

2024 Indian Health Service Partnership Conference

Purchased/Referred Care (PRC) 101

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Introduction to PRC

This presentation is an overall review of the basic principles of the PRC program.

Some processes and recommendations presented may not be specific to your Area, please consult with your Area PRC Officer if material presented contradicts the recommended practice in your Area.



What is PRC?

From 42 CFR Part 136:

“Contract Health Services means health services provided at the expense of the Indian Health Service from public or private medical or hospital facilities other than those of the service.”*

*The Consolidated Appropriation Act of 2014 renamed the Contract Health Services (CHS) program to Purchased/Referred Care (PRC) program. All policies and practices remain the same.



IHS Direct Care (42 CFR §136.12)

Indian Descent: A person requesting *IHS Direct Care Services** must provide proof of enrolled membership; or, proof that he/she descends from an enrolled member, of a federally recognized tribe (42 CFR 136.12). PRC eligibility begins with the eligibility for Direct Care services.

**services available onsite at an IHS or Tribal Health Facility.*

There are 574 U.S. Federally Recognized Tribes (as of Jan 2024)

Tribes are recognized by Federal recognition statute or through the Bureau of Indian Affairs (BIA) administrative recognition process.



Patient Registration

PRC eligibility begins with Direct Care eligibility. Patient registration is the first point of contact for clinic visits, obtaining the patient demographic information is a very important task and certain information should be updated at every opportunity.

Patient Registration should obtain following information, during every visit:

- Information such as demographics mailing address, include physical location residence for rural areas, emergency contacts; telephone numbers are essential for patient follow up and where PRC vendor/providers contact the patient to schedule appointments.
- Tribal Enrollment and/or descendent documentation is a requirement for direct care services.
- Updating Private Insurance, Medicare, Medicaid and any Alternate Resource (AR) information benefits direct care billing, PRC payment (PRC is the Payor of Last Resort) and Medicaid referrals may require further processing if IHS is not the Medicaid recipient's Primary Care Provider. Verify Alternate Resource via available software, portals, etc.
- Other information as required by IHS, e.g., assignment of benefits.



Patient Registration (continued)

- Patient Registration, Patient Benefits Coordinators, and PRC Staff should work as a team to identify available alternate resources and/or assist patients in applying and enrolling into an alternate resource.
- When updated/current information is missed, it can create extra work for PRC, Direct Care Billing, the FI, and private sector vendor/providers, including loss in direct care collections & potential PRC reimbursement.



Patient Registration (continued)

REMINDER:

- If we send a letter of denial and it is returned to us with a “return to sender” note and not delivered successfully, this impacts the appeal time limitation of 30 days to respond to the denial decision.
- Private Insurances, Medicare or Medicaid information: correct information is required for IHS direct care billing and PRC referrals. Information not updated or changed, delays processing payment of outstanding claims or loss of revenue for the direct care services. Reporting changes related to employment status, new insurance or termed insurer file is important to avoid delays in payment of medical care costs, especially if changes has occurred from previous update.
- Pre-screening or application for Medicaid, report the date of enrollment or bring information regarding decisions made on the application to avoid delays in PRC making inappropriate eligibility decisions. Example: If an individual has become MCD eligible within the 45 days (MCD’s turnaround time) we may not have notified the provider of service with the updated MCD information until after timely filing; which causes PRC to pay.
- Tribal Enrollment Information: IHS requires this information to provide direct health care services



Residency (42 CFR §136.23)

To be PRC eligible, an applicant must be a member or a descendant of an enrolled member of a federally recognized tribe; and reside on a reservation, or;

If not residing on a reservation, must reside within a PRC Delivery Area (PRCDA); and:

- Are members of the tribe(s) located on that reservation; or
- Maintain close economic and social ties with that tribe.

“Residence: Where a person lives and makes his or her home as evidenced by acceptable proof of residency or acceptable proof established by the Service Unit.” Persons claiming PRC eligibility have the responsibility to furnish documentation to substantiate the claim.

- Proof of Residency Policy and/or **IHS-976 form**.
<https://www.hhs.gov/sites/default/files/ihs-976.pdf>

- PRCDA: consists of a county which includes all or part of a reservation, and any county or counties which have a common boundary with the reservation.

