

MACT Health Board, Inc.

*What you should Know!*



# Patient Handbook

Native American Patients

## TABLE OF CONTENTS

<u>Item</u>	<u>Page</u>
1. Mission Statement	1
2. MACT Board of Directors	1
3. Appointments	2
4. Emergencies	2
5. After Hours and Weekends	3
6. Direct Care Vs. Contract Health Services	4
7. CHS Guidelines	5
8. Eligibility	5
9. Eligibility For Specific Services	6
10. Patient Rights	7-8
11. Contract Health Services FAQ's	9
12. Denials	10
13. Insurance Information	11
14. Sliding Fee Program	12
15. Billing For Clinic Services	13-14
16. Service Animal Policy	15-16
17. Additional Information	17
18. MACT Telephone Numbers	18

# Mission Statement

The primary mission of the Mariposa, Amador, Calaveras, Tuolumne Health Board, Inc., is to improve the health status of the American Indian/Alaskan Native population to the highest level through provision of public health, primary and prevention.

## MACT Board of Directors

**Nancy Ehlers**

Chairperson  
Sierra Native American Council

**Carolyn Sayers**

Vice Chairperson  
Calaveras Band of Mi Wuk  
Indians

**Lois Martin**

Secretary  
American Indian Council of  
Mariposa County

**Charlie Wilson**

Treasurer  
Calaveras Band of Mi Wuk  
Indians

**Sam Baugh**

Sergeant at Arms  
Sierra Native American Council

**Hannah Castleberry**

American Indian Council of  
Mariposa County

**Bo Marks**

Jackson Band of Mi Wuk  
Indians

# Appointments

Patients are encouraged to schedule appointments in advance. We appreciate your cooperation in making health care affordable and accessible to all of our patients by honoring your scheduled appointments. We understand unforeseen events do occur and we will do our best to assist you with your health care needs. A patient who fails to arrive at the clinic within 15 minutes of their scheduled appointment or fails to cancel their appointment 24 hours prior to the scheduled time will be considered to have "**broken appointment**". A patient that has three broken appointments within a six calendar month period will be not be allowed to schedule an appointment in advance. The patient may still be seen on a walk-in basis as time is available.

# Emergencies

## **During Clinic Hours:**

All clinic sites provide limited emergency medical services and are able to respond to minor emergencies only. If you have a life threatening emergency, please call 911.



## After Hours and Weekends:

If you experience a medical or dental emergency call 911 or go to your nearest hospital emergency department.

Native American CHS (See CHS section later in the Handbook for more information) patients using the emergency room as a MACT patient will have the visit covered by MACT as long as the CHS Office or Native American Services Coordinator is notified within **72 hours** of receiving medical treatment .

## Direct Care Vs. CHS

Many of our patients have questions about what services they receive as Native Americans. Here are some guidelines to help you understand what is covered.

In general, there are two levels of service:

### Direct Care:

The Direct Care program offers Medical, Dental and Behavioral Health services provided in MACT's clinics to all Indians who can provide proof of their enrollment in a federally recognized tribe, descendance from a California Indian, or inclusion on the California Judgment roll. This requirement is in accordance with Indian Health Services regulation 42 CFR 36.12(a). This is the only requirement for DIRECT CARE health services in the MACT clinics.

## Direct Care Vs. CHS Cont'd

### **Contract Health Services (CHS):**

1. This program is only available to Indians of California tribes. Indians of tribes outside of California are eligible only if married to a CHS eligible Indian. Proof of Indian eligibility is required as well as proof of residency.
2. To fulfill the residency requirement, individuals must live within Mariposa, Amador, Calaveras or Tuolumne Counties and provide written proof.
3. The third requirement for CHS eligibility is an Alternate Resource or Medi-Cal denial letter. This requirement is in accordance with Indian Health Services regulation 42 CFR 36.23(f). What this means is that all other resources for funding must be applied for and used prior to CHS funding is used for payment for health services that are provided by a non-MACT provider/facility.

Patients are encouraged to consult with the **Native American Services Specialist** for determining eligibility and required verification. Your Native American Services Specialist can also give you more information on other programs such as Elder Care and the Diabetes Program.

# CHS Guidelines

A Native American must meet guidelines established by Congress (42. CFR 36.23) to be eligible for CHS. These guidelines include:

## Eligibility

### **CHS Service Area**

You must reside in Mariposa, Amador, Calaveras or Tuolumne Counties and must provide proof of your residency. There are a few exceptions that apply to students, transients, foster children, and new residents. Please contact the Native American Services Specialist for more information on these exceptions.

### **Use All Other Resources**

You must use your health insurance, Medi-Cal, Medicare or other resources before CHS can assist with payment. You may be required to apply for these programs in order to satisfy the requirement that CHS is the payer of last resort.

