE) BIA Boarding Schools); college (undergraduate and graduate); or vocational, technical, or other academic education during their attendance, and normal school breaks. The service unit where the student was eligible for PRC prior to leaving for school is responsible for the student. These

students remain eligible after the completion of the courses of study up to 180 days. After 180 days has elapsed, the student is no longer eligible for PRC.

- b. At all BIE Boarding Schools, PRC is provided for students during their full-time attendance by the IHS Area where the boarding school is located. Included are BIE off-reservation schools such as:
- Flandreau Indian School, Moody County, South Dakota;
 - Circle of Nation School Wahpeton, Richland County, North Dakota;
 - Sherman Indian High School, Riverside County, California;
 - Riverside Indian School, Caddo County, Oklahoma; and
 - Chemawa Indian School, Marion County, Oregon.

Boarding school students can receive PRC whether or not they resided in a PRCDA before attending the school. While the student is on a scheduled break or vacation, the student's PRC permanent area of residence is responsible for payment of PRC services.

- c. Services received outside of Alaska are billed through ANMC. Students are required to show proof of enrollment and must register with ANMC prior to departure. Students must notify ANMC within 72 hours of medical event.

3. Transients. PRC-eligible persons who are on travel or are temporarily employed, such as seasonal or migratory workers, remain eligible for PRC at their permanent residence during their temporary absence.
4. Foster/Custodial Children. AN/AI children placed in foster care outside of a PRCDA by order of a court of competent jurisdiction, and who were eligible for PRC at the time of the court order, continue to be eligible for PRC while they remain in foster care. AN/AI children adopted by non-Indian parents must meet all PRC eligibility requirements to be eligible for PRC.

5. Persons in Custody. PRC eligibility for incarcerated AN/AIs shall be determined on a case-by-case basis in accordance with the applicable regulations, with the individual's place of residence being the detention or correctional center.
6. Other Persons outside the PRCDA. Persons who leave the PRCDA in which they are eligible for PRC and are neither students nor transients will be eligible for PRC for a period not to exceed 180 days from such departure.
7. Persons in Active Military. PRC-eligible persons who are in the active military remain eligible for PRC at their permanent residence during their temporary absence.

Section 3. PURCHASED REFERRED CARE PROGRAM DETAILS & REQUIREMENTS

There are several requirements for participating in the PRC program:

- 1. MUST BE ELIGIBLE FOR PRC**
- 2. MUST MEET NOTIFICATION REQUIREMENTS AND HAVE AUTHORIZATION FROM THE NVE PRC PROGRAM**
- 3. MUST BE AWARE OF LIMITATIONS OF THE PRC PROGRAM**
- 4. MUST APPLY FOR ALTERNATE RESOURCES**

I. MUST BE AN ELIGIBLE BENEFICIARY

See page Sections 2(I) and 2(II) for details.

II. MUST MEET NOTIFICATION REQUIREMENTS AND HAVE AUTHORIZATION FROM THE NVE PRC PROGRAM

A. The following notification requirements apply to all categories of PRC-eligible AN/AI patients (including students, transients, and patients who leave the PRCDA). A notification is not a guarantee that authorization will be provided for payment, but notification must be provided for authorization to be considered. No payment will be made for medical care and services obtained from non-NVE providers or in non-NVE facilities unless the requirements listed below have been met and the NVE has authorized the services.

- 1.** In non-Emergency cases, a PRC-eligible AN/AI, an individual or agency acting on behalf of the patient, or the medical care provider shall, **prior to** the provision of medical care and services, notify the NVE PRC Program of the need for services and supply information

that the PRC Program 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 PRC Program if:

The PRC Program determines that providing notice prior to obtaining the medical care and services was impracticable or that other good cause exists for the failure to provide prior notice.

***If you are experiencing an emergency, call 911
or go directly to CCMC's Emergency Room.***

B. Referrals required for certain services. A referral must be obtained from ICHC prior to receiving services from private physicians, and facilities, except as otherwise provided in this manual. Services requiring a referral from an NVE provider include but are not necessarily limited to the following:

1. Audiology
2. Physical Therapy
3. Occupational Therapy
4. Chiropractic
5. Acupuncture

III. MUST APPLY FOR ALTERNATE RESOURCES

- A.** NVE is the payor of last resort. NVE will not be responsible for or authorize payment for PRC to the extent the patient is eligible for Alternate Resources.
- B.** NVE will assist patients in determining whether they might be eligible for Alternative Resources (see definitions in Section I).
- C.** A patient is required to apply for Alternate Resources.
- D.** If the patient is eligible for an Alternate Resource and refuses to apply for or refuses to use that Alternate Resource, they will not be allowed to use PRC and will be personally responsible for the cost of the services.

