

**PIT RIVER HEALTH SERVICE, INC.**  
**PRC POLICY**



Approved: March 23, 2021

*Rene Hayward*  
Health Board Chairperson

3/26/21  
Date

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Chief Executive Officer

3/29/21  
Date

PIT RIVER HEALTH SERVICE, INC.  
PURCHASED / REFERRED CARE POLICIES

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**1.0 PRC POLICY INTRODUCTION**

This policy is enacted under the authority of the Pit River Health Service (PRHS) Board of Directors, in their capacity as the governing body of the health clinic. This policy identifies the standard process for the Purchased/Referred Care (PRC) program.

The Pit River Health Service's PRC program is a distinct separate program from the "Direct Care Clinic" operation provided for the American Indian/Alaska Native (AI/AN) people. The PRC program operates under a set of Federal Regulations, CFR Title 42; Section 136.21 through 136.25. This policy is intended to conform to all federal regulations and the requirements of PRHS' Self Determination contract.

The PRC program is established to assist AI/AN patients with the costs of Medical and Dental services that cannot be provided at Pit River Health Service. Use of the limited PRC funds is strictly regulated by the Federal Government as to who is eligible and how funds may be used to pay for patient services.

The PRC program is *not* an entitlement program. A patient must meet all requirements to use PRC funds such as residency requirement, notification requirements, medical priority and use of alternate resources.

The Purchased/Referred Care (PRC) program, administered by the Pit River Health Service is a program with limited funds and is used to supplement and compliment other health care resources available to eligible AI/AN people. Alternate resources such as private insurance, Medi-Cal, Medicare, etc. **must be used** before PRC program funds can be used to pay the costs of patient care. The PRHS PRC program is the **"Payer of Last Resort."**

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**2.0 ACRONYMS AND DEFINITIONS**

1. ACRONYMS

AI/AN	- American Indian/Alaska Native
BIA	-Bureau of Indian Affairs
CFR	-Code of Federal Regulations
CHEF	- Catastrophic Health Emergency Fund
CHR	-Community Health Representative
ED	- Tribal Program Chief Executive Officer
IHCIA	-Indian Health Care Improvement Act
IHS	- Indian Health Service
PCP	-Primary Care Provider
PRC	- Purchased/Referred Care
PRCDA	- Purchased/Referred Care Delivery Area
PRHS	- Pit River Health Service, Inc.

2. DEFINITIONS

Alternate Resources – Health Care resources other than those of PRHS. Such resources include health care providers and institutions, and health care programs for the payment of health services including, but not limited to programs under Titles XVIII and XIX of the Social Security Act (i.e., Medicare, Medicaid), State and local health care programs and private insurance.

Appropriate Ordering Officials – The person, with documented procurement authority, who signs the purchase order authorizing PRC payment.

Catastrophic Health Emergency Fund (CHEF) – The fund to cover the PRHS portion of medical expenses for catastrophic illness and events falling within PRHS responsibility.

Purchased/Referred Care Delivery Area (PRCDA) – The geographic areas within which PRC will be made available by PRHS. (Reference Federal Register, Vol. 49, No. 6, 1984)

Purchased/Referred Care (PRC) – Health services provided at the expense of PRHS from other public or private providers (e.g., dentists, physicians, hospitals).

Purchased/Referred Care Eligible Person – At minimum, a person of AI/AN descent, belonging to the Indian community, served by PRHS who resides within the PRHS PRCDA and who otherwise qualifies as described in these policies.

Emergency – Any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual.

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Indian Tribe (AI/AN)– Any Indian tribe, band, nation, group, pueblo, or community, including any Alaska Native village or Native group, which is federally recognized as eligible for the special programs and services provided by the U.S. to Indians, because of their status as Indians.

Residence – In general usage, a person “resides” where he or she lives and makes his or her home as evidence by acceptable proof of residency. In practice, these concepts can be very involved. Determinations will be made by PRHS based on the best information available, with the appeals procedure process as a protector of the individual’s rights.

Chief Executive Officer (CEO) – The administrative director of PRHS; top level supervisory staff position.

Tribal Member – A person who is an enrolled descendent of a tribe, or is granted tribal membership by some other criteria in the tribal constitution.

Valid Denial – Formal notice from Medi-Cal indicating that although a person has properly applied, Medi-Cal had determined that they are not eligible for its program, typically because the person and/or their family’s income is above the eligibility threshold.

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**3.0 PURCHASED / REFERRED CARE SCOPE OF SERVICES**

**PURPOSE:** To define the Scope of Purchased/Referred Care.

1. PRC services will be provided only to individuals who have established eligibility to receive such services as defined by this policy.
2. Payment for PRC services is limited to those services which fall within Level I or Level II in the IHS Levels of Care definitions excluding Dental Services.
3. Approved Levels of Care may be changed as frequently as deemed necessary by the Pit River Health Service Board of Directors, to maintain the financial viability of the organization.
4. No prior notification to patients will be made when priorities of care are changed. The PRHS will publish changes to the PRC levels of care in the PRHS Newsletter and post in the clinic's waiting areas.
5. The Pit River Health Service Board of Directors will notify the Chief Executive Officer, Chief Financial Officer, Business Service Manager, and PRC Coordinator of any changes to the PRC program or Levels of Care in writing. The notice will specify the effective date of any changes.
6. The PRC Coordinator will maintain Board directives in the PRC Policy binder.
7. Pit River Health Service, Inc. has two broad health care services programs:
  - A. **Direct Care services:** Eligible AI/AN patients will receive in-house medical/dental/behavioral health/outreach/transportation services without cost to them for those services conducted in-house.
  - B. **Purchased/Referred Care (PRC):** Health services provided at the expense of PRHS from public or private medical or hospital facilities other than those of PRHS. Patients must meet the PRC criteria as established by these policies.

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**4.0 PRC OVERVIEW**

**PURPOSE: To provide an overview of the Purchased/Referred Care Program.**

1. The PRC Program is designed to supplement other health care resources available to eligible AI/AN people. It is not an entitlement program. PRC funds are utilized when:
2. The needed service is unavailable at any Pit River Health Service facility
  - A. The patient and the service meets requirements of these policies
  - B. Services are medically indicated
  - C. Funds are in fact available
3. The PRC program is the payer of last resort (42 CFR 136.61) for persons defined as eligible for PRC. All alternate resources and entitlements must be used before PRC funds can be utilized.
4. Individuals requesting to use PRC services must meet all eligibility requirements:
  - A. Indian (AI/AN) Eligibility
  - B. Residence
  - C. Alternate Resource
  - D. Active user of a Pit River Health facility
  - E. Referral Process
5. The care requested must be within the Levels of Care currently approved for payment by the Pit River Health Services, Inc. Board of Directors. All patients who may expect Pit River Health Service, Inc. to pay for PRC services shall receive written notice only if the request has been denied. The reason for denial will be documented along with information on how to submit an appeal.
6. An appeal process is available for all individuals who are denied payment for PRC services. See PRC Patient Denial and Appeal Policy section below.
7. The Chief Executive Officer is administratively responsible for the maintenance of PRC services. This responsibility may be delegated to the Chief Financial Officer and/or Business Services Manager.

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8. The PRC Coordinator is responsible for overseeing the PRC program and payment process.
9. PRC Staff is responsible for
  - A. Determining an individual's eligibility for PRC services
  - B. Patient education about the Purchased/Referred Care program
  - C. Working closely with the PRHS providers to assure our patients receive the best care possible.
  - D. Schedule appointments and schedule transport for patients who need assistance.
  - E. Follow PRC Policy.
10. Outside Provider Contracts: Memorandum of Agreements will be sent out to all providers and hospitals PRHS refers patients to. Policy is to have a signed MOA with all providers; this will reflect any discount rates and special pricing the provider is willing to give PRHS. For specifics not included in the MOA, PRHS will revert to I.H.S. policy.

