



Tribal Health Program Tool-Kit

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CRIHB Options
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Table of Contents


	Page #
High-Level Screening and Eligibility	4-29
▪ Client High-Level Screening and Eligibility Form.....	5
▪ Benefit ID Number Instructions.....	6
▪ IHS Eligible Criteria.....	7
▪ Tribal Affiliation Codes.....	9-29
▪ Frequently Asked Questions (FAQs)	30-31
Service Codes	32-33
▪ Chiropractic Services.....	33
Submitting Claims to CRIHB Options	34-58
▪ Claims processing and payments via Humboldt Independent Practice Association.....	35
▪ Claims submission via clearinghouse: Office Ally.....	36-45
▪ Check claim status via Humboldt Independent Practice Association.....	46-57
▪ Sample UB-04 Claim Form: Medical.....	58
CRIHB Options Policies	59-81
▪ 101 — Program Description.....	60-61
▪ 102 — Eligibility for Reimbursement.....	62
▪ 103 — Documentation of Client Eligibility.....	63-64
▪ 104 — Provider Application.....	65
▪ 105 — Provider Status Change.....	66
▪ 106 — Record Retention.....	67

▪ 201 — Covered Services.....	68-70
▪ 301 — Billable Services.....	71-72
▪ 501 — Compliance Reviews.....	73
▪ 502 — Selection of Providers.....	74
▪ 503 — Record Review... ..	75-76
▪ 504 — Review and Audit Reports.....	77
▪ 505 — Appeals.....	78-79
▪ 506 — Corrective Actions.....	80
▪ 507 — Compliance Hotline.....	81



High-Level Screening and Eligibility

Eligibility Form & Related Tools

	California Rural Indian Health Board CRIHB Options Client High-Level Screening and Eligibility Form	**THP Staff Use Only**
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Section 1. Client Information

Last Name:		First Name:		MI
Date of Birth: MM/DD/YYYY ____ / ____ / ____	Last 4 digits of SSN: XXX-XX- ____ ____ ____	Other Names Used:	Tribal Code/Affiliation:	

Section 2. Verification of IHS, Medi-Cal coverage, and Age

2a) IHS eligible? <i>(If YES, go to 2b. If NO, client does not qualify; go to 4a.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2b) Has Medi-Cal coverage? <i>(If YES, go to 2c. If NO, client does not qualify; go to 4a.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2c) Between the ages of 21-64? <i>(If YES, go to 4b. If NO, client does not qualify; go to 4a.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section 3. Limitations related to Medicare coverage

If client is less than 64 years of age and has Medicare coverage, a client would not be eligible for medical services (acupuncture, audiology, chiropractor, podiatry and speech therapy).

Section 4. Program Eligibility Certification

4a) ☐ Not Eligible for CRIHB Options

4b) ☐ Eligible for CRIHB Options, complete Section 5 Use Group Code= CO or CCO

Section 5. Benefits ID number and Certification

If eligible, you must assign an 8 character benefit identification number as follows:

IHS Tribe Code: ____ ____ ____ <small>Becomes the first 3 digits</small>	Last 4 digits of SSN: ____ ____ ____ ____ <small>The next 4 digits</small>	First Initial of Last Name: ____ <small>The last character</small>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	------------------------------------------------------------------------------

This number becomes the client's benefit ID number: ____ ____ ____ ____ ____ ____ ____ ____

I certify the applicant meets the Indian Health Service eligibility requirement and is a Medi-Cal beneficiary.

X		/ /
Staff Signature	Print Staff Name	Date

NOTE: For auditing purposes, please keep copies of IHS Eligibility and Medi-Cal Eligibility on file.



Benefits ID Number Instructions

Once a client is deemed eligible, THP must establish the clients benefit ID number.

The first 3 characters will be the IHS Tribe code

The next 4 characters will be the last four digits of client SSN

The last character will be the first letter of the clients last name

Example: Tribe: Yurok (IHS Tribe code is: 408-COAST INDIAN COMM YUOK IND, CA)
SSN: 123-12-1234
Name: Jane Doe

In this example the insured ID would be: **4081234D**

408 is the IHS Tribe code. 1234 are the last 4 of the SSN & D is the first initial of the last name.

If you don't have a copy of the IHS Tribe Codes, they are available on the IHS website and are downloadable (see link below) :

http://www.ihs.gov/scb/index.cfm?module=W_TRIBE&option=list&num=57&newquery=1



CRIHB OPTIONS

IHS ELIGIBILITY CRITERIA

Eligible Group	Federal Regulation & References
Federally-recognized Indians or their descendents	<p>42 CFR Part 136 25 USC 1603(13)</p> <p>List of Federally Recognized Tribes, Federal Register Notice 8/10/2012: https://www.federalregister.gov/articles/2012/08/10/2012-19588/indian-entities-recognized-and-eligible-to-receive-services-from-the-bureau-of-indian-affairs</p>
<p>Descendent of Indian residing in California on June 1, 1852, if such descendent is:</p> <ul style="list-style-type: none"> • A member of community served by a local program of the Service, and • Recognized as Indian by the community in which the descendent lives. <p><i>Must reside in California</i></p>	<p>25 USC 1679(a)(2) Indian Health Care Improvement Act</p>
<p>Holds interest in public domain, national forest, or reservation allotments in California</p> <p><i>Must reside in California</i></p>	<p>25 USC 1679(a)(3) Indian Health Care Improvement Act</p>
<p>Any Indian of California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat 619) and any descendent of such Indian</p> <p><i>Must reside in California</i></p>	<p>25 USC 1679(a)(4) Indian Health Care Improvement Act</p>



CRIHB OPTIONS

IHS ELIGIBILITY CRITERIA

Eligible Group	Federal Regulation & References
Non-Indian woman pregnant with an eligible Indians child <ul style="list-style-type: none">Through post partum period, generally 6 weeks after delivery <i>Limited to pregnancy related services</i>	25 USC 1680c(d)(3) 42 CFR Part 136
Non-Indian member of an eligible Indian's household when medical officer determines care is necessary to control an acute infectious disease or public hazard	25 USC 1680c(d)(2) 42 CFR Part 136



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
742	IND ANCESTORS RESIDING IN CA ON 6/01/1852 *	Active	Indian
999	INDIAN - TRIBE UNSPECIFIED	Active	Indian
997	INDIAN - NON-TRIBAL MEMBER	Active	Indian
740	PUB DOMAIN/ALLTMNT TRUST INTEREST, CA **	Active	Indian
741	RANCHERIA/RES ASSET DISTRIBUTION LIST, CA ***	Active	Indian