- E. If benefits are denied by the Alternate Resource, the patient must furnish the NVE PRC Program with a denial letter before PRC may be available.
- F. 90-Day Grace Period. If a patient is required to pay for services due to a failure to apply for or use an Alternate Resource but provides adequate proof of eligibility for an Alternative Resource and/or agrees to use an available Alternate Resource within 90 days following the provision of services, NVE will reverse the self-pay amounts to the patient and bill the Alternate Resource.
- G. Additional Limitations
1. Accidents. If a patient is injured or otherwise harmed under circumstances that establish grounds for a claim against a third-party tortfeasor or other responsible or liable third party (e.g., automobile accident), and NVE determines in its sole discretion that the patient has not made a good faith effort to obtain insurance coverage information from the responsible third-party, NVE may bill the patient for the related services provided.
 2. Insurer Pays Patient Directly. When an insurer or other third-party payer pays the patient directly for services that NVE provided to the patient at no cost to the patient, the patient is required to reimburse ICHC for the amount of the payment.
 3. Litigation Awards. When the patient receives a litigation award for medical expenses that NVE provided to the patient at no cost to the patient, the patient will be billed for the amount of the related services provided.
 4. Lost Medication. NVE will bill a patient for lost medication that is re-filled prior to the next refill date, unless NVE determines in its sole discretion that the loss was outside of the control of the patient.

IV. MUST BE AWARE OF LIMITATIONS OF THE PRC PROGRAM

A. Generally. The PRC program is not an entitlement program and thus, when funds are insufficient to provide the volume of PRC needed, services shall be determined on the basis of relative medical need in accordance with medical priorities.

- 1. Funds Available.** PRC Services are provided to PRC-eligible individuals only to the extent resources permit. There is no authority to authorize payment for services under the PRC program unless funds are in fact available.
- 2. Services Medically Indicated.** PRC funds are limited to PRC services that are medically indicated, as determined by the NVE PRC Program, in its sole discretion.
- 3. Accessibility.** PRC funds will not be expended for services that are reasonably accessible and available as Direct Care Services from the NVE. In determining whether services are or are not reasonably accessible, the PRC Program will consider criteria including, but not limited to, the following:
 - a.** Determination of the actual medical condition of the individual (e.g., Emergency, urgent, routine);
 - b.** Ability of the NVE to provide the necessary service;
 - c.** Level of funding available to provide PRC services; and
 - d.** Distance from the NVE facility or locations.
- 4. Relative Medical Need – Medical Priorities for Service.** When funds are insufficient to provide the volume of PRC services indicated as needed from the NVE's PRC Program, priorities for service shall be determined on the basis of relative medical need. Should the PRC program experience a high demand for PRC payment and/or increased PRC costs, the NVE's PRC Program may restrict or otherwise adjust its medical priorities for services and the level at which PRC Services are funded.

B. Limitations on Specific Services

1. **Visit Limitation:** There is an 18-Visit Limitation or a max of \$1000, whatever gives the patient more benefits, per Calendar Year for the services listed below.

- **Physical Therapy** Cordova Community Medical Center
- **Occupational Therapy** Cordova Community Medical Center
- **Chiropractic*** Cordova Chiropractic
NorthStar Alignment
(*includes manual and massage therapy if part of the Chiropractic Treatment Plan)
- **Acupuncture** Acupuncture & Wellness of Cordova

The 18-visit limitation can be one of the services listed in this section or a combination of any of them. Additional visits can be received but are not eligible to be covered under PRC.

It is important for you to track your visits to ensure you don't receive unexpected bills.

2. Dollar Limitations.

- **Audiology** – \$7,500 limit every 3 years to allow for exam, fittings, purchase of hearing aids, and deductible if hearing aid is lost or broken within a 3 year period. (Must be 55 or older)

Requires referral from NVE ICHC Provider

Eligible Providers - Northland Audiology

- **Dental** – \$5,000 limit for Dentures and Bridges within a 7-year period. (Must be 55 or older)

Preventative & restorative services as needed.

No NVE referral needed, services offered at ICHC.

- **Optometry** - \$400 limit for all eyeglasses or contacts per calendar year.