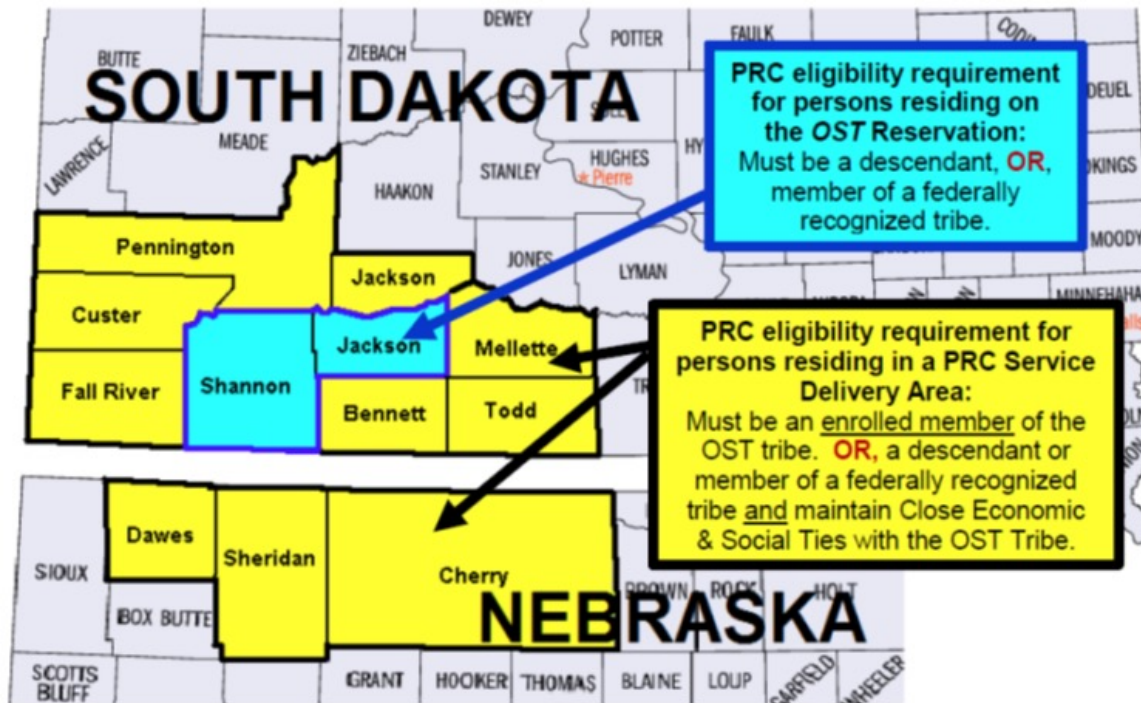
Illustration/Example of a PRCDA on the next slides...



