

2024 Indian Health Service Partnership Conference

Purchased/ Referred Care 102

ROBERT SANDERS
PURCHASED REFERRED CARE OFFICER
NASHVILLE AREA IHS

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PRC 102 - Discussion Topics:

1. Indian Health Service Eligibility
2. Referral Accuracy
3. Referral Process
4. Document Control Register (DCR)
5. Resource and Patient Management System (RPMS)
6. Exports
7. PRC Committee
8. Weekly Spending
9. Financial Business Intelligence System (FBIS)
10. MISC.



Where do we begin – Direct Care Eligibility Determination

According to the Indian Health Manual Chapter 1 (Eligibility for Services), Part 2: 2-1.2 **PERSONS ELIGIBLE FOR IHS HEALTH CARE SERVICES**. A person may be regarded as eligible and within the scope of the IHS health care program if he or she is not otherwise excluded by provision of law, and is:

American Indian and/or Alaska Native. American Indian and/or Alaska Native (AI/AN) descent and belongs to the Indian community served by the IHS program, as evidenced by such factors as:

- Membership, enrolled or otherwise, in an AI/AN Federally-recognized Tribe or Group under Federal supervision.
- Resides on tax-exempt land or owns restricted property.
- Actively participates in tribal affairs.
- Any other reasonable factor indicative of Indian descent.
- In case of doubt that an individual applying for care is within the scope of the program, as established in 42 C.F.R. § 136.12(b), and the applicant's condition is such that immediate care and treatment are necessary, services shall be provided pending identification as an Indian beneficiary.



Dear Tribal Leader Letter from Dr. Trujillo dated January 10, 2000

. . . the IHS is required to maintain services to Indian people based on the guidelines found in the current eligibility criteria at 42 Code of Federal Regulations (CFR), subparts A-G (1986). This regulation requires the IHS to serve all persons of Indian descent, regardless of tribal affiliation, who belong to the local Indian community. Therefore, we provide services to any persons of Indian descent who seek treatment at an IHS facility. We do not require a finding that they "belong to" the local Indian community. The eligibility regulation does not require a particular degree of Indian ancestry and does not define the term "Indian community".



Establishing Native American Descent through Ancestry

When establishing descent from an Indian tribe for membership and enrollment purposes, the individual must provide genealogical documentation.

The documentation must prove that the individual lineally descends from an ancestor who was a member of the federally recognized tribe from which the individual claims descent.

A DNA test **DOES NOT** provide this, it gives you a starting point.

To determine if you are eligible for membership in a federally recognized tribe - contact the tribe, or tribes, you claim ancestry from.

It is the individual tribes who set tribal enrollment requirements.



Ethnicity Estimate [U](#) [↗](#)

● England & Northwestern Europe	48% >
● Scotland	26% >
● Indigenous Americas –North	14% >
● Ireland	7% >
● Sweden & Denmark	3% >
● Nigeria	1% >
● Wales	1% >



Purchased/Referred Care (PRC) Eligibility Determination

According to the Indian Health Manual Chapter 3 (Purchased/Referred Care), Part 2: 2-3.6 **ELIGIBILITY REQUIREMENTS**. A person may be regarded as eligible and within the scope of the IHS health care program if he or she is not otherwise excluded by provision of law, and is:

Documentation. An AI/AN claiming eligibility for PRC has the responsibility to furnish the CEO with verifiable documentation to substantiate the claim. Each facility should establish a policy on documentation.

Eligibility. Eligibility for PRC is governed by 42 C.F.R. § 136.23. The PRC program is not an entitlement program and thus, when funds are insufficient to provide the volume of PRC needed, services shall be determined on the basis of relative medical need in accordance with established medical priorities [42 C.F.R. § 136.23(e)]. To be eligible for PRC, individuals must be eligible for direct care as defined in 42 C.F.R. § 136.12 and either:

- reside within the U.S. on a Federally recognized Indian reservation; or
- reside within a PRCDA and;
 - are members of the Tribe or Tribes located on that reservation; or
 - maintain close economic and social ties with that Tribe or Tribes.

<https://www.ihs.gov/ihm/pc/part-2/chapter-3-purchased-referred-care/#2-3.6>



In terms of PRC eligibility for eligible descendants:

“Indian descendants living on the reservation are eligible for PRC if they meet all the other PRC requirements. Indian descendants residing off the reservation may be eligible if they meet certain conditions. Pursuant to 42 C.F.R. 136.23 (a)(2)(i) and (ii), if not residing on the reservation such individuals must live within the PRCDA and (1) be members of the tribe(s) located on the associated reservation or (2) "maintain close economic and social ties with that tribe or tribes.”



Knowing the eligibility status:

ELIGIBILITY STATUS: ??
Choose from:
I INELIGIBLE
D DIRECT ONLY
C CHS & DIRECT
P PENDING VERIFICATION

Ineligible – Not eligible for services, except in a limited capacity. [i.e. Services will be made available, as medically indicated, to a non-Indian woman pregnant with an eligible Indian's child, but only during the period of her pregnancy through postpartum (generally about six weeks after delivery, unless the provider determines there are pregnancy induced health care problems that do not resolve by six weeks.)]

Direct only - health services provided at any Tribal/Federal facility.

CHS (PRC) / Direct – medical/dental care provided away from a Tribal/Federal facility. PRC is not an entitlement program and an IHS referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources.

Pending Verification – Pending status waiting on the necessary documentation required to complete eligibility. Allotted 30 days (upon initial request for services) at which time their individual status will be changed to “Ineligible”. This could vary depending on local policy.

<https://www.ihs.gov/ihtm/pc/part-2/p2c6/#2-6.4A>



Segregation of Duties

The Indian Health Service (IHS) is responsible for securing information that it collects, records, transmits, and uses in the performance of its mission. Since this information includes Agency-sensitive information, such as personnel and financial records as well as individually identifiable health information, it is necessary to establish the conditions and rules under which the IHS electronic systems and networks will operate to ensure the confidentiality, integrity, and availability of the information.

Best practice for analyzing segregation of duties needs an internal control process for employee access to financial information, patient demographics, familial health records, any material maintained within the health information system.

Familial Definition: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister.

Anyone who has direct relationships outside of work could meet this definition.



Impacts and effects - samples

DIRECT CARE

No update means loss revenue

No prescreen results in possible loss in revenue

No update of current/accurate information causes loss of revenue and rework or delays in billing

No prior authorization impacts revenue

No record of what transpired or completed results in inaccurate information; no trail of occurrence for others to verify current status of demographic and 3rd party.

PRC – PURCHASED/REFERRED CARE

No update of 3rd party information – PRC makes incorrect eligibility decisions.

No prescreen – PRC pays unnecessary costs.

No update of current/accurate information means PRC issues an unnecessary POs and Denials

When alternate resource not updated, creates delays for PRC providers to bill timely (timely filing).

Claim pends causing delays of processing payment; due to difference of 3rd party information, no term dates or effective dates or change of insurer

Patients referred with Out of Network provider and no prior authorization causes PRC to pay for unnecessary costs.

Impacts and effects – samples – Cont.

DIRECT CARE

No updates or changes to mailing address causes notification of important information to be delayed

No updates to physical location of home results in unnecessary home visits by PHN or CHRs with important information or follow up

No updates to telephone #s result in no patient contact with important patient information by all disciplines

PRC – PURCHASED/REFERRED CARE

Patients in need of transports or durable medical equipment; with no enrollment to an alternate resource means PRC may pay unnecessary costs.

Pended claims at the fiscal intermediary due to alternate resources – alternate resource not updated or changed to reflect current coverage; a lot of rework for PRC to re-verify.

No updates to addresses results in returned mail (hundreds) PRC trying to make contact with denial notice which has an appeal timeline

Physical location of home not updated may results in inaccurate PRC decision, which is an eligibility factor for PRC – Residency.

Community of residence may have changed which affects a facility user population count. May mean you lose out on PRC funds. PRC funds is distributed based on user pop.



Referral Management Process

The referral management process begins with a referral from the Primary Care Provider



Referral accuracy

When requesting a referral for follow-up care or other medically related procedures; a request must be submitted to the Primary Care Team –

A detailed referral will support the accompanying priority level.