### 5.0 Eligibility

#### **5.1 PRC AI/AN/TRIBAL ELIGIBILITY REQUIREMENTS**

**PURPOSE:** To specify the documentation required to verify a person's AI/N Tribal eligibility for Purchased/Referred Care services.

PROOF OF AI/AN/TRIBAL ELIGIBILITY must be documented to the program. Eligible AI/ANs will fit into one of the following categories:

1. Enrollment in a Federally Recognized California Tribe. Documentation may include:
  - A. Valid Tribal certification letter or Valid Tribal Enrollment card from a federally recognized CA Tribe. (The Bureau of Indian Affairs (BIA) shall be considered the authority on Federally Recognized Tribes.)
  - B. BIA Certification of Degree of Indian Blood (CDIB)
  - C. Patients over the age of 19 must provide a valid tribal certification in the patient's own name.
  - D. Only patients 18 years of age and younger can submit the parent's tribal certification, along with a valid birth certificate.
2. California Unaffiliated. The Indian Health Care Improvement Act (IHCA), 25 USC Chapter 18 Section 1679 defines members of a CA Indian Tribe that is not federally recognized as Unaffiliated Indians. Such persons may be:



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- A. Any Indian residing in California who is included on one of the California Judgment rolls or their descendants. Copy of the 1852 or 1972 judgment roll which includes the individual's name must be provided.
- B. Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant meets all four of the following criteria:
  - i. Can provide a California birth certificate or other historical documentation showing the individual to be an Indian. Subsequent marriage and/or birth certificates or other historical documentation showing direct descendancy must be furnished;
  - ii. Is living in California;
  - iii. Is a member of the AI/AN Community served by PRHS;
  - iv. And is regarded as an Indian by the community in which the descendant lives.
- C. An AI/AN holding trust interest in public domain, natural forest, or Indian reservation allotments in California.

All patients age 19 and over, must provide a valid tribal certification in their own name. Only patients 18 years of age and younger can submit the parent's tribal certification, along with a valid birth certificate.

3. Out of State Indians.

Members of Federally Recognized Tribes native to states other than California may be eligible for PRC services if they maintain close social and/or economic ties to the Pit River Tribe and reside in the Pit River Service Delivery Area. (per 42 CFR 136.23). Examples are a patient who works for the Tribe (any Pit River Tribal entity) or is the spouse of a Pit River Tribal Member. The patient must also meet the qualifications below and all other PRC eligibility requirements.

To qualify, such natives should present one of the following:

- A. Valid Certified Tribal letter or Valid Enrollment card from a federally recognized Tribe. (The Bureau of Indian Affairs (BIA) shall be the authority on Federally Recognized Tribes); or
- B. BIA Certification of Degree of Indian Blood (CDIB.)

All patients age 19 and over, have to provide a valid tribal certification in their own name. Only patients 18 years of age and younger can submit the parent's tribal certification, along with a valid birth certificate.

- 4. Adopted Children. AI/AN adopted by non-Indian patents must meet all PRC requirements to be eligible for care.

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5. Foster/Custodial Children are eligible for PRC services if the child was eligible for PRC services at the time of the court order and placed by order of a court of competent jurisdiction. Such children, if placed outside our PRCDA, will remain eligible while they are in foster care.
6. Minor Children are eligible for PRC services if the child is younger than 19 years of age and is the natural, adopted, step, foster, legal ward, or orphan child of an eligible AI/AN.
7. Certain Non-Indian patients are eligible for PRC services if they fall under one of the following and meet all other PRC requirements:
  - A. Non-Indian woman pregnant with an eligible AI/AN child is eligible during pregnancy and 6 weeks postpartum.
  - B. In the case of unmarried persons, the AI/AN man must verify in writing the non-Indian woman is carrying his child.
  - C. Only services related to, or affecting the pregnancy are covered.
  - D. Non-Indian member of an eligible AI/AN household is eligible if the PRHS Chief Medical Officer determines the services are necessary to control:
    - i. A public health hazard; or
    - ii. An acute infectious disease that constitutes a health hazard to the household; and
    - iii. Only services related to the public health hazard or the acute infectious disease are covered.

## 5.2 PRC RESIDENCE REQUIREMENTS

**PURPOSE:** To specify the documentation required to prove a person's eligibility for PRC services based on residence.

All Individuals requesting to use PRC services must provide proof of residency before funds will be obligated.

PRC-eligible AI/AN must reside in Pit River Health Service's PRC Delivery Area (PRCDA); also known as the Service Area. The Service Area includes the Pit River Tribe's ancestral territory as defined in the Pit River Tribe's Constitution ([http://www.narf.org/nill/constitutions/pit\\_river/](http://www.narf.org/nill/constitutions/pit_river/)). This area includes the eastern 1/3 of Shasta County as well as parts of Lassen and Modoc counties. Shingletown, in Shasta County is included, as is any portion of the Manton area that is in Shasta County.

### PROOF OF RESIDENCY

1. General: Individuals must provide proof of residency prior to the program committing PRC funds. Proof of residence is considered to be one of the following:
  - A. Medi-Cal Card or Medi-Cal Approval Statement (Current County) with physical address
  - B. Utility bill
  - C. Rental agreement
  - D. Tax return with physical address
  - E. Tribal Office confirmation (in the case of a homeless patient) must be updated every 6 months
  - F. Community Health Representative (CHR) Certification of Residence. The CHR must visit the home in order to determine the individual resides at the address.
  - G. Other documentation such as child's school registrations can be requested when there may be a discrepancy with the address.

Note: Written notices of residency from family or friends will not be considered as Proof of Residency.

2. Students: Adults who are full time students will continue to be eligible for PRC services if they:
  - A. Were residents of the PRHS Service Area prior to enrollment in the college, university, or trade school.
  - B. Meet all requirements of PRC eligibility prior to enrollment in school.
  - C. Furnish proof of full time enrollment each quarter/semester.

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3. Transients: (persons who are in travel status or who are temporarily employed, such as seasonal or migratory workers) remain eligible during their absence from the place of permanent residence. The permanent residence must be within the PRHS Service Area.
4. Relocation: Individuals who are PRC Eligible and re-locate outside the PRHS Service Area will continue to be eligible for PRC services for up to 180 days following the date of their departure or until the individual has established care elsewhere. Date of departure will be considered to be the date of the last utility bill and/or notification from the patient.

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### 5.3 PRC ALTERNATE RESOURCES REQUIREMENTS

**PURPOSE:** To document the Pit River Health Service policy that individuals must make a good faith effort to apply for and utilize alternate resources in order to be eligible for Purchased/Referred Care services.