Equipment reimbursement is eligible regardless of provider.

One local eye exam and contact lens exam covered per calendar year for all ages.

No NVE referral needed (PRC authorization still required).

Eligible Providers in Cordova – SouthCentral Foundation
Eye Guys, LLC

3. Medications and Prescriptions.

Individuals may choose to fill their prescriptions at any pharmacy they choose, however, the cost of these medications are only covered if placed through the ANMC Pharmacy.

- Medsets from CCMC are covered under PRC for Elderly and/or Vulnerable adults under the discretion of the ICHC provider.
 - \$150 limit per eligible person per month.
 - Generic medications will be recommended when available.

There are limited instances when NVE may be able to provide medications or reimburse for a limited quantity prescription (bridge).

Examples of prescription coverage include:

- When there are delays in receiving a medication from ANMC.
 - Refills must be requested in a timely manner. These “bridges” will either be filled through the Clinic dispensary, or will be requested from the CCMC Pharmacy.
 - Medication Assisted Treatment prescriptions will be sent to CCMC for medication management purposes.
- When a medication is needed at the time of appointment and not carried within the clinic. Examples include certain types of antibiotics.
- When being discharged from an ER visit and provided a prescription. Please call an ICHC Provider to see if the medication can be provided from the clinic first.

4. Supplies.

In limited instances, critical supplies such as crutches and splints will be covered when required during an ER visit or Inpatient stay.

Supplies or medical equipment costs are NOT covered when issued by a non-ICHC provider, such as Chiropractic, Acupuncture or Physical Therapy.

If prescribed, please bring prescription to ICHC to have your Provider review.

5. Inpatient Services- CCMC

May be covered up to 72 hours.

Longer stays must have prior approval from ICHC and must be medically justified by an ICHC Provider. If prior approval as required in Section 3 of this manual is not given, the patient will be responsible for payment.

6. State-Certified Ambulance Services.

Must be medically necessary and within Eyak boundaries. Each request will be evaluated on a case by case basis.

7. Services Not Covered By PRC.

There are many services and items that are not covered by PRC. The list below provides some examples of common items that are not eligible for the PRC program.

- Prescriptions written by anyone other than an ICHC Provider
- Over the Counter medication and supplements
- Services received by a non-ICHC provider without an ICHC referral, this includes referrals from ANMC providers.

- Non-Emergency use of ER Services.
- Nursing Home or Extended Care
- Home Health Care
- Naturopathy
- Experimental services as determined by CMS
- Non-beneficial services as determined by CMS
- Medical equipment and supplies
- Dental implants
- Cost of emergency room services incurred due to illness or injury related to substance or alcohol use

If you have questions on what is or is not covered, or would like general assistance, please call the Ilanka Community Health Center at (907) 424-3622.

Section 4. APPEALS AND RECONSIDERATION

- I. Denial Letters. If the NVE PRC program denies eligibility for PRC, or the NVE PRC program denies payment for PRC, the program will notify the patient in writing, which will include a statement of the reason for the denial(s). Included in the letter will be a procedure that details the patient's right to Appeal and the process involved. Denial of payment, or the patient's filing an Appeal, will in no way affect the medical care provided to the patient and their family members.
- II. Appeals Process.
 - A. Patients who wish to appeal must submit a written response detailing the reason for the Appeal and any relevant eligibility, billing, or other information that the patient would like the NVE to consider, as applicable to the Appeal. Appeals must be submitted to the ICHC Executive Director within thirty (30) calendar days of the date of the denial letter.
 - B. The ICHC Executive Director will review the Appeal and issue a written decision, and send it to the patient within thirty (30) calendar days after receiving the Appeal. If the Health Director affirms the original outcome, the written decision must also notify the individual that a further Appeal may be taken to the Patient Grievance Committee, so long as such an Appeal is received by the Committee by email and/or U.S. Mail within thirty (30) calendar days of the individual's receipt of the ICHC Executive Director's decision. An Appeal to the Committee shall be based on the same grounds and documentation previously available to the ICHC Executive Director.
 - C. The Patient Appeals Committee, which shall consist of the ICHC Executive Director, an ICHC Provider and an Ilanka Community Health Board (ICHB) Member, shall decide an Appeal based on a

majority vote (e.g., 2 out of 3). The Committee shall issue its decision to the individual in writing within fourteen (14) calendar days of the Committee's receipt of the Appeal.

