

# PURCHASED REFERRED CARE – (PRC)

Basic overview of the NAIHS PRC program..



Marie Begay, PRCO 07/01/16  
Helena Anthony, HSS/Gallup Service Unit

# IHS National Areas



# Navajo Area Indian Health Service – Facilities



Navajo Area IHS consists of (5) Federal Service Units:

- Chinle, Crownpoint, Gallup, Kayenta and Shiprock.

Title I Contract facilities:

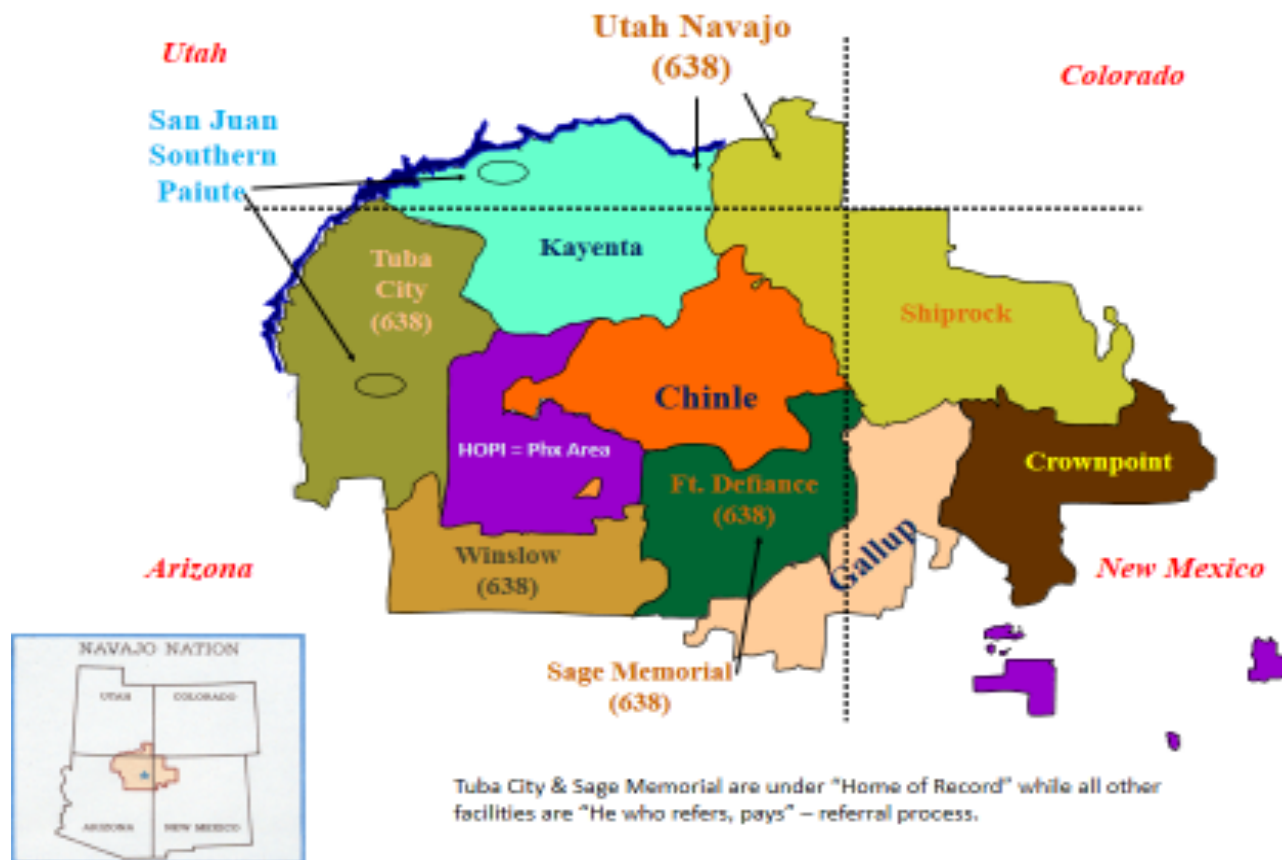
- Fort Defiance and Sage Memorial Hospital