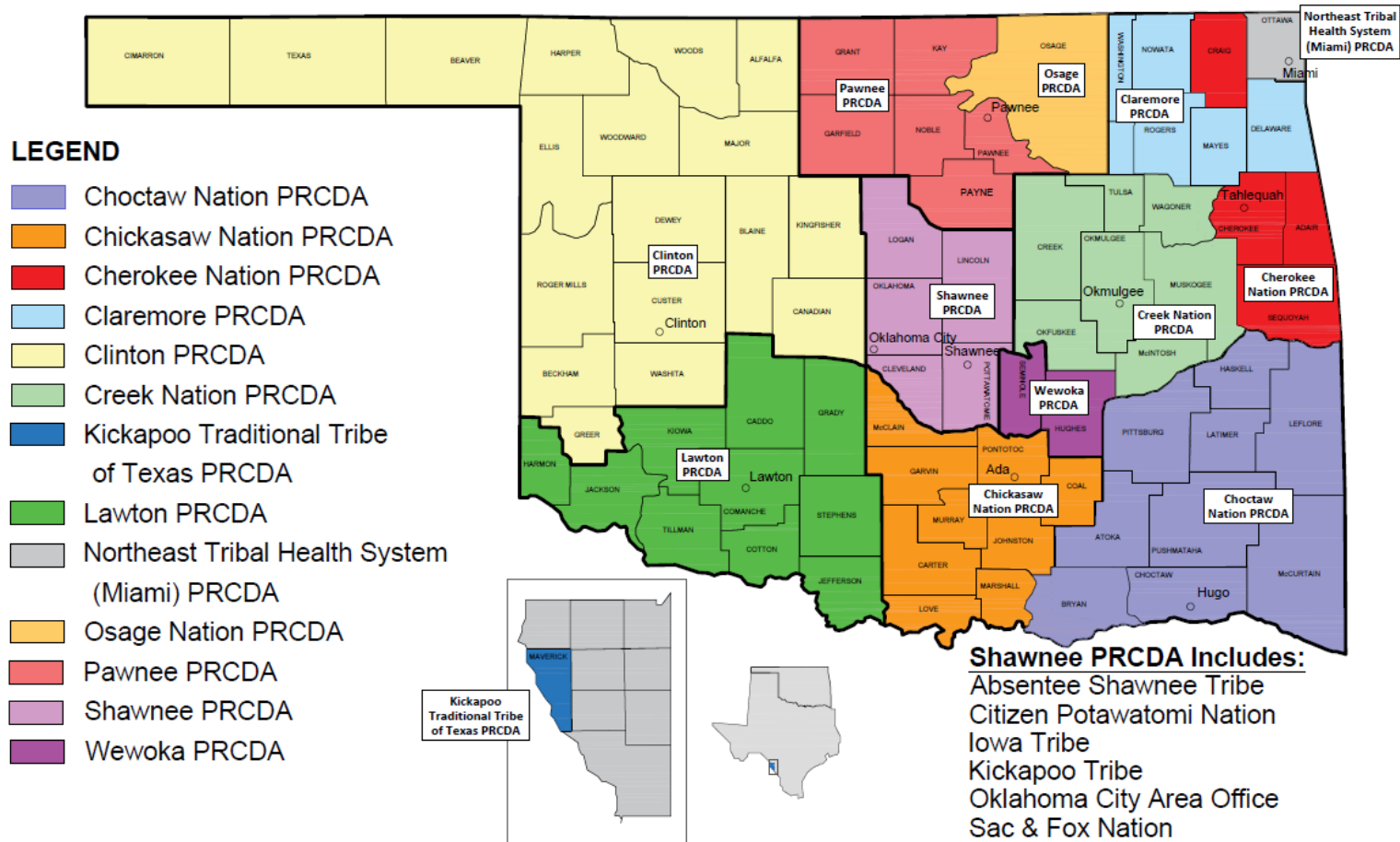
Illustration of a current PRCDA

Blue shaded areas = Oglala Sioux Tribe (OST) Reservation

Yellow Shaded Areas = PRC Service Delivery Area County(s)



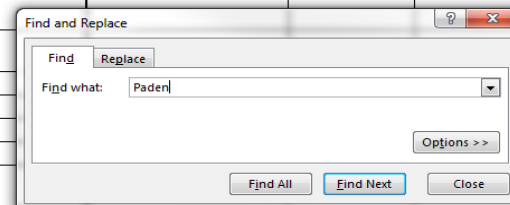
Oklahoma and Texas Purchased/Referred Care Delivery Areas (PRCDAs)



Oklahoma PRCDA Directory


- Due to the complexity of determining a patient's delivery area in the Oklahoma City Area, we have created an excel sheet of all cities to assist vendors/providers and all our PRC sites.

Okay	Wagoner	*2 service units	Inpt/Creek Nation	ER/Outpt/Claremore IHS				
Okeene	Blaine	Clinton Service Unit	(580) 331-3590 or (888) 843-3092	Fax (580) 331-3565				
Okemah	Okfuskee	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Okesa	Osage	Pawnee Service Unit	(918) 762-2517	Fax (918) 762-4696				
Okfuskee	Okfuskee	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Oklahoma City	Oklahoma	OKC Area Office	(405) 951-6075	Fax (405) 951-3920				
Okmulgee	Okmulgee	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Oktaha	Muskogee	*2 service units	Outpt/ER Cherokee	Inpatient/Creek Nation				
Oleta	Pushmataha	Choctaw Nation (Talihina)	(918) 567-7000	Fax (918) 567-7035				
Olney	Coal	Chickasaw Nation (Ada)	(580) 421-4549 or (800) 851-9136	Fax (580) 421-4501				
Olustee	Jackson	Lawton Service Unit	(580) 353-0350 or (888) 275-4886	Fax (580) 354-5168				
Onapa	McIntosh	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Oneta	Wagoner	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Oologah	Rogers	Claremore Service Unit	(918) 342-6466	Fax (918) 342-6557				
Orlando	Noble	Pawnee Service Unit	(918) 762-2517	Fax (918) 762-4696				
Orr	Love	Chickasaw Nation (Ada)	(580) 421-4549 or (800) 851-9136	Fax (580) 421-4501				
Osage	Osage	Pawnee Service Unit	(918) 762-2517	Fax (918) 762-4696				
Oscar	Jefferson	Lawton Service Unit	(580) 353-0350 or (888) 275-4886	Fax (580) 354-5168				
Overbrook	Love	Chickasaw Nation (Ada)	(580) 421-4549 or (800) 851-9136	Fax (580) 421-4501				
Owasso	Tulsa	Claremore Service Unit	(918) 342-6466	Fax (918) 342-6557				
Ozark	Jackson	Lawton Service Unit	(580) 353-0350 or (888) 275-4886	Fax (580) 354-5168				
Paden	Okfuskee	Creek Nation	(918) 758-2710	Fax (918) 756-1732				
Page	Leflore	Choctaw Nation (Talihina)	(918) 567-7000	Fax (918) 567-7035				
Panama	Adair	Cherokee Nation	(918) 453-5558	Fax (918) 458-6124				
Panama	Leflore	Choctaw Nation (Talihina)	(918) 567-7000	Fax (918) 567-7035				
Panola	Latimer	Choctaw Nation (Talihina)	(918) 567-7000	Fax (918) 567-7035				



PRCDA Expansion Website

- [PRCDA Expansion | Purchased/Referred Care \(PRC\) \(ih.gov\)](https://www.ih.gov/prc/prcda-expansion/)
<https://www.ih.gov/prc/prcda-expansion/>



Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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[IHS Home](#) / [Purchased/Referred Care \(PRC\)](#) / PRCDA Expansion

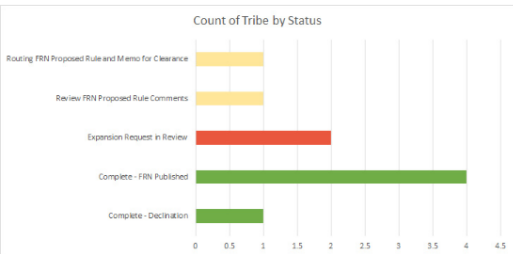
Purchased/Referred Care (PRC)

- Medical Priorities
- PRCDA Expansion**
- History
- Eligibility
- Appeal Process
- Patient Rights and Grievances
- Program Directory
- Glossary and Terms
- Frequently Asked Questions (FAQ's)
- Catastrophic Health Emergency Fund (CHEF)
- Data Quality Workgroup - Data Reporting
- Director's Workgroup on Improving PRC
- Medicare-Like Rates Information
- PRC Rates Information
- PRC Seminars
- Resources
- Training
- Program Staff

PRCDA Expansion

This webpage contains information on Re-Designation of a Purchased/Referred Care Delivery Area (PRCDA) also known as a PRCDA Expansion Request status and the most current official full PRCDA listings. With Medicaid Expansion and the implementation of PRC Rates (Medicare Like rates) many tribes are seeing their PRC dollars cover more services and would also like to cover more of their beneficiaries that are not currently covered under their existing PRCDA and are requesting PRCDA Re-designation or expansion. Details on how to re-designate or expand a Tribes PRCDA are located in the IHM Part 2 Chapter 3 Purchased/Referred Care, 2-3-4 REDESIGNATION OF A PRCDA.

The PRCDA Expansion Request Tracker is below.



Status	Count
Routing FRN Proposed Rule and Memo for Clearance	1
Review FRN Proposed Rule Comments	1
Expansion Request in Review	2
Complete - FRN Published	4
Complete - Declination	1

The PRCDA listing is provided in the PDF link below. The list includes two recent expansions, the Spokane Tribe and the Mid-Atlantic Tribes.

[PURCHASED/REFERRED CARE DELIVERY AREAS](#) [PDF - 243 kB]

PRCDA vs Service Delivery Area

- The Purchased/Referred Care Delivery Area (PRCDA) means the geographic area within which PRC services will be made available by the IHS to members of an identified Indian community who reside in the area, subject to the provisions of 42 C.F.R. Part 136 Subpart C.
- A Service Delivery Area is a geographic area in which an **IHS beneficiary** must live in order to be counted in the user population of that ITU facility.

In most cases the PRCDA and Service Delivery Area are the same counties. However, in some cases they may differ. A Service Delivery Area must be requested by the IHS Area Office and is a different process from establishing a PRCDA. The OPHS Division of Program Statistics has templates for Area Office's to use in development of the draft Service Delivery Area decision memo. If Service Delivery Areas overlap, there must be negotiations between Tribes and the Area on how user population will be divided. This agreement must be included in the decision memo.

If you have any questions regarding PRCDA Expansion requests, please contact Alison Sanders. Alison.Sanders@ih.gov



