

MILLE LACS BAND OF OJIBWE POLICY & PROCEDURE

Department: Health Services

Policy Number: HHS-HS-PRC 2801

Policy Title: Purchased/Referred Care (PRC) Program Funds

Attachments: "Bemidji Area Contract Health Service- MEDICAL PRIORITIES"

Revision History: 3/2016; 3/2016; 4/5/2018

Revised by/Date: PRC Committee 9/2019

Approved by: 

Date: 10.1.18

Jan Manary, Executive Director of HHS

Approved by:



Date:

10-1-2019

Nicole Anderson, Commissioner of HHS

POLICY STATEMENT: The Purchased/Referred Care (PRC) funds are used to supplement and complement other health care resources available to eligible American Indians and Alaska Natives (AI/AN).

PURPOSE: The PRC program pays for primary and specialty health care services not available at Indian Health Service (IHS) or tribal health care facilities and purchased from private health care providers. As long as funds are available, this can include hospital and outpatient care, as well as physician, laboratory, dental, radiology, pharmacy, and transportation services. PRC uses a medical priority system to budget program resources, so as many services as possible can be purchased from private providers. Policy requires patients to exhaust all health care resources available to them from private insurance, state health programs, and other federal programs before PRC will pay.

PROCEDURE:

Eligibility: The definition of eligibility for PRC shall be consistent with Title 42 CFR § 136.23. If local rules and Title 42 CFR § 136.23 conflict, Federal regulations prevail.

1. Must be a member of a Federally recognized Tribe; and
2. Reside within the Purchased/Referred Care Delivery Area (PRCDA); and
3. Be medically insured, or have documentation of attempt of obtaining and/or applied for alternative resources (See Alternative Resources/Payer of Last Resort section for further details).
4. Eligible students who are temporarily absent from home during full-time attendance of residential schools.
5. An eligible person who is temporarily absent from the Purchased/Referred Care Delivery Area (PRCDA) due to travel or employment.
6. Eligible children placed in foster care outside of the PRCDA by court order.
7. **American Indian/Alaska Native Children Adopted by Non-Indian Parents:** Indians adopted by non-Indian parents must meet all PRC requirements to be eligible for care (e.g., reside within the PRCDA).
8. **Non-Indian Pregnant Woman.** A non-American Indian/Alaska Native woman, pregnant with an eligible AI/AN man's child, who resides within the PRCDA, is eligible for PRC during pregnancy through post-partum (usually 6 weeks). If unmarried, the non-AI/AN pregnant woman is eligible for PRC if the eligible AI/AN male states in writing that he is the father of the unborn child or if such a court of competent jurisdiction determines the eligible AI/AN male is the father.

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Eligible Services:

1. Eligible patient must establish care at a Mille Lacs Band Health and Human Services medical facility prior to requesting payment on a claim; or
2. In the case of an emergency, an otherwise eligible patient, who has established care at an HHS medical facility or has not yet established care, who notifies PRC of their Emergency Room (ER) visit within 72 hours, may be eligible for payment on those claims. *Elders and people with disabilities are allowed 30 days to make this notification.
3. Services must be medically necessary.
4. Unless it is an emergency, services must be referred by an HHS provider.

Alternate Resources/Payer of Last Resort:

- PRC is considered the payer of last resort, and as such, the use of alternative resources is required when such resources are available and accessible to the individual.
- An individual must apply for and use all alternate resources that are available and accessible.
- MLBO Health Services is also considered a resource, and therefore, the PRC funds may not be expended for services reasonably accessible and available at MLB facilities. Such resources include health care providers, institutions, or health care programs for the payment of health services including, but not limited to programs under Titles XVIII and XIX of the Social Security Act (i.e., Medicare and Medicaid, State Children's Health Insurance Program), State and local health care programs and private insurance.

Authority: The CFR, Title 42 Part 136 is the appropriate citation for all correspondence to providers and AI/AN patients. This policy should not be cited as the authority for making decisions on eligibility or payment denials. The PRC committee will meet at periodic intervals, or upon emergent referral status, to determine eligibility for funds. The PRC committee will maintain tracking of claims/referrals as well as ensure correspondence with beneficiary cases.

Data Reporting: The appropriate workload and fiscal codes are entered into the data system, as specified in the FR dated January 22, 1992, (57 FR 2642), and Core Data Set requirements.