Example – *Patient has personal history of lung cancer treated X5 years. Currently in remission. Patient requires a current chest X-ray to support further treatment options*



Approved Referral

```
*****  
To the contract provider: CHS funds are authorized as specified above, subject  
to the conditions below:  
  
* The provider shall submit a consultation report or discharge summary to the  
Indian Health Service prior to reimbursement by IHS Contract Health Services or  
the IHS's Fiscal Intermediary.
```

Denied/Pending Referral

```
*****  
To the contract provider:  
  
CHS funds are NOT AUTHORIZED. The patient (and any alternative resources to  
which he/she is entitled) is responsible for this bill and has been so informed.  
  
Please submit a consultation report or discharge summary to the referring Indian  
Health Service provider as soon as possible.
```



Referral Process

Referral is created:

- By Medical Provider (EHR Referral tied to Provider Name)
- ER Call-in Notification (RPMS Referral – RCIS, DE, ADD,
(Note: Referrals should be specific with number of visits identified.
Avoid statements – “Evaluation and Treat” use “Evaluation and Recommendation”
- If you cannot enter the referral, use the Call-in Form and the Nurse Care Manager or PRC Technician will enter within 72 hours.

Referral is submitted to PRC Review Committee

- Nurse Case Managers will review referrals for any missing information prior to the meeting.
- PRC Technician will coordinate the referrals and get committee meeting notes organized.



Referral Process – Cont.

Committee members

- Assign priority levels for disposition planning – “Rack and Stack” referrals.
- Call-in referrals will be either APPROVED/DENIED.
- All other referrals will be assigned a priority level.
Note: This is not approving the referral.
- The PRC Technician must use the priority level to determine funding amounts based on the weekly spending

More information needed

- If the committee determines that there is not enough information to assign a priority level, the Nurse Case Manager will use take the information and research for the next meeting to re-present again.
- The PRC Technician will run the **HEAL-RCIS-RPT-ADM-CHSR** report to locate any Active Pending referrals that may have not been reviewed.

Approving Referrals

- After the committee has assigned the priority level, the PRC Technician will determine funding levels for the week and approve **HEAL-RCIS-DE-EDIT-ECHS** all referrals that have the appropriate funding.
- PRC Technician will determine estimated costs associated with the referral.
- The PRC Technician will update the spending plan with estimated costs for all expected visits contained within the referral.
- The PRC Technician will issue a purchase order for all approved ER Call-in and notify the vendor/patient that the Call-in was approved. The PRC Technician will issue a PO within 5 business days and at **NO TIME** will an ER notification exceed 30 days.
- The PRC Technician will issue the appropriate denial letter **CHS-DEN-DEN**
- If the expected funding amounts exceed the estimated weekly spending amount all referrals that have not been funded will need to be Deferred (Unmet Need) **CHS-DEN-UMN**



Referral Process – Cont.

Requesting a Referral Appointment

- The PRC Technician or Nurse Case Manager will call/fax the Provider to ensure they accept MLR for payment.
- Ensure you have a POC at the vendor with correct phone numbers.
- Print Referral **HEAL-RCIS-DE-LTRS-PRF** and fax to provider.
- If you are waiting for a referral date, contact the vendor daily.

Appointment date is provided

- Issue a PO to the vendor.
- When an appointment is received, mail a copy of the referral to the patient/vendor.
- The PRC Technician should send: the Approved referral, Payment Liability Letter and any other relevant information.
- **CALL** provider back – this ensures you have a good POC and they did receive the fax information.

Additional Appointments

- If additional appointments are requested, the Nurse Case Manager will consult the original provider and update them on the status of the referral and the reason for the additional visits.
- The referral does not need to be represented to the committee, unless there are funding limits and the ability to pay for the additional visit does not exist.
- The Nurse Case Manager will get approval for the additional days and they will update the PRC Technician who will update the weekly spending plan.
- The Nurse will update the patients chart with a Nurse Case Manager note related to the request and the phone/in person visit.
- The PRC Technician **WILL NOT** submit EHR notes, only the Nurse Case Manager.



PRC - Type of Accounts

Spend Plan – Estimate Spending – Make adjustments and obligate funds for RPMS (CHS) – Grocery List

MOM-FRIDAY's Grocery Items August - November 2011 Prices in PESO (approx. US\$1 = PHP44)

ITEM	BRAND	Size	CHERRY Foodarama	Puregold Price Club	SM - Shw Hypermarket	SM - Pasig Hypermarket	Unimart
Bread	Walter - loaf			58.00	52.50		
Bread	Walter - loaf, SugarFree		66.00	65.00	68.00		
Bread	Tiffany - PanAmerican		47.00		52.00		
Chips	Lay's SourCream&Onion	6.5 oz	101.10		114.50		103.95
Chocolate	KiKat - 2-finger	6s pack	62.40		67.50		64.50
Coffee	Café Puro	100 g		60.45			57.50
Coffee	Kopiko - Brown 3in1	10 x25g	57.35	51.95	54.50		
Coffee creamer	KromTop	300 g		47.00	49.95		46.75

CHS – Available Funds – Check Book, always moving and show instant funds when issuing PO's

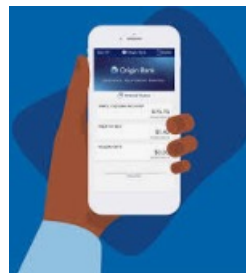
Checkbook Register Name: _____

Cleared balance: 1,400.00
Current balance: **143.46**

See instructions in the Help worksheet Warn when balance is below: 500.00

Date	Num	Payee / Description	Category	R	Withdrawal, Payment (-)	Deposit, Credit (+)	Balance
1/01/12		[Balance As of 01/01/2012]		R		546.00	546.00
1/01/12	DD	Direct Deposit from Employer	Wages & Tips	R		1,000.00	1,546.00
1/10/12	BT	Car Payment	Auto	c	115.20		1,430.80
1/15/12	002	Joe's Food Mart	Groceries		87.34		1,343.46
1/18/12	TRF	Transfer to Savings Account			100.00		1,243.46
1/22/12	003	Rent Payment	Rent		1,100.00		143.46

FBIS – Online App



PRC - Type of Accounts

UFMS – Bank – Funds transferred from Service Unity to PRC CAN specified



Fiscal Intermediary – Bank Teller

Customer Service

800-225-0241 Mon - Fri

7 AM - 4 PM Mountain Time



Document Control Register (DCR)

The Document Control Register (DCR) Account Number is a register number assigned to each of the seven categories listed when account balances are viewed on CHS/MIS. This list is intended to assist staff in managing CHS funds by unique categories. Following is a sample list of register categories and their DCR account numbers:

Register:

- | | |
|--------------------|-------------------|
| 1. Hospital Care | 5. Dental Care |
| 2. Outpatient Care | 6. CHS for Direct |
| 3. Other CHS | 7. Other |
| 4. P & E Travel | |

These values are established during the installation of CHS/MIS and are found in the CHS Data Control File



Document Control Register (DCR) – Cont.

UNSPECIFIED HEALTH CENTER			
CHS REGISTER BALANCES			
May 04, 2005@13:30:26			
Fiscal Year 2005		Register Number 5-005	
Last document issued: 5-D03-00042		Advice of Allow: 80,000.00	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	25,000.00	24,709.08	290.92
OUTPATIENT CARE	15,000.00	3,893.00	11,107.00
OTHER CHS	10,000.00	2,115.00	7,885.00
P & E TRAVEL	5,000.00	1,185.55	3,814.45
DENTAL CARE	5,000.00	485.00	4,515.00
CHS FOR DIRECT	5,000.00	0.00	5,000.00
OTHER	15,000.00	500.00	14,500.00
TOTAL	\$80,000.00	\$32,887.63	\$47,112.37



RPMS Account Balances (Check Book)

The CHS/MIS has the capability for each facility to define up to seven accounts that can be used to track CHS funds. The Object Class Code determines which account is to be used by a particular authorization.

The service unit can **ONLY** operate out of two accounts: Current Year / Prior Year

All other years have to be zeroed out to ensure funds are available in RPMS



RPMS Account Balances - HEAL – CHS – ACC - VB

Select Account Balances Option: VB View Account Balance

The Following are Valid Fiscal Years

2014
2015
2016
2017
2018
2019
2020
2021
2022
2023

ENTER FISCAL YEAR: (2014-2023): 2023// ■

PRC is funded with “X” funds – funds roll over and never expire.

