



Purchased/Referred Care Program Overview

Overview

The PRC funds are 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 (i.e. resides 25+ miles from an ITU facility)
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
4. Supplementation of alternate resources (i.e., Medicare, private insurance)

Because IHS programs are not fully funded, the PRC program must rely on specific regulations relating to **eligibility, notification, residency**, and a **medical priority** rating system. The IHS is designated as the payor of last resort meaning that all other available **alternate resources** including IHS facilities must first be used before payment is expected.

Eligibility

1. Requirements
 - Eligibility requirements for Purchased/Referred Care (PRC) are in addition to meeting the requirements for direct care services.
 - Not an entitlement program – Must meet eligibility requirements as defined by Federal regulations.
 - Member of the Ponca Tribe of Nebraska; or
 - Non-Indian Woman pregnant with an eligible member's child; or
 - High Education Student (full-time); or
 - Employment – Temporarily absent from PRCDA (ceases after 180 days); or
 - Foster, Step-child, Adoption
2. Notification
 - Authorization is based on an IHS provider issuing a referral for medical care being submitted to the PRC program. Exception: 25+ radius
 - PRC Committee determines Medical Priority (Interim CMO/CDO/CBO)
 - Members must notify PRC of all appointment dates - initial, rescheduled, follow ups etc.
 - In an emergency, a 72-hour notification to the PRC program must be made by the individual, provider, hospital, or someone on behalf of the individual.

- Elderly/disabled have 30 –days

3. Priorities of Care

- Funds are limited to services considered medically necessary and listed within the established Area IHS medical/dental priorities.
- The IHS Medical Priorities Levels are:
 - I. Emergent or Acutely Urgent Care Services
 - II. Preventive Care Services
 - III. Primary and Secondary Care Services
 - IV. Chronic Tertiary Care Services
 - V. Excluded Services

4. Alternate Resources

- PRC is a Payor of Last Resort
- Individuals must apply for and use all alternate resources that are available and accessible to them
- Indian Health Service, Tribal and Urban (ITU) facilities are considered an alternate resource
- An individual is not required to expend personal resources for health services to meet alternate resource eligibility or to sell valuable or property to become eligible for alternate resources.

5. Purchased/Referred Care Service Delivery Area (PRCDA)

- Must be a permanent resident. PRCDA comprises of the following counties: Boyd, Burt, Douglas, Hall, Holt, Knox, Lancaster, Madison, Platte, Sarpy, Stanton, and Wayne Counties of Nebraska, Pottawatomie and Woodbury Counties of Iowa, and Charles Mix of South Dakota.
- Require two forms of POR.
 - See Proof of Residency Policy



Determining eligibility/Referral authorization process

- The individual must be registered for direct care with Ponca Health Services
- A patient record will be created and updated at each visit
- Patient will see a PHS clinical provider
- If specialty care is needed, but not available at PHS, the provider will initiate a referral
- The referral is submitted to PRC program who is responsible in determining eligibility, apply/exhaust all available alternate resources, ensure residency status, care must be within medical priority level of coverage, and notification criteria met.

Payor of Last Resort

- PRC funding is considered the “payor of last resort” meaning that it requires all other payment options, including private insurance, Medicaid or Medicare coverage to be billed first.

Funding

- PRC is not an entitlement program, and is not an insurance plan.
- There is no authority to authorize payment for services under the PRC program unless funds are in fact available – 42 CFR § 136.23(e)
- When funds are insufficient to provide the volume of PRC services indicated as needed PRC beneficiaries residing in the PRCDA, priorities for services shall be determined on the basis of relative medical need. PRC pays higher priority care before lower priority care.

The Value of Health Insurance

- Insurance protects you from high costs when something bad happens. No one plans to get sick or hurt, but most people need to get treated for an illness or injury at some point, and health insurance helps pay these costs. You buy health insurance to protect you when you need medical care.
- If/when PRC is unable to authorize the health care requested, having health insurance helps to reduce medical costs, making health care more affordable and thus more accessible.

Patient Benefits Coordinator

- Is an advocate for the patient in the search of and utilization of alternate resources such as Medicare, Medicaid, Health Marketplace, Department of Veteran’s Affairs (VA), Private Insurance etc. and helping with enrollment.
- PBC can educate the individual about their health care choices. The goal is to ensure that all patients who are eligible for alternate resources are identified, contacted, and encouraged to apply for and maintain eligibility for available benefits.

Other Indian Health Services, Tribal or Urban facilities

1. 12 Clans Unity Hospital – Winnebago
2. Santee IHS
3. Wagner IHS
4. Carl T Curtis Health Center
5. Nebraska Urban Indian Medical Center

Can PRC pay for your referral medical care? Find out in 3 stages.

Individual Qualifications

Stage 1 You are eligible if:

- a) You are a member or descendent of a Federally recognized Tribe or have close ties acknowledged by your Tribe*
- and
- b) You live on the reservation or, if you live outside the reservation, you live in a county of the PRCDA for your Tribe*
Each Purchased/Referred Care Delivery Area (PRCDA) covers a single Tribe or a few Tribes local to the area. You are ineligible for PRC elsewhere.*
- and
- c) You get prior approval for each case of needed medical service or give notice within 72 hours in emergency cases (30 days for elders & disabled)

No for the above

Application is denied.

* There are a few narrowly defined exceptions. Ask PRC staff for more specifics about individual eligibility, PRCDA, or prior notice.

Relative Medical Priorities

Stage 2 Payment may be approved if:

- a) The health care service that you need is medically necessary
– as indicated by medical documentation provided
- and
- b) The service is not available at an accessible IHS or Tribal facility
- and
- c) The facility's PRC committee determines that your case is within the current medical priorities of the facility
*Unfortunately, PRC funds often are not sufficient to pay for all needed services. When this happens, the committee considers each individual's medical condition to rank cases in relative medical priority. Cases with imminent threats to life, limb, or senses are ranked highest in priority. ***
- and
- d) PRC funds available are sufficient to pay for the service to be authorized

No for the above

Application is deferred.

** Ask PRC staff for more specifics. Sometimes deferred lower priority cases may be reconsidered later if funding permits.

Coordination and Payment

Stage 3 Approval, Billing, Payment

- a) You must apply for any alternate resources for which you may be eligible
– Medicare, Medicaid, insurance, etc.
- then
- b) A PRC purchase order is issued to a provider authorizing payment for services
- then
- c) IHS or Tribal staff and the authorized provider coordinate your medical care
- then
- d) The authorized provider bills and collects from your alternate resources
- then
- e) The authorized provider bills any unpaid balance to PRC for payment
– because PRC is payer of last resort, it pays only for costs not paid by your alternate resources

Steps are completed in order

Provider is paid.

Specific services authorized within relative medical priorities may vary from time-to-time in response to changing supply and demand, especially to stretch diminished funds over the remainder of the fiscal year.