## Eligibility For Specific Services

### **72 Hour Notification:**

You must notify the Native American Services Specialist within 72 hours of receiving emergency care outside the clinic. MACT Health Board will not pay for care which can be provided in the clinic. ER visits during clinic business hours are not covered unless life threatening.

### **Referrals:**

When you need to see a specialist or obtain services outside the clinic (x-rays, labs), you must see a MACT provider for a referral AND receive CHS authorization. **Please do not** assume all outside services will be covered. **Do not** obtain services prior to receipt of authorization.

### **Prescriptions and Medications:**

MACT pays for medications that are listed on our formulary. Generally, the medication must be prescribed by a MACT provider. Short term exceptions are made when circumstances do not allow for an appointment with a MACT provider such as a prescription issued by an emergency room physician.

### **Payment of Medical Bills:**

Bills must be received in the CHS office within **90 days** of treatment. In the event that you receive a bill in the mail, it is critical that you bring it to the Native American Services Specialist to see if CHS can assist with payment.

## Patient Rights

- You have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities.
- You have the right to a choice of health care providers to provide you with access to appropriate high-quality health care.
- If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization.
- You have the right to know all your treatment options and to participate in decision-making about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.
- You have a right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

## Patient Rights, Cont'd

- You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.
- You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities. You may contact MACT's Compliance Hotline at 866-811-0192.

### **Remember:**

Doctors and other health care professionals (nurses, clerks, etc.) cannot authorize payment of services received outside of MACT. Only the Contract Health Services (CHS) Program staff can authorize payment.

## Contract Health Services (CHS)

### FAQ

#### **Why require alternate resources?**

Often alternate resources can pay for or be a source of health care services that the Indian Health Service is unable to provide. By using these resources the limited funds available through CHS can be stretched to help many more American Indians and Alaska Natives.

#### **Why is CHS care denied?**

The most common reasons to deny Contract Health Services are:

1. Not being Contract Health Service Eligible
2. Not living on or close to one's own reservation.
3. Failure to apply for alternate resources or to use these resources.
4. Failure to get prior approval from the M.A.C.T. Health Board, Inc. Service Unit for non-emergency services.
5. Failure to notify the Native American Services Specialist within 72 hours of receiving emergency services. (For the elderly and handicapped, notification must be given within 30 days of receiving emergency services.)
6. Having a diagnosed medical problem that does not fall within the levels of care set by M.A.C.T. Health Board, Inc.
7. Lack of appropriate documentation of Indian descent.

# Denials

## **When CHS care is denied, what can you do?**

If payment is denied, a denial letter will be sent to you by the CHS program. This denial letter will give you the reason (s) for the denial and explain your rights to appeal the decision.

You have 30 days from receipt of the denial letter to appeal to the CHS Office that denied the CHS referral or paying a medical bill, if you have additional information that was not already provided to the CHS Program you can provide it at this time. MACT must respond in writing within 15 days of receipt of your appeal.

If you are not satisfied with the response from MACT for denied payment for your care, you may send a letter of appeal to the Grievance committee, c/o Executive Director, CRIHB, 4400 Auburn Blvd, 2<sup>nd</sup> floor, Sacramento, CA 95841. This appeal must be done within 30 days of the response from the first appeal. The decision from the second appeal constitutes the final administrative action. There are no further appeals.



## **Insurance Information**

MACT Health Board accepts most PPO Insurance Plans.

We are currently contracted as

In-Network with the following companies:

- Blue Cross Medical/Dental
- Blue Shield Medical/Dental
- Medicare
- Medi-Cal/Denti-Cal
- Delta Dental
- Premier Access
- United Healthcare Medical/Dental
- CCN / First Health
- Ameritas Dental
- CMSP Medical/Dental
- AIG Dental
- Dental Benefit Providers

If your insurance plan is not listed above and you would like us to consider becoming an In-Network provider please contact our Billing Department (209) 754-6240.

# Sliding Fee Program

Those who may qualify for the Sliding Fee are those whose income falls below the 200% Federal Poverty Income Guidelines. (This does not apply to qualified Native Americans.)

You **MUST APPLY EACH YEAR** to be eligible for the Sliding Fee. When applying, a proof of income from the past year must accompany the application. The percentage of discount is dependent upon the income of the household and the number of members in the household.

The application form and complete explanation of the Sliding Fee Program can be downloaded and printed from our website <http://www.macthealthboard.com> or obtained at your clinic site. You may also contact the Billing Department if you would like a copy mailed to you. The completed application and proof of annual income may then be brought to the particular clinic that will be your provider or you can return it by mail to the Billing Department at PO Box 939 Angels Camp, CA 95222 Attn: Billing Department.



## Billing for Clinic Services

The MACT Health Board Indian Health Clinics follow the regulations and law as set by the Indian Health Service and the State of California. This is NOT a free clinic.