Purchase orders are good for 1 year

Timely filing – PRC can go back 5 years and pay claim. Claims older than 5 years cannot be paid



RPMS Account balances: 2023 / 2022

Fiscal Year 2023		Register Number	
Last document issued:		Advice of Allow:	397,274.00
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	122,600.00	56,598.26	66,001.74
OUTPATIENT CARE	135,718.00	98,656.46	37,061.54
OTHER CHS	1,000.00	0.00	1,000.00
P & E TRAVEL	1,000.00	0.00	1,000.00
DENTAL CARE	128,000.00	73,919.01	54,080.99
CHS FOR DIRECT	3,000.00	159.10	2,840.90
ALL OTHER	5,956.00	1,414.58	4,541.42
TOTAL	\$397,274.00	\$230,747.41	\$166,526.59

Fiscal Year 2022		Register Number	
Last document issued:		Advice of Allow:	1,363,699.15
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	724,396.86	702,060.12	22,336.74
OUTPATIENT CARE	383,500.00	305,714.07	77,785.93
OTHER CHS	1,000.00	0.00	1,000.00
P & E TRAVEL	2,880.00	671.94	2,208.06
DENTAL CARE	229,004.29	210,780.38	18,223.91
CHS FOR DIRECT	2,418.00	825.04	1,592.96
ALL OTHER	20,500.00	8,429.62	12,070.38
TOTAL	\$1,363,699.15	\$1,228,481.17	\$135,217.98



Account balances: 2021 - older

All other years (not current/prior) have to be zeroed out to ensure funds are available in RPMS

Fiscal Year 2021		Register Number [REDACTED]	
Last document issued: [REDACTED]		Advice of Allow: 1,612,079.85	
Register	Initial Balance	Obligated Amount	Current Balance
-----	-----	-----	-----
HOSPITAL CARE	652,850.77	637,131.09	15,719.68
OUTPATIENT CARE	287,091.00	258,649.04	28,441.96
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,606.22	1,408.90	197.32
DENTAL CARE	539,274.24	526,776.75	12,497.49
CHS FOR DIRECT	839.25	826.30	12.95
ALL OTHER	130,418.37	82,448.65	47,969.72
-----	-----	-----	-----
TOTAL	\$1,612,079.85	\$1,507,240.73	\$104,839.12

HEAL – CHS – MGT – ALU – 2021 (choose the year you need to zero out)



Account balances: 2021 – Cont.

Fiscal Year 2021		Register Number	
Last document issued:		Advice of Allow:	1,612,079.85
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	652,850.77	637,131.09	15,719.68
OUTPATIENT CARE	287,091.00	258,649.04	28,441.96
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,606.22	1,408.90	197.32
DENTAL CARE	539,274.24	526,776.75	12,497.49
CHS FOR DIRECT	839.25	826.30	12.95
ALL OTHER	130,418.37	82,448.65	47,969.72
TOTAL	\$1,612,079.85	\$1,507,240.73	\$104,839.12

ENTER FISCAL YEAR: (2014-2023): 2023// 2021

YTD allowance for 2021 is: \$ 1,612,079.85
 Unobligated Balance is: \$ 104,839.12

$$1,612,079.85 - 104,839.12 = 1,507,240.73$$

Enter new YTD Advice of Allowance: 1507240.73



Account balances: 2021 – Cont.

Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	652,850.77	637,131.09	15,719.68
OUTPATIENT CARE	287,091.00	258,649.04	28,441.96
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,606.22	1,408.90	197.32
DENTAL CARE	539,274.24	526,776.75	12,497.49
CHS FOR DIRECT	839.25	826.30	12.95
ALL OTHER	130,418.37	82,448.65	47,969.72
TOTAL	\$1,612,079.85	\$1,507,240.73	\$104,839.12

Do you want to update the Initial Register Balances? N// YES

INITIAL REG-1: 652850.77// 637131.09

INITIAL REG-2: 287091.00// 258649.04

INITIAL REG-3: 0//

INITIAL REG-4: 1606.22// 1408.90

INITIAL REG-5: 539274.24// 526776.75

INITIAL REG-6: 839.25// 826.30

INITIAL REG-7: 130418.37// 82448.65

Press RETURN To Continue or ^ to Exit or Cancel...: █

Account balances: 2021 – Adjusted

Before adjustment:

Fiscal Year 2021		Register Number [REDACTED]	
Last document issued: [REDACTED]		Advice of Allow: 1,612,079.85	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	652,850.77	637,131.09	15,719.68
OUTPATIENT CARE	287,091.00	258,649.04	28,441.96
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,606.22	1,408.90	197.32
DENTAL CARE	539,274.24	526,776.75	12,497.49
CHS FOR DIRECT	839.25	826.30	12.95
ALL OTHER	130,418.37	82,448.65	47,969.72
TOTAL	\$1,612,079.85	\$1,507,240.73	\$104,839.12

Adjusted:

Fiscal Year 2021		Register Number [REDACTED]	
Last document issued: [REDACTED]		Advice of Allow: 1,507,240.73	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	637,131.09	637,131.09	0.00
OUTPATIENT CARE	258,649.04	258,649.04	0.00
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,408.90	1,408.90	0.00
DENTAL CARE	526,776.75	526,776.75	0.00
CHS FOR DIRECT	826.30	826.30	0.00
ALL OTHER	82,448.65	82,448.65	0.00
TOTAL	\$1,507,240.73	\$1,507,240.73	\$0.00



Exporting Data

Exporting CHS data to the Area Office is performed on a **regularly** scheduled basis (e.g., each Thursday, each Friday, etc.) unless there were no CHS Documents issued and/or processed during the previous week. Regular and timely export of CHS data is necessary to provide the Health Accounting System with timely data.



Weekly Exports

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		
10/7/2022	0-100,1-075	10/2/2022	\$ (28,020.04)		
10/14/2022	N/A	N/A	\$ -		
10/21/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ (46,776.77)
10/28/2022	9-121,0-101,1-076,2-037	10/28/2022	\$ (18,756.73)		
11/4/2022	1-077,2-038	11/4/2022	\$ 46,883.49		
11/11/2022	N/A	N/A	\$ -		
11/18/2022	9-123,0-103,1-078,2-039	11/18/2022	\$ 9,995.54		
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 56,879.03
12/2/2022	0-104,1-079,2-040	12/2/2022	\$ 4,859.16		
12/9/2022	2-041	12/7/2023	\$ 44,073.86		
12/16/2022	N/A	N/A	\$ -		
12/23/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 48,933.02
12/30/2022	N/A	N/A	\$ -		

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		
10/7/2022	0-108,1-094,2-043	10/2/2022	\$ (10,255.46)		
10/14/2022	N/A	N/A	\$ -		
10/21/2022	0-109,1-095,2-044,3-001	10/21/2022	\$ 73,618.26	Total Monthly Obligations:	\$ 63,362.80
10/28/2022	N/A	N/A	\$ -		
11/4/2022	N/A	N/A	\$ -		
11/11/2022	N/A	N/A	\$ -		
11/18/2022	N/A	N/A	\$ -		
11/25/2022	0-110,1-096,2-045,3-002	11/23/2022	\$ 42,663.58	Total Monthly Obligations:	\$ 42,663.58
12/2/2022	0-111,1-097,2-046,3-003	12/2/2022	\$ 2,213.72		
12/9/2022	0-112,1-098,2-047,3-004	12/9/2022	\$ 13,784.50		
12/16/2022	N/A	N/A	\$ -		
12/23/2022	9-114,0-113,1-099,2-048,3-005	12/23/2022	\$ 26,554.32	Total Monthly Obligations:	\$ 34,136.63
12/30/2022	0-114,1-100,2-049,3-006	12/30/2022	\$ (8,415.91)		

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		
10/7/2022	1-076,2-043	10/2/2022	\$ 16,832.50		
10/14/2022	N/A	N/A	\$ -		
10/21/2022	1-077,2-044,3-001	10/21/2022	\$ 35,083.43	Total Monthly Obligations:	\$ 126,303.90
10/28/2022	1-078,2-045,3-002	10/28/2022	\$ 74,381.97		
11/4/2022	1-079,2-046,3-003	11/3/2022	\$ 22,376.03		
11/11/2022	1-080,2-047,3-004	11/10/2022	\$ 37,044.93		
11/18/2022	1-081,2-048,3-005	11/18/2022	\$ 26,108.83		
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 85,529.79
12/2/2022	1-082,2-049,3-006	12/2/2022	\$ 14,051.30		
12/9/2022	2-050,3-007	12/7/2022	\$ 25,277.68		
12/16/2022	1-084,2-051,3-008	12/12/2022	\$ 48,038.27		
12/23/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 87,367.25
12/30/2022	N/A	N/A	\$ -		