5. Alternate Resource is defined as any method of payment for healthcare expenses which may be available to the patient. Alternate Resources include but are not limited to:
  - A. Medicare Parts A, B, and D
  - B. Medi-Cal/Partnership
  - C. Covered California
  - D. Private Insurance
  - E. VA
  - F. California Children's Services
6. Any benefit to which the individual is entitled based on his/her status as a citizen, employee, or member of a group.
7. Individuals requesting PRC coverage must use all alternate resources available to them. The PRHS PRC program is strictly a payer of last resort. If a transportation-eligible patient chooses to be seen by a local provider that doesn't accept the pt's alternate resource, PRC will obtain a cost estimate of the service from the local provider. If the cost would be similar or greater than the cost that would be incurred by PRHS (mileage +staff time), this will be allowed.
8. PRC will reject claims where an outside provider fails to investigate other alternate resource liability.
9. PRC Department will refer the patient to the Intake Coordinator as needed. The Intake Coordinator will help the patient apply for any alternate resource(s) the patient may be eligible for. After a completed application is received with all required documentation it will be documented in the patient's PRC record.
10. An individual is required to apply for an alternate resource if there is reasonable indication that the individual may be eligible for the alternate resource. The following policies apply:
  - A. Failure to apply will result in the individual being ineligible for PRC services.
  - B. Failure to complete the application or submit all required documentation will result in the individual becoming ineligible for PRC services. Intake staff may require documentation of income (e.g. W-2 or tax forms) in order to determine what resources may be available.
  - C. When an individual has made a good faith effort to apply for an alternate resource, but a reply to the application has not yet been received, the individual will be PRC eligible while the application is pending, assuming all other eligibility criteria are

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met. A “good faith” effort as relates to this clause means that the application process will not take more than 90 days. If the patient does not complete the application process within 90 days, the patient will become ineligible for PRC services until such time that they do complete the application process resulting in either a valid denial or enrollment with the alternate resource. A patient may remain PRC eligible if the application has not been processed by County Social Services within the 90 day timeframe as long as PRHS’s Intake/Benefits Coordinator or Family Service Worker (FSW) can call and verify that County Social Services has received all documentation needed to process and make a determination. The patient would have to assign an Authorization of Release (AOR) with our FSW or Intake/Benefits Coordinator name on it for PRHS to receive this information.

- D. Refusal to use an alternate resource that is available will result in the individual becoming ineligible for PRC services (exclusion-see Section 5.3 item 7).
  - E. Medi-Cal and Covered California must be re-applied for at least annually, or as needed to maintain coverage.
  - F. PRC patients must inform Medi-Cal/Covered CA and the PRC department promptly of any life-changing events such as change of income, pregnancy, change of address, etc.
  - G. It is the policy of PRHS that individuals do not have to sign a Medi-Cal or CMSP property lien in order to remain eligible for PRC services.
11. The IHCIA 25 USC section 1642 allows for coverage of health benefits for serviced beneficiaries. The PRHS PRC program may cover the cost of monthly premiums for available alternate resources, pending availability of funding and PRC Committee review. The PRC committee will consider the foreseeable potential PRC utilization weighed against the known premium costs. If the available plan cost is not approved by the PRC committee, it will not be considered an available alternative, and a patient’s Valid Denial from Medi-Cal will be sufficient for the patient to be PRC eligible. If a patient would like a more extensive plan, they may elect to pay the additional premium cost. Any family plan that is paid for by PRC may only include PRC eligible AI/AN family members.
12. The PRC Coordinator along with the Intake Coordinator will review monthly, the patients who are pending alternate resource.
13. Individuals with managed care (such as Partnership) requiring assignment of the individual’s Primary Care Provider (PCP) must assign PRHS as their PCP before referrals are made in order to be PRC eligible.
14. In the event that a bill for an eligible outside provider service is received by an eligible PRC patient, the patient must submit the bill to the PRC department as soon as possible after receipt of the bill. If the bill is not submitted by the patient within 30 days of the receipt, any late bill charges or other charges incurred will **not** be the responsibility of the PRC Department for payment. Note all medical claim forms from vendors will be date-stamped the day they are received and entered into an electronic spreadsheet.

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## 6.0 PRC REFERRALS

**PURPOSE:** To define referrals for eligible PRC patients to outside providers when services or care cannot be provided at a PRHS facility.

Pit River Health Service utilizes two types of referrals. One is initiated by a PRHS provider and the other is initiated by the PRC department for emergencies or continued specialized services that have prior approval for more than one visit. Referrals are kept open generally for 30 days. If there has been no contact from the patient to the outside provider or to PRC, the referral will be closed and cancelled. A cancellation letter will be sent to the patient notifying them that the referral is closed and they will need to schedule an appointment with PRHS provider to obtain a new referral if the referral is still needed.

Patients are required to obtain a PRHS referral prior to attending an outside appointment.

1. General Referral Guidelines:

- A. The patient must be seen by a PRHS provider to obtain a referral for an outside service which is not available at a PRHS facility and must be an eligible PRC patient.
- B. Referrals are generally valid for one visit only, with some exceptions noted below.
- C. Generally, it is the responsibility of the patient to schedule and notify the PRC department of the time and date of the appointment immediately. PRC provides assistance with scheduling if a patient requests it. The patient must be present at the time of scheduling.
- D. A PRHS referral does not constitute a representation of eligibility under the PRC program.
- E. A PRHS referral does not automatically guarantee payment for services under the PRC program.
- F. For surgery, the pre-op, surgery and 1<sup>st</sup> post-op appointment will be included in the original referral. All other follow-up appointments will need a new referral for each appointment.
- G. Any visits and or appointments made by the patient to an outside provider without a PRHS referral will not be paid for by the Pit River Health Service PRC program.

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this also includes any prescriptions prescribed by an outside provider without prior authorization.

- H. A referral must be generated from PRHS before transportation is scheduled. PRC will not use any past referrals or create any referrals without the patient seeing a PRHS provider (i.e., calling in with an appointment date or time for a brand new appointment is not allowed).
  - I. If a patient is not PRC eligible, they will be notified that the cost of their referral will be their responsibility. The patient then has the option to accept or decline the referral. The PRHS provider will be notified if a referral is delayed.
  - J. If a referral is issued for a specific date and time and that date and time is changed without informing the PRHS PRC department, PRHS reserves the right to decline payment for that service.
2. Emergency Room (ER) NOTICE: PRC Staff may initiate a PRC Referral for coverage of costs when patients notify them of:
- A. Emergency care received and notification of the service within 72 hours. The 72 hour period may be extended if staff determines that notification within the prescribed period was impracticable or that other good cause exists for the failure to comply (CFR 42-136.24c). For elderly and disabled patients, the prescribed period is 30 days (PL 102-573 Elderly & Disabled).
  - B. Elderly (Elder) is considered a person who is 65 years or older.
  - C. Disabled refers to a person who has or suffers from a physical or mental condition that prevents him/her from providing or cooperating in obtaining the information necessary to notify PRHS PRC department of his/her receipt of emergency care.
3. Valid Referral Visits and Timeframes: Generally PRHS referrals are good for only one specialty provider visit that should be scheduled within 30 days. Exceptions to this are as follows:
- A. For the Elderly and Disabled, PRC staff will obtain all necessary documentation (reports, discharge summary, etc.); submit to Chief Medical Officer or Chief Dental Officer (depending on service type) who will determine if a referral can be generated without the patient seeing the provider. If the Chief Medical Officer/Chief Dental Officer feels the elder needs to see a PRHS provider, the medical or dental staff will make the necessary follow up appointments with the patient. If Elders/Disabled patients have written discharge instructions from a hospital visit, the discharge instruction must indicate the type of appointment



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and/or doctor needed for follow up, PRC staff will review and generate a referral without patient having to see the provider.