- D.** The decision of the Patient Appeal Committee shall be final (e.g., may not be further appealed to any court or other entity or individual).
- E.** Appeals of the NVE PRC Program's eligibility and payment determinations are the sole responsibility of the NVE, in accordance with the procedures in this section, and are not subject to consideration or review by the Indian Health Service.

III. Reconsideration.

A patient may request reconsideration of the PRC coverage determination by written request or by in-person meeting with the ICHC Executive Director.

The reconsideration will follow the same process as the appeals outlined above.

Section 5. UNEXPECTED BILLS

If you receive an unexpected bill:

While we strive to ensure you do not receive an unanticipated bill for services, it can still happen. It is very important to promptly open all correspondence received from either ICHC or a facility to which you have been referred.

If you receive a bill that is inaccurate, please follow these steps:

If received from ICHC: Call 424-3622 and follow the prompts for the billing department.

If for PRC services that were authorized by the NVE PRC program:

- Review your bill carefully to determine if the billing is because insurance information or beneficiary status is missing. If so, call the facility and provide updated information. Please also call ICHC billing department so that we can monitor and help ensure the correction is made.
- If insurance and beneficiary status is correct, is the billing a result of visits above the 18-visit limit?
- Is it a non-covered or excluded service? Please review the list of examples in Section 3(IV)(B)(7) and as noted in Appendix B.
- If you are still not sure, or would prefer assistance navigating the bill, please call ICHC and we will be happy to assist you.

Section 6. RESOURCES

Ilanka Community Health Center Staff are here to assist you in any way possible.

Please feel free to call whenever you need assistance:

Phone: (907) 424-3622 Fax: (907) 424-3275

If the clinic is closed, please call the ICHC Nurse Line to receive medical guidance. Trained Nurses are available after business hours, on weekends and holidays. Please call 424-3622 and you will be assisted by an after-hours nurse.

OTHER RESOURCES:

ANMC Main Switch Board	1-800-478-3343
ICHC Outreach & Enrollment (insurances)	(907) 424-3622
NVE Tribal Enrollment Coordinator	(907) 424-2224
NVE General Assistance (477 Department)	(907) 424-2227
NVE Main Office	(907) 424-7738
NVE Fax	(907) 424-7739

Appendix A

ILANKA COMMUNITY HEALTH CENTER SERVICES may include (though are not guaranteed to be available):

- Comprehensive Primary Care
- Urgent / Same Day Care
- Preventative Care/Screenings
- Prenatal/Postnatal Care
- Baby Box Program
- Family Planning
- IUD/Nexplanon
- Wellness Exams
- Women's Health
- Colposcopy
- Child & adult Immunizations
- Ultrasound
- Laboratory Services
- Care Coordination - Referrals
- Minor Skin Surgery
- Skin Tag & Mole Removal
- Laceration Repair
- Chronic-Disease Management
- Wellness Exams
- Diabetic Counseling
- EKG's
- Eye Screening
- STD Testing
- IV Therapy
- WIC Screening
- Dental Services
- Fracture Management
- Port Flushes
- Wound Care
- Fluoride Varnish
- Joint & Trigger Point Injections
- Steroid Injections
- Discounted Student & Sports Physicals
- Employment Physicals
- Nutrition Education
- CDL-Certified Medical Examiners
- Nail Care for Diabetics & Seniors
- Free Blood Pressure Checks
- Behavioral Health Counseling
- Substance Abuse Counseling
- Medication Assisted Treatment
- EMDR Approved Therapists
- Telehealth Psychiatry
- Remote Case Management & Monitoring
- Assistance: Medicaid, Medicare & Affordable Care Act
- Medicaid Travel & Assistance
- Ride to/from Appointment
- VA Eligibility – VA Share Facility
- Translation Services

Appendix B

NVE PRC SERVICES may include (though are not guaranteed):

- Physical Therapy
- Occupational Therapy
- Chiropractic
- Acupuncture
- Audiology
- Optometry
- Emergency Department Services – CCMC ** Exclusions Apply
- Radiology Services ordered by an ICHC Provider
- Laboratory Services ordered by an ICHC Provider
- Ambulance Services – City of Cordova
- Prescription reimbursement in limited instances

**Should additional services be authorized due to a State of Emergency or other influencing factors, it will be communicated to eligible AN/AI patients via mail, email, phone call, or as needed when presenting at ICHC, until such time as this manual can be updated.*

*** NVE does not cover the cost of emergency room services incurred due to illness or injury related to substance or alcohol use.*