Weekly Exports – what stands out? Exports need to occur weekly

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated			Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		
10/7/2022	0-100,1-075	10/2/2022	\$ (28,020.04)			10/7/2022	0-108,1-094,2-043	10/2/2022	\$ (10,255.46)		
10/14/2022	N/A	/A	\$ -			10/14/2022	N/A	N/A	\$ -		
10/21/2022	N/A	/A	\$ -	Total Monthly Obligations:	\$ (46,776.77)	10/21/2022	0-109,1-095,2-044,3-001	10/21/2022	\$ 73,618.26	Total Monthly Obligations:	\$ 63,362.80
10/28/2022	9-121,0-101,1-076,2-037	10/28/2022	\$ (18,756.73)			10/28/2022	N/A	N/A	\$ -		
11/4/2022	1-077,2-038	11/4/2022	\$ 46,883.49			11/4/2022	N/A	N/A	\$ -		
11/11/2022	N/A	N/A	\$ -			11/11/2022	N/A	N/A	\$ -		
11/18/2022	9-123,0-103,1-078,2-039	11/18/2022	\$ 9,995.54			11/18/2022	N/A	N/A	\$ -		
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 56,879.03	11/25/2022	0-110,1-096,2-045,3-002	11/23/2022	\$ 42,663.58	Total Monthly Obligations:	\$ 42,663.58
12/2/2022	0-104,1-079,2-040	12/2/2022	\$ 4,859.16			12/2/2022	0-111,1-097,2-046,3-003	12/2/2022	\$ 2,213.72		
12/9/2022	2-041	12/7/2023	\$ 44,073.86			12/9/2022	0-112,1-098,2-047,3-004	12/9/2022	\$ 13,784.50		
12/16/2022	N/A	/A	\$ -			12/16/2022	N/A	N/A	\$ -		
12/23/2022	N/A	/A	\$ -	Total Monthly Obligations:	\$ 48,933.02	12/23/2022	9-114,0-113,1-099,2-048,3-005	12/23/2022	\$ 26,554.32	Total Monthly Obligations:	\$ 34,136.63
12/30/2022	N/A	/A	\$ -			12/30/2022	0-114,1-100,2-049,3-006	12/30/2022	\$ (8,415.91)		

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		
10/7/2022	1-076,2-043	10/2/2022	\$ 16,832.50		
10/14/2022	N/A	N/A	\$ -		
10/21/2022	1-077,2-044,3-001	10/21/2022	\$ 35,083.43	Total Monthly Obligations:	\$ 126,303.90
10/28/2022	1-078,2-045,3-002	10/28/2022	\$ 74,381.97		
11/4/2022	1-079,2-046,3-003	11/3/2022	\$ 22,376.03		
11/11/2022	1-080,2-047,3--04	11/10/2022	\$ 37,044.93		
11/18/2022	1-081,2-048,3-005	11/18/2022	\$ 26,108.83		
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligations:	\$ 85,529.79
12/2/2022	1-082,2-049,3-006	12/2/2022	\$ 14,051.30		
12/9/2022	2-050,3-007	12/7/2022	\$ 25,277.68		
12/16/2022	1-084,2-051,3-008	12/12/2022	\$ 48,038.27		
12/23/2022	N/A	/A	\$ -	Total Monthly Obligations:	\$ 87,367.25
12/30/2022	N/A	/A	\$ -		



PRC Review Committee

As stated in the Indian Health Manual Part 2, Chapter 3, Section 20.B – Meetings:

*Meetings must be held at least **once a week** to determine the medical priority and rank of referral requests for expenditure of PRC funds. Minutes will be maintained to accurately reflect decisions and actions for each case discussed.*



PRC Review Committee – Cont.

The PRC review committee function is to review PRC referral requests and notifications regarding emergency episodes of care and to determine medical priority and rank based on relative medical need within the same medical priority level. Utilizing Area guidelines, the PRC review committee will monitor high cost cases including the progress of each case.

The IHS will maintain a PRC review committee to review and prioritize PRC referral requests and notifications regarding emergency episodes of care based on Medical Priorities of Care, as well as to review and monitor the referral and expenditure of PRC funds.



PRC Review Committee - Weekly Budgets


- After the committee has assigned the priority level, the PRC Technician will determine funding levels for the week and approve **HEAL-RCIS-DE-EDIT-ECHS** all referrals that have the appropriate funding.
- PRC Technician will determine estimated costs associated with the referral.
- The PRC Technician will update the spending plan with estimated costs for all expected visits contained within the referral.
- The PRC Technician will issue a purchase order for all approved ER Call-in and notify the vendor/patient that the Call-in was approved.
- The PRC Technician will issue a PO within 5 business days and at **NO TIME** will an ER notification exceed 30 days.
- The PRC Technician will issue the appropriate denial letter **CHS-DEN-DEN**
- If the expected funding amounts exceed the estimated weekly spending amount all referrals that have not been funded will need to be Deferred (Unmet Need) **CHS-DEN-UMN**

Weekly Spending Budgets

As stated in the Indian Health Manual Part 2, Chapter 3, Section 12.E – Purchased/Referred Care Spending Plan:

Programs are to maintain at least a weekly spending plan by prorating their allocations by the appropriate amount of weeks for each allocation. Weekly spending plans are to be monitored by the local PRC manager, shared with the PRC review committee and Service Unit administration.

Spending plans must be available for review by the PRCO. For small PRC programs, the frequency of the spending plan can be determined on a case-by-case basis. The PRC program must request a change for the spending plan frequency in writing to the Area Director through the Area PRCO.



Weekly Spending Plan

Manual Exhibit 2-3-H

CONTRACT HEALTH SERVICE - CHS - WEEKLY SPENDING PLAN (39 WEEKS)

May 14, 2014

Recurring Base	\$ 12,983,519.00	\$ 11,030,877.00	3rd Qtr Allowance
Recurring Rescission	\$ (20,773.63)	\$ (2,113,355.39)	H&C
FY-2012 Allowance	\$ 12,962,745.37	\$ 2,756,163.39	G-Batch, CHEF, FMRC
		\$ 11,673,685.00	11,673,685/39=299,325.26 (wkly proj amt)

DATES	WK#	Weekly Projection Amt	Cumulative Projection	Weekly DCR Adjustment Amt	Weekly Difference (C-E)	Weekly Cumulative Obligations (E+G)	Over/Under Obligation (D-G)
Oct 2-Oct 8, 2011	1	\$ 299,325.26	\$ 299,325.26		\$ -	\$ -	\$ -
Oct 9-Oct 15, 2011	2	\$ 299,325.26	\$ 598,650.51		\$ -	\$ -	\$ -
Oct 16-Oct 22, 2011	3	\$ 299,325.26	\$ 897,975.77	\$ 735,818.70	\$ (436,493.44)	\$ 735,818.70	\$ 162,157.07
Oct 23-Oct 29, 2011	4	\$ 299,325.26	\$ 1,197,301.03	\$ 186,367.05	\$ 112,958.21	\$ 922,185.75	\$ 275,115.28
Oct 30-Nov 5, 2011	5	\$ 299,325.26	\$ 1,496,626.28	\$ 365,920.07	\$ (66,594.81)	\$ 1,288,105.82	\$ 208,520.46
Nov 6-Nov 12, 2011	6	\$ 299,325.26	\$ 1,795,951.54	\$ 236,777.73	\$ 62,547.53	\$ 1,524,883.55	\$ 271,067.99
Nov 13-Nov 19, 2011	7	\$ 299,325.26	\$ 2,095,276.79	\$ 188,172.89	\$ 111,152.37	\$ 1,713,056.44	\$ 382,220.35
Nov 20-Nov 26, 2011	8	\$ 299,325.26	\$ 2,394,602.05	\$ 151,753.03	\$ 147,572.23	\$ 1,864,809.47	\$ 529,792.58
Nov 27-Dec 3, 2011	9	\$ 299,325.26	\$ 2,693,927.31	\$ 301,974.14	\$ (2,648.88)	\$ 2,166,783.61	\$ 527,143.70
Dec 4-Dec 10, 2011	10	\$ 299,325.26	\$ 2,993,252.56	\$ 296,817.32	\$ 2,507.94	\$ 2,463,600.93	\$ 529,651.63
Dec 11-Dec 17, 2011	11	\$ 299,325.26	\$ 3,292,577.82	\$ 393,686.04	\$ (94,360.78)	\$ 2,857,286.97	\$ 435,290.85
Dec 18-Dec 24, 2011	12	\$ 299,325.26	\$ 3,591,903.08	\$ 46,808.01	\$ 252,517.25	\$ 2,904,094.98	\$ 687,808.10
Dec 25-Dec 31, 2011	13	\$ 299,325.26	\$ 3,891,228.33	\$ 1,471.02	\$ 297,854.24	\$ 2,905,566.00	\$ 985,662.33
Jan 1-Jan 7, 2012	14	\$ 299,325.26	\$ 4,190,553.59	\$ 588,198.50	\$ (288,873.24)	\$ 3,493,764.50	\$ 696,789.09
Jan 8-Jan 14, 2012	15	\$ 299,325.26	\$ 4,489,878.85	\$ 453,424.19	\$ (154,098.93)	\$ 3,947,188.69	\$ 542,690.16