PRCDA Expansion Request at HQ

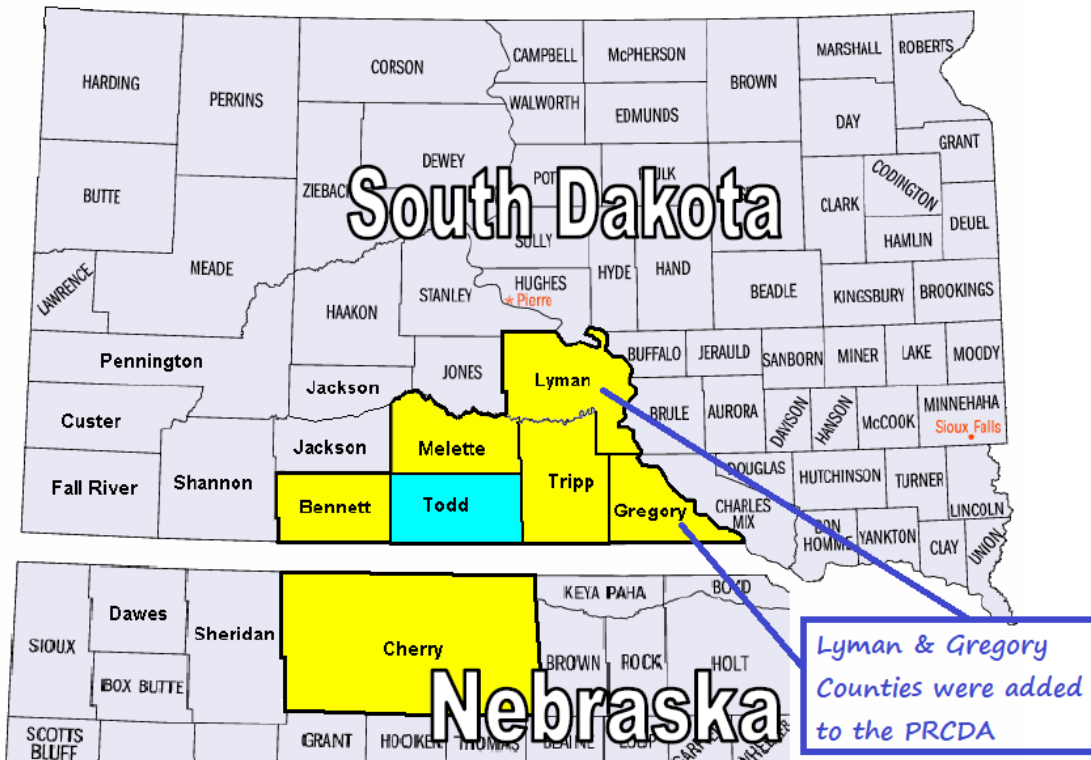
- ORAP receives and reviews the PRCDA expansion request
- May need to reach out to Area for additional information/documents
- Draft FRN (proposed redesignation), recommendation letter, and Action Memo for review
- Circulate proposed FRN (proposed), recommendation letter, Action Memo, and clearance sheets for approval/signatures
- Director signs FRN (proposed) and Action Memo; ORAP submits FRN (proposed) to be published in the Federal Register
- Review and address comments, if any, after comment period
- Draft FRN (final redesignation) and Action Memo for review
- Circulate FRN (final), Action Memo, and clearance sheets for approval and signatures
- Director signs FRN (final) and Action Memo; ORAP submits FRN (final) to be published in the Federal Register



Rosebud IHS Hospital

(Rosebud Sioux Tribe)

Contract Health Service Delivery Area (CHSDA)



Current process does allow for requests to expand PRCDA's. Rosebud Sioux Tribe utilized the process to add additional counties to their PRCDA, **however, additional funds were not included.**

Notification (42 CFR §136.24)

Emergent Care: Notify the appropriate PRC ordering official within 72 hours after the beginning of treatment or admission to a health care facility. Elderly (65 years of age or older) and disabled are allowed 30 days to notify IHS or Tribal PRC Program.

- Notification may be made by an individual or agency acting on behalf of the individual.
- The notification shall include the necessary information to determine the relative medical need and the individual's eligibility. **(42 CFR 136.203)**

Non-Emergent Care: Obtain approval **prior** to receiving medical care and services. Notify the appropriate ordering official and provide information necessary to determine relative medical need. May be waived by the ordering official, if such notice and information are provided within 72 hours after beginning of treatment; and, ordering official determines prior notice was impracticable or other good cause exists for failure to provide prior notice.



Alternate Resources (42 CFR §136.61)

- Medicaid – SCHIP, Aged/Blind/Disabled Program and Medicare Supplemental Program
- Medicare – Part A, B, C & D; End Stage Renal Disease (ESRD)
- Veteran Affairs (VA)
- Disability – Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).
 - Please also apply for Medicaid/Title 19. Applications can be certified back to the date that Social Security Administration establishes the patient to be disabled as long as a Title 19 application was accepted at the same time.
 - Please ensure that billers timely file account(s) with Medicaid so they will retro reimburse
- Insurance – Health, Sports, Liability & Worker’s Compensation
- Victims of Crime Compensation Board
 - IHS is the payor after Victims of Crime Compensation Board
- Breast Cervical Cancer Treatment Program



Alternate Resources (continued)

- The IHS expects the non-IHS provider of services to assist IHS patients in applying for alternate resources as it would for its uninsured non-AI/AN patients.
- The non-IHS provider must investigate with each patient, his or her eligibility for alternate resources, and should assist the patient in completing the necessary application forms for AR.
- The IHS encourages strong partnerships with Benefit Coordinators within the Indian Health System.
- “***Reasonable Inquiry***”, must be completed prior to requiring an IHS beneficiary to apply for Medicaid.



Students/Transients (42 CFR §136.23)

Students and Transients*

- PRC may be available to students and transients who would be eligible for PRC at the place of their permanent residence within a PRCDA, but are temporarily absent from their residence.
 - **Transients:** PRC eligible persons who are temporarily employed such as seasonal or migratory workers, during their absence.
 - **Students:** During full time attendance at programs of vocational, technical, or academic education, includes high school students. In addition, persons who leave a location (in which they were PRC eligible) may be eligible for PRC for a period of 180 days from such departure.

Students & Transients must still comply with all other PRC eligibility requirements.

*Refer to 42 CFR 136.23(b), (1) and (2) for student and transient definition(s).



