PONCA TRIBE OF NEBRASKA

Ponca Health Services

PRC Handbook

Purchased/Referred Care

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PURCHASED/REFERRED CARE

HISTORY

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 … for Indian tribes throughout the United States." (1921). Transfer Act placed Indian health programs in the PHS. (1955)

The appropriation to Indian Health Services (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 appropriated for IHS programs cannot be designated as entitlement programs.

The term Purchased/Referred Care originated under BIA when medical health care services were contracted out to health care providers. In 1955 the Transfer Act moved health care from BIA to the Department of Health Education & Welfare & established the IHS.

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, (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.

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/Tribal/Urban facilities must first be used before payment is expected. These mechanisms enhance the IHS to stretch the limited PRC dollars and designed to extend services to more Indians. This renders the PRC program to authorize care at restricted levels and results in a rationed health care system.



OVERVIEW

The Ponca Health Services is a program of the Ponca Tribe of Nebraska. It is operated under a contract agreement between the Tribe and the Indian Health Service (IHS), an agency of the Public Health Service under the U.S. Department of Health and Human Services.

The program services PRC eligible beneficiaries throughout Nebraska, Iowa and South Dakota. Through PRC the Ponca Health Services can buy services that are inaccessible or unavailable to tribal members at the Fred LeRoy Health & Wellness Center, Ponca Hills Health & Wellness Center, Lincoln Health & Wellness Center or other Indian Health Service, Tribal or Urban (ITU) facilities (e.g. 12 Clans Unity Hospital, Santee).

- The PRC program is funded each year by the United States Congress where it is determined how much money is to be made available.

- The PRC program is NOT:

    1. An entitlement program
    2. An insurance program
    3. An established benefit package

- PRC payments are based on clearly defined guidelines and eligibility criteria. Level of care is subject to availability of funds. There is no guarantee that funds will always be available.

- PRC funds are intended to help pay for health care when no other source of health care payment is available. PRC also supplements alternate resources after they have been utilized. The use of alternate resources enables the Tribe to provide more and better health care for the Ponca Tribal members.

- Payment for health care outside of a Ponca Health Service / ITU facility can only be authorized by the PHS PRC department. No one else can authorize payment.

SERVICES

Purchased/Referred Care (PRC) is for payment of healthcare services that Ponca Health Services or ITU's are unable to provide. PRC is used in situations where:

- The PHS/ITU facility cannot provide the required emergency or specialty care.

- A patient's alternate resource(s) are not enough to cover the total cost of the required care.



- ❖ The service is determined to be within established medical priority.

You may be eligible through the Ponca Health Services if you have completed all the necessary registration paperwork with the PHS Patient Registration Department making you direct care eligible, **AND**

1. You are an enrolled Ponca Tribe of Nebraska member, or a minor dependent through age 18 of an enrolled member **AND**

2. Permanently reside within the Ponca Tribe of Nebraska fifteen (15) county Purchased/Referred Care delivery areas (PRCDA) of Madison, Douglas, Lancaster, Boyd, Sarpy, Burt, Platte, Stanton, Holt, Hall, Wayne, and Knox counties of Nebraska and Charles Mix County of South Dakota and Woodbury and Pottawattomie Counties of Iowa.

3. You may be away from the PRCDA and still be eligible for PRC if you are a full-time student, foster child, or transient (migratory/seasonal worker) or if none of these but you have left the PRCDA less than 180 days before the date of service.

4. Other persons eligible for PRC are:

   - ❖ A non-Indian woman pregnant with a PRC eligible Ponca Tribe of Nebraska member's child and residing with the PRCDA. If you are not married to the father of your child, he must verify with a notarized letter stating Paternity (stating that he is the father).

   - ❖ A non-Indian member of a PRC eligible Ponca Tribe of Nebraska member's household, if it is determined that services are necessary to control a public health hazard.