* Use this code for descendants of California Indians

** Use this code for individuals who hold trust interest in public domain lands or allotments in California

*** Use this code for individuals on the California Distribution lists

Code	Tribe	Active Flag	Indian Flag
141	ABSENTEE-SHAWNEE TRIBE, OK	Active	Indian
710	AFOGNAK	Active	Indian
263	AGUA-CALIENTE BAND CAHUILLA INDIANS, CA	Active	Indian
711	AHKIOK-KAGUYAK NATIVE CORPORATION	Active	Indian
500	AHTNA, INC.	Active	Indian
360	AK CHIN INDIAN COMM. PAPAGO IND, AZ	Active	Indian
501	AKHIOK, NATIVE VILLAGE OF AKHIOK, AK	Active	Indian
502	AKIACHAK, NATIVE VILLAGE OF AKIACHAK, AK	Active	Indian
503	AKIAK NATIVE COMMUNITY, AK	Active	Indian
713	AKIAKCHAK NATIVE COMMUNITY	Active	Indian
712	AKIAKCHAK, LIMITED	Active	Indian
714	AKUTAN CORPORATION	Active	Indian
504	AKUTAN, NATIVE VILLAGE OF AKUTAN, AK	Active	Indian
223	ALABAMA AND COUSHATTA TRIBES, TX	Active	Indian
266	ALABAMA-QUASSARTE TRIBAL, CREEK NATION, OK	Active	Indian
715	ALAKANUK NATIVE CORPORATION	Active	Indian
505	ALAKANUK, VILLAGE OF ALAKANUK, AK	Active	Indian
716	ALASKA PENINSULA CORPORATION	Active	Indian
001	ALASKAN INDIAN	Inactive	Indian
506	ALATNA VILLAGE, AK	Active	Indian
507	ALEGNAGIK, VILLAGE OF ALEGNAGIK	Active	Indian
717	ALEKNAGIK NATIVES LIMITED	Active	Indian
508	ALEUT CORPORATION	Active	Indian
002	ALEUT	Inactive	Indian
718	ALEXANDER CREEK, INC.	Active	Indian
509	ALLAKAKET VILLAGE	Active	Indian
385	ALTURAS INDIAN RANCHERIA, CA	Active	Indian
510	AMBLER, VILLAGE OF AMBLER	Active	Indian
511	ANAKTUVUK PASS, VILLAGE OF ANAKTUVUK PASS	Active	Indian
719	ANDREAFSKY	Active	Indian
512	ANGOON COMMUNITY ASSOCIATION	Active	Indian
513	ANIAK, VILLAGE OF ANIAK	Active	Indian
720	ANTON-LARSEN, INC.	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
514	ANVIK VILLAGE	Active	Indian
231	APACHE TRIBE, OK	Active	Indian
004	APACHE	Inactive	Indian
007	APACHE-KIOWA	Inactive	Indian
011	ARAPAHO TRIBE,WIND RIVER RES, WY	Active	Indian
515	ARCTIC SLOPE REGIONAL CORPORATION	Active	Indian
516	ARCTIC VILLAGE	Active	Indian
010	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS, ND	Active	Indian
193	AROOSTOOK (INDIAN ASSOC.)	Inactive	Non-Indian
225	AROOSTOOK BAND OF MICMAC INDIANS, ME	Active	Indian
721	ARVIQ, INC. (PLATINUM)	Active	Indian
925	ASA?CARSARMIUT	Active	Indian
993	ASIAN	Inactive	Non-Indian
722	ASKINUK CORPORATION (SCAMMON BAY)	Active	Indian
013	ASSINIBOINE	Inactive	Indian
235	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	Active	Indian
276	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	Active	Indian
517	ATKA, NATIVE VILLAGE OF ATKA	Active	Indian
723	ATKASOOK CORPORATION	Active	Indian
518	ATKASOOK VILLAGE	Active	Indian
519	ATMAUTHLUAK, VILLAGE OF ATMAUTHLUAK	Active	Indian
724	ATMAUTLUAK, LIMITED	Active	Indian
725	ATXAM CORPORATION (ATKA)	Active	Indian
255	AUGUSTINE BAND OF CAHUILLA MISSION, CA	Active	Indian
726	AYAKULIK, INC.	Active	Indian
727	AZACHOROK, INC. (MOUNTAIN VILLAGE)	Active	Indian
728	BAAN-O-YEEL KOM CORPORATION (RAMPART)	Active	Indian
243	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	Active	Indian
014	BANNOCK	Inactive	Non-Indian
330	BARONA GROUP, MAIN GROUP, CA	Active	Indian
412	BARONA GROUP, SPLINTER GROUP, CA	Active	Indian
520	BARROW NATIVE VILLAGE (POINT BARROW)	Active	Indian
244	BAY MILLS IND COMM, CHIPPEWA, WI	Active	Indian
729	BAY VIEW, INC. (IVANOF BAY)	Active	Indian
730	BEAN RIDGE CORP (MANLEY HOT SPRINGS)	Active	Indian
731	BEAVER KWIT'CHIN CORPORATION	Active	Indian
521	BEAVER VILLAGE	Active	Indian
732	BECHAROF CORPORATION (EGEGIK)	Active	Indian
522	BELKOFSKY, NATIVE VILLAGE BELKOFSKY	Active	Indian
733	BELL FLATS NATIVES, INC.	Active	Indian
523	BERING STRAITS NATIVE CORPORATION	Active	Indian
312	BERRY CREEK RANCHERIA MAIDU IND, CA	Active	Indian
734	BETHEL (AKA ORUTSARAMUIT)	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
524	BETHEL NATIVE VILLAGE	Active	Indian
525	BETTLES FIELD/EVANSVILLE VILLAGE	Active	Indian
380	BIG BEND RANCHERIA PIT RIVER TRB, CA	Active	Indian
415	BIG LAGOON RANCHERIA SMITH RIVER IND, CA	Active	Indian
363	BIG PINE BAND PAIUTE SHOSHONE, CA	Active	Indian
417	BIG SANDY RANCHERIA MONO IND, CA	Active	Indian
420	BIG VALLEY BAND OF POMO INDIANS OF THE BIG VALLEY RANCHERIA, CALIFORNIA	Active	Indian
735	BILL MOORE'S (BILL MOORE'S SLOUGH)	Active	Indian
526	BIRCH CREEK VILLAGE	Active	Indian
992	BLACK/AFRICAN AMERICAN	Inactive	Non-Indian
015	BLACKFEET TRIBE, MT	Active	Indian
421	BLUE LAKE RANCHERIA, CA	Active	Indian
736	BREVIG MISSION NATIVE CORPORATION	Active	Indian
527	BREVIG MISSION VILLAGE	Active	Indian
345	BRIDGEPORT PAIUTE INDIAN COLONY, CA	Active	Indian
528	BRISTOL BAY NATIVE CORPORATION	Active	Indian
529	BUCKLAND, NATIVE VILLAGE OF BUCKLAND	Active	Indian
320	BUENA VISTA RANCHERIA MEWUK IND, CA	Active	Indian
351	BURNS PAIUTE INDIAN COLONY, OR	Active	Indian
256	CABAZON BAND OF CAHUILLA MISSION, CA	Active	Indian
406	CACHIL DE HE BAND WINTUN COLUSA COMM, CA	Active	Indian
016	CADDO TRIBE INDIAN, OK	Active	Indian
433	CAHTO IND TRIBE LAYTONVILLE RANCHERIA, CA	Active	Indian
257	CAHUILLA BAND OF MISSION INDIANS, CA	Active	Indian
035	CAHUILLA	Inactive	Indian
922	CALIFORNIA VALLEY MIWOK	Active	Indian
530	CALISTA CORPORATION	Active	Indian
981	CAMBODIAN	Inactive	Non-Indian
331	CAMPO BAND OF DIEGUENO MISSION IND, CA	Active	Indian
017	CANADIAN INDIAN	Inactive	Non-Indian
737	CANDLE	Active	Indian
531	CANTWELL, NATIVE VILLAGE OF CANTWELL	Active	Indian
738	CANYON VILLAGE	Active	Indian
065	CAPALIS	Inactive	Non-Indian
739	CAPE FOX CORPORATION (SAXMAN)	Active	Indian
332	CAPITAN GRANDE BAND DIEGUENO MISS IND, CA	Active	Indian
750	CASWELL NATIVE ASSOCIATION	Active	Indian
751	CASWELL	Active	Indian
452	CATAWBA TRIBE, SC	Active	Indian
018	CAYUGA NATION, NY	Active	Indian
346	CEDARVILLE RANCH NORTHERN PAIUTE IND, CA	Active	Indian
215	CELILO-WYAM BOARD	Inactive	Non-Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
752	CHALKYITSIK NATIVE CORPORATION	Active	Indian
532	CHALKYITSIK VILLAGE	Active	Indian
753	CHALUKA CORPORATION (NIKOLSKI)	Active	Indian
533	CHANEGA, NATIVE VILLAGE OF CHANEGA	Active	Indian
534	CHEFORNAK, VILLAGE OF CHEFORNAK	Active	Indian
021	CHEMEHUEVI TRIBE,CHEMEHUEVI RES, CA	Active	Indian
422	CHER-AE HEIGHTS COMM TRINIDAD RANCH, CA	Active	Indian
022	CHEROKEE NATION, OK	Active	Indian
025	CHEROKEE-DELAWARE	Active	Indian
024	CHEROKEE-SHAWNEE DUAL ENROLLMENT	Active	Indian
535	CHEVAK NATIVE VILLAGE	Active	Indian
277	CHEYENNE RIVER SIOUX TRIBE, SD	Active	Indian
012	CHEYENNE-ARAPAHO TRIBES, OK	Active	Indian
754	CHICKALOON MOOSE CREEK NATIVE ASSN.	Active	Indian
536	CHICKALOON VILLAGE	Active	Indian
027	CHICKASAW NATION, OK	Active	Indian
321	CHICKEN RANCH RANCHERIA MEWUK IND, CA	Active	Indian
538	CHIGNIK LAGOON, NATIVE VILLAGE	Active	Indian
539	CHIGNIK LAKE VILLAGE	Active	Indian
755	CHIGNIK RIVER LIMITED (CHIGNIK LAKE)	Active	Indian
537	CHIGNIK, NATIVE VILLAGE OF CHIGNIK	Active	Indian
540	CHILKAT INDIAN VILLAGE OF KLUKWAN	Active	Indian
541	CHILKOOT INDIAN ASSOCIATION OF HAINES	Active	Indian
986	CHINESE	Inactive	Non-Indian
926	CHINIK/GOLOVIN	Active	Indian
029	CHINOOK (LANDLESS)	Inactive	Non-Indian
028	CHINOOK	Inactive	Non-Indian
030	CHIPPEWA (OBJIBWAY)	Inactive	Indian
042	CHIPPEWA-CREE INDIANS,ROCKY BOY RES, MT	Active	Indian
542	CHISTOCHINA, NATIVE VILLAGE	Active	Indian
180	CHITIMACHA TRIBE, LA	Active	Indian
756	CHITINA NATIVE CORPORATION	Active	Indian
543	CHITINA, NATIVE VILLAGE OF CHITINA	Active	Indian
031	CHOCTAW NATION, OK	Active	Indian
757	CHOGGIUNG LIMITED	Active	Indian
544	CHUATHBALUK, VILLAGE OF CHUATHBALUK	Active	Indian
758	CHUGACH ALASKA CORPORATION	Active	Indian
545	CHUGACH NATIVES, INC.	Active	Indian
759	CHULONAWIK CORPORATION	Active	Indian
546	CIRCLE VILLAGE	Active	Indian
104	CITIZEN POTAWATOMI NATION, OK	Active	Indian
547	CLARK'S POINT, VILLAGE OF CLARK'S POINT	Active	Indian
390	CLOVERDALE RANCHERIA POMO INDIANS, CA	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
408	COAST INDIAN COMMUNITY YUOK IND, CA	Active	Indian
036	COCOPAH TRIBE, AZ	Active	Indian
037	COEUR D'ALENE TRIBE, ID	Active	Indian
418	COLD SPRINGS RANCHERIA MONO IND, CA	Active	Indian
269	COLORADO RIVER INDIANS, AZ AND CA	Active	Indian
039	COMANCHE INDIAN TRIBE, OK	Active	Indian
049	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	Active	Indian
174	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	Active	Indian
200	CONFEDERATED TRIBES GOSHUTE RES, NV & UT	Active	Indian
208	CONFEDERATED TRIBES GRAND RONDE COMM, OR	Active	Indian
212	CONFEDERATED TRIBES OF COOS, OR	Active	Indian
038	CONFEDERATED TRIBES, COLVILLE RES, WA	Active	Indian
183	CONFEDERATED TRIBES, SILETZ RES, OR	Active	Indian
164	CONFEDERATED TRIBES, UMATILLA RES, OR	Active	Indian
020	CONFEDERATED TRIBES,CHEHALIS RES, WA	Active	Indian
168	CONFEDERATED TRIBES,WARM SPRINGS RES, OR	Active	Indian
548	COOK INLET REGION, INC.	Active	Indian
549	COPPER CENTER VILLAGE	Active	Indian
224	COQUILLE TRIBE, OR	Active	Indian
407	CORTINA RANCHERIA WINTUN INDIANS, CA	Active	Indian
760	COUNCIL NATIVE CORPORATION	Active	Indian
181	COUSHATTA TRIBE, LA	Active	Indian
423	COVELO INDIAN COMM ROUND VALLEY RES, CA	Active	Indian
198	COW CREEK BAND UMPQUA INDIANS, OR	Active	Indian
041	COWLITZ (LANDLESS)	Inactive	Non-Indian
040	COWLITZ	Active	Indian
391	COYOTE VALLEY BAND POMO IND VALLEY, CA	Active	Indian
550	CRAIG COMMUNITY ASSOCIATION	Active	Indian
043	CREEK NATION, OK	Active	Indian
551	CROOKED CREEK, VILLAGE OF CROOKED CREEK	Active	Indian
278	CROW CREEK SIOUX TRIBE, SD	Active	Indian
044	CROW TRIBE, MT	Active	Indian
761	CULLY CORPORATION (POINT LAY)	Active	Indian
927	CURYUNG	Active	Indian
333	CUYAPAIPE COMMUNITY DIEGUENO MISS IND, CA	Active	Indian
045	DAKOTA (SIOUX)	Inactive	Indian
762	DANZIT HANIAII CORPORATION (CIRCLE)	Active	Indian
370	DEATH VALLEY TIMBI-SHA SHOSHONE BAND, CA	Active	Indian
552	DEERING, NATIVE VILLAGE OF DEERING	Active	Indian
459	DELAWARE TRIBE OF INDIANS, OK	Active	Indian
046	DELAWARE TRIBE, WESTERN OK	Active	Indian
763	DELOYCHUT, INC. (HOLY CROSS)	Active	Indian
047	DIEGUENO	Inactive	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
553	DILLINGHAM, NATIVE VILLAGE OF DILLINGHAM	Active	Indian
764	DINEEGA CORPORATION (RUBY)	Active	Indian
765	DINYEE CORPORATION (STEVENS)	Active	Indian
554	DIOMEDE, NATIVE VILLAGE (AKA INALIK)	Active	Indian
555	DOT LAKE, VILLAGE OF DOT LAKE	Active	Indian
556	DOUGLAS INDIAN ASSOCIATION	Active	Indian
557	DOYON, LIMITED	Active	Indian
392	DRY CREEK RANCHERIA POMO IND, CA	Active	Indian
369	DUCKWATER SHOSHONE TRIBE, NV	Active	Indian
048	DWAMISH	Inactive	Non-Indian
558	EAGLE, VILLAGE OF EAGLE	Active	Indian
023	EASTERN BAND OF CHEROKEE IND, NC	Active	Indian
142	EASTERN SHAWNEE TRIBE, OK	Active	Indian
559	EEK, NATIVE VILLAGE OF EEK	Active	Indian
560	EGEGIK VILLAGE	Active	Indian
561	EKLUTNA NATIVE VILLAGE	Active	Indian
766	EKLUTNA, INC.	Active	Indian
562	EKUK, NATIVE VILLAGE OF EKUK	Active	Indian
767	EKWOK NATIVES, LIMITED	Active	Indian
563	EKWOK VILLAGE	Active	Indian
393	ELEM INDIAN COLONY POMO IND, CA	Active	Indian
768	ELIM NATIVE CORPORATION	Active	Indian
564	ELIM, NATIVE VILLAGE OF ELIM	Active	Indian
448	ELK VALLEY RANCHERIA SMITH RIVER, CA	Active	Indian
374	ELY SHOSHONE TRIBE, NV	Active	Indian
565	EMMONAK VILLAGE	Active	Indian
769	ENGLISH BAY CORPORATION	Active	Indian
313	ENTERPRISE RANCHERIA OF MAIDU IND, CA	Active	Indian
003	ESKIMO	Inactive	Indian
770	EVANVILLE, INC.	Active	Indian
923	EWIIAAPAAYP BAND KUMEYAAY	Active	Indian
771	EYAK CORPORATION	Active	Indian
566	EYAK NATIVE VILLAGE	Active	Indian
567	FALSE PASS, NATIVE VILLAGE	Active	Indian
772	FAR WEST, INC. (CHIGNIK)	Active	Indian
462	FEDERATED INDIANS OF GRATON RANCHERIA, CA	Active	Indian
980	FILIPINO	Inactive	Non-Indian
279	FLANDREAU SANTEE SIOUX TRIBE, SD	Active	Indian
378	FOREST COUNTY POTAWATOMI COMM, WI	Active	Indian
290	FORT BELKNAP IND COMM, GROS VENTRE, MT	Active	Indian
236	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	Active	Indian
347	FORT BIDWELL INDIAN COMM PAIUTE IND, CA	Active	Indian
348	FORT INDEPENDENCE IND COMM PAIUTE IND, CA	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
364	FORT MCDERMITT PAIUTE / SHOSHONE TRBS, NV	Active	Indian
081	FORT MOJAVE INDIAN TRIBE, AZ	Active	Indian
005	FORT SILL APACHE TRIBE, OK	Active	Indian
568	FORT YUKON, NATIVE VILLAGE	Active	Indian
234	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	Active	Indian
569	GAKONA, NATIVE VILLAGE OF GAKONA	Active	Indian
570	GALENA VILLAGE (AKA LOUDEN VILLAGE)	Active	Indian
571	GAMBELL, NATIVE VILLAGE OF GAMBELL	Active	Indian
773	GANAYO LIMITED (GALENA, KALTAG ET AL)	Active	Indian
202	GAY HEAD WAMPANOAG INDIANS, MA	Active	Indian
774	GEORGETOWN	Active	Indian
293	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	Active	Indian
775	GOLD CREEK-SUSITNA, INC.	Active	Indian
776	GOLDBELT, INC (JUNEAU)	Active	Indian
777	GOLOVIN NATIVE CORPORATION	Active	Indian
572	GOLOVIN, VILLAGE OF GOLOVIN	Active	Indian
573	GOODNEWS BAY, NATIVE VILLAGE	Active	Indian
196	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	Active	Indian
574	GRAYLING, ORGANIZED VILL (AKA HOLIKACHUK)	Active	Indian
314	GREENVILLE RANCHERIA OF MAIDU IND, CA	Active	Indian
435	GRINDSTONE IND RANCH WINTUN-WAITAKI, CA	Active	Indian
050	GROS VENTRE, HIDATSA, MINITARI	Inactive	Indian
388	GUIDIVILLE BAND POMO INDIANS	Active	Indian
575	GULKANA VILLAGE	Active	Indian
778	GWITCHYAA ZHEE CORPORATION (FORT YUKON)	Active	Indian
402	HABEMATOLEL POMO OF UPPER LAKE,CALIFORNIA	Active	Indian
779	HAIDA CORPORATION (HYDABURG)	Active	Indian
780	HAMILTON	Active	Indian
379	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	Active	Indian
051	HAVASUPAI TRIBE, AZ	Active	Indian
576	HEALY LAKE VILLAGE	Active	Indian
781	HEE YEA LINDGE CORPORATION (GRAYLING)	Active	Indian
991	HISPANIC/LATINO	Inactive	Non-Indian
295	HO-CHUNK NATION - WISCONSIN	Active	Indian
052	HOH INDIAN TRIBE, WA	Active	Indian
577	HOLY CROSS VILLAGE	Active	Indian
578	HOONAH INDIAN ASSOCIATION	Active	Indian
053	HOOPA VALLEY TRIBE, CA	Active	Indian
579	HOOPER BAY, NATIVE VILLAGE HOOPER BAY	Active	Indian
054	HOPI TRIBE, AZ	Active	Indian
404	HOPLAND BAND POMO INDIANS, CA	Active	Indian
204	HOULTON BAND OF MALISEET INDIANS, ME	Active	Indian
055	HUALAPAI TRIBE, AZ	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
580	HUGHES VILLAGE	Active	Indian
064	HUMPTULIPS	Inactive	Non-Indian
782	HUNA TOTEM (HOONAH)	Active	Indian
783	HUNGWITCHIN CORPORATION (EAGLE)	Active	Indian
386	HURON POTAWATOMI, INC.	Active	Indian
581	HUSLIA VILLAGE	Active	Indian
582	HYDABURG COOPERATIVE ASSOCIATION	Active	Indian
583	IGIUGIG VILLAGE	Active	Indian
784	IGUIGIG NATIVE CORPORATION	Active	Indian
785	ILIAMNA NATIVES, LIMITED	Active	Indian
584	ILIAMNA, VILLAGE OF ILIAMNA	Active	Indian
434	INAJA BAND COSMIT MISSION INDIANS, CA	Active	Indian
786	INALIK (AKA DIOMEDE)	Active	Indian
787	INGALIK CORPORATION (ANVIK)	Active	Indian
585	INUPIAT COMMUNITY OF THE ARTIC SLOPE	Active	Indian
456	IONE BAND MIWOK INDIANS	Active	Indian
057	IOWA TRIBE, KS AND NE	Active	Indian
056	IOWA TRIBE, OK	Active	Indian
788	IQFIJOUAQ COMPANY (EEK)	Active	Indian
928	IQURMUIT	Active	Indian
789	ISANOTSKI CORPORATION (FALSE PASS)	Active	Indian
586	IVANOFF BAY VILLAGE	Active	Indian
322	JACKSON RANCHERIA OF MEWUK INDIANS, CA	Active	Indian
034	JAMESTOWN KLALLAM TRIBE, WA	Active	Indian
424	JAMUL INDIAN VILLAGE, CA	Active	Indian
227	JENA BAND OF CHOCTAW INDIANS	Active	Indian
006	JICARILLA APACHE TRIBE, NM	Active	Indian
791	KAGUYAK	Active	Indian
352	KAIBAB BAND OF PAIUTE INDIANS, AZ	Active	Indian
792	KAKE TRIBAL CORPORATION	Active	Indian
587	KAKE, ORGANIZED VILLAGE OF KAKE	Active	Indian
793	KAKTOVIK INUPIAT CORPORATION	Active	Indian
588	KAKTOVIK VILLAGE BARTER ISLAND	Active	Indian
179	KALISPEL INDIAN COMM, WA	Active	Indian
589	KALSKAG, VILLAGE OF KALSKAG	Active	Indian
794	KALTAG	Active	Indian
590	KANATAK, NATIVE VILLAGE OF KANATAK	Active	Indian
591	KARLUK, NATIVE VILLAGE OF KARLUK	Active	Indian
216	KARUK TRIBE, CA	Active	Indian
592	KASAAN, NATIVE VILLAGE OF KASAAN	Active	Indian
394	KASHIA BAND POMO IND STEWARTS PT, CA	Active	Indian
795	KASIGLUK, INC.	Active	Indian
593	KASIGLUK, NATIVE VILLAGE OF KASIGLUK	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
796	KAVILCO, INC. (KASAAN)	Active	Indian
058	KAW INDIAN TRIBE, OK	Active	Indian
797	KENAI NATIVE ASSOCIATION, INC.	Active	Indian
594	KENAITZE INDIAN TRIBE	Active	Indian
595	KETCHIKAN INDIAN CORPORATION	Active	Indian
240	KEWEENAW BAY IND COMM, CHIPPEWA, MI	Active	Indian
267	KIALEGEE TRIBAL TOWN, CREEK NATION, OK	Active	Indian
798	KIAN T'REE (CANYON VILLAGE)	Active	Indian
596	KIANA VILLAGE	Active	Indian
061	KICKAILLUS	Inactive	Non-Indian
060	KICKAPOO TRIBE, KS	Active	Indian
059	KICKAPOO TRIBE, OK	Active	Indian
199	KICKAPOO TRIBE, TX	Active	Indian
799	KIJIK CORPORATION (NONDALTON)	Active	Indian
800	KIKIKTAGRUK INUPIAT CORP (KOTZEBUE)	Active	Indian
802	KING COVE CORPORATION	Active	Indian
597	KING COVE VILLAGE	Active	Indian
598	KING ISLAND NATIVE COMMUNITY	Active	Indian
801	KING ISLAND NATIVE CORPORATION	Active	Indian
918	KING SALMON TRIBE	Active	Indian
062	KIOWA INDIAN TRIBE, OK	Active	Indian
599	KIPNUK, NATIVE VILLAGE OF KIPNUK	Active	Indian
600	KIVALINA, NATIVE VILLAGE OF KIVALINA	Active	Indian
221	KLAMATH INDIAN TRIBE, OR	Active	Indian
601	KLAWOCK COOPERATIVE ASSOCIATION	Active	Indian
804	KLAWOCK, HEENYA	Active	Indian
805	KLUKWAN, INC.	Active	Indian
803	KLUTSARAK, INCORPORATED (GOODNEWS BAY)	Active	Indian
602	KNIK VILLAGE	Active	Indian
806	KNIKATNU, INC. (KNIK)	Active	Indian
603	KOBUK VILLAGE	Active	Indian
919	KOI NATION OF NORTHERN CALIFORNIA	Active	Indian
807	KOKARMIUT CORPORATION (AKIAK)	Active	Indian
604	KOKHANOK VILLAGE	Active	Indian
808	KOLIGANEK NATIVES, LIMITED	Active	Indian
605	KONGIGANAK NATIVE VILLAGE	Active	Indian
809	KONGNIKILNOMIUT YUITA CORP (BILL MOORE)	Active	Indian
606	KONIAG, INC.	Active	Indian
063	KOOTENAI TRIBE, ID	Active	Indian
810	KOOTZNOOWOO, INC. (ANGOON)	Active	Indian
984	KOREAN	Inactive	Non-Indian
811	KOTLIK YUPIK CORPORATION	Active	Indian
607	KOTLIK, VILLAGE OF KOTLIK	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
608	KOTZEBUE, NATIVE VILLAGE OF KOTZEBUE	Active	Indian
790	K'OYITL'OTA'INA, LIMITED (ALATNA, ET AL)	Active	Indian
609	KOYUK, NATIVE VILLAGE OF KOYUK	Active	Indian
610	KOYUKUK NATIVE VILLAGE	Active	Indian
812	KUGKAKTLIK, LIMITED (KIPNUK)	Active	Indian
813	KUSKOKWIM NATIVE CORP (ANIAK ET AL)	Active	Indian
814	KUUGPIK CORPORATION (NOOIKSUT)	Active	Indian
815	KWETHLUK, INC.	Active	Indian
611	KWETHLUK, ORGANIZED VILLAGE OF KWETHLUK	Active	Indian
612	KWIGILLINGOK, NATIVE VILLAGE KWIGILLINGOK	Active	Indian
816	KWIK, INC. (KWIGILLINGOK)	Active	Indian
613	KWINHAGAK, NATIVE VILLAGE (AKA QUINHAGAK)	Active	Indian
303	LA JOLLA BAND LUISENO MISSION IND, CA	Active	Indian
334	LA POSTEA BAND DIEGUENO MISSION IND, CA	Active	Indian
241	LAC COURTE OREILLES, CHIPPEWA, WI	Active	Indian
246	LAC DU FLAMBEAU, CHIPPEWA, WI	Active	Indian
447	LAC VIEUX DESERT BAND CHIPPEWA IND, MI	Active	Indian
983	LAOTIAN	Inactive	Non-Indian
614	LARSEN BAY, NATIVE VILLAGE OF LARSEN BAY	Active	Indian
353	LAS VEGAS TRIBE OF PAIUTE INDIANS, NV	Active	Indian
817	LEISNOI, INC. (WOODY ISLAND)	Active	Indian
818	LEVELOCK NATIVES, INC.	Active	Indian
615	LEVELOCK VILLAGE	Active	Indian
616	LIME VILLAGE	Active	Indian
819	LITNIK, INC.	Active	Indian
454	LITTLE RIVER BAND OTTAWA INDIANS	Active	Indian
453	LITTLE TRAVERSE BAY BAND ODAWA INDIANS	Active	Indian
381	LOOKOUT RANCHERIA PIT RIVER TRB, CA	Active	Indian
258	LOS COYOTES BAND CAHUILLA MISSION, CA	Active	Indian
354	LOVELOCK PAIUTE TRIBE, NV	Active	Indian
280	LOWER BRULE SIOUX TRIBE, SD	Active	Indian
213	LOWER ELWHA TRIBAL COMM, WA	Active	Indian
617	LOWER KALSKAG, VILLAGE OF LOWER KALSKAG	Active	Indian
281	LOWER SIOUX IND COMM, MDEWAKANTON, MN	Active	Indian
068	LUISENO	Inactive	Indian
069	LUMMI TRIBE, WA	Active	Indian
450	LYTTON INDIAN COMMUNITY, CA	Active	Indian
070	MAIDU	Inactive	Indian
071	MAKAH INDIAN TRIBE, WA	Active	Indian
395	MANCHESTER BAND POMO MANCHESTER PT, CA	Active	Indian
072	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	Active	Indian
618	MANLEY HOT SPRINGS VILLAGE	Active	Indian
820	MANOKOTAK NATIVES, LIMITED	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
619	MANOKOTAK VILLAGE	Active	Indian
335	MANZANITA BAND DIEGUENO MISSION IND, CA	Active	Indian
073	MARICOPA	Inactive	Indian
