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EMERGENT/ACUTELY URGENT MEDICAL CARE SERVICES - LEVEL I

Definition: Diagnostic or therapeutic services which are necessary to prevent the immediate death or serious impairment of the health of the individual, necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that, if left untreated, would result in uncertain but potentially grave outcomes.

If you are not sure it is an emergency, you can call the Coquille Indian Tribe Community Health Center, your Physician, **or the “My Nurse 24-7” nurse call service and explain the problem. They can inform you whether the problem requires you going to an emergency facility. Payment for emergency room care that is NOT necessary to prevent immediate death or serious impairment of the health of the individual may be denied if attempts to determine the severity of the problem (i.e. calling the health center, your physician or the nurse call line) were not made.**

6. DENIALS AND APPEALS

If a person is denied Contract Health Services, or if the medical provider may reasonably think Indian Health Service will be a party to payment, both the patient and the provider shall be notified in writing of the denial with a statement containing all the reasons for the denial.

Any appeal for a denial must be made in writing by the patient or his guardian/representative within thirty (30) days from the date of receipt of a denial. The applicant:

- a) May request a reconsideration by the Medical Director **or other uninvolved licensed physician if the Medical Director is the patients Primary Care Provider (PCP).** The Medical Director will have 30 days from receipt of appeal in which to respond in writing. A request for reconsideration must contain additional information not previously submitted.

13. Orthodontia Treatment Policy (New)

Orthodontic therapy requires a high level of cooperation from patients to successfully complete treatment. This includes possibly wearing head gear, wearing elastic (rubber bands), brushing extra thoroughly, keeping monthly appointments over a two and one half year period, altering one's diet so as not to fracture off braces, etc. In addition, patients must maintain regular dental check-ups (every 6-12 months) while they have their braces on. Patient motivation is absolutely critical to reach a successful treatment result. For this reason, the following "cooperation factors" must be present before beginning this program.

1. Patients must strongly desire orthodontic treatment.
2. Patient must have a history of seeking annual routine dental care.
3. Parents must be interested and supportive.
4. Patients must have a history of keeping their appointments for regular dental care.
Those with a history of broken or cancelled appointments are not eligible for Orthodontic treatment.
5. Patients must have good oral hygiene with no active gum disease or cavities.
6. Dental sealants must be placed on all necessary teeth.
7. Patient should have plans to remain in an area, where they are able to maintain orthodontic care for at least 2 ½ years.

Broken or cancelled orthodontic appointments hurt other patients, the orthodontic program and you, by wasting clinic time and denying treatment for others. When an appointment is broken, two things may happen – 1. the time is unused for providing dental care for others, or 2. a patient's treatment will be delayed. Both situations are less than ideal.

Patients who break or cancel, without rescheduling, two orthodontic appointments during the course of treatment will have their orthodontic treatment terminated at that point and Contract Health Services will no longer be responsible for further payment of treatment. The patient will not be given consideration for orthodontic treatment for a minimum of two years.