Other PRC Eligible Persons

- Non-Indian woman pregnant with an eligible Indian's child – duration of pregnancy & up to 6 weeks postpartum. (proof required)
- Non-Indian member of an eligible Indian's household for public health hazard.
- Adopted, foster & step-children up to 19 years of age (IHClA)

Must still comply with all other PRC requirements



PRC Review Committee

Review PRC referrals, monitor the expenditure of PRC funds and high cost cases.

Medical staff assign medical priority and rank referrals within the medical priorities. Administrative staff authorize referrals within the weekly/daily spending plan in order of ranking, beginning with priority I.

- At a minimum the PRC Review Committee consists of CEO/AO, CD, DON or UR/Discharge Planner, Case Managers, Social Services, BH CM and PRC staff. PRC Review Committee meetings are held at least once weekly.
- Minutes of the meetings will be kept on file for audit purposes and tracking
- **Weekly/Daily Spending Limit** (fiscal year funding ÷ 52 weeks = weekly spending limit): IHS policy is to expend PRC funds at a consistent rate throughout the entire fiscal year to prevent radical changes in the level of medical care provided throughout the year.
- Determines the level of care (medical priority) a service unit is able to authorize.
- All requests for care are either **Approved** or **Denied**. (do not Defer Referrals)
- **To Expedite Referral Process** – Prioritizing of **ROUTINE** Referrals may be delegated to an individual, could be a Nurse Case Manager for example.



Medical Priorities CFR §136.23)

42 CFR §136.23(e): When funds are insufficient to provide the volume of PRC indicated as needed by the population residing in a PRC Delivery Area, priorities for services shall be determined on the basis of relative medical need.

- PRC Medical Priorities are typically determined by IHS providers, routine referrals may be prioritized by a Nurse Case Manager to expedite them.
- Dr. Clark, HQ CMO is presenting the new Medical Priorities elsewhere in this conference.



Medicare Like Rates (42 CFR §136 Subpart D)

42 CFR, Subpart D, §136.30 – Limitation on charges for services furnished by Medicare-Participating (in-patient) hospitals to Indians.

- Requires Medicare participating hospitals that provide inpatient hospital services to accept Medicare-Like Rates (MLR) as payment in full when delivering services to PRC eligible patients who are referred to them by programs funded by the IHS.
- MLR for IHS/Federal Facilities is determined by the IHS Fiscal Intermediary, Blue Cross Blue Shield of NM.
 - Tribally Operated PRC programs may contract with the IHS FI or purchase their own software to calculate the MLR.
- Became effective July 5, 2007



“PRC Rates” (42 CFR §136, Subpart I)

The General Accounting Office (GAO), conducted a study and in April 2013 released a report recommending congress cap IHS PRC payments for physician and non-hospital services at rates comparable to other federal programs.

- NPRM published in the Federal Register (FR) December 5, 2014, extended to February 4, 2015 to allow for a 60 day comment period. Final rule published in FR on March 21, 2016, IHS addressed all comments in the preamble of the final rule.
- Effective date is May 20, 2016, IHS programs must implement no later than March 21, 2017. Tribes have the option to Opt-In to the rule and implement immediately or when they are fully able to implement the rule.

For medical services not previously covered by MLR. Described as payment for physicians and other health care professional services, associated with hospital and non-hospital-based care.

42 CFR Part 136, Subpart I – Limitation on Charges for Health Care Professional Services and Non-Hospital-Based Care.

- §136.203 – Payment for provider and supplier services purchased by Indian health programs.
 - Services covered are, but not limited to: Outpatient care, Physicians, Laboratory, Dialysis, Radiology, Pharmacy, and Transportation services.
 - **3 Tier payment system**, 1) Contract, 2) Medicare Fee Schedule, 3) 65% of billed charges.



Order for Health Services – PRC's "PO"