620	MARSHALL, NAT VILL (AKA FORTUNA LEDGE)	Active	Indian
821	MARY'S IGLOO NATIVE CORPORATION	Active	Indian
822	MASERCULIQ, INC. (MARSHALL)	Active	Indian
206	MASHANTUCKET PEGUOT TRIBE, CT	Active	Indian
254	MASHPEE WAMPANOAG INDIAN TRIB COUN INC, MA	Active	Indian
461	MATCH-E-BE-NASH-SHE-WISH BAND POTTAWATOMI	Active	Indian
621	MCGRATH, NATIVE VILLAGE OF MCGRATH	Active	Indian
451	MECHOOPDA IND TRIBE CHICO RANCHERIA, CA	Active	Indian
622	MEKORYUK, NATIVE VILLAGE, ISL OF NUNIVAK	Active	Indian
823	MENDAS CHAAQ NATIVE CORP (HEALY LAKE)	Active	Indian
074	MENOMINEE IND TRIBE, WI	Active	Indian
623	MENTASTA VILLAGE (AKA MENTASTA LAKE)	Active	Indian
336	MESA GRANDE BAND DIEGUENO MISSION IND, CA	Active	Indian
008	MESCALERO APACHE TRIBE, NM	Active	Indian
624	METLAKATLA COMM, ANNETTE ISL RESERVE, AK	Active	Indian
075	ME-WUK	Inactive	Indian
076	MIAMI TRIBE, OK	Active	Indian
077	MICCOSUKEE TRIBE, FL	Active	Indian
396	MIDDLETOWN RANCHERIA POMO IND, CA	Active	Indian
441	MINNESOTA CHIPPEWA, BOIS FORTE BAND, MN	Active	Indian
442	MINNESOTA CHIPPEWA, FOND DU LAC BAND, MN	Active	Indian
443	MINNESOTA CHIPPEWA, GRAND PORTAGE BAND, MN	Active	Indian
444	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	Active	Indian
445	MINNESOTA CHIPPEWA, MILLE LACS BAND, MN	Active	Indian
446	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	Active	Indian
625	MINTO, NATIVE VILLAGE OF MINTO	Active	Indian
218	MISSION (CALIFORNIA)	Inactive	Indian
032	MISSISSIPPI BAND CHOCTAW INDIANS, MS	Active	Indian
078	MISSOURI	Inactive	Indian
201	MIWOCK	Inactive	Indian
355	MOAPA BAND OF PAIUTE INDIANS, NV	Active	Indian
080	MODOC TRIBE, OK	Active	Indian
226	MOHEGAN TRIBE, CT	Active	Indian
824	MONTANA CREEK NATIVE ASSOCIATION	Active	Indian
382	MONTGOMERY CREEK RANCHERIA PIT RIVER, CA	Active	Indian
315	MOORETOWN RANCHERIA MAIDU IND, CA	Active	Indian
259	MORONGO BAND CAHUILLA MISSION, CA	Active	Indian
626	MOUNTAIN VILLAGE, NATIVE VILLAGE	Active	Indian
825	MTNT, LIMITED (MCGRATH ET AL)	Active	Indian
082	MUCKLESHOOT INDIAN TRIBE, WA	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
083	MUNSEE	Inactive	Non-Indian
826	NAGAMUT	Active	Indian
627	NAKNEK NATIVE VILLAGE	Active	Indian
628	NANA REGIONAL CORPORATION	Active	Indian
827	NAPAIMUTE	Active	Indian
828	NAPAKIAK CORPORATION	Active	Indian
629	NAPAKIAK, NATIVE VILLAGE OF NAPAKIAK	Active	Indian
630	NAPASKIAK TRADITIONAL VILLAGE	Active	Indian
191	NARRAGANSETT INDIAN TRIBE, RI	Active	Indian
985	NATIVE HAWAIIAN/OTH PACIFIC ISLANDER	Inactive	Non-Indian
239	NATIVE VILLAGE OF UNGA	Active	Indian
830	NATIVES OF AFOGNAK, INC.	Active	Indian
084	NAVAJO TRIBE, AZ NM AND UT	Active	Indian
831	NEETS'AI CORPORATION (ARCTIC VILLAGE)	Active	Indian
832	NELSON LAGOON CORPORATION	Active	Indian
631	NELSON LAGOON, NATIVE VILLAGE	Active	Indian
632	NENANA NATIVE ASSOCIATION	Active	Indian
833	NERKLIK MUTE NATIVE CORP (ANDREAFSKI)	Active	Indian
929	NEW KOLIGANEK	Active	Indian
634	NEW STUYAHOK VILLAGE	Active	Indian
633	NEWHALEN VILLAGE	Active	Indian
834	NEWTOK CORPORATION	Active	Indian
635	NEWTOK VILLAGE	Active	Indian
085	NEZ PERCE TRIBE, ID	Active	Indian
835	NGTA, INC. (NIGHTMUTE)	Active	Indian
636	NIGHTMUTE, NATIVE VILLAGE OF NIGHTMUTE	Active	Indian
637	NIKOLAI VILLAGE	Active	Indian
638	NIKOLSKI, NATIVE VILLAGE OF NIKOLSKI	Active	Indian
836	NIMA CORPORATION (MEKORYUK)	Active	Indian
837	NINILCHIK NATIVE ASSOCIATION	Active	Indian
921	NINILCHIK VILLAGE	Active	Indian
086	NISQUALLY INDIAN COMM, WA	Active	Indian
639	NOATAK, NATIVE VILLAGE OF NOATAK	Active	Indian
640	NOME ESKIMO COMMUNITY	Active	Indian
087	NOMELACKI	Inactive	Indian
641	NONDALTON VILLAGE	Active	Indian
000	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	Inactive	Non-Indian
970	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	Inactive	Non-Indian
838	NOOIKSUT (AKA NUIQSUT)	Active	Indian
088	NOOKSACK INDIAN TRIBE, WA	Active	Indian
642	NOORVIK NATIVE COMMUNITY	Active	Indian
026	NORTHERN CHEYENNE TRIBE, MT	Active	Indian
419	NORTHFORK RANCHERIA MONO IND, CA	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
839	NORTHWAY NATIVES, INC.	Active	Indian
643	NORTHWAY VILLAGE	Active	Indian
220	NORTHWESTERN BAND SHOSHONE IND, UT	Active	Indian
644	NULATO VILLAGE	Active	Indian
840	NUNAKAUIAK YUPIK CORP (TOKSOOK BAY)	Active	Indian
930	NUNAKAUYARMIUT	Active	Indian
841	NUNAMIUT CORPORATION (ANAKTUVUK PASS)	Active	Indian
842	NUNAPIGLLURAQ CORPORATION (HAMILTON)	Active	Indian
843	NUNAPITCHUK, LIMITED	Active	Indian
645	NUNAPITCHUK, NATIVE VILLAGE	Active	Indian
844	OCEANSIDE CORPORATION (PERRYVILLE)	Active	Indian
282	OGLALA SIOUX TRIBE, SD	Active	Indian
845	OHOG, INC. (OHOGAMIUT)	Active	Indian
846	OHOGAMIUT	Active	Indian
847	OLD HARBOR NATIVE CORPORATION	Active	Indian
646	OLD HARBOR, VILLAGE OF OLD HARBOR	Active	Indian
848	OLGOONIK CORPORATION (WAINWRIGHT)	Active	Indian
849	OLSONVILLE	Active	Indian
089	OMAHA TRIBE, NE	Active	Indian
090	ONEIDA NATION, NY	Active	Indian
294	ONEIDA TRIBE OF INDIANS, WI	Active	Indian
217	ONONDAGA NATION, NY	Active	Indian
091	OSAGE TRIBE, OK	Active	Indian
850	OSCARVILLE NATIVE CORPORATION	Active	Indian
647	OSCARVILLE TRADITIONAL VILLAGE	Active	Indian
998	OTHER	Inactive	Non-Indian
092	OTOE	Inactive	Indian
079	OTOE-MISSOURIA TRIBE, OK	Active	Indian
093	OTTAWA TRIBE, OK	Active	Indian
851	OUNALASHKA CORPORATION (UNALASKA)	Active	Indian
852	OUZINKIE NATIVE CORPORATION	Active	Indian
648	OUZINKIE, NATIVE VILLAGE OF OUZINKIE	Active	Indian
094	OZETTE	Inactive	Non-Indian
853	PAIMUIT	Active	Indian
194	PAIUTE INDIAN TRIBE, UT	Active	Indian
095	PAIUTE	Inactive	Indian
365	PAIUTE-SHOSHONE IND BISHOP COMM, CA	Active	Indian
368	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	Active	Indian
366	PAIUTE-SHOSHONE IND FALLON RES, NV	Active	Indian
367	PAIUTE-SHOSHONE IND LONE PINE COMM, CA	Active	Indian
304	PALA BAND OF LUISENO MISSION IND, CA	Active	Indian
187	PASCUA YAQUI TRIBE, AZ	Active	Indian
458	PASKENTA BAND NOMLAKI INDIANS, CA	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
197	PASQUA YAQUI - UNENROLLED	Inactive	Indian
189	PASSAMAQUODDY TRIBE, ME - INDIAN TOWNSHIP	Active	Indian
188	PASSAMAQUODDY TRIBE, ME - PLEASANT POINT	Active	Indian
854	PAUG-VIK, INC., LIMITED (NAKNEK)	Active	Indian
855	PAULOFF HARBOR	Active	Indian
305	PAUMA BAND OF LUISENO MISSION IND, CA	Active	Indian
097	PAWNEE INDIAN TRIBE, OK	Active	Indian
306	PECHANGA BAND OF LUISENO MISSION IND, CA	Active	Indian
856	PEDRO BAY NATIVE CORPORATION	Active	Indian
649	PEDRO BAY VILLAGE	Active	Indian
190	PENOBSCOT TRIBE, ME	Active	Indian
184	PEORIA TRIBE, OK	Active	Indian
650	PERRYVILLE, NATIVE VILLAGE OF PERRYVILLE	Active	Indian
651	PETERSBURG INDIAN ASSOCIATION	Active	Indian
425	PICAYUNE RANCHERIA CHUKCHANSI IND, CA	Active	Indian
857	PILOT POINT NATIVE CORPORATION	Active	Indian
652	PILOT POINT, NATIVE VILLAGE	Active	Indian
653	PILOT STATION TRADITIONAL VILLAGE	Active	Indian
858	PILOT STATION, INCORPORATED	Active	Indian
098	PIMA	Inactive	Indian
397	PINOLEVILLE RANCHERIA POMO IND, CA	Active	Indian
383	PIT RIVER INDIAN TRIBE, X-L RANCH, CA	Active	Indian
099	PIT RIVER	Inactive	Indian
859	PITKA'S POINT NATIVE CORPORATION	Active	Indian
654	PITKA'S POINT, NATIVE VILLAGE	Active	Indian
655	PLATINUM TRADITIONAL VILLAGE	Active	Indian
207	POARCH BAND OF CREEK INDIANS, AL	Active	Indian
656	POINT HOPE, NATIVE VILLAGE OF POINT HOPE	Active	Indian
657	POINT LAY, NATIVE VILLAGE OF POINT LAY	Active	Indian
860	POINT POSSESSION, INC.	Active	Indian
455	POKAGON BAND POTAWATOMI INDIANS	Active	Indian
101	POMO	Inactive	Indian
449	PONCA TRIBE, NE	Active	Indian
102	PONCA TRIBE, OK	Active	Indian
861	PORT ALSWORTH	Active	Indian
214	PORT GAMBLE IND COMM, WA	Active	Indian
862	PORT GRAHAM CORPORATION	Active	Indian
659	PORT GRAHAM VILLAGE	Active	Indian
660	PORT HEIDEN, NATIVE VILLAGE	Active	Indian
661	PORT LIONS, NATIVE VILLAGE OF PORT LIONS	Active	Indian
863	PORT WILLIAMS (SHUYAK)	Active	Indian
864	PORTAGE CREEK (OHGSENAKALE)	Active	Indian
658	PORTAGE CREEK VILLAGE	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
103	POTAWATOMIE	Inactive	Indian
403	POTTER VALLEY RANCHERIA POMO INDIANS, CA	Active	Indian
105	PRAIRIE BAND POTAWATOMI, KS	Active	Indian
273	PRAIRIE ISLAND SIOUX IND COMM, MN	Active	Indian
662	PRIBILOF ISLANDS, ALEUT COMMUNITIES	Active	Indian
107	PUEBLO OF ACOMA, NM	Active	Indian
108	PUEBLO OF COCHITI, NM	Active	Indian
109	PUEBLO OF ISLETA, NM	Active	Indian
110	PUEBLO OF JEMEZ, NM	Active	Indian
111	PUEBLO OF LAGUNA, NM	Active	Indian
112	PUEBLO OF NAMBE, NM	Active	Indian
113	PUEBLO OF PICURIS, NM	Active	Indian
100	PUEBLO OF POJOAQUE, NM	Active	Indian
115	PUEBLO OF SAN FELIPE, NM	Active	Indian
116	PUEBLO OF SAN ILDEFONSO, NM	Active	Indian
117	PUEBLO OF SAN JUAN, NM	Active	Indian
114	PUEBLO OF SANDIA, NM	Active	Indian
118	PUEBLO OF SANTA ANA, NM	Active	Indian
119	PUEBLO OF SANTA CLARA, NM	Active	Indian
120	PUEBLO OF SANTO DOMINGO, NM	Active	Indian
121	PUEBLO OF TAOS, NM	Active	Indian
122	PUEBLO OF TESUQUE, NM	Active	Indian
123	PUEBLO OF ZIA, NM	Active	Indian
106	PUYALLUP TRIBE, WA	Active	Indian
356	PYRAMID LAKE PAIUTE TRIBE, NV	Active	Indian
865	QANIRTUUG, INC (QUINHAGAK AKA KWINHAGAK)	Active	Indian
242	QAWALANGIN TRIBE OF UNALASKA	Active	Indian
866	QEMIRTALEK COAST CORP (KONGIGANAK)	Active	Indian
125	QUAPAW TRIBE, OK	Active	Indian
219	QUARTZ VALLEY RANCHERIA, CA	Active	Indian
126	QUECHAN TRIBE, CA	Active	Indian
127	QUILEUTE TRIBE, WA	Active	Indian
128	QUINAULT TRIBE, WA	Active	Indian
260	RAMONA BAND VILLAGE CAHUILLA MISSION, CA	Active	Indian
663	RAMPART VILLAGE	Active	Indian
247	RED CLIFF, CHIPPEWA, WI	Active	Indian
664	RED DEVIL, VILLAGE OF RED DEVIL	Active	Indian
248	RED LAKE BAND OF CHIPPEWA, MN	Active	Indian
398	REDDING RANCHERIA POMO IND, CA	Active	Indian
399	REDWOOD VALLEY RANCHERIA POMO IND, CA	Active	Indian
349	RENO-SPARKS INDIAN COLONY, PAIUTE, NV	Active	Indian
371	RENO-SPARKS INDIAN COLONY, SHOSHONE, NV	Active	Indian
409	RESIGHINI RANCHERIA COAST IND COM	Inactive	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
307	RINCON BAND OF LUISENO MISSION IND, CA	Active	Indian
384	ROARING CREEK RANCHERIA PIT RIVER TRB, CA	Active	Indian
400	ROBINSON RANCHERIA POMO IND, CA	Active	Indian
426	ROHNERVILLE RANCH BEAR RIV MATTOLE IND, CA	Active	Indian
283	ROSEBUD SIOUX TRIBE, SD	Active	Indian
665	RUBY, NATIVE VILLAGE OF RUBY	Active	Indian
172	RUMSEY INDIAN RANCHERIA, WINTUN IND, CA	Active	Indian
867	RUSSIAN MISSION / CHUATHBULAK (KUSKOKWIM)	Active	Indian
666	RUSSIAN MISSION, NATIVE VILLAGE (YUKON)	Active	Indian
129	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	Active	Indian
131	SAC AND FOX TRIBE, KS AND NE	Active	Indian
130	SAC AND FOX TRIBE, OK	Active	Indian
245	SAGINAW CHIPPEWA TRIBE, ISABELLA RES, MI	Active	Indian
868	SAGUYAK, INCORPORATED (CLARK'S POINT)	Active	Indian
869	SALAMATOF NATIVE ASSOCIATION, INC.	Active	Indian
377	SALT RIVER PIMA-MARICOPA IND COMM, AZ	Active	Indian
228	SAMISH TRIBAL ORGANIZATION	Active	Indian
132	SAMISH	Inactive	Non-Indian
232	SAN CARLOS APACHE TRIBE, AZ	Active	Indian
133	SAN JUAN OF WASHINGTON	Inactive	Non-Indian
344	SAN JUAN SOUTHERN PAIUTE INDIANS, AZ	Active	Indian
139	SAN MANUEL BAND, SERRANO MISSION IND, CA	Active	Indian
337	SAN PASQUAL BAND DIEGUENO INDIANS, CA	Active	Indian
870	SANAK CORPORATION (PAULOFF HARBOR)	Active	Indian
669	SAND POINT VILLAGE	Active	Indian
427	SANTA ROSA BAND CAHUILLA MISSION IND, CA	Active	Indian
261	SANTA ROSA COMM, SANTA ROSA RANCHERIA, CA	Active	Indian
033	SANTA YNEZ BAND CHUMASH MISSION INDS, CA	Active	Indian
338	SANTA YSABEL BAND DIEGUENO MISS IND, CA	Active	Indian
284	SANTEE SIOUX NATION, NE	Active	Indian
066	SATSOP	Inactive	Non-Indian
134	SAUK-SUIATTLE INDIAN TRIBE	Active	Indian
249	SAULT STE. MARIE CHIPPEWA TRIBE, MI	Active	Indian
871	SAVOONGA NATIVE CORPORATION	Active	Indian
670	SAVOONGA, NATIVE VILLAGE OF SAVOONGA	Active	Indian
671	SAXMAN, ORGANIZED VILLAGE OF SAXMAN	Active	Indian
672	SCAMMON BAY, NATIVE VILLAGE SCAMMON BAY	Active	Indian
389	SCOTTS VALLEY BAND POMO INDIANS	Active	Indian
872	SEA LION CORPORATION (HOOPER BAY)	Active	Indian
673	SEALASKA CORPORATION	Active	Indian
674	SELAWIK, NATIVE VILLAGE OF SELAWIK	Active	Indian
873	SELDOVIA NATIVE ASSOCIATION	Active	Indian
137	SEMINOLE NATION, OK	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
136	SEMINOLE TRIBE, FL	Active	Indian
135	SEMINOLE	Inactive	Indian
138	SENECA NATION, NY	Active	Indian
019	SENECA-CAYUGA TRIBE, OK	Active	Indian
874	SETH-DY-YA-AH CORPORATION (MINTO)	Active	Indian
875	SHAAN-SEET, INC. (CRAIG)	Active	Indian
675	SHAGULUK NATIVE VILLAGE	Active	Indian
274	SHAKOPEE MDEWAKANTON SIOUX COMM,MN	Active	Indian
876	SHAKTOOLIK NATIVE CORPORATION	Active	Indian
676	SHAKTOOLIK, NATIVE VILLAGE OF SHAKTOOLIK	Active	Indian
140	SHAWNEE	Active	Indian
877	SHEE ATIKA, INC. (SITKA)	Active	Indian
323	SHEEP RANCH RANCHERIA OF MEWUK IND, CA	Active	Indian
677	SHELDON'S POINT, NATIVE VILLAGE	Active	Indian
401	SHERWOOD VALLEY RANCHERIA POMO IND, CA	Active	Indian
428	SHINGLE SPRINGS BAND MIWOK IND, CA	Active	Indian
932	SHINNECOCK INDIAN NATION	Active	Indian
678	SHISHMAREF, NATIVE VILLAGE OF SHISHMAREF	Active	Indian
878	SHISMAREF NATIVE CORPORATION	Active	Indian
185	SHOALWATER BAY TRB, WA	Active	Indian
372	SHOSHONE TRIBE WIND RIVER RES, WY	Active	Indian
143	SHOSHONE	Inactive	Indian
209	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	Active	Indian
879	SHUMIGAN CORPORATION (SAND POINT)	Active	Indian
679	SHUNGNAK, NATIVE VILLAGE OF SHUNGNAK	Active	Indian
880	SHUYAK INC., (PORT WILLIAMS)	Active	Indian
285	SISSETON WAHPETON OYATE, SD	Active	Indian
680	SITKA COMMUNITY ASSOCIATION	Active	Indian
881	SITNASUAK NATIVE CORPORATION (NOME)	Active	Indian
144	SKAGIT, LOWER	Inactive	Non-Indian
237	SKAGWAY VILLAGE	Active	Indian
146	SKOKOMISH INDIAN TRIBE, WA	Active	Indian
376	SKULL VALLEY BAND GOSHUTE INDIANS, UT	Active	Indian
147	SKYKOMISH	Inactive	Non-Indian
681	SLEETMUTE, VILLAGE OF SLEETMUTE	Active	Indian
429	SMITH RIVER RANCHERIA, CA	Active	Indian
149	SNOHOMISH (LANDLESS)	Inactive	Non-Indian
148	SNOHOMISH	Inactive	Non-Indian
460	SNOQUAIMIE TRIBAL ORGANIZATION, WA	Active	Indian
150	SNOQUALMIE	Inactive	Non-Indian
308	SOBOBA BAND OF LUISENO MISSION IND, CA	Active	Indian
250	SOKOAGON CHIPPEWA, MOLE LAKE BAND, WI	Active	Indian
882	SOLOMON NATIVE CORPORATION	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
682	SOUTH NAKNEK VILLAGE	Active	Indian
151	SOUTHERN UTE TRIBE, CO	Active	Indian
272	SPIRIT LAKE SIOUX TRIBE, ND	Active	Indian
152	SPOKANE TRIBE, WA	Active	Indian
153	SQUAXIN ISLAND TRIBE, WA	Active	Indian
920	ST GEORGE TRADITIONAL COUNCIL	Active	Indian
251	ST. CROIX CHIPPEWA, WI	Active	Indian
883	ST. GEORGE TANAQ CORPORATION	Active	Indian
884	ST. MARY'S NATIVE CORPORATION	Active	Indian
667	ST. MARY'S VILLAGE (AKA ALGAACIQ)	Active	Indian
668	ST. MICHAEL, NATIVE VILLAGE ST. MICHAEL	Active	Indian
885	ST. MICHAEL'S NATIVE CORPORATION	Active	Indian
886	ST. PAUL	Active	Indian
182	ST. REGIS BAND, MOHAWK INDIANS, NY	Active	Indian
286	STANDING ROCK SIOUX TRIBE, ND AND SD	Active	Indian
683	STEBBINS COMMUNITY ASSOCIATION	Active	Indian
154	STEILACOOM	Inactive	Non-Indian
887	STEVEN'S VILLAGE	Active	Indian
684	STEVENS, NATIVE VILLAGE OF STEVENS	Active	Indian
155	STILLAGUAMISH TRIBE, WA	Active	Indian
156	STOCKBRIDGE-MUNSEE COMM MOHICAN IND, WI	Active	Indian
685	STONY RIVER, VILLAGE OF STONY RIVER	Active	Indian
888	STUYAHOK, LIMITED (NEW STUYAHOK)	Active	Indian
357	SUMMIT LAKE PAIUTE TRIBE, NV	Active	Indian
829	SUN'AQ TRIBE OF KODIAK	Active	Indian
157	SUQUAMISH TRIBE, WA	Active	Indian
430	SUSANVILLE IND. RANCHERIA, CA	Active	Indian
889	SWAN LAKE CORPORATION (SHELDON'S POINT)	Active	Indian
158	SWINOMISH TRIBE, WA	Active	Indian
339	SYCUAN BAND DIEGUENO MISSION IND, CA	Active	Indian
431	TABLE BLUFF RANCHERIA WIYOT INDIANS, CA	Active	Indian
432	TABLE MOUNTAIN RANCHERIA, CA	Active	Indian
159	TACHI	Inactive	Non-Indian
686	TAKOTNA VILLAGE	Active	Indian
890	TANACROSS, INC.	Active	Indian
687	TANACROSS, NATIVE VILLAGE OF TANACROSS	Active	Indian
891	TANADGUSIX CORPORATION (ST. PAUL)	Active	Indian
892	TANALIAN, INC. (PORT ALSWORTH)	Active	Indian
688	TANANA, NATIVE VILLAGE OF TANANA	Active	Indian
893	TATITLEK CORPORATION	Active	Indian
689	TATITLEK, NATIVE VILLAGE OF TATITLEK	Active	Indian
690	TAZLINA, NATIVE VILLAGE OF TAZLINA	Active	Indian
933	TEJON INDIAN TRIBE	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
691	TELIDA VILLAGE	Active	Indian
894	TELLER NATIVE CORPORATION	Active	Indian
692	TELLER NATIVE VILLAGE	Active	Indian
160	TE-MOAK BANDS, WESTERN SHOSHONE, NV	Active	Indian
895	TETLIN NATIVE CORPORATION	Active	Indian
693	TETLIN, NATIVE VILLAGE OF TETLIN	Active	Indian
205	TEWA	Inactive	Non-Indian
987	THAI	Inactive	Non-Indian
694	THIRTEENTH REGIONAL CORPORATION	Active	Indian
268	THLOPHTLOCCO TRIBAL TOWN, CREEK NATION, OK	Active	Indian
253	THREE AFFILIATED TRIBES OF FT BERTHOLD, ND	Active	Indian
291	THREE AFFILIATED TRIBES, HIDATSA, ND	Active	Indian
896	TIGARA CORPORATION (POINT HOPE)	Active	Indian
897	TIHTEET AII, INC (BIRCH CREEK)	Active	Indian
695	TLINGIT & HAIDA INDIANS OF ALASKA	Active	Indian
210	TLINGIT	Inactive	Indian
898	TOGHOTTELE CORPORATION (NENANA)	Active	Indian
899	TOGIAK NATIVES, LIMITED	Active	Indian
696	TOGIAK, TRADITIONAL VILLAGE OF TOGIAK	Active	Indian
096	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	Active	Indian
211	TOLOWA/TOLOWA-HOOPA	Inactive	Indian
192	TONAWANDA BAND SENECA INDIANS, NY	Active	Indian
161	TONKAWA TRIBE, OK	Active	Indian
230	TONTO APACHE TRIBE, AZ	Active	Indian
697	TOOKSOOK BAY, NATIVE VILLAGE TOKSOOK BAY	Active	Indian
262	TORRES-MARTINEZ BAND CAHUILLA MISSION, CA	Active	Indian
900	TOZITNA, LIMITED (TANANA)	Active	Indian
163	TULALIP TRIBE, WA	Active	Indian
162	TULE RIVER TRIBE, CA	Active	Indian
901	TULKISARMUTE, INC. (TULUKSAK)	Active	Indian
698	TULUKSAK NATIVE COMMUNITY	Active	Indian
203	TUNICA-BILOXI INDIAN TRIBE, LA	Active	Indian
902	TUNTUTULIAK LAND, LIMITED	Active	Indian
699	TUNTUTULIAK, NATIVE VILLAGE TUNTUTULIAK	Active	Indian
700	TUNUNAK, NATIVE VILLAGE OF TUNUNAK	Active	Indian
324	TUOLUMNE BAND OF ME-WUK INDIANS, CA	Active	Indian
252	TURTLE MOUNTAIN BAND CHIPPEWA, ND	Active	Indian
195	TUSCARORA NATION, NY	Active	Indian
309	TWENTY-NINE PALMS LUISENO MISSION, CA	Active	Indian
903	TWIN HILLS NATIVE CORPORATION	Active	Indian
701	TWIN HILLS VILLAGE	Active	Indian
904	TYONEK NATIVE CORPORATION	Active	Indian
702	TYONEK, NATIVE VILLAGE OF TYONEK	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
905	UGANIK NATIVES, INC.	Active	Indian
703	UGASHIK VILLAGE	Active	Indian
906	UKPEAGVIK INUPIAT CORP (BARROW)	Active	Indian
907	UMKUMIUT, LIMITED	Active	Indian
908	UNALAKLEET NATIVE CORPORATION	Active	Indian
704	UNALAKLEET, NATIVE VILLAGE OF UNALAKLEET	Active	Indian
909	UNALASKA	Active	Indian
910	UNGA CORPORATION	Active	Indian
457	UNITED AUBURN IND COMM,AUBURN RANCH, CA	Active	Indian
238	UNITED KEETOOWAH BAND CHEROKEE, OK	Active	Indian
911	UPPER KALSKAG	Active	Indian
287	UPPER SIOUX INDIAN COMMUNITY, MN	Active	Indian
145	UPPER SKAGIT INDIAN TRIBE, WA	Active	Indian
165	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	Active	Indian
166	UTE MOUNTAIN TRB, CO NM AND UT	Active	Indian
350	UTU UTU GWAITI PAIUTE TRIBE, CA	Active	Indian
912	UYAK NATIVES, INC.	Active	Indian
705	VENETIE, NATIVE VILLAGE OF VENETIE	Active	Indian
931	VENETIE/ARCTIC	Active	Indian
340	VIEJAS GROUP OF THE VIEJAS RES, CA	Active	Indian
413	VIEJAS GROUP-CAPITAN GRANDE-CAL	Inactive	Indian
982	VIETNAMESE	Inactive	Non-Indian
167	WAILAKI	Inactive	Indian
706	WAINWRIGHT VILLAGE	Active	Indian
913	WALES NATIVE CORPORATION	Active	Indian
707	WALES, NATIVE VILLAGE OF WALES	Active	Indian
358	WALKER RIVER PAIUTE TRIBE, NV	Active	Indian
169	WASHOE TRIBE OF NV, CA	Active	Indian
186	WEA	Inactive	Non-Indian
233	WHITE MOUNTAIN APACHE TRB, AZ	Active	Indian
914	WHITE MOUNTAIN NATIVE CORPORATION	Active	Indian
708	WHITE MOUNTAIN, NATIVE VILLAGE WHITE MTN	Active	Indian
990	WHITE	Inactive	Non-Indian
170	WICHITA INDIAN TRIBE, OK	Active	Indian
924	WILTON RANCHERIA	Active	Indian
171	WINNEBAGO TRIBE, NE	Active	Indian
375	WINNEMUCCA INDIAN COLONY, NV	Active	Indian
915	WOODY ISLAND	Active	Indian
709	WRANGELL COOPERATIVE ASSOCIATION	Active	Indian
173	WYANDOTTE TRIBE, OK	Active	Indian
067	WYNNOCHE	Inactive	Non-Indian
916	YAK-TAT KWAAN, INC. (YAKUTAT)	Active	Indian
275	YANKTON SIOUX TRIBE, SD	Active	Indian