- B. Dialysis patients are allowed 1 year (365 days) of treatments per dialysis referral.
- C. Wound Care Patients are allowed as many outside provider visits as necessary with one referral per month (30 days).
- D. Continual lab draw referrals (standing order) shall stay open for the length of time as approved by PRHS provider but not to exceed 1 year.
- E. Physical Therapy Patients are allowed as many outside provider visits as necessary, per treatment plan. Example...patient tx plan is 2 times a week for 6 weeks.
- F. Patients being treated for cancer or other chronically ill patients (as determined by PRHS provider) are allowed as many outside provider visits as necessary during three months (90 days) per referral.
- G. OB care patients may receive a single referral to cover OB services that are medically necessary, delivery, and 6 weeks postpartum care. Patient will provide all appointment dates and times to the PRC department. Ultrasounds to find out the sex of the fetus is not considered a medically necessary service. After delivery, any subsequent condition or follow-up not relating to the pregnancy needs a new referral.
- H. Any other referral in which the provider specifies a number of visits it will be valid for.
- I. Durable Medical Equipment (oxygen, wheelchair, etc.) referrals are open and valid until no longer medically indicated.

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**7.0 PRC COMMITTEE**

**PURPOSE: To define the scope of the PRHS PRC Committee**

PRC Committee is a standing PRHS committee designated to regularly review PRC matters.

1. The PRC Coordinator is responsible for preparing and presenting selected referrals, emergency room visits, and other issues that may arise to the PRC Review Committee as needed.
2. Patent names will not be disclosed during PRC committee discussions unless needed by the medical or Chief Dental Officer to understand the clinical situation behind the issue.
3. The committee will review any unusual or problematic PRC referrals and emergency cases to determine if they meet PRHS PRC criteria for consideration of payment with PRC funds. The committee will also review and make determinations for other issues that arise from time to time related to use of PRC funds.

Membership on the PRC Committee will be:

Chief Financial Officer

Chief Medical Officer or designee

Chief Dental Officer or designee

Business Services Manager

PRC Coordinator

PRC Clerks

Board member(s) if assigned

**Note:** If any of the committee members are related to the patient, they must excuse themselves from the discussion and case decisions. The record of the meeting shall reflect their action.

**1. Committee Meetings**

Regular Committee meetings will be scheduled weekly and special meetings held more often if necessary. Committee agendas will consider the following criteria for PRC cases:

**A. Eligibility**

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- B. The care must be within the approved Medical and Dental priorities (Level of Care). If a case is lowered to another priority, the justification should be documented.
- C. Funds must be available.
- D. The requested service must not be available in the Pit River Health Service facility.
- E. The referral shall be made to the appropriate provider based on cost/quality factors, or an exception justified.
- F. For review of emergency cases, the care provided shall be verified as an emergency situation.
- G. PRC cases where full reimbursement through alternate resources is available should not have their care deferred.
- H. Minutes of each Committee meeting will be maintained to accurately reflect the determination of each PRC case. Minutes and sign in sheets are stored in the PRC department.

**8.0 PRC LEVELS OF CARE POLICY**

**PURPOSE: To specify the system for reviewing and approving Levels of Care that may be paid by the PRC Program.**

1. Pit River Health Service, Inc. Board of Directors will establish a general grouping of types of health care services into Levels of Care. The IHS PRC Levels of Care will be the guide for the PRHS PRC Levels of Care.
2. The Pit River Health Service, Inc. Board of Directors will approve the Levels of Care that will be paid by the PRC program.
3. Approved Levels of Care may change from time to time depending upon Health Board priorities and the Organization's financial status.
4. Only those services falling within the approved Levels of Care may be approved for payment by the PRC staff.
5. The approved Levels of Care in effect at the time a service is rendered shall be the standard applied to each request for PRC funding.
6. The PRHS provider (medical, dental, behavioral health services) is responsible for assigning the appropriate Level of Care for each referral.
7. The PRHS Board of Directors shall review the Levels of Care at least annually, and/or within 45 days of recommendation for changes made by the PRC Review Committee and/or PRHS Administration.

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### **8.1 LEVELS OF CARE: MEDICAL**

For medical cases (as opposed to dental) the allowed levels of care shall be Level I and Level II.

#### **PRIORITY LEVEL I: EMERGENT/ACUTE URGENT CARE SERVICES**

Definition: Diagnostic or therapeutic services which are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual, necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that, if left untreated, would result in uncertain, but potentially grave outcomes. CFR Title 42, Section 136, Subpart C - PRC Emergent Care – Purchased/Referred Care-(f)

Emergency means any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual.

#### **Categories of services included (random order):**

- Emergency room care for emergent/urgent medical conditions, surgical conditions or acute trauma.
- Emergency outpatient cares for emergent/urgent medical conditions, surgical conditions or acute injury.
- Renal dialysis, acute and chronic.
- Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
- Services and procedures necessary for the evaluation of potentially life threatening illnesses or conditions.
- Obstetrical delivery and acute perinatal care.
- Neonatal care.

<b>LEVEL I PRIORITY: Examples of Diagnosis that usually require emergent/urgent care. (Not an exhaustive list)</b>		
Airway obstruction	Eye disease, acute	Obstetrical emergencies
Abscess	Eye injuries	Pancreatitis
Amputation, traumatic	Flail chest	Pelvic inflammatory disease
Anaphylaxis	Fractures	Peritonitis
Appendicitis	Glomerulonephritis, acute	Pneumonia, acute
Arrhythmias, emergency	Gunshot wound	Pneumothorax
Asthma, acute	Head injury	Poisoning

Airway obstruction	Eye disease, acute	Obstetrical emergencies
Abscess	Eye injuries	Pancreatitis
Amputation, traumatic	Flail chest	Pelvic inflammatory disease
Anaphylaxis	Fractures	Peritonitis
Appendicitis	Glomerulonephritis, acute	Pneumonia, acute
Arrhythmias, emergency	Gunshot wound	Pneumothorax
Asthma, acute	Head injury	Poisoning

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Burns	Heat exhaustion and prostration	Premature infant
Cholecystitis, Acute	Hemoptysis	Pulmonary embolism
Coma	Hemorrhage	Pulmonary edema
Concussion	Hepatic encephalopathy	Puncture or stab wounds
Congestive heart failure, decompensation	Hernia, strangulated or ruptured	Rape
Dehydration, severe	Hypercalcemia	Renal lithiasis, acute
Delirium Tremens	Hypertension	Renal failure, acute
Diabetic ketoacidosis	Meningitis	Respiratory failure
Drowning, near	Menorrhagia, profuse	Sepsis
Embolism, cerebral or Peripheral	Migraine, acute attacks	Shock
Epididymitis, acute	Musculoskeletal trauma, acute	Spinal column injuries
Epiglottitis	Myocardial infarctions	Suicide attempt
Urinary retention, obstruction		

## PRIORITY LEVEL II: PREVENTIVE CARE SERVICES

Definition: Primary health care that is aimed at the prevention of long-term disability. This includes services proved effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention).

Categories of services included (random order).

- Routine prenatal care.
- Non-urgent preventative ambulatory care. (Primary prevention)
- Screening for known disease entities. (Secondary prevention)
- Public Health intervention
- Specialized medication not available at IHS facility, when no suitable alternative exists.