Weekly Spending Plan Local Use

Prior Year		Current Year	
Beginning Balance	Prior Year Amount	Beginning Balance	Prior Year Amount
Funding	\$4,647,245.25	Funding	\$3,362,372.00
Total Budget	\$4,647,245.25	Total Budget	\$3,362,372.00
Total Budet / 52 Weeks = Weekly Budget		Total Budet / 52 Weeks = Weekly Budget	
\$4,581,967.92 / 52 weeks	\$89,370.10	\$3,362,372.00 / 52 weeks	\$64,661.00
Beginning Balance	Current Year Amount	Beginning Balance	Current Year Amount
CR 1	\$112,479.00	CR 1	\$82,843.00
CR 2	\$110,757.00	CR 2	\$81,065.00
CR 3	\$30,183.00	CR 3 + 30	\$22,092.00
CR 4	\$5,774.00	CR 4	\$4,226.00
CR 5	\$43,147.00	CR 5	\$31,580.00
3rd Qtr - June 30	\$111,809.00	3rd Qtr - June 30	\$81,832.00
Total Budget	\$414,149.00	Total Budget	\$303,638.00
Total Budet / 38 = Weekly Budget		Total Budet / 38 = Weekly Budget	
\$393,687 / 38 weeks	\$10,898.66	\$288,143 / 38 weeks	\$7,990.47



Weekly Spending Plan Local Use – Cont.

WK	Actual Weekly Budget	Projected Weekly Budget	Adjustments Prior Year		Name Prior Year Funding		Priority Levels Week Week 1- Week 26		Running Total for each Priority Level
					Beginning Balance	Prior Year Amount	Medical Priority One	Medical Priority Two	
1	\$21,200	89,370	68,170	68,170	0	0	\$4,647,245.25	\$	11,384.00
2	\$12,745	89,370	76,625	144,795			Total Budget	\$	-
3	\$8,137	89,370	81,233	226,028			\$4,647,245.25	\$	-
4	\$3,406	89,370	85,964	311,992			Total Budget / 52 Weeks = Weekly Budget	\$	13,000.00
5	\$22,368	89,370	67,002	378,994			\$4,647,245.25 / 52 weeks	\$	-
6	\$225	89,370	89,145	468,139			\$89,370	\$	-
7	\$0	89,370	89,370	557,509			Name Current Year Funding	\$	-
8	\$0	89,370	89,370	646,880			Beginning Balance	\$	-
9	\$0	89,370	89,370	736,250			Current Year Amount	\$	-
10	\$0	89,370	89,370	825,620			CR 1	\$	-
11	\$0	89,370	89,370	914,990			CR 2	\$	-
12	\$0	89,370	89,370	1,004,360			CR 3	\$	3,000.00
13	\$0	89,370	89,370	1,093,730			CR 4	\$	-
14	\$0	89,370	89,370	1,183,100			CR 5	\$	-
15	\$0	89,370	89,370	1,272,470			3rd Qtr - June 30	\$	-
16	\$0	89,370	89,370	1,361,840			Total Budget	\$	27,384.00
17	\$0	89,370	89,370	1,451,210			\$112,479.00	\$	-
18	\$0	89,370	89,370	1,540,581			Total Budget / 38 = Weekly Budget	\$	-
19	\$0	89,370	89,370	1,629,951			\$393,687 / 38 weeks	\$	-
20	\$0	89,370	89,370	1,719,321				\$	-
21	\$0	89,370	89,370	1,808,691				\$	-
22	\$0	89,370	89,370	1,898,061				\$	-
23	\$0	89,370	89,370	1,987,431				\$	-
24	\$0	89,370	89,370	2,076,801				\$	-
25	\$0	89,370	89,370	2,166,171				\$	-
26	\$0	89,370	89,370	2,255,541				\$	-



Weekly Spending Plan Local Use – Cont.

SERVICE UNIT NAME	
WEEKLY PRC REPORT	
<i>week ending:</i>	
Priorities covered by PRC:	Medical priorities 4
	Dental priorities 5
	Optometry priorities 0
	BH 0
FUNDS AVAILABILITY	
Prior Year	\$ 651,992.58 (from Allowance status)
Current Year	\$ 100,635.00 (from Allowance status)
TOTAL	
WEEKLY SPENDING PLAN	\$ 752,627.58
\$114,884	(\$ _____ +/- prior week, less lab/order/lab/orders: \$ _____)
<i>(+/- FROM PRIOR WEEK: \$ _____)</i>	
AMOUNT +/- FOR NEXT WEEK	 / 126 / \$ _____
OPEN DOCUMENTS REPORT	
	FY 2019 FY 2020 FY 2021 FY 2022 TOTAL OPEN
	3 118 488 272 881
REFERRALS BROUGHT TO PRC	
	P1 P2 P3 P4+ TOTALS
# Ref All Priorities/Categories	2 4 12 1 19
Costs All Priorities/Categories	\$3,000.00 \$900.00 \$6,400.00 \$2,500.00 \$12,800.00
NUMBER OF DENIALS	
	P1 P2 P3 P4+ Amounts
Medical Referrals	
Dental Referrals	
Optometry Referrals	
BH/NH Referrals	
Other Type Referrals	
TOTAL # DENIALS AND AMT	0 0 2 0 \$800.00
NUMBER OF DEFERRALS	
	P1 P2 P3 P4+ Amounts
Medical Referrals	0 0 0 0 \$



The Area Office will track service unit spending plans

Week End	DCR #	DCR Ending Date	Total Weekly Obligated		Week End	# of Referrals Brought to	Service Unit Estimated Spending (from weekly			
10/7/2022	N/A	N/A	\$ -		10/7/2022	N/A	\$ 910.00			
10/14/2022	N/A	N/A	\$ -		10/14/2022	23	\$ 4,395.00			
10/21/2022	8-148,9-147,0-109,1-070,2-035	10/21/2022	\$ (99,293.58)	Total Monthly Obligat	\$ (99,293.58)	10/21/2022	N/A	n/a	Total Estimated Monthly Spe	\$ 5,305.00
10/28/2022	N/A	N/A	\$ -		10/28/2022	N/A	n/a			
11/4/2022	1-071,2-036	11/4/2022	\$ 11,507.83		11/4/2022	24	\$ 20,050.00			
11/11/2022	N/A	N/A	\$ -		11/11/2022	17	\$ 1,610.00			
11/18/2022	0-111,1-072,2-037	11/18/2022	\$ 24,682.95		11/18/2022	N/A	n/a			
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligat	\$ 36,190.78	11/25/2022	16	\$ 10,380.00	Total Estimated Monthly Spe	\$ 32,040.00
12/2/2022	2-038	12/2/2022	\$ 27,868.50		12/2/2022	17	\$ 3,780.00			
12/9/2022	N/A	N/A	\$ -		12/9/2022	25	\$ 34,430.00			
12/16/2022	0-113,1-074,2-039	12/16/2022	\$ 36,806.61		12/16/2022	28	\$ 6,510.00			
12/23/2022	N/A	N/A	\$ -	Total Monthly Obligat	\$ 64,675.11	12/23/2022	12	\$ 5,655.00	Total Estimated Monthly Spe	\$ 66,975.00