CRIHB Options Program
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
009	YAVAPAI-APACHE IND COMM, AZ	Active	Indian
175	YAVAPAI-PRESCOTT TRIBE, AZ	Active	Indian
359	YERINGTON PAIUTE TRIBE, NV	Active	Indian
373	YOMBA SHOSHONE TRIBE, YOMBA RES, NV	Active	Indian
222	YSLETA DEL-SUR PUEBLO, TX	Active	Indian
176	YUCHI	Inactive	Non-Indian
177	YUKI	Inactive	Indian
410	YUROK TRIBE HOOPA VALLEY RES, CA	Active	Indian
178	YUROK	Inactive	Indian
917	ZHO-TSE, INC. (SHAGELUK)	Active	Indian
124	ZUNI TRIBE, NM	Active	Indian



CRIHB OPTIONS PROGRAM Frequently Asked Questions (FAQs)

FAQ #1: Patients with Medi-Cal and Medicare coverage

Question: If an eligible client meets all eligibility criteria for the CRIHB Options program and has both Medicare & Medi-Cal – can they bill for chiropractic or podiatry services that do not meet the Medicare coverage criteria?

Answer: No. If Medicare covers chiropractic and/or podiatry services but the visit doesn't meet the Medicare requirements, CRIHB Options would not cover. Medi-Cal guidelines for chiropractic and podiatry services are the same as those for Medicare, so the services would not have been billable to Medi-Cal before the elimination of the optional benefits. Therefore, CRIHB Options would not pay for the service. However, if Medicare does not cover a service at all (e.g. dental services), and the service was one of the eliminated Optional Benefits that has not been restored, then CRIHB Options can be billed for these services.

FAQ #2: Patients with Medi-Cal and private insurance coverage

Question: Does a patient qualify for CRIHB Options if they have private insurance and Medi-Cal coverage?

Answer: It depends. If the patient has private dental insurance and Medi-Cal coverage, the service does not qualify for CRIHB Options. If the patient has private medical coverage that does not cover dental services, and Medi-Cal has not restored that dental service, the service qualifies for CRIHB Options. If the child age 21-26 is on one parent's private medical insurance but also has Medi-Cal, client could qualify for dental coverage.

FAQ #3: Share of Cost patients

Question: Are individuals with a Medi-Cal Share of Cost (SOC) eligible for the CRIHB Options program?

Answer: Individuals with a SOC are not Medi-Cal beneficiaries until they have met their SOC each month. Therefore, services provided to these individuals would not be eligible for CRIHB Options payment until the SOC had been met for the month. Keep a copy of the Medi-Cal printout showing the SOC has been met for that date of service.