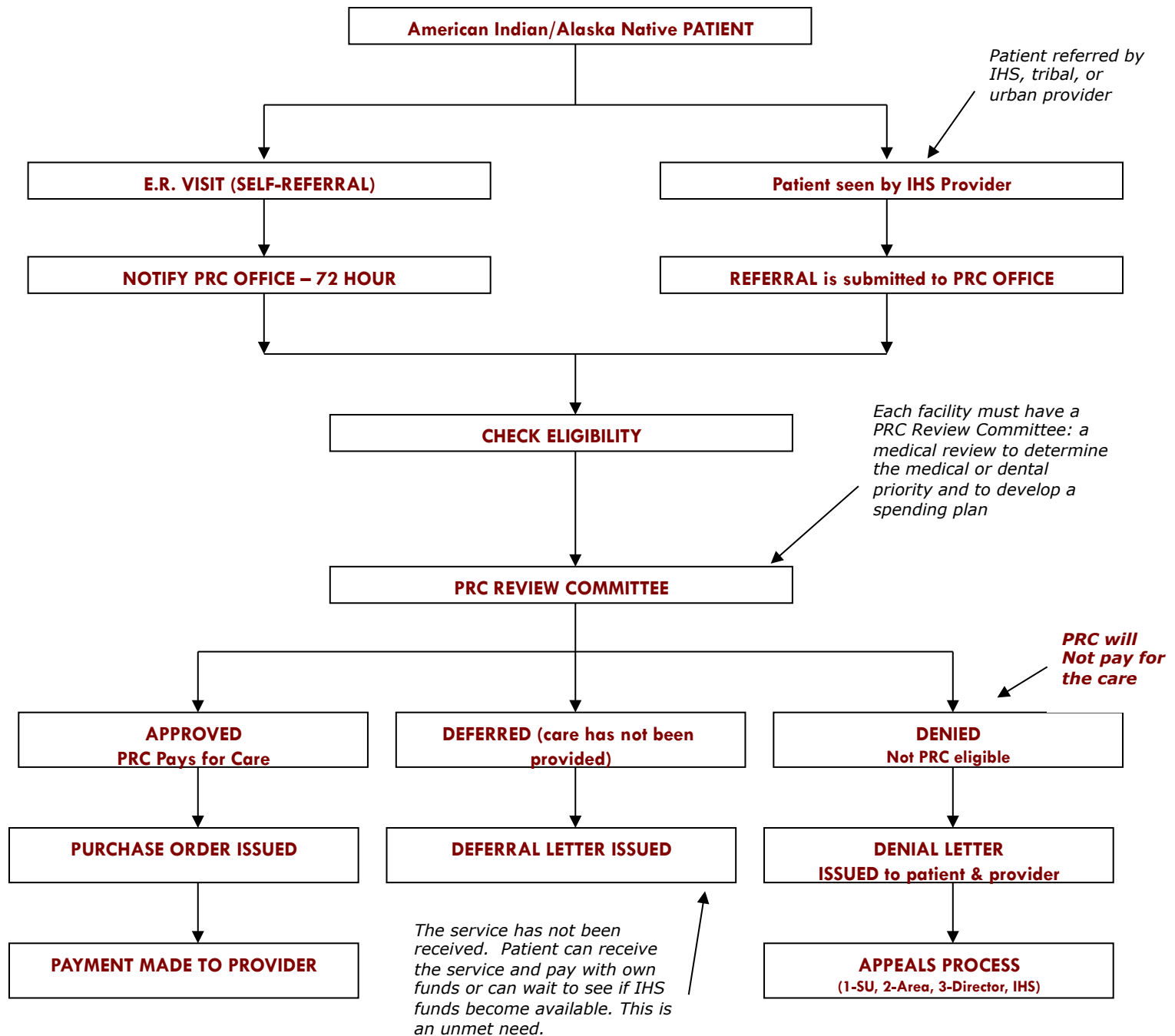
And (3) Title V Compact facilities:

- Tuba City, Utah and Winslow
- NAIHS area-wide budget is \$100M with 247K registered users. Per capita = \$405

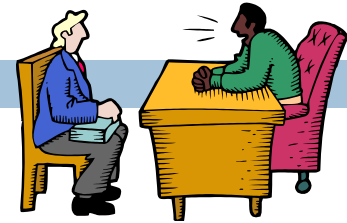
# NAIHS Facilities - map

## Navajo Area IHS Service Units and 638 Contracts

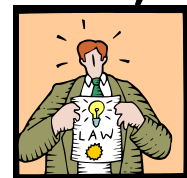




# What is Purchased Referred Care?



- ❑ It is NOT an insurance program?
- ❑ It is NOT an entitlement program?
- ❑ It remains as “payer of last resort.” 42 CFR Section 136.61
- ❑ PRC get limited funding from Congress to pay for those that meet the eligibility; when specialty medical care is not available at the IHS/Tribal facility.
- ❑ Covered services are generally only emergency service, i.e., those necessary to prevent the immediate threat to life, limb, or senses.
- ❑ There are (5) eligibility factors that everyone has to meet; which is under the Code of Federal regulations.