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		Week Ending	# of Referrals Brought to PRC	Service Unit Estimated Spending			
10/7/2022	0-108,1-094,2-043	10/2/2022	\$ (10,255.46)		10/7/2022	n/a	n/a			
10/14/2022	N/A	N/A	\$ -		10/14/2022	n/a	n/a			
10/21/2022	0-109,1-095,2-044,3-001	10/21/2022	\$ 73,618.26	Total Monthly Obligations:	\$ 63,362.80	10/21/2022	n/a	n/a	Total Estimated Monthly Spe	\$ -
10/28/2022	N/A	N/A	\$ -		10/28/2022	n/a	n/a			
11/4/2022	N/A	N/A	\$ -		11/4/2022	n/a	n/a			
11/11/2022	N/A	N/A	\$ -		11/11/2022	n/a	n/a			
11/18/2022	N/A	N/A	\$ -		11/18/2022	n/a	n/a			
11/25/2022	0-110,1-096,2-045,3-002	11/23/2022	\$ 42,663.58	Total Monthly Obligations:	\$ 42,663.58	11/25/2022	n/a	n/a	Total Estimated Monthly Spe	\$ -
12/2/2022	0-111,1-097,2-046,3-003	12/2/2022	\$ 2,213.72		12/2/2022	n/a	n/a			
12/9/2022	0-112,1-098,2-047,3-004	12/9/2022	\$ 13,784.50		12/9/2022	n/a	n/a			
12/16/2022	N/A	N/A	\$ -		12/16/2022	n/a	n/a			
12/23/2022	9-114,0-113,1-099,2-048,3-005	12/23/2022	\$ 26,554.32	Total Monthly Obligations:	\$ 34,136.63	12/23/2022	n/a	n/a	Total Estimated Monthly Spe	\$26,829.16
12/30/2022	0-114,1-100,2-049,3-006	12/30/2022	\$ (8,415.91)		12/30/2022	68	\$ 26,829.16			



The NAO PRC track service unit spending plans

Week End	DCR #	DCR Ending Date	Total Weekly Obligated		Week End	# of Referrals Brought to	Service Unit Estimated Spending (from weekly		
10/7/2022	N/A	N/A	\$ -		10/7/2022	N/A	\$ 910.00		
10/14/2022	N/A	N/A	\$ -		10/14/2022	23	\$ 4,395.00		
10/21/2022	8-148,9-147,0-109,1-070,2-035	10/21/2022	\$ (99,293.58)	Total Monthly Obligat \$ (99,293.58)	10/21/2022	N/A	n/a	Total Estimated Monthly Spe \$ 5,305.00	
10/28/2022	N/A	N/A	\$ -		10/28/2022	N/A	n/a		
11/4/2022	1-071,2-036	11/4/2022	\$ 11,507.83		11/4/2022	24	\$ 20,050.00		
11/11/2022	N/A	N/A	\$ -		11/11/2022	17	\$ 1,610.00		
11/18/2022	0-111,1-072,2-037	11/18/2022	\$ 24,682.95		11/18/2022	N/A	n/a		
11/25/2022	N/A	N/A	\$ -	Total Monthly Obligat \$ 36,190.78	11/25/2022	16	\$ 10,380.00	Total Estimated Monthly Spe \$ 32,040.00	
12/2/2022	2-038	12/2/2022	\$ 27,868.50		12/2/2022	17	\$ 3,780.00		
12/9/2022	N/A	N/A	\$ -		12/9/2022	25	\$ 34,430.00		
12/16/2022	0-113,1-074,2-039	12/16/2022	\$ 36,806.61		12/16/2022	28	\$ 6,510.00		
12/23/2022	N/A	N/A	\$ -	Total Monthly Obligat \$ 64,675.11	12/23/2022	12	\$ 5,655.00	Total Estimated Monthly Spe \$ 66,975.00	

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		Week Ending	# of Referrals Brought to PRC	Service Unit Estimated Spending		
10/7/2022	0-108,1-094,2-043	10/2/2022	\$ (10,255.46)		10/7/2022	n/a	n/a		
10/14/2022	N/A	N/A	\$ -		10/14/2022	n/a	n/a		
10/21/2022	0-109,1-095,2-044,3-001	10/21/2022	\$ 73,618.26	Total Monthly Obligations: \$ 63,362.80	10/21/2022	n/a	n/a	Total Estimated Monthly Spe \$ -	
10/28/2022	N/A	N/A	\$ -		10/28/2022	n/a	n/a		
11/4/2022	N/A	N/A	\$ -		11/4/2022	n/a	n/a		
11/11/2022	N/A	N/A	\$ -		11/11/2022	n/a	n/a		
11/18/2022	N/A	N/A	\$ -		11/18/2022	n/a	n/a		
11/25/2022	0-110,1-096,2-045,3-002	11/23/2022	\$ 42,663.58	Total Monthly Obligations: \$ 42,663.58	11/25/2022	n/a	n/a	Total Estimated Monthly Spe \$ -	
12/2/2022	0-111,1-097,2-046,3-003	12/2/2022	\$ 2,213.72		12/2/2022	n/a	n/a		
12/9/2022	0-112,1-098,2-047,3-004	12/9/2022	\$ 13,784.50		12/9/2022	n/a	n/a		
12/16/2022	N/A	N/A	\$ -		12/16/2022	n/a	n/a		
12/23/2022	9-114,0-113,1-099,2-048,3-005	12/23/2022	\$ 26,554.32	Total Monthly Obligations: \$ 34,136.63	12/23/2022	n/a	n/a	Total Estimated Monthly Spe \$26,829.16	
12/30/2022	0-114,1-100,2-049,3-006	12/30/2022	\$ (8,415.91)		12/30/2022	68	\$ 26,829.16		



The NAO PRC track service unit spending plans

Money actually obligated against your register

Committee Reviewed Money projected to be obligated

Week Ending	DCR #	DCR Ending Date	Total Weekly Obligated		Week Ending	# of referrals Brought to PRC	Service Unit Estimated Spending (from weekly spending plan)		
10/7/2022	1-076,2-043	10/12/2022	\$ 16,832.50		10/7/2022	n/a	n/a		
10/14/2022	N/A	N/A	\$ -		10/14/2022	9	\$ 48,190.00		
10/21/2022	1-077,2-044,3-001	10/21/2022	\$ 35,089.43	Total Monthly Obligations: \$ 126,303.90	10/21/2022	18	\$ 43,823.00	Total Estimated Monthly \$ 109,080.00	
10/28/2022	1-078,2-045,3-002	10/28/2022	\$ 74,381.97		10/28/2022	14	\$ 47,067.00		
11/4/2022	1-079,2-046,3-003	11/3/2022	\$ 22,376.03		11/4/2022	18	\$ 21,214.00		
11/11/2022	1-080,2-047,3-004	11/10/2022	\$ 67,044.93		11/11/2022	3	\$ 12,400.00		
11/18/2022	1-081,2-048,3-005	11/18/2022	\$ 26,108.83	Total Monthly Obligations: \$ 85,529.79	11/18/2022	24	\$ 71,589.00	Total Estimated Monthly \$ 110,493.00	
11/25/2022	N/A	N/A	\$ -		11/25/2022	5	\$ 5,280.00		
12/2/2022	1-082,2-049,3-006	12/2/2022	\$ 14,051.30		12/2/2022	12	\$ 10,270.00		
12/9/2022	2-050,3-007	12/7/2022	\$ 25,277.68		12/9/2022	13	\$ 25,370.00		
12/16/2022	1-084,2-051,3-008	12/12/2022	\$ 48,039.27		12/16/2022	11	\$ 14,050.00		
12/23/2022	N/A	N/A	\$ -	Total Monthly Obligations: \$ 87,367.25	12/23/2022	n/a	n/a	Total Estimated Monthly \$ 47,670.00	
12/30/2022	N/A	N/A	\$ -		12/30/2022	n/a	n/a		

There should be movement from the projected obligations to the monies actually being obligated.

If there are no weekly obligations, patient bills are not being paid.

If there are no weekly estimated spending, patient referrals are not being approved.



Financial Business Intelligence System (FBIS)

A system integrated with UFMS that allows reports to be generated based on the UFMS databases to assist executives and operations staff with data analysis.

Used to determine available funding amounts in real time.