FAQ #4: Patients with family Share of Cost

Question: If a client has Medi-Cal with an EVC# but states they can also apply medical expenses to a family share of cost (see below), is this client eligible for CRIHB Options?

Eligibility Message:
SUBSCRIBER LAST NAME: EVC #:XXXXXXXXXX. CNTY CODE: XX. 1ST SPECIAL AID CODE:
XX. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. SUBSCRIBER CAN ALSO CHOOSE TO
APPLY MEDICAL EXPENSES TOWARDS FAMILY SOC/SPEND DOWN. REMAINING
SOC/SPEND DOWN \$ 250.58.

Answer: CRIHB Options can pay for covered services provided to the eligible client if the client has full scope Medi-Cal (the aid code will help you determine this) and you do not apply the visit to the family share of cost.

FAQ #5: Medi-Cal patients who are pregnant

Question: Are individuals with pregnancy-related Medi-Cal coverage eligible for the CRIHB Options program?

Answer: A person with pregnancy-related Medi-Cal is covered during her pregnancy and generally for 6 weeks after delivery. If the service provided might affect the pregnancy, is not covered by Medi-Cal during the pregnancy, and is one of the eliminated Optional Benefits that have not been restored by Medi-Cal then CRIHB Options can be billed for services provided to eligible patients.

FAQ #6: Eligibility of Non-Native pregnant patients

Question: Is a non-Indian individual who are pregnant with an Indian child eligible for the CRIHB Options program? If so, what tribal code is used and how do we document this?

Answer: According to the IHS Eligibility Criteria that is located in the Provider Toolkit, a Non-Indian woman pregnant with an eligible Indian's child qualifies for CRIHB Options through post partum period, which is generally 6 weeks after delivery. However, CRIHB Options covered services are limited to pregnancy-related services. For the non-Indian individual, use the tribal code 970 (Non-Indian member of an Indian household). If the couple is legally married, we would accept documentation on the clinic's patient registration form that indicates marriage. If the patient completes the patient registration form indicating she is married to the father and the father's record has documentation that he is an Indian beneficiary as defined by IHS, this documentation would suffice. If the couple is not legally married, the father will need to provide written documentation that he is the father of the child and the clinic needs to maintain this documentation.



Listing of Service Codes

Chiropractic Services Listing

Only medically necessary procedures performed in a Participating Provider Clinic are covered.

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

PLEASE NOTE: Dental services are not affected by this limitation.

Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions

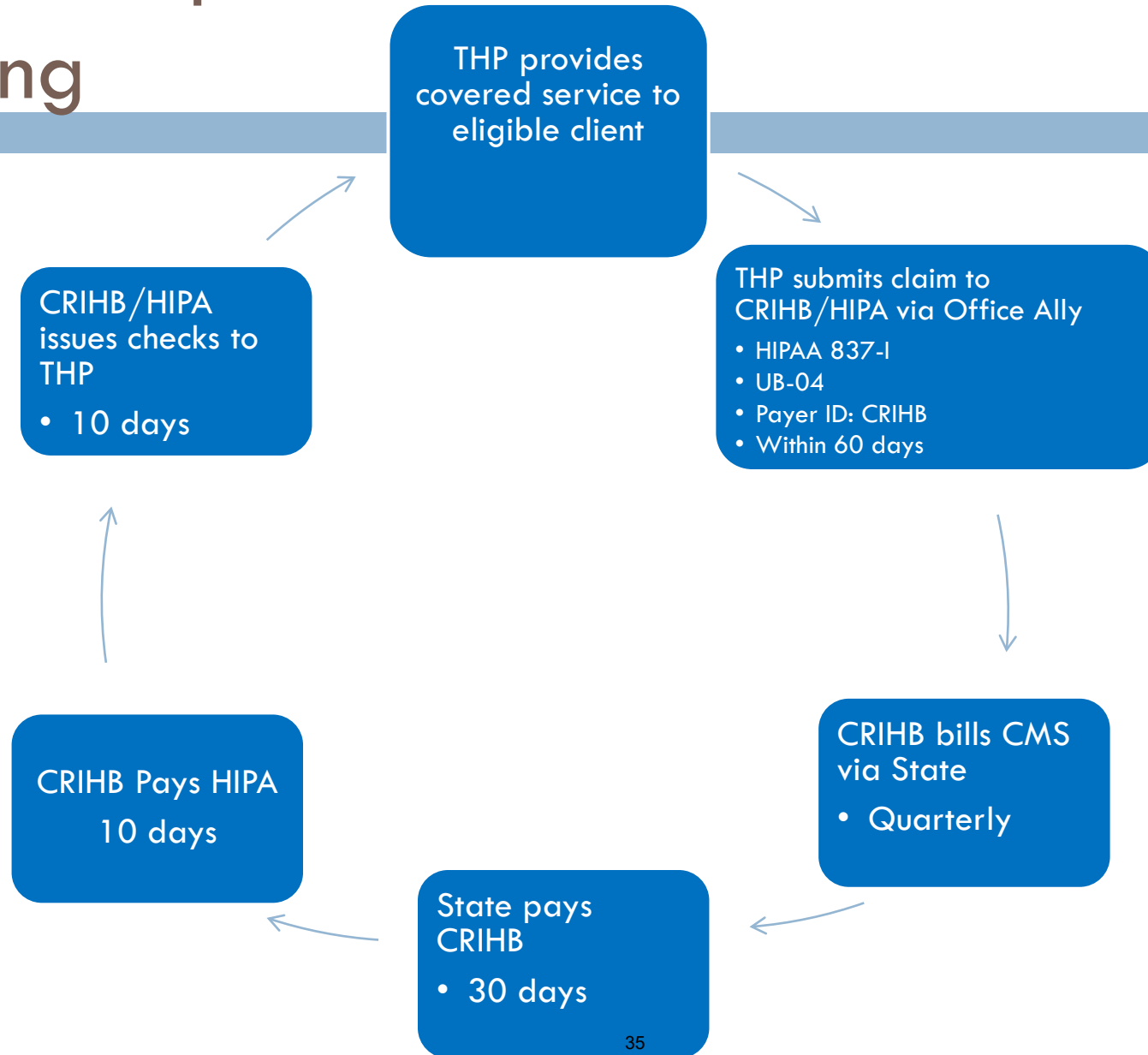
NOTE: For auditing purposes, ensure all documentation of chiropractic services match and support claims submitted to CRIHB Options for reimbursement.



Submitting Claims to CRIHB via Third Party Administrator

CRIHB Options

Billing



Submit Claims to CRIHB/HIPA via Office Ally

- 3 ways of submitting claims :
 - ▣ Use your existing billing software. Request to add payer ID: CRIHB
 - ▣ Use Office Ally Online Entry Tool
 - ▣ Sign up to have Office Ally become your clearinghouse
 - Office Ally set-up is required to use the online entry and clearinghouse service and is available at no cost.
 - Call Office Ally who can help set-up you up over the phone
 - (866) 575-4120

Claims Submissions via Office Ally

- Payer ID: **CRIHB**
- UB-04 Claim Form
- CPT /HCPCS/CDT Codes
- Please include fee for each code

2019 Billing Rate and Administration Fees

- **All CRIHB Options 2019 Claims:** Paid at IHS/MOA rate of \$455 from uncompensated care fund
 - Check will be issued by Humboldt Independent Practice Association (HIPA)
 - Payments issued quarterly

- **CRIHB Administrative Fee:** \$49.50 per “clean” claim. Billed monthly to the tribal health program by CRIHB.



THANK YOU FOR INTEREST IN OFFICE ALLY

I have attached Office Ally's Enrollment Instructions for enrolling online to start sending electronic claims. Below is information and direction on how to get started.

EASY TO GET STARTED:

- Complete the attached Enrollment Form and Authorization Sheet. Once complete **fax to (360) 314-2184 ATTN: ADRIANA.**
- You will receive a Log on ID and password for Office Ally's HIPAA compliant website via email within 24 hours.
- One of Office Ally's technical support staff will contact you and walk you through the EDI process.

USE YOUR CURRENT SOFTWARE

- You can submit claims by
 - Using your existing billing software, or
 - Using our Online Entry Tool, or
 - Using our FREE web-based Practice Management System, Practice Mate™.
 - Practice Mate™ features include: scheduling, online claims, super bills, account posting and much more!
- Your claims are processed free of charge within 24 hours.
- A file summary detailing each claim is provided after your claims have been processed.

We have over 5,400 payers that you can submit to free of charge!

Please visit our website at www.officeally.com, click on "Resource Center" and then "Payer Lists" to view a list of these payers.

NEWEST FEATURES AND SUPERIOR CUSTOMER SERVICE FREE OF CHARGE

• 24/7 Customer Service	• Online eligibility checking for certain payers
• Detailed summary reports	• Real Time claim status
• Online claim history	• Free ICD9 and Modifier code look up
• Correct claims online	• No contracts & no set up fees
• Electronic Attachments	• Electronic Remittance ERAs / 835s

PLEASE KEEP IN MIND THAT OFFICE ALLY IS A FREE SERVICE FOR PROVIDERS TO SUBMIT THEIR CLAIMS ELECTRONICALLY.

Office Ally is paid on the backend by our contracted insurance companies – so there is no cost to the provider or biller for electronic claims. Please feel free to call me if you have any questions.

I look forward to hearing from you!

Sincerely,

Adriana Wright
Enrollment Specialist
Office Ally
PO Box 872020
Vancouver, WA 98687
Phone: (866) 575-4120 ext. 234
Fax: (360) 314-2184
adriana.wright@officeally.com
www.officeally.com



ENROLLMENT FORM

PLEASE FILL IN THE INFORMATION BELOW FOR THE PERSON OR ENTITY RESPONSIBLE FOR CHARGES AND MAINTAINS OWNERSHIP AND ACCESS TO THE ACCOUNT.

Owner of Account/Practice Name:*

*Please Note: If this is a billing service, clearinghouse, or software vendor please enroll as such. You may enter provider information below.

OFFICE INFORMATION

Mailing Address:

Street Address:*

City: * State: * Zip: *

Contact Information: (Individual actually submitting claims)

First Name: * Last Name: *

Telephone: * Facsimile: *

Email: * Title: *

Type of Practice:*

☐ Billing Company ☐ Solo Practice ☐ Group Practice ☐ Clearinghouse ☐ Software Vendor

BILLING INFORMATION

Billing Address: ☐ Check if same as mailing address

Street Address:*

City: * State: * Zip: *

Billing Contact Information: ☐ Check if same as contact information in previous section

First Name: * Last Name: *

Telephone: * Facsimile: *

Email: * Title: *

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

PROVIDER/GROUP INFORMATION

If you are enrolling as a Group complete the "Group Provider(s)" section and if any individual providers are billing under the Group NPI# then list them in the "Individual Provider(s)" section. If you are enrolling as an individual provider complete the "Individual Provider(s)" section. If you need room for additional providers then print another copy of this page and submit with enrollment form.

Group Provider(s)

1	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
2	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
3	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
4	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
5	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____

Individual Provider(s)

1	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
2	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
3	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
4	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
5	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

SYSTEM INFORMATION*

Please tell us how you would like to submit your claims. Check ALL that apply (must select at least one)

- ☐ Undecided
- ☐ Office Ally's Practice Mate
- ☐ Office Ally's Electronic Health Records System
- ☐ Office Ally's Online Claim Entry Tool

Forms Used: ☐ CMS 1500 ☐ UB-04 ☐ ADA

- ☐ We will be using another billing software (Please include your software information below)

Software/Version: _____

CREDIT CARD PROCESSING UTILITY

- ☐ Yes, I am interested in Office Ally's integrated credit card processing. Please contact me with additional information.

Best Time to Contact: _____ Best Contact Method: _____ Promo Code: _____

Special Instruction/Alternate Contact: _____

BILLING COMPANY

- ☐ Yes, I am interested in Office Ally's Billing Service. Please contact me with additional information.

Best Time to Contact: _____ Best Contact Method: _____

OFFICE ALLY REPRESENTATIVE*

Please list your Office Ally Representative: _____

How did you hear about us? _____

ONEHEALTH PORT USERS

Currently enrolled OneHealth Port users check the box below, and fill in your OneHealth Port User Name.

Are you a OneHealth Port user? ☐ Yes ☐ No OneHealth Port User Name: _____

**This will become your Office Ally User Name if available*

In order to process your enrollment you must also submit a one (1) page Authorization sheet included with this form. Within 24 hours of receiving your enrollment form and authorization sheet you will receive an email containing your username and a link to create your password. Within 24 hours after this an Office Ally representative will contact you to schedule a training appointment.

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.



AUTHORIZATION SHEET

Practice / Facility Name: _____

TERMS/CONDITIONS:

- Provider/Payer ensures that all data submitted to Office Ally is valid and represents services performed accurately.
- Office Ally shall not be deemed responsible for any claims transactions that fail due to incorrect/invalid data and all such rejections shall be the sole responsibility of the submitter for correction and resubmission. The received date of the claims shall be the date the claim is actually transmitted to the payer.
- Office Ally will automatically reprocess all claims rejected (for IPA's ONLY) due to 'Member Not Found' and "Member Not Eligible At Time of Service". Reprocessing will take place (7) days, (14) days and (21) days after the initial rejection. Provider will be notified: 1) at the time of the original rejection, and 2) at the time that the claim is accepted, or after the third attempt to reprocess at day (21) if the claim is still rejected for 'Member Not Found' or 'Member Not Eligible At Time of Service.' If the member is found to be eligible after reprocessing the date that the claim is received by payer will be the date that Office Ally actually transmits the claim to Payer.
- Certain payers require pre-enrollment which must be completed and approved before claims can be sent electronically. These payers include, but are not limited to Medicare, Medicaid/Medi-Cal, TriWest, and Blue Shield/Blue Cross, see our payer list for a complete listing.
- In an effort to provide our customers the best pricing available, Office Ally utilizes email for all correspondence, including accounting notices and invoices. It is your responsibility to ensure Office Ally has a valid email address for you at all times.

GOVERNMENT CLAIMS POLICY: IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL PRE-ENROLLMENT FORMS ARE DONE PROPERLY AND APPROVED

- I understand that if my monthly claim volume exceeds 50% governmental claims (including, but not limited to Medicare, Medi-Cal/Medicaid, DMERC, Railroad, and BCBS in some states), my account is subject to a Governmental processing fee of \$19.95 per month*.
- In addition I understand that all totals are calculated per account (username) and I will only be charged this fee for months in which I exceed the 50% limit. If my Medicare/Medi-Cal/Medicaid/DMERC/Railroad/BCBS claim volume is less than 50%, I will not be charged.

▶▶▶ **Initial Here** _____ to indicate that you have read and understand the above policy. Initial required regardless if applicable.

CLAIM PRINTING POLICIES:

- All claims that Office Ally is able to submit electronically are done so FREE OF CHARGE. Any claims that Office Ally has to print and mail are done so at a rate of \$ 0.40 cents per page* if you select this option below.
- Claims that need to be printed and mailed to individuals (such as patients or attorneys) will be charged a rate of \$0.55 per page*. The provider or biller will be invoiced monthly via email for these paper claims.

ELECT PRINTING OPTION: YOU ARE REQUIRED TO MAKE A CHOICE BELOW (CHECK ONLY ONE)

_____ Do not print any claims for me. I understand that if I transmit claims that cannot be sent electronically, they will be rejected back to me.

_____ I hereby allow Office Ally to print and mail to the appropriate payers the claims that are not accepted electronically as indicated by our payer list and your pre-enrollment status, and agree to pay Office Ally \$0.40/claim* for claims sent to insurance companies/payers and \$0.55/claim* for claims sent to individuals (such as patients or attorneys). User will be invoiced for paper claims monthly.

By signing below, you are acknowledging that you have read, understand, and agree to all terms/conditions in full.



Owner of Account/President/CEO/Owner Signature

Date

Owner of Account/President/CEO/Owner Name (Please Print)

Title (Please Print)

Contact Name / Contact Phone Number

Office Ally Representative

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

ENROLLING IS AS EASY AS 1-2-3!!



STEP 1: Go to www.officeally.com. Click on the **ENROLL NOW** button.

STEP 2: Complete the online **Provider Enrollment Form** by following these simple steps:

- **Owner of Account/Practice Name** – Be sure to use the name of the GROUP practice or billing service if applicable. If enrolling as an individual provider or practice, be sure to use full name and credentials.
 - **Section 1: Office Information***: Here you will enter mailing address and contact information for your group practice, individual practice, billing service, etc.
 - **IMPORTANT NOTE: An email address is REQUIRED.** Office Ally will send your username, password link, and transmission/error reports to the email address you provide.
 - **Section 2: Billing Information**: If all information is the same for this section as what was entered in the Section 1: Office Information, check the boxes next to: “Check if same as mailing address” & “Check if same as contact information above”. If the information is different complete the section with the correct billing information.
 - **Section 3: Provider/Group Information***:
 - If you are a **solo practice** you will enter the name of the provider in the Group Providers section as well as list them in the Individual Providers section.
 - If you are a **group practice** you will enter the name of the group in the Group Providers section and list the individual providers within the group in the Individual Providers section.
 - If you are a **billing service**, please list any group practices under Group Providers section and any individual providers under Individual Provider section.
 - When entering your Tax ID number, do NOT include hyphens/dashes.
 - If you do not have an NPI# please enter ten one’s as shown here: 1111111111
- Once you have entered in all of the information, select the “ADD” button on the right before continuing.
- **Section 4: System Information**: Please identify which software(s) you will be using by checking the correct box(es). You may select more than one option.
 - If you select Office Ally’s Online Claim Entry Tool please indicate the forms you will be submitting by checking the appropriate box(es): CMS-1500 / UB-04 / ADA
 - **Section 5: Credit Card Processing Utility**: Select the check box if you wish to receive more information about Office Ally’s integrated credit card processing through TransEngen.
 - **Section 6: Office Ally Representative**: Please select your Office Ally Representative: _____
 - **Section 7: How did you hear about us?**: Please select how you heard about Office Ally by checking the appropriate box.
 - **Section 8: OneHealth Port Users**:
 - If you are a **current OneHealth Port user** please select “Yes” and enter your OHP user name.
 - If you are **NOT a current OneHealth Port user**, please ignore.

