ELBOWOODS MEMORIAL HEALTH CENTER



Purchased Referred Care (PRC) A Helpful Guide for Patients

Revised 5/31/2024 KJ

1



PRC Department Phone Numbers

Front Desk - Receptionist	701-627-7638
Kristen Janis - (Acting) PRC Manager	701-627-7750
Felicitas McWhirter - Lead Specialist	701-627-7752
Brandi Cyr – <i>PRC Specialist</i>	701-627-7731
Rae Kills Plenty – PRC Specialist	701-627-7716
Patient Services	
Leslie Joe – Pt Services Manager	701-627-4750
Janelle Gray – Benefits Coordinator	701-627-7751
Tatum McCabe – Benefits Coordinator	701-627-7543
Case Management	
Ruth Heinert – Managed Care Director	701-627-7675
Cheyenne Shock – Managed Care Assistant	701-627-7760
Appointment Desk	
Idalyss Ibarra – Pt Registration Clerk	701-627-7798
Ailsa Eagle Chasing – Pt Registration Clerk	701-627-7601



What is Purchased Referred Care (PRC)
What healthcare am I eligible for?
Eligibility 1: Indian Descent
Eligibility 2: Residency
Eligibility 3: Medical Priority
Eligibility 4: Notification & Prior Authorizations
Eligibility 5: Alternate Resources Available
Eligibility 6: Appropriate Ordering Official
What Should I Do if I Disagree With a PRC Denial?



What is Purchased Referred Care (PRC)?

It is a financial resource meant to assist in payment for healthcare services received by tribal members that are not available at an Indian Healthcare facility such as Elbowoods. This funding helps pay for referred specialty medical services, hospital admissions, and emergency care when EMHC is unavailable to meet these healthcare needs.

Understanding how your medical care will be paid when you get care outside of Elbowoods Health Clinic or any of the segment clinics is important.

How does Purchased Referred Care Operate?

Funding for the PRC program is decided upon by Congress. This lump-sum allocated is then divided among all the Indian Health Service facility and tribally contracted health facilities. This level of funding that each facility receives is based on the number of patients who have received care in the last three years. Due to the federal government unable to fully fund this program we have federal guidelines to follow that are strictly enforced.

Purchased Referred Care follows;

- Code of Federal Regulations Title 42, Part 136, Subpart C <u>http://www.ihs.gov/prc/eligibility</u>
- Code of Federal Regulations, Title 42, Section 136.23(e) https://www.ihs.gov/prc/eligibility/requirements-priorities-of-care



Use the chart below, if you:

- Moved and now live within the EMHC PRC coverage area.
- Are a full-time student who would otherwise be eligible for EMHC PRC.
- Are in Foster Care.
- Are a member of a Federally recognized tribe.
- Have no American Indian/Alaskan Native (AI/AN) heritage.

Tribal Member or Descendant	Lives within the EMHC Delivery Area	Additional Documents Required
Three Affiliated Tribes	Conflicting Addresses	 Proof of residency Certificate of Indian Blood (CIB)
Three Affiliated Tribes	Full-Time student enrolled in secondary education college/TECH institute	Class ScheduleCIB
Three Affiliated Tribes	Foster Care Arrangement	Court OrderCIB
AI/AN Tribal Member or Descendant	Conflicting Addresses	 Proof of residency CIB
Non-Indian Woman	Pregnant with an eligible Al/AN man's child	Paternity PapersCIB

Indian Descent

To be PRC eligible, the patient:

- 1. Must be an enrolled member or descendant of the Tribe or Tribes covered by EMHC **OR**
- 2. Be a member of a Federally recognized tribe AND
- 3. Have established social ties with the Three Affiliated Tribes

The patient is no longer eligible for PRC coverage if he/she lives out of the Purchased Referred Care Delivery Area (PRCDA) for more than 180 days

Residency

The person must reside with the EMHC Purchased Referred Care Delivery Area (PRCDA) at the date of service.

What counties are in the EMHC PRCDA?

McKenzie Mountrail Ward McLean Mercer Dunn

Residency is the place where a person has a true, fixed, and permanent home, where he/she currently resides more than 50% of the time.

Every person can only have one residency at a time

Residency is the place where a person has a true, fixed, and permanent home, where he/she currently resides more than 50% of the time.



EMHC PRC wants to help patients:

Make decisions that will reduce a person's financial risk

Coordinate in-network medical service to avoid an unexpected denial of a medical claim.

Please keep in mind:

- Going to a non-IHS/Tribal facility when EMHC is open will usually result in a denial because EMHC is open and available
- Patient/Guardian is responsible for providing insurance card/information when they go to a non-IHS/Tribal facility
- Patient/Guardian is responsible to review the primary insurance EXPLANATION OF BENEFITS mailed to the address on file. An EOB is a statement from your health insurance plan describing what costs it will cover for medical care or products you've received. The EOB is generated when your provider submits a claim for service.
- For approved claims, PRC issues a purchase order for that approved claim and then will submit it for a check. The check is then mailed to this outside facility with a notation that the check is for your approved referral.



Notification

Appointment | Emergency | Hospital Admission | Notify the PRC office within 72 hours: 701-627-7638

Notification Deadlines:

- > 72 hours: 65 years and younger
- > 30 days: 65 years and older

Emergency Care and Hospital Admission:

After receiving emergency care or admission to a hospital; the patient, or someone on their behalf must notify PRC with the following information:

- 1. Date and time you went to the hospital
- 2. Name of the facility where the care took place
- 3. Phone number and location where the care took place
- 4. Request to have medical records sent to our office

Prior Authorization

Prior approval is required for all scheduled appointments made outside of EMHC.