<b>LEVEL II PRIORITY: Examples of Preventative Care Services (not an exhaustive list).</b>	
Audiology Screening	Mammography
Cancer Screening	Meningitis prophylaxis
Diabetes maintenance	Periodic health exam of infants, children and adults
Family planning services	Podiatry Care for Diabetics

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Hemophilus prophylaxis	Pregnancy and infant care
Hepatitis prophylaxis	Sexually transmitted diseases, testing and treatment
HIV testing	Tuberculosis screening, prophylaxis and treatment
Hypertensive screening, diagnosis and control	Annual vision Examinations. Exceptions will be made for diabetic and medical necessity
Immunizations	Eyeglasses only for: Pediatrics (under 18 years old) Diabetics and/or other medical necessity
Laboratory services supporting primary care Evaluations	X-ray services supporting primary care Evaluations

PRC MEDICAL INCLUSIONS, EXCLUSIONS AND LIMITATIONS

1. Inclusions:

Contingent upon the current level of funding, the following services, though not exhaustive, may be covered under the PRC program. In order for PRC Department to approve such services, a valid and current referral from a PRHS provider is required. This includes all Rx requests.

- a. Physician Services.
- b. Inpatient hospital services.
- c. Outpatient medical/surgical services including emergency room services at freestanding ambulatory or hospital based locations.
- d. Outpatient evaluative and crisis intervention mental health services.
- e. Medical services for substance abuse.
- f. Diagnostic laboratory and diagnostic and therapeutic radiological services.
- g. Home health services, if within medical priorities (e.g., a cancer patient can be treated at home more cost effectively than being admitted to a hospital for treatment).
- h. Preventive Health Services.
- i. Skilled nursing home services as defined by Medicare regulations.
- j. Optometry Services.
- k. Dental Services.
- l. Physical medicine and rehabilitative services within medical priorities.

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- m. Prescription drugs and or Prescription reimbursement. (Over the counter prescription such as, vitamins, diet pills, body cream, etc, will not be covered by PRC, unless deemed medically necessary at Level I or II by a PRHS provider.)
  - n. Chiropractic services when ordered by a physician. The PRHS provider determines the limit of visits per month. The patient will be responsible for any additional visit thereafter.
  - o. Acupuncture services when approved by a physician.
  - p. Autopsies when ordered by a PRHS physician for clinical purposes only.
  - q. Services provided in accordance with a Federal court order.
  - r. Prosthetic devices. (Replaced no more frequently than the patient's insurance allows. If the patient has no insurance (has a Valid Denial), the replacement rate will be no more frequently than that allowed by Medicare.
  - s. Medical laboratory and x-ray.
  - t. Podiatry services.
  - u. Extended care facilities, refer to Exhibit IX, 25.2M
  - v. Baby formula will only be paid for if it is deemed medically necessary Level I or II by a PRHS provider.
  - w. Transportation and per diem for the patient. (Provided by the PRHS Transportation Department, not PRC)
  - x. Transportation and per diem for the escort of patients who are unable to travel without assistance; e.g., children and handicapped adult. (Provided by the PRHS Transportation Department, not PRC)
2. The following services, though not exhaustive, are specifically **excluded**:
- a. Services and supplies that is not necessary for the diagnosis and treatment of a covered illness or injury.
  - b. Custodial care.
  - c. Domiciliary care.
  - d. Intermediate nursing home care.

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- e. Services and supplies for which the AI/AN person has no legal obligation to pay or for which no charge would be made if the individual was not eligible for IHS.
- f. Services or supplies furnished by local, State, or other Federal programs.
- g. Abortions, Federal funds may not be used to pay for or otherwise provide for abortions in the programs described in 36.51, federal regulations at 42 CFR Subpart In addition, includes any prescriptions relating to abortions. Patient is to make all necessary arrangement for such procedures.
- h. Naturopath.
- i. Burials including other related funeral expenses.
- j. Housekeeper and companion services.
- k. Personal comfort and/or convenience items such as beauty and barber services, radio, telephone, television and luxury chair items.
- l. Services to persons in the custody of local, State, and Federal law enforcement agencies.
- m. Services or costs related to deceased persons who are "dead upon arrival" at contract facilities. It is not appropriate to deny ambulance charges for treatment in route to an IHS or contract facility unless appropriate medical personnel have pronounced the patient dead at the scene.
- n. Services for dermatologists are considered level three except those deemed medically necessary by PRHS providers. (An example of a Level of Care I - skin cancer).
- o. Generators, electrical supplies
- p. Massage Therapy
- q. Cosmetic Surgery. (Plastic surgery of any kind) (circumcision is excluded as cosmetic)
- r. Tubal reverser, fertility services
- s. Bed sheets, mattress, pillows
- t. Undergarments, ultra pad, pads
- u. Dietary supplements, such as diet pills, diet drinks, diet food of any kind
- v. Bariatric Surgery



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## **8.2 PRC DENTAL LEVELS OF CARE**

**PURPOSE:** To define clinic policy in regards to denial and or appeals for payment for PRC services.

For dental cases (as opposed to medical) the allowed levels of care shall be Level I, II, IV and Level V.

Level I emergency Oral Health services

Level II Preventive Oral Health Services

Level III Basic Oral Health Services

Level IV Basic Rehabilitation Oral Health services

Level V Complex Rehabilitation Oral Health Services

Level IX EXCLUSIONS

Level I – Emergency services. Control of infection, severe pain, air way difficulties and bleeding, in acute presentations. Palliative procedures maybe provided. Common treatment for this level includes xrays, exams, extraction, medications for infection, draining dental abscess, endodontic access and medication of pulp and repairing broken dentures.

Level II- Preventive Services. These services prevent the onset of dental disease. Services in this level include adult and child cleaning, periodontal recall, self care training, mouthguards, Fluoride, and sealants.

Level III – Basic Care. These services are provided early in the disease treatment process. Services include diagnosis and xrays, space maintainers, fillings, primary SSCrowns, anterior root canals and periodontal scaling (root planning).

Level IV – Basic Rehabilitative Care. Services necessary to contain disease process after it is well established. Services include complex fillings (four surfaces or more), Crowns, cores, endodontics (bicuspid teeth) , advanced periodontal service and Orthodontics.

Level V- Complex Rehabilitation services. Procedures which require a skilled professional, a committed patient and possible multiple visits such as Surgical extractions, impaction removal of wisdom teeth, full and partial dentures, bridgework, comprehensive Orthodontics, Molar endodontics, Periodontal surgery including crown lengthening.

Level IX – exclusions. These services have been determined to be limited in success and benefit. Some services require heroic effort and are therefore questionable from a cost/benefit standpoint. Procedures included are: Inlays, direct pulp caps, chairside denture relines, removable appliance therapy, permanent tooth pulpotomy, gold foil fillings, tooth transplantation and unilateral cast partials.

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1. Excluded Dental Services. **The following services, though not exhaustive, are specifically excluded from PRC coverage:**
  - a. Bleaching of teeth
  - b. Orthodontics
  - c. Crowns or Bridges
  - d. Implant services- implants, abutments and crowns, implant dentures.
  - e. Periodontal surgery including crown lengthening
  - f. Cosmetic upgrades on pediatric spacers, stainless steel crowns or fillings.
  - g. Patient requested sedation.
  - h. Other Cosmetic Dentistry (such as porcelain caps for pediatric patients).

**Second Opinions**

If a patient wishes to obtain a second opinion, the patient can be offered a second opinion by another dentist at PRHS.

If the patient requests the second opinion to be performed by an outside provider, a request can be brought to the PRC department to have the request can be reviewed by the PRC Committee for a decision. The Dentist/Chief Dental Director will provide all necessary information to the committee regarding the request.

**9.0 PRC VISION CARE**

Following are the Pit River Health Service policies and procedures for obtaining eyeglasses.

**9.1 Eyeglasses Policy:**

To ensure the highest possible level of eye care for our patients with a medical condition.