Once you have completed the above sections, click the “Submit” button at the bottom of the form. After clicking submit, a pop-up screen will appear which will instruct you to print and fill out the appropriate forms. If you do not come to this screen it means that your Pop-Up blocker has blocked it. Please make sure your Pop-Up blocker temporarily allows pop-ups in order to view the screen.

STEP 3: In order to complete your enrollment we need a signed **Authorization Sheet**. The Authorization Sheet is included in this packet or is available by clicking the “**Authorization Sheet**” link on the Pop-Up screen or by going to our home page (www.officeally.com), putting your cursor over the **Resource Center** tab, and selecting **Office Ally Forms & Manuals** from the drop down menu. In the **Enrollment Documents** section select **Authorization Sheet**. Download this form, complete, and send to Office Ally via fax, email, or mail.

Office Ally, LLC
PO Box 872020
Vancouver, WA 98687
Fax: (360) 314-2184
Email: info@officeally.com

Once we have received your completed Authorization Sheet, you will be sent an email with your user name and a link to set your password (within 24 hours). The business day after you have received your login information, one of our Appointment Schedulers will call to schedule an appointment with one of our Technicians to walk you through our website and the transmission of claims.

Product Pricing List



- **Clearinghouse** – Submit claims electronically to over 4,400 payers
 - Additional fees may apply:
 - **Government Claims** – If government claim volume exceeds 50% of total claims submitted in a given month, an additional fee of \$19.95 applies **FREE**
 - **Printed Claims** – If claim(s) cannot be processed electronically, Office Ally will print and mail the claims(s) for \$0.40 per claim



- **Practice Mate™** – Complete practice management system that includes comprehensive scheduling, accounting, and a patient database for storing demographic and insurance information **FREE**



- **EHR 24/7™** – Electronic medical record system with customizable design for all specialties, including real-time reporting, dictation, and scanning **\$29.95 per provider/per month**

Practice Mate and EHR Add-On Services

- **Eligibility Verification** – Real-time insurance eligibility status starting at \$10.00 for first 100 transactions/month; \$0.10 for each additional transaction
- **Reminder Mate™** – Reduce missed appointments with this call and email-based reminder system starting at \$29.95 for first 500 calls per month; additional reminders may be purchased in 500 call increments at \$20.00/month
- **Electronic Prescribing** – Comprehensive electronic prescription delivery and renewal processing, as well as contraindication review, medication lists, and patient allergies for \$30.99/month per provider

Please feel free to contact the Office Ally
Enrollments Department:

Adriana Wright

Phone: 866-575-4120 ext. 322

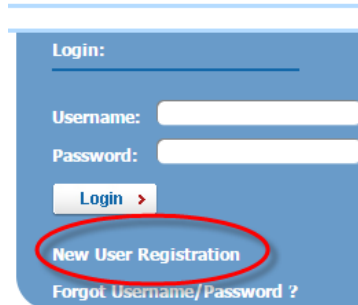
Fax: 360-314-2184
adriana.wright@officeally.com



How to Register for the Humboldt IPA Provider Portal

First, please be sure to “whitelist” eznet@humboldtippa.com in your email so our emails don’t go to your junk mail.

From the Home page, click “New User Registration.”



Login:

Username:

Password:

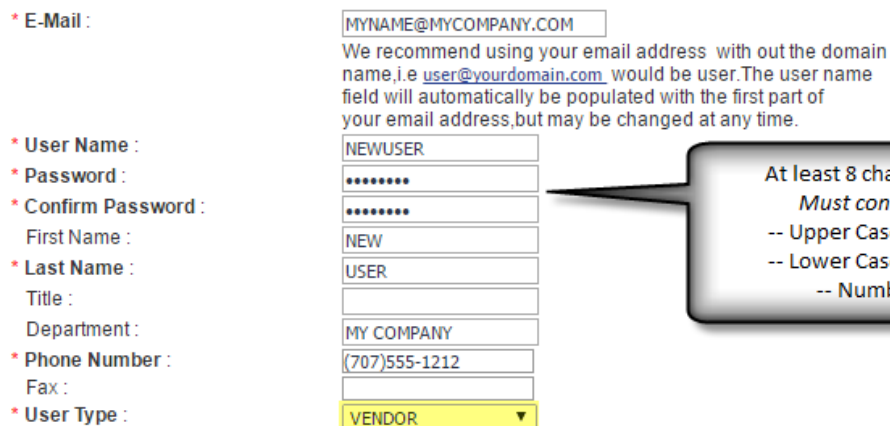
Login >

New User Registration

Forgot Username/Password ?

On the New User Registration page, enter:

- Your Email Address
Make sure it’s an email you have access to
- The User Name you would like to use
It will default to the part of your email address that comes before the @ symbol, but you are free to change it. However, once you register, you will not be able to change your user name.
- The password you would like to use.
It must be at least 8 characters long and must contain an upper case letter, a lower case letter, and a number. Please do not use words that can be found in the dictionary.
- Your first name
- Your last name
- Your title – *you can skip this if you’d rather*
- Your department – **Please enter the name of your practice or company**
- Your phone number
- Your fax number – *you can skip this one too*
- User Type – Please select **VENDOR** from the drop -down list



* E-Mail : MYNAME@MYCOMPANY.COM

We recommend using your email address with out the domain name,i.e user@yourdomain.com would be user.The user name field will automatically be populated with the first part of your email address,but may be changed at any time.

* User Name : NEWUSER

* Password :

* Confirm Password :

First Name : NEW

* Last Name : USER

Title :

Department : MY COMPANY

* Phone Number : (707)555-1212

Fax :

* User Type : VENDOR ▼

At least 8 characters.
Must contain:
-- Upper Case Letter
-- Lower Case Letter
-- Number

In the Company(s) section:

Select the “companies” you are requesting access to by clicking on the “company” name in the left hand panel and clicking the right facing arrow to move them over to the right side panel.

* Company(s)

Available Company(s)	Selected Company(s)
BLUE LAKE RANCHERIA DENTAL	BLUE LAKE RANCHERIA MEDICAL PLAN
NORTH COAST CO-OP DENTAL	CALIFORNIACARE HEALTH PLANS
CRIHB	NORTH COAST CO-OP
DENTAL PLANS	CALPERS BLUE SHIELD HMO
EMPLOYEE ASSISTANCE PROGRAM (EAP)	TRINIDAD RANCHERIA MEDICAL PLAN
NATIVE FUND WORKERS COMPENSATION	
TRINIDAD RANCHERIA DENTAL PLAN	
HIPA VISION PLAN	

In the Vendor(s) section:

- Enter Vendor ID 1820 and click search
- When you see the left panel populate, click the double arrow button to move all of the vendors to the right panel

This makes it easier for you to register. We'll make sure you have access to the correct tax IDs when we activate your account.

* Vendor(s)

Vendor ID: Vendor Name:

Vendor Name	Vendor ID	Company ID
OUT OF PLAN PROVIDER	1820	BLAKE
OUT OF PLAN PROVIDER	1820	CALC
OUT OF PLAN PROVIDER	1820	COOP
OUT OF PLAN PROVIDER	1820	HBS
OUT OF PLAN PROVIDER	1820	TRIN

Vendor Name	Vendor ID	Company ID
-------------	-----------	------------

Enter the letters in the Captcha box and click submit request

Type the letters you see in the below picture

ADMYPIGP

* Captcha :

You'll get an email to confirm your registration. Please click on the link to confirm your email address.

Dear Christina Jioras,

To complete the New User Registration process, please click the below link:

[New User Confirm Email Address](#)

Do not Reply: This is auto generated Email.

Thanks,
EZ-NET Customer Support

It may take us up to one full business day to activate your account.

If you have any problems with registering, please call our Customer Service staff at 707.443.4563

EZ-NET Claim Inquiry

1. Go to portal.humboldtipa.com You will see a login screen that should look similar to this:

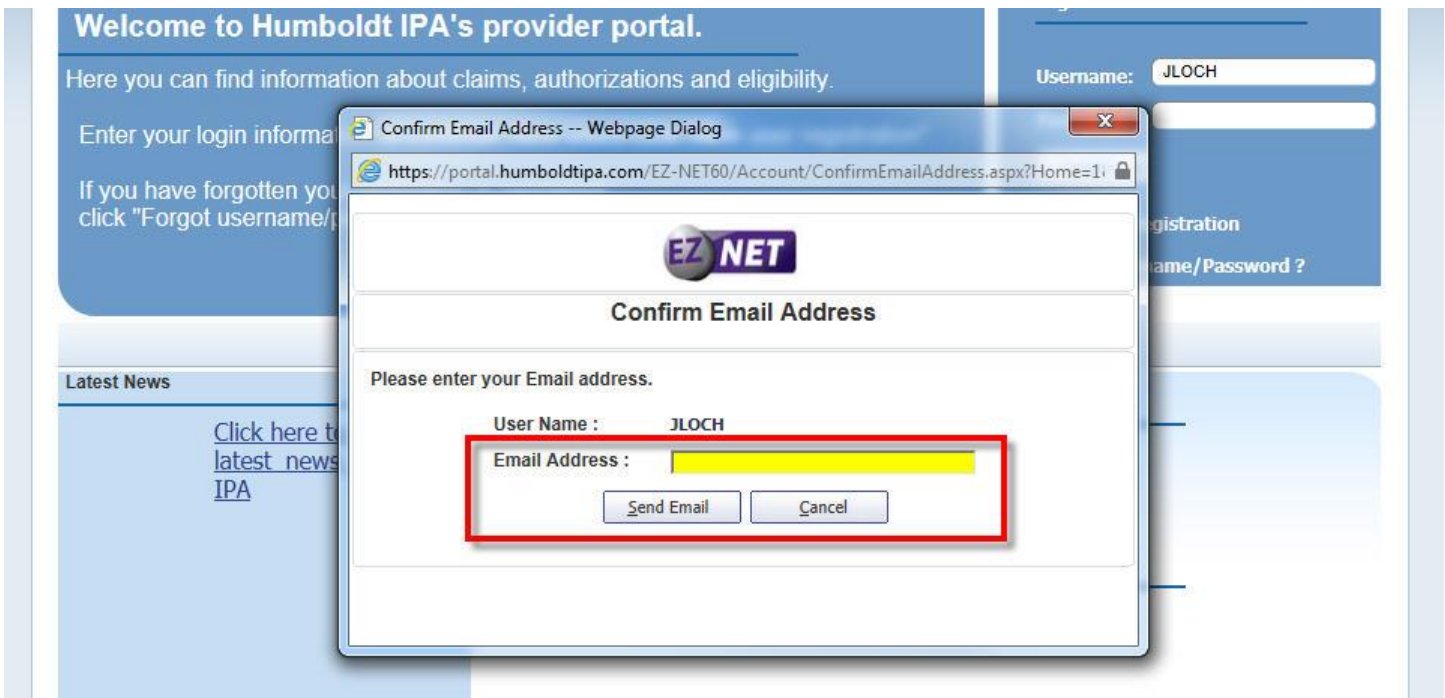
The screenshot shows the login page for The Humboldt Independent Practice Association. At the top, the organization's name is centered, followed by its address (2662 Harris Street, Eureka, CA 95503-4856) and contact information (707-443-4563 Phone, 707-443-2527 Fax). Below this is a navigation bar with 'Home', 'About us', and 'Contact us' buttons. A timestamp 'Thursday, February 05, 2015 02:15:51 PM' is displayed. The main content area is divided into two sections. The left section, titled 'Welcome to Humboldt IPA's provider portal.', provides instructions: 'Here you can find information about claims, authorizations and eligibility. Enter your login information to continue. New users click "New user registration". If you have forgotten your username or password, click "Forgot username/password".' The right section, titled 'Login:', contains input fields for 'Username:' and 'Password:', a 'Login >' button, and links for 'New User Registration' and 'Forgot Username/Password?'. Below the login section, there is a 'Latest News' section with a link 'Click here to see the latest news for the IPA' and a 'More Info' section with the text 'For more information about the IPA see our website at <http://humboldtipa.com/>'. At the bottom, there is a 'Disclaimer' link and the version number 'EZ-NET v6.5.2.1'.

2. Go to the Login area and type in the Username and Password you were provided with. You may be prompted to change your password the first time you login. Please remember that passwords are case sensitive. Your password must be at least 8 characters long and contain at least 1 uppercase character, 1 lowercase character and 1 number.

This screenshot is identical to the one above, showing the login page for The Humboldt Independent Practice Association. The layout, including the header, navigation bar, and main content sections, is the same. However, the 'Login:' section on the right is highlighted with a red rectangular box. This section contains the 'Username:' and 'Password:' input fields, the 'Login >' button, and the links for 'New User Registration' and 'Forgot Username/Password?'. The rest of the page, including the 'Welcome' message, 'Latest News', and 'More Info' sections, remains unchanged.

3. Click Login after typing your Username and Password in the boxes provided.

Note: You may receive a pop-up like the one below, enter your email address and click "Send Email". You will receive an email with a link to confirm your address. Be sure to log out of EZ-NET before clicking the confirmation link. Once you have confirmed your address, you will no longer receive the pop-up. If you have trouble logging in, please go to the FAQ page at the end of this document.



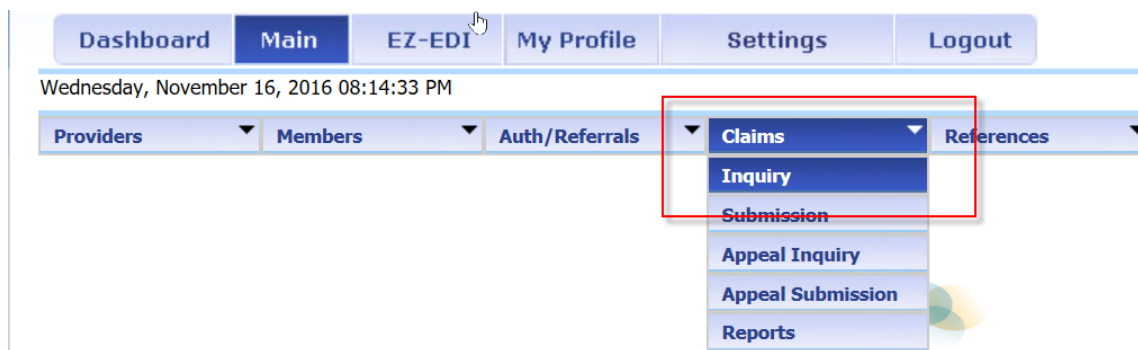
4. Click on the Main tab to see options for authorizations, claims, and eligibility.



5. The Main tab is where you will find all of your search and submission options available through EZ-NET.



6. Place your mouse over the Claims tab to see the list of options:



7. Click Inquiry to search for a claim that has already been submitted.



8. This will take you to the claim search page of EZ-NET:

Claim Search						
ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED						
Company ID:	<input type="text" value="ALL COMPANIES"/>	Member ID:	<input type="text"/>			
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>			
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>			
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>			
Service Date From:	<input type="text"/>	To:	<input type="text"/>			
Provider Patient ID:	<input type="text"/>	Auth/Referral#:	<input type="text"/>			
Medical Record#:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>			
Cross Reference ID:	<input type="text"/>	Provider Claim#:	<input type="text"/>			
		Sort By:	<input type="text" value="CLAIM #"/>			
<input type="button" value="Search"/>			<input type="button" value="Clear"/>			
Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Company

9. Select the health plan the member belongs to using the drop down menu available under Company ID. Depending on your access level, you may only see one option.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

10. There are several search options available to assist you in locating the claim you are looking for. The recommended search option is to search by either member name or ID number using the field highlighted below.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

11. Click the Magnifying Glass icon next to Member ID in order to search by member name or ID number:

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

12. Type in either the last name and first name, or Member ID numbers in the appropriate search boxes. You can use a partial name or ID number using these search fields.

The screenshot shows a web browser window with a "Member Search -- Webpage Dialog" open. The dialog has a search bar with "Last Name:" and "First Name:" fields. The "Last Name:" field contains "PATIENT" and the "First Name:" field contains "TEST". Below these are fields for "Date Of Birth:", "Patient ID:", "PCP ID:", "Address 1:", "City:", "Zip:", "Healthplan:", "Subscriber SSN:", "Member ID:", "Gender:", "Address 2:", and "State/Region:". The "Healthplan:" field is set to "SELECT A VALUE". At the bottom, there is a table with the following columns: "Member ID(rt-clk for det)", "Member Name", "Gender", "Birth Date", and "Healthplan". The table is currently empty.

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan
---------------------------	-------------	--------	------------	------------

13. Click Search to see a list of members that match the criteria entered

The screenshot shows the same "Member Search -- Webpage Dialog" as before, but now the "Search" button has been clicked. The "No of Records:" field now shows "1". The search results table at the bottom is populated with one row. A red arrow points to the "Search" button, and a red box highlights the search results table.