Scheduled Appointments:

The patient, or someone on their behalf, must notify PRC with the following information:

- 1. Appointment date and time
- 2. Name of the facility
- 3. Phone number and location where the appointment is scheduled

Revised 5/31/2024 KJ



Alternate Resources Available

EMHC "will not be responsible for or authorize payment for Purchased Referred Care to the extent that the person is or would be eligible for alternate resources...if they were to apply for them".

PRC is the payor of last resort:

- If there is a change that a person may be eligible for Medicare, Medicaid, VA Benefits, etc. they must complete the application within 30 days of the hospital or clinical visit.
- EMHC will not authorize payment if any requested documents are pending to complete a Medicare/Medicaid application.
- You must also coordinate your benefits with your insurance provider to let them know that they are the primary payor, not EMHC as we are not an insurance company.

If you need to coordinate your benefits or update any information with your insurance company, you will receive notification in the mail. This is called an Explanation of Benefits and is **not a bill**.





Appropriate Ordering Official

An EMHC medical doctor, physician assistant or nurse practitioner must refer you (except for emergencies) when you need specialty care consultation, **AND**

The health care requested must meet medical priorities set by the Aberdeen Area Indian Health Services.

Keep in mind that:

- Receiving a referral from a medical provider does not guarantee payment by PRC
- Specialty doctors may refer patients for additional surgical procedures, diagnostic imaging, or laboratory testing, which generates a referred service. Prior authorization is required when these services are recommended by your medical provider.
- Patients cannot refer themselves to specialists nor can they be referred by one private doctor to another private doctor, <u>unless</u> they receive prior approval by PRC.



What should I do if I disagree with a denial letter?

If and when a referral or medical claim is denied, PRC will send you a letter in the mail informing you, of your rights of review, reconsideration, and appeal.

EMHC PRC office is located to the right of the main entrance in the clinic.



- You will need to write an appeal letter regarding the denial reason and date of service listed on the denial letter.
- If any additional information/documentation is requested to verify EMHC PRC eligibility, you are typically given 90 days to provide the information to PRC.





More Things to Know:

It is the responsibility of the person, parent or guardian to:

- Verify eligibility for PRC funding
- Apply in a timely manner for alternate resources (Medicare, Medicaid)
- Understand that a EMHC health care provider must refer (except for emergencies) to specialty care/services.
- Notify PRC if you go to an emergency room or are admitted to the hospital.
- Understand a request to receive medical care away from EMHC must meet medical priority of care.
- Receive prior authorization before scheduling a non-urgent medical appointment.

PRC will not be held accountable for your referred care if we cannot contact you. Please make sure your phone number and address here at the clinic is current.



What about U.S. Treaty Obligations?

Treaties exchanged aboriginal lands for federal trust responsibilities and benefits. Snyder Act authorized funds "for the relief of distress and conservation of health ... [and] for the employment of ... physicians ... and for Indian tribes throughout the United States. " (1921) Transfer Act placed Indian health programs in the PHS. (1955)

The appropriate to IHS by Congress to provide medical services and health care programs are made available through the Snyder Act of 1921. The IHS must compete with other agencies for Federal funds through Congress; therefore, funds appropriate for IHS programs cannot be designated as entitlement programs.

A common misconception is that per our treaty rights, PRC department is required to pay all medical bills and that our funding comes from tribal enrollment numbers. This is not true.

PRC funding is used to supplement and complement other health care resources available to eligible Indian people. The funds are used in situations where: 1) no IHS direct care facility exists, 2) the direct care element is incapable of providing required emergency and/or specialty care, 3) the direct care element has an overflow of medical care workload, and 4) supplementation of alternate resources (i.e., Medicare, private insurance) is required to provide comprehensive care to eligible Indian people.



What You Really Need to Know

There are 6 eligibility criteria that you have to meet before EMHC will assist with payment of medical bills:

- 1. Tribal Enrollment or Indian Descent
- 2. Residency
- 3. Medical Priority
- 4. Notification and Prior Authorization
- 5. Alternate Resources Available
- 6. Appropriate Ordering Official

In addition to the above, our office reviews all incoming referrals for justification for the level or referred care, which is required by most insurance plans

If a referred request for service does not include enough information to determine medical necessity, then the responsible person and/or the referring provider is contacted and asked to provide the missing information. PRC allows 30 days to make the correction.

If no action is taken after 30 days, the referral is closed and you will be asked to make an appointment with your medical provider to request a new referral.

You cannot call or text your provider asking for a referral, you must be scheduled with your provider and have the notes sent to our facility to justify your request to an outside hospital or clinic.



The Elbowoods Memorial Health Center Team is a dedicated group of medical and administrative professionals committed to providing safe and appropriate health care, with a respectful and caring attitude, to each individual we serve.

Vision:

To strengthen the circle, our staff and the individuals we serve will walk the path of wellness together.

Values:

- **Respect** | We recognize the inherent dignity of each individual and will treat each person with reverence and respect. The personal privacy and cultural diversity of each individual will be respected at all times.
- **Empowerment |** We support, protect, and promote the rights of our patients, residents, family members, and staff, giving them opportunities to provide input toward improving the quality of their lives.
- Compassion | We are committed to treating all individuals with genuine compassion and understanding, personalizing their care and treatment as they cope with life and death processes.
- **Stewardship** | We will use fiscal, material, and human resources to provide the greatest benefit to the individuals and communities we serve. We will be responsible for our use of resources and our care for the environment.
- **Excellence** | We are committed to the pursuit of excellence through ongoing training, performance measurement, and self-evaluation
- Integrity | We will be honest and direct with one another, treating each other with honor in a genuine and open manner, while being true to our own ideals, values, and vision.