   - ❖ A minor, non-Indian dependent, foster child or step child of a Ponca Tribe of Nebraska tribal member. A copy of adequate proof must be provided, i.e. marriage certificate, birth certificate, tax return, guardianship or foster care placement orders.

ALTERNATE RESOURCES

Alternate Resources are other resources of health care payment available and accessible to you. PRC is the payor of last resort.

You are required by federal regulations (42 CFR, Chapter. 1, and Subpart G § 36.61) to apply for an alternate resource if there is reason to believe that you may be eligible.



If you are eligible for an alternate resource and you refuse to apply for or refuse to use that alternate resource, you will be denied PRC funding. You do not have to use your own financial resources or sell valuables or property to qualify for the alternate resource(s).

Some examples of alternate resources (not an all inclusive list):

- Medicare (Part A, Part B, Part D)
- Medicaid
- Veteran's Benefits
- Private Insurance
- Workmen's Compensation
- Auto Insurance

It is to your advantage to sign up for these types of programs. Often these alternate resources can pay for or be a source of health care services that the PRC program cannot provide.

PATIENT'S RIGHTS AND RESPONSIBILITIES

As a member/patient, it is your responsibility to complete the necessary registration paperwork and update on an annual basis (or sooner if information changes) through the PHS Patient Registration Department. Through this registration process, your eligibility is determined and alternate resources are identified.

PRIOR APPROVAL

You or someone acting on your behalf must get prior approval for any non-emergency treatment you receive that will require PRC funds for payment. We encourage as much advance notification as possible. This will allow time for PRC to research your case and let you know if the service can be covered. If approved, it will help PRC get the necessary authorization paperwork to your provider and eliminate confusion that might occur when you arrive at your appointment.

72-HOUR NOTICE

When you receive emergency treatment or are admitted to a hospital, you must notify a PRC staff member within 72 hours from the beginning of service. Elderly and disabled have 30-days. PRC closely monitors the use of hospital emergency room services.



DENIAL AND APPEAL (There are three 3 levels of appeal)

If you are denied PRC Payment, a letter from the PRC program will explain the reason(s) for the denial. The Chief Executive Officer (CEO) will have reviewed all pertinent information relating to your case and determined that a denial was required. [1.] You have the right to appeal the denial by submitting information (in writing) not previously submitted to the CEO. The CEO will review your case and will respond to you in writing. If the CEO upholds your appeal, [2] you have the right to appeal to the Great Plains Area Director in Aberdeen. The Area Director will review your case and will respond to you in writing. If the Area Director upholds your appeal, [3.] you have the right to appeal to the IHS Director. The IHS Director will review your case and will respond to you in writing. The decision of the IHS Director is final.

THE MOST COMMON REASONS FOR DENIAL

- You did not obtain prior-authorization for a non-emergency service by calling a PRC staff member.
- You did not call PRC within 72 hours from the beginning of emergency treatment and/or admission.
- You did not apply for alternate resources or did not use the resources you had available.
- You applied but did not follow through with your application to the alternate resource such as providing additional documentation required by their program (i.e. income verification).

TIPS FROM PRC

- Call and ask for authorization as soon as you know the date of an upcoming appointment. Specialty care requires a referral and/or medical justification to authorize the services for follow-up care. Please allow plenty of time for requested care to be reviewed.

- Call in **EVERY** appointment. Each appointment requires prior authorization from the PRC department.

- If you have insurance, PRC is not able to process any claims for payment until the insurance has responded. The Insurance Company will send you a statement called an Explanation of Benefits (EOB) explaining what they paid and the balance still owed. Send a copy of the EOB to the PRC department so that PRC can make a payment determination and consider paying the remaining balance.

- Contact PHS patient registration to update your personal information on an annual basis or whenever you change your name, address, phone number, employer or Insurance information. Your assistance in doing so is greatly appreciated!

- If you have any questions, **PLEASE** do not hesitate to contact us.