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan
1234567891	PATIENT, TEST	FEMALE	1/1/1960	CALPERS BL

14. Double-click the correct member, or click the correct member once then click OK.

Member Search -- Webpage Dialog

https://portal.humboldtipa.com/EZ-NET60/Webportal/MemberSearch.aspx?FomAuthSubmission=1&F=1&memId=

Search Clear No of Records: 1 Ok Cancel

Last Name: PATIENT First Name: [text]
Date Of Birth: [dropdown] Subscriber SSN: [text]
Patient ID: [text] Member ID: [text]
PCP ID: [text] Gender: SELECT [dropdown]
Address 1: [text] Address 2: [text]
City: [text] State/Region: [text]
Zip: [text]
Healthplan: SELECT A VALUE [dropdown]

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan
1234567891	PATIENT, TEST	FEMALE	1/1/1960	CALPERS BL

15. This will automatically take you back to the main search screen and will populate the Member ID section of the screen.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HI [dropdown]
Claim#: [text]
Provider Last Name: [text]
Patient Last Name: [text]
Service Date From: [dropdown] To: [dropdown]
Provider Patient ID: [text]
Medical Record#: [text]
Cross Reference ID: [text]

Member ID: 903324508 [text]
Status: NONE SELECTED [dropdown]
Provider First Name: [text]
Patient First Name: [text]
Auth/Referral#: [text]
Hosp Patient ID: [text]
Provider Claim#: [text]
Sort By: CLAIM # [dropdown]

Search Clear

16. Next, click Search to see a list of claims for the member:

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HI [dropdown]
Claim#: [text]
Provider Last Name: [text]
Patient Last Name: [text]
Service Date From: [dropdown] To: [dropdown]
Provider Patient ID: [text]
Medical Record#: [text]
Cross Reference ID: [text]

Member ID: 903324508 [text]
Status: NONE SELECTED [dropdown]
Provider First Name: [text]
Patient First Name: [text]
Auth/Referral#: [text]
Hosp Patient ID: [text]
Provider Claim#: [text]
Sort By: CLAIM # [dropdown]

Search Clear

17. Claims for the member will be displayed in the lower window. You can scroll to the right to see more information that will assist you in selecting the claim you are looking for.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HI Claim#: <input style="width: 100%;" type="text"/> Provider Last Name: <input style="width: 100%;" type="text"/> Patient Last Name: <input style="width: 100%;" type="text"/> Service Date From: <input style="width: 20%;" type="text"/> To <input style="width: 20%;" type="text"/> Provider Patient ID: <input style="width: 100%;" type="text"/> Medical Record#: <input style="width: 100%;" type="text"/> Cross Reference ID: <input style="width: 100%;" type="text"/>	Member ID: 903324508 Status: NONE SELECTED Provider First Name: <input style="width: 100%;" type="text"/> Patient First Name: <input style="width: 100%;" type="text"/> Auth/Referral#: <input style="width: 100%;" type="text"/> Hosp Patient ID: <input style="width: 100%;" type="text"/> Provider Claim#: <input style="width: 100%;" type="text"/> Sort By: CLAIM #
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Search
Clear

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status
20161019920011700135			89546	10/13/2016	PAID
20160825920011700074			157153V2124	7/27/2016	PAID
20160824920011700064			87670	8/19/2016	PAID
20160715920011700073			86306	7/12/2016	PAID
20160503920011700035			733776	4/28/2016	PAID

18. Select the desired claim by clicking on the Claim Number in the first column.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: HBS - CALPERS BLUE SHIELD HI Claim#: <input style="width: 100%;" type="text"/> Provider Last Name: <input style="width: 100%;" type="text"/> Patient Last Name: <input style="width: 100%;" type="text"/> Service Date From: <input style="width: 20%;" type="text"/> To <input style="width: 20%;" type="text"/> Provider Patient ID: <input style="width: 100%;" type="text"/> Medical Record#: <input style="width: 100%;" type="text"/> Cross Reference ID: <input style="width: 100%;" type="text"/>	Member ID: 903324508 Status: NONE SELECTED Provider First Name: <input style="width: 100%;" type="text"/> Patient First Name: <input style="width: 100%;" type="text"/> Auth/Referral#: <input style="width: 100%;" type="text"/> Hosp Patient ID: <input style="width: 100%;" type="text"/> Provider Claim#: <input style="width: 100%;" type="text"/> Sort By: CLAIM #
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Search
Clear

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status
20161019920011700135			89546	10/13/2016	PAID
20160825920011700074			157153V2124	7/27/2016	PAID
20160824920011700064			87670	8/19/2016	PAID
20160715920011700073			86306	7/12/2016	PAID
20160503920011700035			733776	4/28/2016	PAID

19. This will display the claim detail:

Claim / Encounter Details

Status Information											
Claim#:	20161116900000200001					Company ID:	HBS				
Auth/Referral#:						Status:	RELEASE TO A/P				
Date Received:	10/19/2016					Provider Claim #:	89546				
Date Paid:						Check:					
Payment Status:						EFT Trace #:					
Vendor:	1437					Reference #:					
Payee:	VENDOR					Claim Type:	PROFESSIONAL				
						Cross Reference ID:					

Patient Information				Diagnosis Information			
Name:	PATIENT,TEST			Code	Version	Description	
DOB:	01/01/1960			Z51.81	10	ENCOUNTER FOR THERAPEUTIC DRUG	
Gender:	FEMALE			G60.9	10	HEREDITARY AND IDIOPATHIC NEUR	
Age:	56 YEARS						
HealthPlan:	CALPERS BLUE SHIELD HMO						
Member ID:	1234567891						
Benefit Plan:	CALPERS BLUE SHIELD HMO						
Prov Pat ID:							
Address:							

Provider Information											
Name:	- SEE MEMO PROVIDER NOT PROGRAMMED					Provider ID:	1820				
Specialty:	NOT AVAILABLE					Place Of Service:	RURAL HEALTH CLINIC				
From Date:	05/01/2007					Through Date:					

Services											
Details	Service Date	Service Code	Description	CPT Mod	Qty	Billed Amt	Cntc Amt	Copay	Coinsuran	WH Amt	Adj Amt
DETAILS	10/13/2016	99213	OFFICE/OU...		1.0	100.00	0.00	15.00	0.00	0.00	0.00

20. Claim Status is located in the upper right corner of the screen.

Claim / Encounter Details

Status Information											
Claim#:	20161116900000200001					Company ID:	HBS				
Auth/Referral#:						Status:	RELEASE TO A/P				
Date Received:	10/19/2016					Provider Claim #:	89546				
Date Paid:						Check:					
Payment Status:						EFT Trace #:					
Vendor:	1437					Reference #:					
Payee:	VENDOR					Claim Type:	PROFESSIONAL				
						Cross Reference ID:					

21. You can click the pen-and-paper icon at the top to see notes from our staff regarding the claim.

Claim / Encounter Details

Status Information

EZ-NET FAQ's

1. EZ-NET will work with Internet Explorer 10 or 11 and Google Chrome. It will not work with Firefox. For Internet Explorer, you will need to turn on compatibility mode. To turn on compatibility mode press the Alt key to bring up the menu bar, choose Tools->Compatibility View Settings, then click the Add button, then the Close button.
2. Google Toolbar - EZ-NET is not compatible with the Google Toolbar. If you have the Google Toolbar it will need to be removed before EZ-NET will work.
3. Pop-up Blocker - Turn off the Internet Explorer Pop-up Blocker, EZ-NET may appear to be working with the Pop-Up Blocker turned on, but it will often cause errors when searching for information.
4. Passwords - Passwords are case sensitive. EZ-NET automatically converts the user name to all CAPS when entered, but will not alter passwords.
5. Magnifying Glass - Whenever you see a magnifying glass icon - It means there are further search options available. Click the icon to see all search options available for the selected field.
6. Search Options - If you are searching by name or by ID number, click the magnifying glass located in the Member ID field and then type your search criteria in the window that pops up.
7. Logout - When you have completed looking up the information you require, click the Logout tab located in the upper right side of the window. If you do not click Logout the system will lock you out. Do not close the window without clicking Logout first.

EOB's Now Available on Humboldt IPA Provider Portal

Effective immediately, you are able to download an EOB for any claims processed by the IPA in the last 24 months.

To access this functionality, follow these steps:

On the "Main" Tab, click on the "Providers" menu and select "EOB History". You will be presented with a search screen. You can search using any combination of the criteria but Company ID is required.

Once you've entered your search criteria, click "Search" then click the printer icon next to the EOB you'd like to view/print.

Check numbers are displayed on the screen. If you are looking for an EFT Trace Number, scroll to the right.

If you have any questions about this service, please don't hesitate to contact us via email at eznet@humboldtipa.com or call us at 707.443.4563.

The Humboldt Independent Practice Association
2662 Harris Street 707.443.4563 Phone
Eureka, CA 95503 707.443.2527 Fax

Dashboard Main EZ-EDI Settings Logout

Tuesday, September 05, 2017 11:42:53 AM Welcome CHRIS0

Providers Members Auth/Referrals Claims References Favorites General

Provider Search Providers >> EOB History

EOB History

Company ID: CALC - CALIFORNIACARE HEALTH P
Vendor:
Paid Date From: 9/1/2015 To: 9/5/2017
Sort By: VENDOR ID

Search Clear

Print	Company ID	Payee ID	Payee Name	Payee Type	Check Prefix	Check Number	Check Date	Check Clear
	CALC	680351509	HUMBOLDT IPA	V			10/12/2016	
	CALC	680351509	HUMBOLDT IPA	V			3/9/2017	
	CALC	680351509	HUMBOLDT IPA	V			4/14/2017	
	CALC	680351509	HUMBOLDT IPA	V			5/18/2017	
	CALC	680351509	HUMBOLDT IPA	V				
	CALC	680351509	HUMBOLDT IPA	V				
	CALC	680351509	HUMBOLDT IPA	V			8/10/2016	

Page 1 of 5 2 Total Item(s): 43 10

To see the EFT Trace Number, scroll to the right.

NUBC[®] National Uniform
Billing Committee
LIC9213257



Policy Manual

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 2
CHAPTER	OVERVIEW AND ELIGIBILITY	NUMBER	101

SUBJECT Program Description

EFFECTIVE DATE: 5/01/15

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/18/15

BOARD APPROVAL: 4/18/15

PURPOSE

To define the CRIHB Options programs

POLICY:

1. CRIHB Options:

A demonstration program, operating under California's section 1115 Waiver amendment, entitled "Medi-Cal 2020", designed to reimburse Participating Providers for certain Optional Benefit services provided to Indian Health Service (IHS) eligible adults who are also Medi-Cal beneficiaries and between the ages of 21-64.

DEFINITIONS:

Homebound:

An individual does not have to be bedridden to be considered confined to his home. However, the condition of these patients should be such that there exists a normal inability to leave home and, consequently, leaving the home would require a considerable and taxing effort. Any absence of the individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial or medical treatment in an adult day-care program that is licensed or certified by the State should not disqualify an individual from being considered confined to his home. Any other absence of an individual from the home shall not disqualify an individual if the absence is infrequent or of relatively short duration. For the purpose of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration.

Occasional absences from the home for nonmedical purposes e.g., (a trip to the barber, a walk around the block or a drive, etc.) will not necessarily disqualify a beneficiary from being classified as homebound. However, the absences must be infrequent or of a relatively short duration. Long, frequent absences indicate that the patient has the capacity to access health care outside the home.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 2
CHAPTER	OVERVIEW AND ELIGIBILITY	NUMBER	101
SUBJECT	Program Description		
EFFECTIVE DATE:	5/01/15	REPLACEMENT DATE:	
COMMITTEE APPROVAL:	4/18/15	BOARD APPROVAL:	4/18/15

(Medicare definition)

IHS Eligible

A person who meets the IHS definition of an eligible individual, found at 42 CFR Part 136 or 25 USC parts 1679 and 1680. (See Form: IHS Eligibility Criteria)

Optional Benefit:

The Optional Benefit services which were eliminated from the State plan for Medi-Cal enrollees on July 1, 2009, which are specified in the State's 1115 Waiver, and which have not been reinstated as Medi-Cal benefits. These include: adult dental, audiology, chiropractic, podiatry, and speech therapy services.

Participating Provider

A Tribal Health Program that has completed the required application forms and agreements and has been accepted by CRIHB Options as a Participating Provider. (see Policy 104, Provider Application and Approval)

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER :	OVERVIEW AND ELIGIBILITY	NUMBER	102

SUBJECT: Eligibility for Reimbursement

EFFECTIVE DATE: 5/01/15

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/18/15

BOARD APPROVAL: 4/18/15

PURPOSE:

To define the criteria under which an individual's services may be eligible for uncompensated care reimbursement from the CRIHB Options program.

POLICY:

1. The service must be rendered by a Participating Provider that:
 - a. Has a current PL93-638 contract or compact with Indian Health Service;
 - b. Has a signed Participation Agreement Compensation Agreement and related amendments with CRIHB, and complies with the standards in that Agreement (see Policy #104);
 - c. Has been enrolled as a Participating Provider by CRIHB; and
 - d. Is in good standing with the federal government (e.g. eligible to hold federal contract, not on Department of Health and Human Services (DHHS) OIG List of Excluded Individuals and Entities or the Government Services Administration (GSA) Excluded Parties List System.)
2. The service must be a Covered Service of the CRIHB Options program as defined in the Covered Services policy, and must be rendered by a Billable Provider (See Covered Services and Billable Services policies).
3. The service must be provided to an IHS eligible individual who:
 - a. Has full-scope Medi-Cal, and
 - b. Is between 21-64 years of age.

TOOLS:

- IHS Eligibility Matrix

REFERENCES

- a. 25 USC Chapter 1603
- b. 42 CFR Part 136
- c. Indian Health Care Improvement Act

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 2
CHAPTER :	Overview and Eligibility	NUMBER	103

SUBJECT: Documentation of Client Eligibility

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

PURPOSE:

To define the information that must be maintained by Participating Providers to document services provided to an individual who is eligible for reimbursement by CRIHB Options.

POLICY:

1. The Participating Provider must certify the client's eligibility for CRIHB Options by completing the Client Enrollment form and maintaining copies of the client's IHS eligibility. Acceptable forms can include:
 - a. Copy of his/her current tribal enrollment card;
 - b. Copy of written certification of enrollment from a federally recognized tribe;
 - c. Documentation (e.g. copy of birth certificate) proving descent from a federally recognized Indian;
 - d. Copy of CDIB card;
 - e. Proof of descent from an Indian residing in California on June 1, 1862, and considered a member of the community served by a local tribal health program. Examples include:
 - i. Copy of birth and marriage certificates providing descent from such an Indian; or
 - ii. Letter from Chair of tribal health program or local tribe stating the entity recognizes the individual as an Indian.
 - f. Copy of documentation proving individual holds ownership interest in public domain, national forest or reservation allotment in California;
 - g. Certification by an eligible Indian man that the non-Indian woman is pregnant with his child;
 - h. Certification by the Participating Provider's medical director that the non-Indian individual's treatment is necessary to control an acute infectious disease or public health hazard.
2. The Participating Provider must certify the individual is eligible for CRIHB Care/Options and maintain copies of documents to prove:
 - a. Documentation of the client having full-scope Medi-Cal or pregnancy related Medi-Cal coverage.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 2
CHAPTER :	Overview and Eligibility	NUMBER	103

SUBJECT: Documentation of Client Eligibility

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

b. The certification must be renewed every 12 months.

3. The Participating Provider must retain the eligibility documentation for six (6) years after the end of the CRIHB Options programs.

ATTACHMENT

CRIHB Options High Level Screen and Eligibility form.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	OVERVIEW AND ELIGIBILITY	NUMBER:	104

SUBJECT Provider Application and Approval

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

PURPOSE:

To define the process by which a Tribal Health Program may apply to become a CRIHB Options program Participating Provider.

POLICY:

1. To participate in the CRIHB Options programs, the Tribal Health Program must sign the Provider Agreement and submit the required additional information. Supplemental information includes, but is not limited to: listing of clinic sites and services, listing of licensed providers, compensation agreement to pay CRIHB administrative services fee.
2. The Provider Agreement must be signed by an individual who is legally authorized to do so for the Tribal Health Program.
3. CRIHB Options programs administrative staff will review the completed Provider Agreement and attachments to verify the information is complete. In the event information is incomplete or incorrect, CRIHB Options programs staff will contact the applicant.
4. CRIHB Options programs administrative staff will perform a basic review of all applicants to verify they are eligible to receive federal funds. At a minimum, the review will consist of checking the following:
 - a. Office of the Inspector General (OIG) list of excluded individuals and entities,
 - b. General Services Administration (GSA) excluded parties list system, and
 - c. Medi-Cal suspended and ineligible provider list.
5. CRIHB Options programs administrative staff will make a decision on the application within 30 business days from the date the completed, signed Provider Agreement is received. A written notice of the decision will be sent to the applicant.
 - a. Letter will be sent via US Postal Service or may be emailed to the applicant.
 - b. In the event the application is denied, the applicant may appeal to the CRIHB Chief Compliance Officer.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	OVERVIEW AND ELIGIBILITY	NUMBER:	105

SUBJECT Participating Provider Status Change

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

PURPOSE:

To define when a Participating Provider must notify CRIHB Options of status changes related to their facilities or staff.

