

Ninilchik Traditional Council
Community Health Clinic
Emergency Room Visits
Coverage

Emergency Care Defined: an acute medical condition, sudden in onset with severe symptoms posing an immediate threat to life, limb, or organ. An emergency requires immediate treatment by a physician. Medical conditions in which a delay in care would be hazardous to life or would result in serious complications are also considered emergencies.

The following requirements must be met in order for Ninilchik Traditional Council to pay for emergency care.

1. Must apply for and/or use alternate resources (Medicare, Medicaid, VA, Private Insurance, Denali Kid Care, Charity, etc.) and have a denial letter, before using NTC emergency funds
2. Must be a true 'life, limb or organ' emergency. For example: chest pain, acute respiratory distress, severe abdominal pain, loss of consciousness, stroke symptoms, severe wound, hemorrhage, sudden onset of weakness, numbness, severe injuries
3. Must be an eligible IHS beneficiary, non IHS spouses are not included
4. Must be an active clinic user within the last year and have lived in the Ninilchik Tribal boundaries for at least one year, does not include Homer
5. If you become ill during clinic hours, you must be seen at the clinic, if: your symptoms are not listed above, before a crisis develops, for the conditions listed below and for questions about whether your symptoms constitute an emergency
6. If you are experiencing illness symptoms during clinic business hours, you should be seen earlier in the day at the clinic and they can determine if an emergency
7. Must get payment authorization from NTC
8. Must notify NTC within 72 hours of occurrence

The following conditions do not warrant a trip to the Emergency Room:

- Recurrent migraine headaches
- Ear aches
- Sore throat
- Toothache
- Flu or cold symptoms
- Alcohol/drug intoxication
- Pain medication

Due to the limited funding, NTC providers will carefully determine eligibility and may or may not cover emergency care. Coverage will be based on the above criteria and after careful examination of emergency room medical records.

There will be a cap of \$3,000.00 per year per eligible IHS beneficiary. This will include \$550.00 towards an ambulance ride.

NTC will be payer of last resort. An appeal may be filed in writing and must be received within 30 days from the date your denial letter was received.