



KODIAK AREA NATIVE ASSOCIATION
HEALTH SERVICES

Alternate Resource Agreement (ARA) for Contract Health and Paid and Referred Service

Eligibility:

If you are a beneficiary of the Indian Health Services (IHS), you are eligible to receive DIRECT services (provided within KANA). You must provide proof of eligibility in the form of a Certificate of Indian Blood (CIB) or Federally Recognized Tribal Enrollment Card with blood quantum listed within 30 days of your annual sliding fee application. Copies will be kept on file with your medical record.

Alternate Resources:

If you have or are eligible for other resources to cover the expenses associated with your healthcare (Insurance, Medicaid, Medicare, VA Benefits, Fisherman's Fund, Worker's Compensation, etc.) please provide the information to KANA upon your visit or as soon as you are aware of alternate coverage. Providing an insurance card is the preferred method but we will take verbal information over the phone for insurance. Billing the appropriate insurance will extend current funds to serve you and other KANA patients.

Contract Health or Paid & Referred Services:

When need arises, Contract Health or Paid and Referred Services (CHS or PRS) funds may be available to assist with payment of INDIRECT services (those services provided by other outside agencies, example: Hospital, Lab, X-ray, Surgical, Physical Therapy, etc.). Federal regulations governing Contract Health Service Funds must be followed and are listed below:

1. Updated patient registration/Alternate Resource Agreement signed annually.
2. You MUST be a Kodiak Resident to qualify for KANA Contract Health/Paid and Referred Service funding. You must show proof of Kodiak Residency for at least 90 consecutive days to qualify for Contract Health/Paid and Referred Service Funding. You are only eligible for DIRECT CARE service until you meet the 90 day residency requirement. If you are vacationing, are seasonally employed or temporarily residing in Kodiak, you are not eligible to receive INDIRECT services funded by KANA. You will be charged separately by the outside service provider and payment of such bills will be your sole responsible.
3. If additional tests or exams (labs, X-ray, physical therapy, surgical exams, etc.) by an outside provider are requested by a KANA physician, a Contract Health Referral Form must be attached to the physician's order and alternate resource screening must take place to guarantee payment.
4. If you do not have insurance and initial screening indicates you may qualify for the Alaska Medicaid Program, we will assist you to apply and a grace period of 30-days will be applied to return the approval or denial letter from Medicaid before making final decisions on coverage of the bill. Please note: If you delay in applying, do not provide complete information requested by Medicaid or cannot provide a letter of denial, KANA Contract Health, Paid and Referred will deny payment of your indirect bill.
5. If you or your family members use Providence Kodiak Island Medical Center (PKIMC) Emergency Room (ER) for LIFE THREATENING emergency, CHS/PRS office (486-9861) must be notified within 72 hours (3 days) or payment may be denied. The responsibility to report to KANA CHS/PRS is yours.

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6. KANA CHS/PRS will not pay for abusive/repetitive non-emergent Emergency Room use.
7. KANA CHS/PRS excludes payments for alcohol or detox and mental health including anxiety related admissions.

If you have further questions, please contact the KANA Contract Health Office at 486-9861. By signing the Alternate Resource Agreement (ARA) form, you confirm that you have read, understood and agreed to the above. Your signed ARA will be scanned into your Electronic Health Record.

Date

Print Patient Name

Signature of Patient

Print Name of Guardian / Relationship to Patient

Parent/Guardian Signature