## CFR Title 42, Section 136.21 – 136.25, Part 2, Chapter 3 Subpart C of the Indian Health Manual

- **1. Indian Decent:** 42 CFR 136.23 – you must show proof of being an enrolled member or descendent of an enrolled member of a federally recognized tribe,
- **2. Residency:** 42 CFR 136.23 – permanent residence on a reservation or you must have permanent residence in a CHSDA and as a member of that tribe; if you are not a member of that tribe – you must have close social and economic ties to that tribe or have certification of eligibility by that tribe. If you have been away from your CHSDA/reservation for more than 180 days, you are no longer eligible. Exception is students, transients, children placed by the tribe or through court orders outside of their CHSDA.
- **3. Medical Priority:** 42 CFR 136.23 (e) – “Not all services are covered” referrals from the Indian Health Services for further care will be in accordance with established National PRC Medical Priorities and/or Area specific Medical Priorities. Occasionally, IHS providers refer cases outside of IHS facilities that are not necessarily covered, such as cosmetic plastic/reconstructive surgeries, orthodontics, bridges/crown, root canals, durable medical equipment, etc.
- **4. Notification/Prior Authorization:** 42 CFR 136.24 – Emergency care, the patient or someone on behalf of the patient **MUST** notify an IHS facility within 72 hours of admission and/or outpatient services. Non-Emergency, you must obtain prior authorization prior to getting medical care. If you have a follow up care to the initial referral, you **MUST** go back to your primary care provider at the IHS to see whether you need to go back to the private hospital/physicians for care or IHS may take care of this in-house. Exception is 30 day notification for disabled and elderly.
- **ALTERNATE RESOURCES:** 42 CFR 136.23 (f) states that IHS will not authorize payment for PRC to the extent that the patient/family is eligible for Alternate Resources, **upon application** or **would have been** eligible if they applied or made an effort to apply. There are various categories of alternate resources that a person may apply to and qualify for and depending on the circumstances at hand; such as; Medicare, Medicaid, Private Insurance and others: (**Priority to get everyone to be screened through Medicaid Expansion and Marketplace**)
- **IHS Facility Available:** 42 CFR 136.23(a) IHS facility is considered an alternate resource; therefore PRC funds may not be for services reasonably accessible or available at the I/T/Us. Facility available capable of providing services within 90 minute one way.
  - Veteran’s Benefits
  - Workman’s Compensation – if injured on the job, they have to apply through their employer.
- Other persons eligible for PRC
  - Non-Indian woman pregnant with an eligible Indian’s child for duration of pregnancy through postpartum.
  - Non-Indian member of an eligible Indian’s household for public health hazard.
  - Adopted, foster & step children up to 19 years old.

# “Payor of Last Resort Rule”

Health care purchased by the Indian Health Services (IHS) for eligible Indians from non I.H.S. providers and facilities when direct services of appropriate types are not available or accessible.

Required to operate within appropriated funds. There is no authority to provide payment for services under the Purchased Referred Care (PRC) program unless funds are, in fact, available.

Payor of Last Resort. The I.H.S. will not be responsible for or authorize payment for PRC to the extent that:

- ▣ An Indian patient is eligible for alternate resources
- ▣ The Indian patient would be eligible for alternate resources if he or she were to apply for them.





Now that you are aware of what the eligibility rules are; you may be asking so why DO I HAVE to apply for other resources?

- To stretch PRC dollars to cover those patients who just do not qualify for other resources.
- To ensure all of our beneficiaries have some type of coverage aside from PRC – which is limited. If they qualify for Medicaid expansion they may have more benefits coverage that PRC does not cover and they have a choice to where they can purchase their health care.
- They may have dental plans for their children under age 18.
- They may be covered for durable medical supplies and equipment which PRC does not always cover.

# Patient Registration & 3<sup>rd</sup> Party Information



## Why it is important and why we ask questions every time you come to the Indian Health Service facilities.

- ❖ Addresses, telephone #s, employer information, insurance verification, physical location of home changes.
- ❖ PRC bases their eligibility decision on what information is readily available in patient registration, if not updated it creates delays in making PRC eligibility decisions. Return mail or no telephone contact to inform patients when their appointments are scheduled or rescheduled.
- ❖ Not having insurance information updated delays payments through fiscal intermediary where claims get pended for other insurer identified by the private facility at time they registered the patient for clinic versus what IHS obtained during interview in Patient Registration.
- ❖ Their physical location of home may make a difference in PRC decisions; it may also delay notifying the proper IHS/Tribal facility of the need for PRC. It is also important to update this information due to statistical information which may be used for other needs such as funding and levels of funding your Service Unit obtains with new funds coming from Congress.

## Contact – Home of Record Facility

- For follow-up care – not all costs are covered and we may have the service available through the direct care facilities.
- Changes with scheduled appointments – we issue documents with what is received initially and any changes may delay payment by PRC if not reported.
- If you need assistance in completing an application for alternate resources, which may help pay for the medical costs.
- If you have any questions regarding your PRC eligibility or concerns regarding a denial letter you may have received.

# Questions!

Please do not hesitate to contact my office at:  
928-871-5894 or email:

[marie.begay@ihs.gov](mailto:marie.begay@ihs.gov)

or any of our facilities on the  
attached listing.

**SAFE TRAVELS!!**