Internal and/or External References	Purchased/Referred Care Delivery Areas, as posted by Indian Health Services found at www.ihs.gov/prc/eligibility
	<u>IHS Contract Health Services, Title 42 CFR § 136.23</u>
Compliance - Posting Date	10/1/2019
Next Review - Due Date	10/1/2022

BEMIDJI AREA CONTRACT HEALTH SERVICE – MEDICAL PRIORITIES

Definition of Priorities with Examples

<p>PRIORITY IA: Emergency – Threat to Life, Limb, Senses (diagnosis and treatment of injuries or conditions that, if left untreated, results in uncertain/potentially grave outcome).</p> <p>PRIORITY IB: Potential for becoming life threatening; not immediate emergency; is essential to daily function; no acceptable alternatives.</p> <p>PRIORITY II: Primary and Secondary care. Inpatient & Outpatient care services that involve the treatment of prevalent illnesses/conditions that have a significant impact on morbidity and mortality. Treatment may be delayed without progressive loss of function or risk to life, limb, or senses, may require specialty consultation.</p> <p>PRIORITY III: Preventive Care (primary care aimed at the prevention of long term disability).</p> <p>PRIORITY IV: Chronic care services; non-essential inpatient & outpatient services that have less impact on mortality/morbidity; elective services often at a tertiary care facility.</p> <p>PRIORITY V: Excluded (cosmetic, experimental, or investigative). Acceptable alternatives exist. Website – http://cms.hhs.gov/manuals/06_cim/c135asp</p>	<p>PRIORITY IA (Examples)</p> <p>ALL MEDICAL EMERGENCIES</p> <p>Eye (Acute, painful or visually threat conditions)</p> <p>Dental (control bleeding, airway compromise, severe pain, fractures)</p> <p>Mental Health (immediate danger to self or others, regardless of “voluntary or involuntary status” includes physical neglect/abuse, sexual assault; chemical dependency, alcohol/substance abuse)</p>	<p>PRIORITY II (Examples)</p> <p>Medical/Surgical Consultation, Physical Therapy</p> <p>Eye (protective eye wear, mgmt. sub-acute/chronic conditions to preserve vision)</p> <p>Dental (primary prophylaxis, periodontal services)</p> <p>Mental Health (prevent onset or recurrence of severe mental illness/suicide; medical stabilization)</p> <p><i>Elective Surgery</i> (non-acute):</p> <p>Breast Reconstruction post-mastectomy</p> <p>Cataracts – Extraction w/implants (Adults)</p> <p>Cholecystectomy</p> <p>Family Planning – Tubal ligation (routine), Vasectomy (routine)</p> <p>Gynecologic (Hysterectomy, fertility-related)</p> <p>Hernia Repair</p> <p>Orthopedic Procedures (progressive loss of function)</p> <p>Tympanoplasty</p> <p><i>If deemed medically necessary:</i></p> <p>Breast Mammoplasty (reduction)</p> <p>Intestinal by-pass (morbid obesity w/complications)</p>	<p>PRIORITY III (Examples)</p> <p>Preventive Services available at most facilities</p> <p>Eye (routine eye exams and eyeglasses for adults)</p> <p>Dental (contain disease process once it has begun)</p> <p>Mental Health Program (Home visits, Family Therapy)</p> <p>Radiologic Testing (screening mammography)</p>
<p>PRIORITY IB (Examples)</p> <p>Acute illness, significant flare chronic condition</p> <p>Pre-natal/Obstetrics</p> <p>Fracture Care (specialty consultation/treatment)</p>	<p>Diagnostic Testing/Procedures</p> <p>*Biopsy</p> <p>*EEG, Cardiac/CAD (ECHO, enhanced Stress Testing, Angiogram, Valve Replacement, Stents, Coronary artery Bypass surgery) **</p> <p>*Endoscopy</p> <p>*Radiologic Testing (MRI, CT, Ultrasound)</p> <p>Eye – Restorative & Preventative (diabetic retinopathy, glaucoma mgmt.)</p>	<p>Health Promotion/Disease Prevention/High Priority Screenings</p> <p>*Immunizations</p> <p>*Mammography (Screening & Diagnostic)</p> <p>*Pap Smears, GYN Colposcopy</p> <p>*Colonoscopy/Sigmoidoscopy (Screening & Diagnostic) **</p> <p>* Eye – Exams and glasses for youth</p>	<p>PRIORITY IV (Examples)</p> <p>Services not readily available from direct care facility</p> <p>Rehabilitation Care</p> <p>Skilled Nursing Care</p> <p>Organ transplantation (CMS Approved)</p> <p>Eye (contact lenses, visual training)</p> <p>Dental (rehabilitation services/orthodontics)</p> <p>Mental Health (rehabilitation, dual diagnosis treatment)</p> <p>Alternative/Complimentary medical care (acupuncture, chiropractic, naturopathy, homeopathy)</p>
<p>Area of program specific objectives</p> <p>Non-Emergency surgery for “high-risk categories”</p> <p>*Tubal Ligation (post-partum and high risk)</p> <p>*Vasectomy (high risk)</p> <p>** BEMIDJI AREA: Due to increased incidence of colorectal cancer, heart disease/mortality</p>	<p>PRIORITY V (Examples)</p> <p>Cosmetic procedures</p> <p>Experimental or investigational (per CMS regulations)</p> <p>Extended Care Nursing Home</p>		


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