Depending on your status, you will be financially responsible for all, part, or none of the services performed at the clinic. By law the clinic must bill your insurance company for services performed at MACT clinics.

At MACT Health Board, we are committed to keeping you healthy. When you come to us for treatment, our Billing Department will be happy to talk to you about payment options. Our financial assistance policies state that:

- If you are uninsured, you may be eligible to receive a discount of up to 20% off your charges incurred at any of our locations. Once you have applied and been approved for a discount you will not need to reapply for an entire year. Additionally, we can backdate any application to cover any current charges incurred on your account. For questions regarding this discount please contact our Billing Department at (209) 754-6240.
- Our Billing staff and/or clinic staff can help you find out if you qualify for a government program such as Medi-Cal or CMSP. If one of these programs is right for you, we can also assist you with the application process.

## Billing for Clinic Services, Cont'd

- If you do not qualify for a government program, we provide special arrangements to eligible low income patients. Please contact our Billing Department if you cannot pay your bill. We will review your financial situation to determine if you are eligible for financial assistance.
- If you need more time to pay your bill we offer convenient affordable payment plans for your account, including Care Credit. For questions regarding this service please contact our billing department at (209) 754-6240.

For more information, please call us during normal business hours at (209) 754-6240. You can also download the sliding fee application from our website.



# Service Animal Policy

MACT will follow ADA guidelines in allowing Service Animals in all areas of the clinics. ADA broadly protects the rights of individuals with disabilities in access to services, buildings, etc. Patients and visitors with disabilities are entitled to be accompanied by their service animals when they are either admitted or visit hospitals, outpatient areas or clinics. That includes areas where patients and visitors are normally allowed except:

- Certain areas that require a “protected environment” and
- When the service animal directly threatens the health and safety of patients, visitors or staff, or
- The animal would fundamentally alter the provision of essential services.

## Service Animal Policy, Cont'd

Core definition: Service Animal is “any domestic animal individually trained to provide assistance to an individual with a physical, cognitive, or mental disability”. Note: the definition of service animal has evolved over time to broaden it beyond a species, specific (e.g. dog) definition. Service animals perform tasks that individuals with disabilities cannot perform or need assistance with including, but not limited to:

- Guidance for blind or low-vision patients
- Alerting deaf or hearing impaired
- Pulling a wheelchair
- Picking up dropped items
- Assisting during a seizure
- Retrieving medicine or the telephone
- Providing physical support for balance and stability
- Assisting with navigation

## Additional Information

- Website: [www.macthealthboard.com](http://www.macthealthboard.com)
- Registration paperwork is downloadable
- MACT has online bill pay services



### Hours of Operation:

**MACT Medical, Sonora**

M-F 8:00am - 5:00pm  
Closed 12:00pm - 1:00pm daily

**MACT Dental, Sonora**

M-F 8:00am - 5:00pm  
Closed 1:00pm - 2:00pm daily

**MACT Medical, San Andreas**

M-F 8:00am - 5:00pm  
Closed 12:00pm - 1:00pm daily

**MACT Medical, Jackson**

M-F 8:00am - 5:00pm  
Closed 12:00pm - 1:00pm daily

**MACT Dental, Jackson**

M-F 8:00am - 5:00pm  
Closed 1:00pm - 2:00pm daily

**MACT Medical, Mariposa**

M-F 8:00am - 5:00pm  
Closed 12:00pm - 1:00pm daily

**MACT Dental, Mariposa**

M-F 8:00am - 5:00pm  
Closed 1:00pm - 2:00pm daily

# MACT

## Telephone Numbers



<b>MACT Toll Free Number:</b>	<b>1-855-687-6228</b>
<b>Administration Office:</b>	<b>1-209-754-6262</b>
<b>Administration Fax Number:</b>	<b>1-209-736-1814</b>
<b>Compliance Hotline:</b>	<b>1-866-811-0192</b>
<b>Billing Department Toll Free:</b>	<b>1-866-894-1902</b>
<b>Billing Department:</b>	<b>1-209-754-6240</b>
<b>MACT Medical, Sonora:</b>	<b>1-209-533-9600</b>
<b>MACT Dental, Sonora:</b>	<b>1-209-533-9603</b>
<b>MACT Medical, San Andreas:</b>	<b>1-209-755-1400</b>
<b>MACT Medical, Jackson:</b>	<b>1-209-257-2400</b>
<b>MACT Dental, Jackson:</b>	<b>1-209-257-2460</b>
<b>MACT Medical, Mariposa:</b>	<b>1-209-742-6144</b>
<b>MACT Dental, Mariposa:</b>	<b>1-209-966-0573</b>

*\* For questions regarding our Behavioral Health department please contact one of our Medical Offices.*

