PURCHASED/REFERRED CARE

CHAPTER I - OVERVIEW

1.1 PURPOSE

A. To define and establish policies and standard operating procedures for the effective management of the Siletz Tribal Health Department PURCHASED/REFERRED CARE.

B. To delegate, within the limits of available funds, authority for the Operation of the PURCHASED/REFERRED CARE (PRC) program to the Tribal Health Director.

C. To provide further explanation of Siletz PURCHASED/REFERRED CARE Rules and Regulations as stated in CFR 42, Section 36.12 through 36.25.

1.2 DEFINITIONS

A. Alternate Resources: Resources other than those of the Indian Health Service PURCHASED/REFERRED CARE program, available and accessible to the applicant, such as health care providers and institutions (including facilities operated by IHS or Tribal), health care payment sources, or other health care sources, or other health care programs (e.g. Medicare, Medicaid, Oregon Health Plan (OHP), Motor Vehicle Ins., Worker's Compensation Victim Assistance or Private Insurance) for which the individual may be eligible.

B. Siletz PURCHASED/REFERRED CARE Delivery Area (SPRCDA): The Eleven County areas (Tillamook, Yamhill, Polk, Lincoln, Marion, Benton, Linn, Lane, Multnomah, Washington and Clackamas) within which PURCHASED/REFERRED CARE will be made available by the Siletz Tribal Health Department.

C. PURCHASED/REFERRED CARE to Support Direct Care: Siletz Tribal Health Department PURCHASED/REFERRED CARE provided within an IHS or Tribal facility when the patient is under direct supervision of a Tribal physician or a contract physician practicing under the rules and by-laws of the IHS or Tribal facility. Examples of these are laboratory, dental lab, X-ray, and physician consultant services acquired with non-services sources and which are necessary for the direct operation of an IHS or Tribal facility.

D. Dependent: All children (Natural, Adopted, Foster or Step) of otherwise Eligible Indians who are not eligible under their own rights until the age of 19 years old.

E. Emergency: Any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of the individual.

F. Indian Tribe: Any Indian tribe, band, nation, group, pueblo, or community, including any Alaska Native, Village or Native group which is federally recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

G. Permanent Residence: Where a person has established and maintains a household and lives on a regular basis. In practice, these concepts can be very involved. Determinations will be made by the Tribal Health Director based on the best information available with the appeals procedure process as a protector of the individual's rights. Suggested verification of permanent residence Chapter 9.1.

H. Reservation: Any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (49 U.S.C. 1601 et. seq.) and Indian allotments.

I. Trust Land: Land held in trust by the federal government for the benefit of either the Tribe as a whole or an individual Tribal Member or group of individual Tribal members.

J. Tribal Member: An Indian person who is enrolled in a federally recognized tribe; or an Indian person who is certified, in writing, by a tribe as being a member of that tribe; or an Indian person who meets the requirements for membership in a tribe will be considered a tribal member for purposes of Siletz Tribal PURCHASED/REFERRED CARE.

K. Contract Health Technician: An individual employed by the Siletz Tribal Health Department who is an authorizing official.

L. Gatekeeping Review Committee: A committee which includes; the Health Director, Clinical Director, Dental Officer, PRC Administrator, Mental Health Worker, and a Clinical Nurse. This committee reviews all non-emergent or urgent requests for appropriate level of priority for PURCHASED/REFERRED CARE.

M. ER Gatekeeper: A provider on call to give medical advice when a patient is in doubt that a true emergency exists; this service is intended to prevent inappropriate use of the emergency room.

N. Restricted Population: All PRC eligibles who reside within 40 miles of an IHS or Tribal Health facility must use that facility as their primary care provider. 40-mile radius may need proper verification.

1.3 RESPONSIBILITIES FOR PRC ADMINISTRATION

A. Within regulations, policies, procedures and budget, develops and establishes policies and methods for the conduct, control, review and evaluation of the PRC program.
B. Establish medical priorities for the care of eligible Indian people that will most effectively meet their needs.
C. Maintain records for planning and control of funds and furnish reports as required.
D. Negotiate Contracts and Agreements in cooperation with Health Director for needed services with hospitals, clinics, physicians, dentists, and others.
E. Periodically review and evaluate the services provided under PRC to ensure quality and effectiveness and to determine that the services are medically indicated and provided in accordance with professional standards.
F. Act on appeals of PRC Program denials promptly and appropriately.
G. Determine whether an individual requesting services is eligible within the established guidelines.
H. Determine need for PRC and authorize payment for care in accordance with established priorities and within available fund limits.
I. Act on all requests for PRC, which includes written notification to patient and provider of services, when the patient is denied PRC for any reason.
J. Assure program control.