Provide all years associated with your individual program



FBIS – Running the report

Accounting Point is LIKE (pattern match)	51	Accounting Point – 51
* Fund is LIKE (pattern match)	0J004920130DBD	Fund – 0J07%
* Treasury Symbol is LIKE (pattern match)	75 X 0390	Treasure Symbol – 75 X 0390
Location is LIKE (pattern match)	51204NYC010000	Location – Your location code Location – XXXXXXXXXXXXXXXX
Budget Activity Program is LIKE (pattern match)	7118510206	BAP – 7118510206
* As of Fiscal Year (2 Digit Year)	23	As of Fiscal Year Current year
* As of Period	JAN-23-FY-23	As of Period – Current month
Type is LIKE (pattern match)	--Select Value--	
Object Class is LIKE (pattern match)	--Select Value--	

[Refresh](#)



FBIS – Running the report – Cont.

Effective Date is null
and Period Name is equal to JAN-23-FY-23

or Effective Date is not null
and As of Fiscal Year is less than 23

and AP is LIKE (pattern match) 51

and Fund is LIKE (pattern match) 0J004920130DBD, 0J004920140DBD, 0J004920150DBD, 0J004920160DBD, 0J004920170DBD, 0J004920180DBD, 0J004920200DBD, 0J011920100DA0, 0J011920180DA0, 0J012520130DBD, 0J012520150DBD, 0J012520170DBD, 0J012520180DBD, 0J015320091DB0, 0J015320101DB0, 0J020020212DA0, 0J020020222DA0, 0J020020232DA0, 0J024420131DA0, 0J024420141DA0, 0J024420151DA0, 0J024420161DA0, 0J024420171DA0, 0J024420181DA0, 0J024420191DA0, 0J024620121DA0, 0J024620131DA0, 0J024620141DA0, 0J024620151DA0, 0J024620161DA0, 0J024620171DA0, 0J024620181DA0, 0J024920121DA0, 0J024920131DA0, 0J024920141DA0, 0J024920151DA0, 0J024920161DA0, 0J024920171DA0, 0J024920181DA0, 0J025120131DA0, 0J025120141DA0, 0J025120151DA0, 0J025120161DA0, 0J025120171DA0, 0J025120181DA0, 0J026220141DA0, 0J026220151DA0, 0J026220161DA0, 0J026220171DA0, 0J026220181DA0, 0J027220121DA0, 0J027220131DA0, 0J027220141DA0, 0J027220151DA0, 0J027220161DA0, 0J027220171DA0, 0J027220181DA0, 0J027320141DA0, 0J027320151DA0, 0J027320161DA0, 0J027320171DA0, 0J027320181DA0, 0J028420121DA0, 0J028420131DA0, 0J028420141DA0, 0J028420151DA0, 0J028420161DA0, 0J028420171DA0, 0J028420181DA0, 0J028520121DA0, 0J028520131DA0, 0J028520141DA0, 0J028520151DA0, 0J028520161DA0, 0J028520171DA0, 0J028520181DA0, 0J028820121DA0, 0J028820131DA0, 0J028820141DA0, 0J028820151DA0, 0J028820161DA0, 0J028820171DA0, 0J028820181DA0, 0J029000000RA0, 0J029020060RA0, 0J029020070RA0, 0J029020080RA0, 0J029020090RA0, 0J029020100RA0, 0J029020110RA0, 0J029020120RA0, 0J029020130RA0, 0J029020140RA0, 0J029020150RA0, 0J029020160RA0, 0J029020170RA0, 0J029020180RA0, 0J029020190RA0, 0J029020200RA0, 0J029020210RA0, 0J029020220NA0, 0J029020230NA0, 0J029120131DA0, 0J029120141DA0, 0J029120151DA0, 0J029120161DA0, 0J029120171DA0, 0J029120181DA0, 0J029320121DA0, 0J029320131DA0, 0J029320141DA0, 0J029320151DA0, 0J029320161DA0, 0J029320171DA0, 0J029320181DA0, 0J029420121DA0, 0J029420131DA0, 0J029420141DA0, 0J029420151DA0, 0J029420161DA0, 0J029420171DA0, 0J029420181DA0, 0J029620121DA0, 0J029620131DA0, 0J029620141DA0, 0J029620151DA0, 0J029620161DA0, 0J029620171DA0, 0J029620181DA0, 0J029720121DA0, 0J029720131DA0, 0J029720141DA0, 0J029720151DA0, 0J029720161DA0, 0J029720171DA0, 0J029720181DA0, 0J029720191DA0, 0J029720201DA0, 0J029720211DA0, 0J034420161DA0, 0J034420171DA0, 0J034420181DA0, 0J034420191DA0, 0J034420201DA0, 0J034420211DA0, 0J034420221DA0, 0J034420231DA0, 0J037000000DA0, 0J037000000RA0, 0J037020060DA0, 0J037020060RA0, 0J037020070DA0, 0J037020070RA0, 0J037020080DA0, 0J037020080RA0, 0J037020090DA0, 0J037020090RA0, 0J037020100DA0, 0J037020100RA0, 0J037020110DA0, 0J037020110RA0, 0J037020120DA0, 0J037020120RA0, 0J037020130DA0, 0J037020130RA0, 0J037020140DA0, 0J037020140RA0, 0J037020150DA0, 0J037020150RA0, 0J037020160DA0, 0J037020160RA0, 0J037020170DA0, 0J037020170RA0, 0J037020180DA0, 0J037020180RA0, 0J037020190DA0, 0J037020190RA0, 0J037020200DA0, 0J037020200RA0, 0J037020210DA0, 0J037020210RA0, 0J037020220DA0, 0J037020220RA0, 0J037020230DA0, 0J037020230RA0, 0J033020220DAM, 0J033020230DAM, 0J04N020205DBD, 0J04P020200DBD, 0J04V020210DBM, 0J051320091DB0, 0J070000000DA0, 0J070000000DAM, 0J070000000RA0, 0J070020060DA0, 0J070020060RA0, 0J070020070DA0, 0J070020070RA0, 0J070020080DA0, 0J070020080RA0, 0J070020090DA0, 0J070020090RA0, 0J070020100DA0, 0J070020100RA0, 0J070020110DA0, 0J070020110DAM, 0J070020110RAM, 0J070020110RAM, 0J070020120DAM, 0J070020120DAM, 0J070020120RAM, 0J070020120RAM, 0J070020130DA0, 0J070020130DAM, 0J070020130RAM, 0J070020140DA0, 0J070020140DAM, 0J070020140RAM, 0J070020150DA0, 0J070020150DAM, 0J070020150RAM, 0J070020150RAM, 0J070020160DA0, 0J070020160DAM, 0J070020160RAM, 0J070020170DA0, 0J070020170DAM, 0J070020170RAM, 0J070020180DA0, 0J070020180DAM, 0J070020180RAM, 0J070020190DA0, 0J070020190DAM, 0J070020190RAM, 0J070020200DA0, 0J070020200DAM, 0J070020200RAM, 0J070020210DA0, 0J070020210DAM, 0J070020210RAM, 0J070020220DA0, 0J070020220DAM, 0J070020220RAM, 0J070020230DA0, 0J070020230DAM, 0J070020230RAM, 0J076020070DA0, 0J076020080DA0, 0J076020180DA0, 0J076020210DAM, 0J094820150DBM, 0J094820160DBM