1. Persons requesting vision and/or eyeglass care must be eligible for Purchase /Referred Care Services and first be evaluated and referred by a PRHS medical provider.
2. **Alternate resources for providing care must be utilized prior to requests for PRC payment. If patient's insurance covers all cost of exam/glasses, PRC will not be a payer.**

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3. **Prior authorization for all non-emergency care is mandatory.** (see Section 6.2 for notification requirements in emergency cases).
4. PRC Program does not cover lost, broken and/or stolen glasses.
5. Eyeglass care for persons in custody of non-Indian law enforcement agencies is not the responsibility of PRHS, but rather that of the law enforcement agency.
6. The PRC Department will not pay for a second pair of glasses or contact lenses.
7. Frequency of examinations and replacement of frames shall be determined by individual needs of each patient.
8. PRC Eligible patients whose insurance does not provide coverage will receive assistance up to \$450.00 for one eye exam and one pair of eyeglasses every two years. \$200.00 of the \$450.00 allowed amount can be used on eyeglass frames. Any amount over \$200.00 on frames will be the responsibility of the patient. Any balance remaining over the \$450.00 allowable amount is the patient's responsibility to pay. **Patient's must submit payment to glasses vendor before PRC will pay its share for glasses.**
9. PRC Diabetes patients will receive for one eye exam and glasses annually not to exceed \$450.00. Any balance remaining is the patients' responsibility. All other stipulations from (8) above apply.
10. Standard warranties for eyeglasses are allowed to be included within the \$450.00.

**9.2 Exceptions that would necessitate more frequent examination and/or glasses:**

1. Signs or symptoms of acute or chronic eye disease/condition (changes eye care from the annual exam/glasses to medical need)
2. Instructed by doctor to return for a specific reason, such as diabetes, glaucoma, hypertension or other conditions.
3. Referral from doctor, school nurse or school screening indicating a medically necessary reason for an eye exam. Exam results and reports must be received by PRHS. Medical necessity will be approved by a PRHS provider prior to ordering or billing the patient for any eyeglasses resulting from a prescription change.
4. Apparent significant visual symptoms or significant eye changes necessitating an eye exam and *possibly* new eye glasses as determined by a PRHS provider.

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NOTE: Prior authorization for other medically required examinations, such as “Threshold Fields” fundus photography, other types of tints, and/or extended ophthalmoscopy, will be required. **Need for these procedures must be in writing from Optometrist/Ophthalmologist and approved by a PRHS medical provider prior to being ordered by requesting provider.**

**9.3 Contact Lenses:**

1. All patients must follow the established rules for obtaining a referral from PRHS prior to obtaining contact lenses.
2. Contact lenses for adults are not covered by PRC. The patient will pay for the contact lenses.
3. For full time students with a medical necessity for contact lenses: Non-colored contact lenses are approved for students who would have to wear contacts in order to be able to participate in school sports programs, with written documentation from school the student is eligible to participate, and not to exceed the amount of \$450.00. It will be established that they are responsible for the wear and care of their contact lenses.
4. Documentation from the school must be received by the PRHS PRC Department prior to the patient obtaining the referral for contact lenses.
5. The costs for the contact lenses including exam is up to \$450.00
6. Patients will be responsible for the purchase of fluids needed for contact lenses: rinsing, disinfecting, storage solution, daily cleaner and re-wetting drops.
7. No colored Contact lenses allowed.
8. Contact lenses will be by medical prescription and medical necessity only.
9. PRHS PRC will not pay for lost, stolen, or otherwise damaged contact lenses.

**9.4 Insurance:**

1. Depending upon current Partnership/Medi-Cal regulations: Partnership/Medi-Cal covers eyeglasses for adults and children. If a patient has Partnership/Medi-Cal, PRC will not be marked as secondary payer on these referrals. The only exception for PRC payment is if exams or specialty eyeglasses are not covered by Medicaid and a PRHS provider (or the eye specialist the PRHS provider referred the patient to) has determined that they are medically necessary. The requesting provider will notify PRC of the request for a medically necessary specialty item(s) in writing along with the necessary reports to support the request. Reports will include ICD code(s) to support the determination of need. Medical necessity will be determined by a provider and noticed to the PRC Department before payment is issued by the PRC Department. The \$450 total limit will continue to apply.

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2. If a patient has vision insurance, the patient will utilize and receive glasses through their insurance as the primary payer. PRHS PRC and PRHS 3<sup>rd</sup> Party will not pick up the cost of additional glasses or contact lenses after insurance covers the cost of the first pair of glasses or contact lenses.
3. Example: a patient receives a referral to go to the Optometrist and gets eye glasses or contacts lenses and uses his/her eye insurance to cover the cost. The patient then gets another pair of eyeglasses and submits the bill for an additional pair of eyeglasses to the PRHS PRC Department. This second pair of glasses is not allowed and will not be paid for by PRC even if PRC is marked as secondary payer on the referral because the patients insurance covered the cost of one pair of glasses. However, if the patient's one pair of glasses is \$690.00 and the insurance pays \$365.00, PRHS PRC will pick up the balance up to \$450.00 if all criteria are met because it is only one pair of eyeglasses. The eyeglass provider cannot purchase or bill the patient for glasses until PRC approves or denies payment for eyeglasses.

The exception to this procedure is if the patient has a special medical need which requires the services of an ophthalmologist. In that event, the patient will be referred by a PRHS provider to an ophthalmologist in accordance with the current PRC Policies.

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**10.0 PRC HEARING AID POLICY**

PRC may cover the costs of hearing a hearing aid for PRC-eligible patients pursuant to the guidelines in this section.

PRC will cover the cost of the type of hearing aid and exam necessary to establish basic hearing up to: \$2,500.00 total cost. This is referred to as the “basic hearing standard”. If the patient chooses to purchase a hearing aid that exceeds the basic hearing aid standard, PRC will only cover the cost up to the level of basic hearing. The patient is solely and exclusively responsible for the remainder of the balance over the \$2,500 “basic hearing standard.”

1. The patient must be eligible for PRC.
2. The patient must have a valid referral from Pit River Health Service to a hearing aid provider prior to obtaining hearing aids.
3. The provider referred to must be: a physician licensed to practice in the State of California who specializes in hearing loss or hearing problems; a certified California hearing aid dispenser; a nationally board certified hearing aid dispenser.
4. The provider referred to will send all medical notes pertaining to patient condition to PRHS. The PRHS Chief Medical Officer or provider will verify that the hearing aid meets the basic hearing standard. The referral will then be forwarded to PRC for processing in accordance with the provisions above.
5. PRC may cover a single set of hearing aid(s) for a patient once every three (3) years not to exceed \$2,500.00 total. The three (3) year period begins on the date of the prescription and ends three (3) year after that date. Patient’s insurance will be utilized prior to any expenditure of PRC funds.
6. PRC will not cover replacement hearing aids under any circumstances:
  - A. The patient is solely responsible for replacing a lost hearing aid.
  - B. Replacing lost or damaged hearing aids is not the responsibility of PRC.
  - C. PRC or PRHS will not reimburse patients who purchased hearing aids on their own to replace their lost or damaged hearing aids.

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**11.0 PRC PRESCRIPTION POLICY**

Prescription medication costs may be covered by the PRHS PRC program as authorized by PRC staff following this policy.