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE		
ORDER FOR HEALTH SERVICES		
Instructions to complete the order and claim submission on reverse side of Original form.		1. ORDER NO.
Order Provisions and Clauses on Copy 3 - Provider		
2. PATIENT IDENTIFICATION		3. HEALTH INSURANCE COVERAGE a. Name of Policy Holder: b. Plan Name: c. Address: d. Policy No.: e. Coverage Type: <input type="checkbox"/> Current <input type="checkbox"/> Previous f. Effective Date: g. Termination Date h. Other Health Insurance Coverage:
4. IHS ORDERING FACILITY		
5. HOSPITAL INPATIENT <input type="checkbox"/> 6. DENTAL <input type="checkbox"/> 7. OTHER THAN HOSPITAL INPATIENT OR DENTAL <input type="checkbox"/>		
8. ESTIMATED CHARGES \$	9. FISCAL YEAR CAN	10. OBJECT CLASS CODE
REFERRAL AND AUTHORIZING INFORMATION		
11. AUTHORIZATION VALID (From) (To)		13. REASON FOR REFERRAL
12. SERVICES ORDERED		14. REFERRING IHS PHYSICIAN 15. REFERRING IHS DENTIST 16. MEDICAL / DENTAL PRIORITY
PRICING INFORMATION		
17. IHS NO. OF a. <input type="checkbox"/> Contract, b. <input type="checkbox"/> Agreement, or c. <input type="checkbox"/> Rate Quotation:		
18. DATE OF RATE QUOTATION (if applicable):		
19. RATE FOR AUTHORIZED SERVICES: a. <input type="checkbox"/> Medicare Rate, or b. <input type="checkbox"/> Other Rate (Specify):		
20. TITLE		22. DATE SIGNED
23. PAYMENT IS HEREBY AUTHORIZED BY (IHS authorizing official)		21. SIGNATURE (IHS ordering official)
		24. DATE SIGNED
		25. AMOUNT APPROVED \$
PROVIDER INSTRUCTIONS, IDENTIFICATION, AND CERTIFICATION		
26. PROVIDER a. Name b. Address		c. Telephone Number () d. EIN No. e. DUNS No.
27. PROVIDER CLASSIFICATION (Check appropriate boxes) a. <input type="checkbox"/> Small Business b. <input type="checkbox"/> Small Disadvantaged Business c. <input type="checkbox"/> Woman-Owned Small d. <input type="checkbox"/> HUBZone Small Business e. <input type="checkbox"/> Other		
28. INSTRUCTIONS If IHS has not completed Item 19 above, the provider should indicate its rate for the authorized services in that block. It is IHS policy to pay Medicare rates or equivalent or lower rates for health care services. IHS has approved payment to you for services necessary to treat the patient's immediate condition. Any additional services must be approved by the IHS authorizing official and may require an additional order for health services form. The provider shall submit CMS 1450-1500 or ADA Dental Form for payment to: _____ Additional instructions for submitting claims are included on page 2 of this form, and the conditions and clauses pertaining to the order are included on the reverse side of Copy #3 of the order for health services.		
29. I certify that I have provided the authorized services:		SIGNATURE OF PROVIDER
		DATE
IHS-843-1A (6/12)		ORIGINAL -- FINANCE
		FORM APPROVED OMB NO. 0917-0002 EXPIRES: 04/30/2016

Paperless PO Process – Oklahoma City Area

- For services recently obligated, weekly PDO reports are submitted to Providers.
- Six reports are sent to Providers annually of every issued PDO that remains pending for payment.

Indian Health Service

Shawnee H Ct Purchased/Referred Care

Purchase Delivery Orders For: OK FOOT & ANKLE TREATMENT CTR

Ok Foot & Ankle Treatment Ctr (██████████) Fax:									
Patient / Active Alt Resources	HRN	DOB	DOS	Order No (Letter 'O')	Authorized	OCC	Service	Description	Dollars
██████████ Medicare-A: 10/01/2020; Medicare-B: 07/01/2022 MUTUAL OF OMAHA: 01/01/2022 (35967796)	██████	██████	02/26/2021-02/26/2021	210910██████	02/25/2021	254D	Outpatient	ORTHO EVAL	\$300.00
Total Open Documents: 1 Total Dollars Open: \$300.00									



Denials & Appeals (42 CFR §136.25)

Persons to whom PRC are denied shall be notified of the denial in writing.

- **Denial Reasons in RPMS/CHSMIS:** Notification, Medical Priority, IHS Available, Alternate Resource Available, Indian Descent/Membership, & Residency.
 - PRC programs should insure all applicable denial reasons are identified and applied.
- The Service Unit shall notify the applicant that within 30 days from the receipt of the denial:
 - The applicant may obtain a reconsideration by the appropriate CEO of the original denial; the request must be in writing.
- **3 levels*** of appeal:
 - 1st level: CEO, Service Unit issuing the original denial
 - 2nd Level: Area Director, IHS
 - 3rd Level: Director, IHS, Rockville, MD
- The decision of the Director, IHS shall constitute final administrative action.
 - *The levels of appeal may differ for tribally contracted facilities.



Catastrophic Health Emergency Fund (CHEF)

Purpose:

- CHEF is established to support and supplement Purchased/Referred Care (PRC) programs that experience extraordinary medical costs associated with the treatment of disasters and/or catastrophic illnesses that are within the responsibility of Indian Health Service (IHS) and Tribes.

What is CHEF?

- The fund was created by Congress to reimburse medical expenses incurred for catastrophic illnesses and events falling within the PRC payment responsibility of IHS after a threshold cost has been met. Currently the cost threshold requirement is **\$25,000** and must first be met before reimbursements can be expected from the CHEF.
 - In-depth training on CHEF, including e-processing is presented on August 14, room 106C.



PRC Outreach

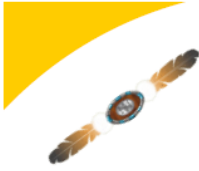
IHM, 2-3-9 E: Examples of notification include publication in local community or Tribal newspaper and posting of notices in public waiting areas in IHS facilities.