POLICY:

1. Participating Providers must notify CRIHB Options within 30 business days when there are changes related to the information submitted with the Provider Application. Such changes include:
 - a. Change of facility (addition/deletion);
 - b. Change of address;
 - c. Change in licensed individuals (addition/deletion);
 - d. Change in the principles (Executive Director, Finance Director);
 - e. Exclusion, or proposed exclusion of the provider or provider's staff, by the Office of Inspector General (OIG), the General Services Administration (GSA) or a state agency;
 - f. Bankruptcy filing; or
 - g. Closure of Business.
2. Failure to notify CRIHB Options of status changes may result in the provider's termination as a CRIHB Options Participating Provider. The effective date of the termination will be the date of the change in eligibility status.
3. In the event the Participating Provider or provider staff becomes excluded from participation in federal or state programs (item 1e above), the effective date of the termination shall be the date of exclusion.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL
CHAPTER XX

CRIHB OPTIONS

PAGE 1 of 1
NUMBER: 106

SUBJECT Record Retention

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

PURPOSE:

To define the record retention guidelines for the CRIHB Options program.

POLICY:

1. Participating Providers must retain their clinical records in compliance with state and federal laws and regulations (e.g. HIPAA, Title 22).
2. Participating Providers must retain CRIHB Options billing and payment records for six (6) years after the date of payment or payment denial.
3. CRIHB will retain records related to the CRIHB Options programs for six (6) years after the end of each program.
4. At the end of the retention period, records, whether in electronic or paper format, may be destroyed. The method of destruction will be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 3
CHAPTER	SERVICES	NUMBER:	201

SUBJECT Covered Services

EFFECTIVE DATE: 5/01/15

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/18/15

BOARD APPROVAL: 4/18/15

PURPOSE:

To define the services which may be reimbursable under the CRIHB Options program.

POLICY:

Only the outpatient services detailed below, when provided within the Participating Provider's approved clinic sites, are considered Covered Services and may be eligible for reimbursement under CRIHB Options. Services must be medically necessary and provided during a face-to-face visit between a billable provider and an individual eligible for CRIHB Options. Services are limited to those included in the Medi-Cal state plan. Optional Benefit services are defined by Medi-Cal prior to the elimination of coverage in July 2009.

1. Medical Necessity: Services eligible for reimbursement must be medically necessary. According to the Centers for Medicare and Medicaid Services (CMS), the definition of medical necessity is services or supplies that are proper and needed for the diagnosis or treatment of a medical condition; are provided for the diagnosis, direct care, and treatment of a medical condition; meet the standards of good medical practice in the local area; and are not mainly for the convenience of the client and provider.
2. Audiology Services: Services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing and the recommendation and evaluation of hearing aids.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 3
CHAPTER	SERVICES	NUMBER:	201

SUBJECT	Covered Services
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EFFECTIVE DATE: 5/01/15

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/18/15

BOARD APPROVAL: 4/18/15

- a. Limitations: Service must be personally provided by a physician, physician assistant or nurse practitioner.
 - b. Exclusions: Hearing aids, services solely for fitting of hearing aids.
3. Chiropractic Services: Services provided by chiropractors, acting within the scope of their practice are covered. Service is limited to the treatment of the spine by means of manual manipulation.
- a. Exclusions: Any chiropractic service not defined above.
 - b. Federally Qualified Health Centers: Effective dates of services on or after September 26, 2013, chiropractic services are not a Covered Service for CRIHB Options.
4. Dental Services: Outpatient dental services are Covered Services only to the extent the procedures and services were covered by Medi-Cal for adult beneficiaries prior to elimination of Optional Benefits in July 2009.
- a. Limitations: Services must be provided by a dentist or registered dental hygienist.
 - b. All Providers: Effective dates of services on or after May 1, 2014, certain adult dental benefits were restored. Please refer to Listing of Service Codes.
5. Podiatry Services: Services necessary to treat disorders of the feet, ankles or tendons that insert into the foot, secondary to or complicating chronic medical diseases or which significantly impair the ability to walk.
- a. Limitations: Services must be personally performed by a podiatrist.
 - b. Exclusions: Routine nail trimming is not covered.
 - c. Federally Qualified Health Centers: Effective dates of services on or after September 26, 2013, podiatry services are not a Covered Service for CRIHB Options.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	3 of 3
CHAPTER	SERVICES	NUMBER:	201
SUBJECT	Covered Services		
EFFECTIVE DATE:	5/01/15	REPLACEMENT DATE:	
COMMITTEE APPROVAL:	4/18/15	BOARD APPROVAL:	4/18/15

6. Speech Therapy Services: Services for the purpose of identification, measurement and correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders.
 - a. Limitations: Service must be personally provided by speech pathologist. Covered Services only when performed in response to written referral from a physician or midlevel provider.
7. Telemedicine Services: Services may be Covered Services when provided utilizing real-time interactive audio, video or digital data communication. The services must qualify as a Covered Services as defined above. Telephone, email, fax or store-and-forward technologies are not considered Covered Services. Services must be rendered by a billable provider located at the tribal health program.

TOOLS:

Listing of Service Codes: Audiology, Chiropractic, Dental, Podiatry, and Speech Therapy

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 2
CHAPTER	BILLING AND REIMBURSEMENT	NUMBER:	301

SUBJECT Billable Services

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

PURPOSE:

To identify which Covered Service may be billed to CRIHB Options program.

POLICY:

1. Individuals providing services reimbursable by CRIHB Options must hold a valid, unrestricted license in a State.
2. Covered Services provided to IHS eligible individuals, when clinically necessary and personally performed by the following licensed individuals, are billable to CRIHB Options:
 - a. Physicians (MD, DO)
 - b. Midlevel Providers (FNP, NP, PA, Certified Nurse Anesthetist, Certified Nurse Midwives)
 - c. Licensed Counselors (LCSW)
 - d. Psychologists (PhD, PsyD, EdD)
 - e. Dentists (DDS, DDM)
 - f. Dental Hygienists (RDH)
 - g. Podiatrists (DPM)
 - h. Chiropractors (DC)
 - i. Speech Therapists (SP)
3. CRIHB Options do not reimburse for “incident to services” or services where the presence of a licensed provider is not clinically necessary (e.g. immunization, allergy shot, or medication refill only).
4. Claims must be submitted to the Third Party Administrator within 60 days of performing the service. CRIHB may make exception to this requirement when special circumstances justify a delay in billing.
 - a. Claims must be submitted electronically, using the standard HIPAA 837 institutional services transactions.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 2
CHAPTER	BILLING AND REIMBURSEMENT	NUMBER:	301

SUBJECT Billable Services

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

-
- b. Providers with fewer than 10 employees/volunteers may use the UB04 paper claim form.
5. Diagnosis and Procedure Codes submitted on claims to describe the client diagnoses and procedures must be assigned in compliance with the guidelines for ICD-10-CM, CDT, CPT and HCPCS coding systems; the CMS' National Correct Coding Initiative standards will apply.
6. Each Covered Service category may be billed only once per client per day. (See Policy Number 201: Covered Services)
7. Submission of a claim for payment shall be considered the Participating Provider's certification that the claim is accurate and correct.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	COMPLIANCE	NUMBER:	501

SUBJECT Compliance Reviews

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

PURPOSE:

To describe the purpose of the CRIHB Options auditing and monitoring program.

POLICY:

1. CRIHB Care/Options will conduct routine, periodic reviews and audits to monitor the activities of the Participating Providers and the Third Party Administrator.
2. Participating Providers may also be reviewed by the state or federal governmental entities having oversight of the CRIHB Options programs.
3. Participating Providers will be reviewed to determine, at a minimum:
 - a. Compliance with CRIHB Care/Options policies and applicable state and federal regulations;
 - b. Services billed were provided to IHS eligible individuals;
 - c. Services billed were supported by adequate documentation; and
 - d. Services were billed correctly.
4. Third Party Administrator will be reviewed to determine the organization's compliance with CRIHB Options policies, and applicable state and federal regulations.
5. A Participating Provider's failure to comply or cooperate with review or audit will constitute a material breach of the provider participation agreement. Such failure will result in denial of payment to and recoupment of payment from the Participating Provider. It may also result in suspension or termination from CRIHB Options programs and/or any other appropriate action deemed necessary by CRIHB.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	COMPLIANCE	NUMBER:	502

SUBJECT Selection of Providers

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

PURPOSE:

To define the process by which CRIHB Options Participating Providers are selected for routine reviews or audits.

POLICY:

1. Reviews or audits may be conducted either on-site at the provider's place of business or by desk audit at CRIHB.
 - a. Onsite reviews and audits may either be announced or unannounced.
 - b. Dates for announced reviews and audits will be scheduled with the Participating Provider's Executive Director or designee.
 - c. Unannounced onsite reviews and audits will be conducted during the organization's regular business hours.
2. It is CRIHB's intent to review each Participating Provider at least once. Providers who receive the highest reimbursements and/or render those services considered high risk by the CRIHB Options program manager, Chief Compliance Officer or Chief Financial Officer will be reviewed more frequently.
3. Providers may be selected for review or audit based on:
 - a. High cost: those providers who receive the highest reimbursements from CRIHB Options in total or by service type;
 - b. High risk: including those services which CRIHB Options determines are most prone to billing errors; profiles which suggest potential billing errors; or frequency of billings which suggest variation from expected norm.
 - c. Random sample;
 - d. Complaints or concerns received from clients, CRIHB CRIHB Options program staff, or others;
 - e. Re-review to assess whether previous review or audit findings have been addressed; or
 - f. Other identified reason (e.g. request of state or federal agency)

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 2
CHAPTER	COMPLIANCE	NUMBER:	503

SUBJECT Record Review

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

PURPOSE:

To describe the records which CRIHB Options may review during a compliance review or audit.

POLICY:

1. CRIHB, the State of California, and the Department of Health and Human Services maintains the right to conduct reviews and audits with full access to all Participating Provider records relating to CRIHB Options clients and the provision of CRIHB Options services.
2. The purpose of the reviews and/or audits is to ensure that billed services are adequately supported by documentation in the clients' records and that the services are provided in compliance with CRIHB Options policies.
3. CRIHB Options will select a sample of records and/or services to be reviewed or audited. The sample may be expanded at the sole discretion of the CRIHB Compliance Department based on the review criteria or findings.
4. CRIHB Options will maintain the confidentiality of client information in compliance with applicable state and federal laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Confidentiality of Medical Information Act.
5. CRIHB Options may review and inspect:
 - a. Clinical records to determine the nature of the services being provided and billed;
 - b. Financial and all other records related to validating compliance with CRIHB Options standards;
 - c. Personnel and contract records to determine whether staff or consultants providing CRIHB Care/Options services are credentialed in compliance with CRIHB Options standards;
 - d. Reports of evaluations and inspections conducted by other licensing, certifying or accrediting agencies;
 - e. Facilities; and

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 2
CHAPTER	COMPLIANCE	NUMBER:	503

SUBJECT Record Review

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

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- f. Interviews with staff, contractors, board members, volunteers, and clients, as required and as related to the CRIHB Care/Options programs.
6. Upon written request, Participating Providers must furnish CRIHB with a legible photocopy of all requested records relating to the CRIHB Options client(s) within 10 business days from the date of the written request.
7. Failure to provide the copies may constitute a material breach of the provider participation agreement and may result in denial and recoupment of payments made; and may result in suspension or termination from CRIHB Options, and/or any other appropriate action deemed necessary by CRIHB.
- a. In the event of a denial of payment, suspension or termination, the provider may appeal the decision, as specified in the Appeals Policy. (See policy 505, Appeals)

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	COMPLIANCE	NUMBER:	504

SUBJECT Review and Audit Reports

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

PURPOSE:

To define the basic content of review and audit reports conducted by CRIHB Options (CRIHB Care/compliance staff.

POLICY:

1. CRIHB Options Review and Audit Reports will contain:
 - a. Summary of review or audit process;
 - b. Findings;
 - c. Recommendations; and
 - d. Whether corrective action plan is required.
2. CRIHB Options will issue a Review or Audit Report within 20 business days of receipt of all documentation required for the review or audit.
 - a. The time may be extended by CRIHB in the event of an extra-ordinary circumstance. The Participating Provider will be notified in writing of any delay.
 - b. If there is missing information, the Participating Provider will be contacted prior to the completion of the review or audit, and given the opportunity to submit additional documentation to support payment for the service(s) under review.
 - c. If the report is not received in a timely manner, the Participating Provider should contact the CRIHB Chief Compliance Officer.
3. The Review or Audit Report will be mailed to the provider via certified mail.
 - a. When there are audit findings, the Participating Provider may be required to submit a corrective action plan.
 - b. If the findings are significant, the Participating Provider may be suspended until the corrective action plan has been received and approved by CRIHB and has been implemented by the Participating Provider.
4. The Participating Provider may appeal the findings in the Final Review or Audit Report, as specified in the Appeals policy.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 2
CHAPTER	COMPLIANCE	NUMBER:	505
SUBJECT	Appeals		
EFFECTIVE DATE:	5/1/13	REPLACEMENT DATE:	
COMMITTEE APPROVAL:	4/5/13	BOARD APPROVAL:	4/20/13

PURPOSE:

To describe the process by which a Participating Provider may appeal a CRIHB Options decision, review or audit finding.

POLICY:

1. In the event a Participating Provider disagrees with the decision, review or audit findings, the Participating Provider may appeal the decision, within 30 business days to:
CRIHB Chief Compliance Officer
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
 - a. The Provider may request the time be extended in the event of an extraordinary circumstance. The request must be made in writing.
2. Appeals must be in writing and include:
 - a. Statement describing the nature of and the reason for the appeal;
 - b. Reason the Participating Provider believes the review or audit determination was made in error; and
 - c. Any other information believed to be helpful to CRIHB in supporting the appeal.
3. CRIHB's Chief Compliance Officer will review the Appeal and the decision, report and/or findings within 30 business days of receipt of the Appeal.
 - a. If an Appeal is not received within the required timeframe or without the required information, CRIHB will deny the appeal and notify the appealing party in writing.
 - b. The Chief Compliance Officer will make a written determination within 15 business days following his/her review of the Appeal.
 - c. The written Appeal decision will be mailed to the Participating Provider via certified mail.
4. If the Participating Provider disagrees with the Appeal Decision, he/she may submit a written request for reconsideration within 30 business days of the decision to:

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	2 of 2
CHAPTER	COMPLIANCE	NUMBER:	505

SUBJECT	Appeals
----------------	---------

EFFECTIVE DATE: 5/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 4/5/13

BOARD APPROVAL: 4/20/13

CRIHB Chief Executive Officer
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841

5. The Chief Executive Officer, or designee, will review the request for reconsideration within 30 business days, and will make a written determination within 15 business days following his/her review. The determination of the Chief Executive Officer or designee is Final.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	COMPLIANCE	NUMBER:	506

SUBJECT Corrective Actions

EFFECTIVE DATE: **8/1/13**

REPLACEMENT DATE:

COMMITTEE APPROVAL: **7/9/13**

BOARD APPROVAL: **7/9/13**

PURPOSE:

To describe the actions CRIHB Options may take when review, audit or appeal findings indicate inaccurate billing.

POLICY:

1. CRIHB Options will take appropriate action if it is determined, based upon information obtained during an review, audit or appeal, that a Participating Provider has:
 - a. Misrepresented a service or billing information;
 - b. Billed for a service provided to an individual who is not eligible to receive IHS funded services;
 - c. Billed for a service that is not supported by adequate documentation;
 - d. Billed for a service provided by an individual who does not meet the CRIHB Options provider standards;
 - e. Billed for a service provided by an individual who has been placed on a governmental exclusion list (e.g. OIG, GSA, Medi-Cal, Medicare);
 - f. Participated in some other inappropriate practice or activity with respect to a CRIHB Options client or service; or
 - g. Other inaccurate or inappropriate billing.
2. Appropriate action by CRIHB will include:
 - a. Denial of payment in the event of a pre-payment review;
 - b. Authorizing payment in the event of an underpayment made to the Participating Provider;
 - c. Recouping payments made for the services related to a determination that the service was billed incorrectly;
 - d. Requiring the Participating Provider to take other corrective action necessary to prevent or correct the inappropriate practice;
 - e. Suspending or terminating the Participating Provider from participation in CRIHB Care/Options; or
 - f. Other action as recommended by CRIHB counsel.

CALIFORNIA RURAL INDIAN HEALTH BOARD

POLICY MANUAL	CRIHB OPTIONS	PAGE	1 of 1
CHAPTER	COMPLIANCE	NUMBER:	507

SUBJECT Compliance Hotline

EFFECTIVE DATE: 8/1/13

REPLACEMENT DATE:

COMMITTEE APPROVAL: 7/9/13

BOARD APPROVAL: 7/9/13

PURPOSE:

To define how CRIHB Options receives, documents, and handles compliance hotline calls, reports and cases.

POLICY:

1. CRIHB Options shall operate a telephone line ("hotline") for anonymous and/or confidential reporting of potential compliance problems. The hotline number is 800-884-1735.
2. CRIHB Options will maintain a secure and confidential database including all calls received by hotline.
3. The Chief Compliance Officer or designee will assign the reported issue for investigation by Compliance staff or refer the issue for investigation by the responsible department director.
4. The Chief Compliance Officer will monitor reported calls to assure resolution.
5. The Chief Compliance Officer will report findings and actions taken to CRIHB Grievance/Compliance Committee.
6. All callers may remain anonymous. The caller may call back to check the status of the case.
7. The Chief Compliance Officer will provide quarterly summary reports classifying calls by type and resolution status. Reports will be provided to the CRIHB Grievance and Compliance Committee and the CRIHB Options program manager.
8. The Chief Compliance Officer or designee will analyze data related to the hotline calls and review findings to identify patterns related to non-compliance with laws, regulations or CRIHB Options policies exist.
 - a. Where patterns exist, CRIHB Options will evaluate the pattern and develop educational or corrective action plans.