Prescription payment authorizations are determined through Medical and Dental priorities, patient eligibility, levels of care, prior authorization and availability of PRC funds. The following specific regulations will be followed when processing PRC prescription medication requests:

1. All prescriptions must have prior authorization by PRC Department or PRC will not be responsible for the payment of the prescription(s).
2. Prior authorization is the process of contacting the PRC Department prior to the filling and release of the prescription(s).
3. The Chain of Command for PRC payment authorization is the 1) PRC Coordinator 2) PRC Coordinator's supervisor, if neither are available, then the PRC Clerks will follow. All "alternate resources" must be billed first prior to seeking payment authorization from PRC, as PRHS is the "Payer of last Resort". Example: Medi-Cal; Medicare, Insurance, etc. Rejection slips/TAR denials must be sent to the PRHS PRC department.
4. Prescriptions issued by PRHS Providers will be written and the PRC Department will approve or deny the prescription payment based on all eligibility criteria available and fax back to the pharmacy.
5. All prescriptions issued by outside providers must be faxed to the PRHS PRC Department for payment approval. PRHS reserves the right to request documentation of any and all prescriptions.
6. The generic brand is to be used in place of the brand name to reduce costs. Supply amount will be determined by physician to reduce cost.
7. Emergency room prescription payments will be authorized for the initial fill only if the proper "ER notice" (see Section 6.2 of this policy) has been given to PRHS in accordance with all applicable PRC guidelines. Patients will need to come into PRHS for follow up with PRHS providers to obtain additional fills for an ER medication.
8. Prescriptions may be sent to a different pharmacy than the patient utilizes when there is a notable cost reduction. The PRC department will request the PRHS provider to send the prescription to the other pharmacy and notify the patient of the change.
9. **New Medications:** New prescriptions written at the time of service will be processed by end of business day.
10. **Refill Medications:**
  - A. All prescription refills will need to be called into pharmacy by the patient. The pharmacy will then fax the refill request to PRHS for provider approval and

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payment approval; this process may require up to a 72 hour waiting period from time of received fax.

- B. It is the patient's responsibility to order refills enough in advance that they do not run out of medication while the refill is being processed.
- C. Patients may need to see provider as deemed medically necessary by PRHS providers before medications will be refilled.

11. **Schedule 2 Medications:** All schedule 2 narcotic medications require a hand written prescription; the pharmacy will require this to be in hard copy form.

### **11.1 PRC Payment Authorization General Notes**

1. The PRC program business hours are Monday through Friday, 8:00 to 5:00pm with a mid-day closure from 12:00 – 1:00pm. No Prescriptions will be authorized after 5:00pm.
2. If a prescription is received on a weekend or holiday, PRC Program will not be responsible for payment. The patient may purchase the Prescription(s) and request reimbursement from PRHS if the patient is PRC Eligible.
3. PRC will not pay for over-the-counter medications, unless it is deemed medically necessary (Level I or II) by a PRHS provider.

### **11.2 PRC PRESCRIPTION AUTHORIZATION PROCEDURE**

1. Verify patients' name, date of birth, and insurance if applicable
2. Verify patients' eligibility by checking all available information to determine alternate resource status
3. Identify the provider who issued the prescription(s) and the provider signature. If it is an outside provider with no referral or ER notice, the prescription will be denied
4. Identify the cost of the prescription.
5. Verify if the patient has a current referral on file for the outside provider. If there is no referral on file, or if the referral is over 6 months old, the prescription will be denied.
6. Verify if an emergency room (ER) notice has been received within the guidelines as set forth by PRC. If there is no ER notice on file the prescription will be denied.
7. Identify if generic or name brand prescription.
8. Identify the quantity for the refill requested.



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9. Ensure the pharmacy states the reason the alternate resource denied for payment, rejection slip/TAR denial is required prior to PRC payment authorization.
10. All prescriptions will be cross-referenced with the PRHS Medical Department and patient's medical record as needed.
11. Pain medications will be cross-referenced and approved/denied for payment by a PRHS provider to ensure duplicate prescriptions are not being paid for and to ensure the integrity of patient care.
12. Outside prescription requests will be copied and submitted to Medical Records to be placed in the patients' chart to ensure PRHS has knowledge of all potential medications/providers a patient may have.
13. PRC staff will notify PRHS providers of any medication that comes over with inconsistencies i.e. loss, early refill request, special requests, or any other requests.  
Example: A patient receive pain medication on Tuesday, the pain medication should last eight days. The patient request's PRHS, PRC to pay for refill on Monday, this would be denied because the pain medication only lasted six days, this includes any patient's that purchase his/hers pain medication early and requesting PRHS PRC for reimbursement, this will also be denied.
14. Narcotic prescriptions that are lost or stolen will be client responsibility to pay.

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**12.0 PRC DENIALS**

From time to time PRC patients or their requests may not meet the eligibility and authorization criteria described in this policy. When this happens the patient will be notified in writing by the PRHS PRC department staff. Common standardized denial letter language is included here:

**12.1 DENIAL LETTER LANGUAGE**

**ALTERNATE RESOURCES AVAILABLE**

*Our records show that you have health care coverage/resources (such as Medicare, Medicaid, Private Insurance) available to pay for this medical care. (See 42 CFR 136.61c).*

Scenario 1: Other Coverage Available.

*Any unpaid balances should be promptly submitted to the PRHS Purchased/Referred Care office for review.*

Scenario 2: Would Have Been Eligible for Other Coverage.

*You would have been eligible if you had applied and completed the application requirements.*

Scenario 3: May be Eligible for Other Coverage.

*You may become eligible if you apply and complete the application requirements.*

**ELIGIBILITY NOT ESTABLISHED**

*You have not provided evidence to prove that you are eligible for Purchased/Referred Care (PRC). (See 42 Code of Federal Regulations 136.12 and 136.23 1986).*

*You do not have alternate resource, such as Medicare, Medicaid, Private Insurance, or valid Medi-cal denial. Or*

OPTION: *You did not provide Indian verification.*

OPTION: *You did not show proof of residency.*

OPTION: *You are not a registered patient at PRHS.*

OPTION: *You did not provide a paternity form signed by the father and/or a marriage license.*

**EMERGENCY SERVICES: NO NOTIFICATION WITHIN 72 HOURS**

*You or someone acting on your behalf failed to notify an Indian Health Service official (PRHS)*

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*within 72 hours after the beginning of your emergency Treatment (see 42 code of Federal Regulation 136.24 (c) 1986).*

**NO NOTIFICATION OF EMERGENCY SERVICE WITHIN 30 DAYS FOR ELDERLY OR DISABLED PATIENTS**

*You or someone acting on your behalf failed to notify PRHS within 30 days after the beginning of your emergency treatment (see Section 406 of the Indian Health Care Improvement Act as amended by Pub. L. 102-573).*

**INELIGIBLE NON-INDIAN**

*You are not eligible for IHS Services as you are Non-Indian. PRHS provides only Obstetrical Services to Non-Indian spouses/dependents of eligible Indians.*

**NOT APPROVED SERVICE TYPE**

*The service for which you requested payment by PRHS is not a PRHS approved service type.*

**NOT WITHIN MEDICAL PRIORITY**

*The service for which you requested payment by PRHS is not within the PRHS approved Levels of Care.*

**OUTSIDE PRC DELIVERY AREA**

*You are not eligible for Purchased/Referred Care in accordance Per 42 Code of Federal regulations 136.23 (1986). This requires that you reside within the PRHS PRC Delivery Area. Your residence is not within the PRC Delivery Area of Pit River Health Service.*

**NO PRIOR APPROVAL**

*You did not obtain prior approval for payment of Purchased/Referred Care (PRC) from PRHS for this non-emergency care (Per 42 code of Federal regulation 136.24 (b) 1986).*

**NO ALTERNATE RESOURCE**

*No alternate resource is reflected in our records for you on the date of service. (Medicare, Medi-Cal, and/or Private Insurance).*