and Treasury Symbol is LIKE (pattern match) 75 X 0390

and Location is LIKE (pattern match) 51204NYC010000

and Budget Activity Program is LIKE (pattern match) 7118510206

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FBIS – Final Report

Row Labels	Sum of Allowance (including Expiring Authority)	Sum of Obligation Amount	Sum of Undelivered Orders	Sum of Delivered Orders	Sum of Disbursement Amount	Sum of Commitments	Sum of Funds Available
51204NYC010000	\$ 16,586,280.04	\$ 16,141,123.00	\$ 500,325.00	\$ 8,883.95	\$ 15,631,914.05	\$ -	\$ 445,157.04
0J070000000DA0	\$ 13,081,802.40	\$ 12,978,965.76	\$ 239,979.02	\$ 1,800.14	\$ 12,737,186.60	\$ -	\$ 102,836.64
7118510206	\$ 13,081,802.40	\$ 12,978,965.76	\$ 239,979.02	\$ 1,800.14	\$ 12,737,186.60	\$ -	\$ 102,836.64
0J070020080DA0	\$ 622,872.00	\$ 622,872.00	\$ -	\$ -	\$ 622,872.00	\$ -	\$ -
7118510206	\$ 622,872.00	\$ 622,872.00	\$ -	\$ -	\$ 622,872.00	\$ -	\$ -
0J070020090DA0	\$ 753,040.84	\$ 753,040.84	\$ -	\$ -	\$ 753,040.84	\$ -	\$ -
7118510206	\$ 753,040.84	\$ 753,040.84	\$ -	\$ -	\$ 753,040.84	\$ -	\$ -
0J070020140DA0	\$ 12,993.27	\$ 12,993.27	\$ -	\$ -	\$ 12,993.27	\$ -	\$ -
7118510206	\$ 12,993.27	\$ 12,993.27	\$ -	\$ -	\$ 12,993.27	\$ -	\$ -
0J070020210DA0	\$ 620,487.78	\$ 599,595.80	\$ 27,802.24	\$ -	\$ 571,793.56	\$ -	\$ 20,891.98
7118510206	\$ 620,487.78	\$ 599,595.80	\$ 27,802.24	\$ -	\$ 571,793.56	\$ -	\$ 20,891.98
0J070020220DA0	\$ 1,098,868.75	\$ 938,661.17	\$ 101,285.56	\$ 162.82	\$ 837,212.79	\$ -	\$ 160,207.58
7118510206	\$ 1,098,868.75	\$ 938,661.17	\$ 101,285.56	\$ 162.82	\$ 837,212.79	\$ -	\$ 160,207.58
0J070020230DA0	\$ 396,215.00	\$ 234,994.16	\$ 131,258.18	\$ 6,920.99	\$ 96,814.99	\$ -	\$ 161,220.84
7118510206	\$ 396,215.00	\$ 234,994.16	\$ 131,258.18	\$ 6,920.99	\$ 96,814.99	\$ -	\$ 161,220.84
Grand Total	\$ 16,586,280.04	\$ 16,141,123.00	\$ 500,325.00	\$ 8,883.95	\$ 15,631,914.05	\$ -	\$ 445,157.04

\$123,728.62 - Other years (2021 older)

\$160,207.58 - Prior year 2022

\$161,220.84 - Current year 2023



Tracking funds – RPMS versus FBIS

Fiscal Year 2023				Fiscal Year 2021			
Register		Register Number		Register		Register Number	
Last document issued:		Advice of Allow:		Last document issued:		Advice of Allow:	
Register	Initial Balance	Obligated Amount	Current Balance	Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	122,600.00	56,598.26	66,001.74	HOSPITAL CARE	652,850.77	637,131.09	15,719.68
OUTPATIENT CARE	135,718.00	98,656.46	37,061.54	OUTPATIENT CARE	287,091.00	258,649.04	28,441.96
OTHER CHS	1,000.00	0.00	1,000.00	OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,000.00	0.00	1,000.00	P & E TRAVEL	1,606.22	1,408.90	197.32
DENTAL CARE	128,000.00	73,919.01	54,080.99	DENTAL CARE	539,274.24	526,776.75	12,497.49
CHS FOR DIRECT	3,000.00	159.10	2,840.90	CHS FOR DIRECT	839.25	826.30	12.95
ALL OTHER	5,956.00	1,414.58	4,541.42	ALL OTHER	130,418.37	82,448.65	47,969.72
TOTAL	\$397,274.00	\$230,747.41	\$166,526.59	TOTAL	\$1,612,079.85	\$1,507,240.73	\$104,839.12

Fiscal Year 2022			
Register		Register Number	
Last document issued:		Advice of Allow:	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	724,396.86	702,060.12	22,336.74
OUTPATIENT CARE	383,500.00	305,714.07	77,785.93
OTHER CHS	1,000.00	0.00	1,000.00
P & E TRAVEL	2,880.00	671.94	2,208.06
DENTAL CARE	229,004.29	210,780.38	18,223.91
CHS FOR DIRECT	2,418.00	825.04	1,592.96
ALL OTHER	20,500.00	8,429.62	12,070.38
TOTAL	\$1,363,699.15	\$1,228,481.17	\$135,217.98

\$161,220.84 - Current year 2023

\$160,207.58 - Prior year 2022

\$123,728.62 - Other years (2021 older)

The amounts will never match – Always moving between adjustments to payment and credits

Tracking funds – RPMS versus FBIS

Fiscal Year 2022		Register Number [REDACTED]	
Last document issued: [REDACTED]		Advice of Allow: 1,363,699.15	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	724,396.86	702,060.12	22,336.74
OUTPATIENT CARE	383,500.00	305,714.07	77,785.93
OTHER CHS	1,000.00	0.00	1,000.00
P & E TRAVEL	2,880.00	671.94	2,208.06
DENTAL CARE	229,004.29	210,780.38	18,223.91
CHS FOR DIRECT	2,418.00	825.04	1,592.96
ALL OTHER	20,500.00	8,429.62	12,070.38
TOTAL	\$1,363,699.15	\$1,228,481.17	\$135,217.98

Fiscal Year 2021		Register Number [REDACTED]	
Last document issued: [REDACTED]		Advice of Allow: 1,507,240.73	
Register	Initial Balance	Obligated Amount	Current Balance
HOSPITAL CARE	637,131.09	637,131.09	0.00
OUTPATIENT CARE	258,649.04	258,649.04	0.00
OTHER CHS	0.00	0.00	0.00
P & E TRAVEL	1,408.90	1,408.90	0.00
DENTAL CARE	526,776.75	526,776.75	0.00
CHS FOR DIRECT	826.30	826.30	0.00
ALL OTHER	82,448.65	82,448.65	0.00
TOTAL	\$1,507,240.73	\$1,507,240.73	\$0.00

\$160,207.58
 Prior year 2022



\$123,728.62
 Other years (2021 older)



\$283,936.62
 Available prior years funds

Increase your prior year amount by adding the totals together and adjusting the RPMS amounts



Categories and Priorities

PRIORITIES

1. Core
2. Intermediate
3. Elective
4. Excluded

CATEGORIES

- A. Preventive & Rehabilitative Services
- B. Medical, Dental, & Surgical Services
- C. Reproductive & Maternal/Child Health Services
- D. Behavioral Health Services



Example Category and Priorities:

1A= Core - Preventive and Rehabilitative Services
1B = Core - Medical/Dental/Vision/Surgical Services
1C = Core - Reproductive and Maternal/Child Health Services
1D = Core - Behavioral Health Services
2A = Intermediate - Preventive and Rehabilitative Services
2B = Intermediate - Medical/Dental/Vision/Surgical Services
2C = Intermediate - Reproductive and Maternal/Child Health Services
2D = Intermediate - Behavioral Health Services
3A = Elective - Preventive and Rehabilitative Services
3B = Elective - Medical/Dental/Vision/Surgical Services
3C = Elective - Reproductive and Maternal/Child Health Services
3D = Elective - Behavioral Health Services
4A = Excluded - Preventive and Rehabilitative Services
4B = Excluded - Medical/Dental/Vision/Surgical Services
4C = Excluded - Reproductive and Maternal/Child Health Services
4D = Excluded - Behavioral Health Services



Approved Referrals

Monies have been obligated and the PRC staff can make the appointment for care.

The patient and the contracted vendor will be notified of the approved referral.

Referrals will consist of a specific number of visits or for a period of time (i.e. cancer treatment)

A typical referral is only good for 6 months.



Denied Care

When a patient is denied PRC or if a medical provider may reasonably think that the Director of the IHS/Tribal program is a party to payment for services provided to an eligible patient, both the patient and the provider must be notified in writing of the denial with a statement containing all the reasons for the denial.

Denied Care can be appealed on three levels and within 30 days upon receipt of the denial notice.



Appeal Process for Denied Care

The IHS appeals process applies to IHS administered PRC programs and those PRC programs administered under Title I and V programs that have negotiated and incorporated into their funding agreements that the IHS appeals procedures will be utilized. The PRC regulations currently in effect at 42 C.F.R. § 136.25 allows only three levels of appeal:

- (1) request for reconsideration of the appeal by the CEO,
- (2) appeal to the Area Director, and
- (3) final administrative appeal to the Director, IHS.



QUESTIONS?



Contact Information

Robert Sanders

PRCO Officer

Nashville Area IHS

Robert.Sanders2@ihs.gov