Outreach is periodically provided by Area PRC staff to Tribes, private sector vendor/providers, and others as requested.

PRC Service Unit staff make periodic vendor visits, especially with high volume vendor/providers and provide community outreach as well.

The next slide shows example of Oklahoma City Area pamphlet that is given out to communities and vendors.





Better Healthcare for Indian
People; Today and Tomorrow



Oklahoma City Area Indian Health Service
Purchased/Referred Care
701 Market Drive, Suite 143
Oklahoma City, OK 73114
(405) 951-6075
www.ihs.gov

Revised September 2019

Oklahoma City Area
Indian Health Service

Purchased/ Referred Care



- Purchased/Referred Care (PRC) is health care purchased by the Indian Health Service (IHS) from non IHS providers and facilities when direct services of care are not available at an Indian Health System Clinic or Hospital.
- Due to limitation of PRC resources, funds must be managed in accordance with established medical priorities.
- PRC funding is only used for referred and emergency services.

How Does PRC Work

Requests for PRC are reviewed weekly and ranked according to relative medical priority. Requests are approved for PRC payment to the extent of available resources for the review period.

Eligibility

Patients must meet eligibility, notification, pre-authorization, and alternate resource requirements of the PRC program.

To be eligible for PRC funding, you must meet all of the 5 requirements listed below:

1. be a member of, or descendant of a federally recognized Indian tribe and provide appropriate documentation such as a Certificate of Indian Blood (CDIB) or birth certificate reflecting descendance from an otherwise enrolled tribal member. A non-Indian pregnant woman with an eligible Indian's child is eligible for direct and PRC care during pregnancy and for 6 weeks through post partum for OB related care;
2. reside on a permanent basis within a PRC Delivery Area (PRCDA) that includes the state of Oklahoma, Brown, Doniphan, Douglas, Jackson Counties in Kansas, Richardson County, Nebraska and Maverick County, Texas;

The following individuals are also eligible:

- A. Full-time boarding school, college, vocational, or other academic students who are living away from the PRCDA specifically for the purpose of education. Haskell Service Unit covers all full time students at Haskell Indian Nations University.
- B. Person who is temporarily away from the PRCDA due to travel, employment, etc.
- C. Non-Indian adopted, step children, and foster children of an otherwise eligible Indian parent. Indian children placed in foster care away from the PRCDA by order of a court of competent jurisdiction and who were eligible for PRC at the time of the court order shall continue to be eligible.
- D. Maintain close economic and social ties with that federally recognized tribe or tribes.

Accessing PRC

3. Payment for medical care outside an IHS facility can only be authorized by a PRC official if funds are available. PRC is also the Payor of Last Resort so all other payors such as Medicaid, Medicare and private insurance must be exhausted first. To access payment for services through PRC, after all other payors, a patient must first either have a pre-authorized referral for a specific date of service or emergency service. Keep the following specifics in mind to ensure that PRC has authorized the care.

Referrals

- A. Referrals are written by an Indian Health System provider(s) for service(s). A referral, however, does not constitute authorization for payment until approved by PRC. If funds are not available the referred service(s) will be deferred or denied. All approved referrals are date specific and any further treatment requires a new approved referral.

Appointments

- B. It is important that all referral appointments are kept. Patients are asked to cancel any appointments at least 3 days prior to the scheduled appointment date by a telephone call to PRC. Any changes to the appointment must be made by the PRC staff in order to ensure authorization for payment.

Verification

- C. Patients are to take alternate resource(s) identification with them to their appointment to ensure providers have accurate and appropriate billing information.

Emergency Services

- D. PRC must be contacted within 72 hours of receiving emergency care other than at a ITU. For an elderly or disabled person receiving emergency care, this time may be extended to 30 days. If a patient is unable to contact PRC, a person acting on their behalf must contact PRC within the same time limits. All non-emergency care must be pre-authorized by PRC before receiving medical treatment.

Alternate Resources

4. You must apply for all resources available to you such as: Medicaid, Medicare, Worker's Compensation, Vocational Rehabilitation, Auto Insurance and other personal injury or liability coverage. PRC staff and/or Benefit Coordinators can assist with the application process for alternate resources. Failure to exhaust available or potentially available alternate resources may result in denial of payment.

Claims Coordination

5. Patients are to provide the PRC Office copies of the following documents for claims processing:

Alternate resource(s) payment information
Explanation of Benefits Report
Remittance Statements/Reports
Other documentation of payments
Responses to application for alternate resources
Medical records

Denials

If your request for PRC funding is denied, you will receive a letter informing you of the denial. Sometimes all that is needed is more information. If you already went to a non-Indian Health Service provider for your care a letter of denial for payment will also be sent to them. You have 30 days to request reconsideration in writing. Please address the appeal letter to the PRC program listed at the bottom of the denial letter.

Questions



Contact Information

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