### **13.0 PRC PATIENT DENIAL AND APPEAL POLICY**

**PURPOSE: To define clinic policy in regards to denial and or appeals of payment for PRC services.**

1. All denials shall be in writing using the format approved by PRC Committee and sent to patient by certified mail with return receipt.
2. Denial letters shall include the reason for denial and shall specify the procedure for having the denial reconsidered (appealed).
3. The Appeal process has 3 levels.
  - A. Level I-patient appeal will be reviewed by the PRC Committee for reconsideration.
  - B. Level II-If patient is not satisfied with the PRC Committee's outcome, the patient can request the appeal to be submitted to the Chief Executive Officer.
  - C. Level III-Patient has the right to have the appeal submitted to the Board of Directors if not satisfied with the Chief Executive Officer's decision.
4. Appeals shall be resolved at the lowest level possible. They will only be brought to a higher level when a good faith effort has been made to resolve it at the lower level.
5. Appeal review shall take into consideration the PRHS PRC Policies in effect at the time the service was rendered to the patient.
6. Copies of all communications to and from the patient, whether from the PRC Committee, the Chief Executive Officer, or the Board shall be incorporated in the patients' record.

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**14.0 PRC PATIENT RECORDS POLICY**

**PURPOSE: To Maintain documentation of individual's eligibility for, and use of, Purchased/Referred Care Services.**

1. An EHR record will be maintained for each individual requesting PRC services. The Intake / Benefits Coordinator is principally responsible for creating and maintaining patient registration data in the system. PRC staff will work with Intake to ensure proper documentation and data are in the system for each patient at all times.
2. The patient record will contain:
  - A. Copy of Registration Form/Face sheet (forms should be updated at least every 6 months for current PRC recipients).
  - B. Proof of Indian eligibility.
  - C. Proof of residence.
  - D. Alternate resource eligibility
  - E. Period of temporary eligibility for persons applying for alternate resource.
  - F. Copy of referral, services, consults, etc.
  - G. Copy of CHS purchase orders (pending and paid) with EOB'S if applicable.
  - H. Copy of denial or deferred service letters.
  - I. Appeal letters.
  - J. Decision of PRC Committee, Chief Executive Officer and/or Health Board
  - K. Miscellaneous communications/Documentation related to PRC.
  - L. Communication log.
  - M. Disclosure of information log (HIPPA requirement)
3. Records will be maintained in the EHR/Vista Imaging and the VBO at the Pit River Health Service clinic.
4. Access to PRC Records are limited to:
  - A. PRC Staff
  - B. Chief Financial Officer, PRC Coordinator's supervisor & PRC Committee
  - C. All access to records will be limited to a business need-to-know basis.

### **15.0 PRC STAFF RESPONSIBILITIES AND OFFICE MAINTANCE**

**PURPOSE:** To ensure the PRC staffs are processing all documentation and misc information in the PRC patient chart and generating the required purchase orders for approved referred services in a timely manner. This ensures accurate data updating, purchase order generation and maintenance if individual PRC patient chart.

**Staff is prohibited from unauthorized browsing of a patient, personnel, financial, or other records for the purpose of personal curiosity or with the intent of improperly disclosing the information contained in those records.**

**Staff is prohibited from bowsing or processing any items for themselves or their own immediate family members. Staff will notify a co-worker to process these items.**

All information pertinent to each individual PRC eligible patient will be maintained in their individual charts, including but not limited to, correspondence, purchase orders, referrals, EOB's, patient eligibility documents, bills, pending alternate resource information.

The following points apply:

5. The PRC clerks will receive referrals, process and check each new referral for completeness:
  - A. Name of patient, health record number, and date of birth
  - B. Provider to be seen, address and phone number.
  - C. Reasons for referral, i.e. services, consult, etc.
  - D. Date of appointment and time
  - E. If transportation was requested and scheduled.
  - F. Estimated amount of service if not covered under insurance.
  - G. Priority Level
  - H. Provider signature and date
  - I. Check patient eligibility
  - J. Alternate resources, i.e. private insurance, Partnership/Medical, Medi-Care B or other
6. Referral logs of all referrals written by PRHS providers are available for review at any time by the providers to check status of the patient's referral in the EHR
7. PRC Clerks will notify the Transportation Coordinator when out of town travel is needed for a patient's appointment (2) two weeks in advance if able to so proper scheduling and per-diem can be arranged.

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8. PRC Coordinator will ensure compliance with the alternate resource requirements. No payment shall be made to any provider to the extent that such provider is eligible to receive payment for treatment from any other Federal, State, local or private source of reimbursement for which the patient is eligible. PRC is the payer of last resort.
9. PRC Coordinator is responsible for processing and sending all completed purchase orders to finance for final payments. A completed purchase order includes signed purchase order, signed billing form (UB-04, HCFA 1500), EOB's from all alternate resources, and clinic referral.
10. PRC is responsible for preparing a spreadsheet that is to be presented to the PRC Committee for review when requested or needed. . The spreadsheet will not include any patient names. This is vital for patient confidentiality.
11. PRC Coordinator will assure budget control and effective utilization of PRC funds.
12. Work closely with Chief Executive Officer, Business Office Manager, Chief Financial Officer, Accounts payable, Intake Clerk, Family Services and Medical/Dental departments to make sure the process for providing PRC services to patients is timely, efficient and satisfactory.

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**16.0 MISCELLANEOUS PROVISIONS**

1. **PAYING PRC BILLS:** PRC department has up to ninety days (90) to process all eligible patient claims (bills). This period will allow PRC Coordinator to obtain any possible contracts, discount rates, EOB's, CMS-1500 Forms, and UB-04 Forms, that are required to pay claims (bills).
2. **TREATMENT IN EXCESS OF \$10,000.00:** The Purchased/Referred Care Coordinator must bring to the Chief Executive Officer and Chief Financial Officer immediate attention of the potential situations where treatment is expect to cost more than \$10,000.00 per referral.
3. **APPLICATION FOR ADDITIONAL FUNDS:** PRC Coordinator may be asked to complete or assist in the completion of applications to federal, state, or local government's agencies or non-governmental organizations for additional funds that may be available to cover the costs of health care provided.
4. **DISCOUNT RATES:** The PRC Coordinator, in preparing payments for PRC-eligible patients to outside providers will, take advantage of all discounts, available to the Clinic. In return, PRC Coordinator will negotiate contracts and rate quote agreements with hospitals, clinical services, dentists, behavioral health, and other health care providers.
5. **SIGNATURE REQUIREMENTS:** The Business Office Manager will sign off on all Purchase Order's (PO's) that are generated from the PRC Department. The Chief Financial Officer will receive all signed PO's and enter all PO's in a tracking system before payment is made.
6. **INTEREST AND PENALTY:** PRC will not pay for interest charges, late penalties, any other type of fees associated with late payment or non-payment of bills. PRC will also not pay for missed or cancelled appointment fees that result in a bill to PRHS.
7. **OTHER SERVICES:** From time to time PRHS will receive grants. All available alternate resources will be utilized before the grant is used to pay for a patient's services.



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**REVIEW**

The CHIEF EXECUTIVE OFFICER and Board of Directors shall review this policy to ensure its consistency with Federal, state, and local regulations, as well as other PRHS policies. This review will also ensure the policy is practicably implementable and realistic for the day-to-day operations of PRHS

**Legislative History:**

Originally approved by the PRHS Board of Directors June 30, 2017

Amended by the PRHS Board of Directors 4/13/2018, 3/23/2021