1.4 <u>USE AND DELIVERY OF PURCHASED/REFERRED CARE (PRC)</u>

A. The purchase of medical care services, coincidental equipment and supplies through contractual arrangements is an essential element of the Tribal Health Department. PRC is used to supplement and complement other health resources available to eligible Indian people. PRC is utilized in situations where:
    1. No IHS or Tribal direct care facility exists.
    2. The direct care element is incapable of providing required emergency and/or specialty care.
    3. The direct care element has an overflow of health care workload.
    4. Supplementation of alternate resources such as Medicare is required to provide comprehensive care to eligible Indian people.
B. PURCHASED/REFERRED CARE funds may not be expended for services that are reasonably accessible and available at IHS or Tribal facilities:
    1. The determination as to an Indian Health Service facility being "reasonably accessible and available" is the PRC Administrator's decision, which should be made, based on the following criteria:

a. The actual medical condition of the patient, i.e., emergency, urgent or routine.
b. The ability of the IHS or Tribal Health Department direct care facility to provide the necessary service.
c. The amount of current funds available to provide PRC.
d. Distance from any IHS or Tribal Facility.

2. The following guidelines will be used in applying the above criteria:
   a. PURCHASED/REFERRED CARE (PRC) funds will be authorized for emergencies (42 CFR-Sec. 36.21 (f) to the extent that the contract facility was the nearest available provider capable of providing the necessary services.
   b. A list of diagnostic categories that have been administratively determined are shown in Chapter 4, Section 5. This list is not all-inclusive and other conditions may be included as an emergency when so determined by qualified IHS or Tribal Health professional.
   c. Final decision as to classification of medical services as "emergency" will be based on review by the Clinical Director or Physician.
3. Services for an acute condition (urgent but not an emergency) may be provided through PRC funds when the nature of the medical need of the patient, as determined by an IHS or Tribal Health professional, can best be met by using a contract facility and sufficient PRC funds are available for this level of service.
4. Routine health services (neither emergency nor urgent) should ordinarily be provided by IHS or tribal staff and facilities. Routine health services may be provided through PRC when the Health Director has determined that sufficient PRC funds are available for this priority of medical service. As a general rule, until the level of IHS funding permits a less restrictive guideline routine health services will not be provided through PRC when an IHS or tribal facility is capable of providing these services within a 40-mile radius one way (may need proper verification).

C. There is no authority to provide for PRC unless funds are, in fact, available.

D. PRC funds are limited to services that are medically indicated and actually provided, e.g., does not cover charges for broken appointments, late or interest charges. Patients and providers must be informed of this

limitation. PRC program inclusions and exclusions are listed in Chapter 4, Section 4.

E. The following types of services submitted in a request for contract citing contract health funding will be considered for approval:
   1. Medical and dental care services which cannot be provided from a direct care facility and are considered urgent, emergent and necessary at all times, i.e., hospital, emergency/specialty care, ambulance.
   2. Total Tribal PRC Operation contracts (PL 638).

1.5 ALLOCATION PROCESS

PRC is funded through an annual Self-Governance Funding Agreement between the Confederated Tribes of Siletz Indian and the Indian Health Services. Annual program allocations are generally based on historical expenditures.

CHAPTER 2 - JURISDICTION

2.1 ESTABLISHMENT OF SILETZ PURCHASED/REFERRED CARE DELIVERY AREAS: (SPRCDA)

A. The approved Siletz Health Service Delivery Areas are specified in CFR 42-36-22, and may be changed only in accordance with the Administration Act (5U.S.C. 553).

B. Siletz PURCHASED/REFERRED CARE Delivery Areas (SPRCDA):
   1. With respect to all other reservations, within the funded scope of the Indian health program, the SPRCDA 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. This applies to all Portland Area reservations with the exception of the Siletz Tribe whose SPRCDA is comprised of eleven Oregon counties: Tillamook, Yamhill, Polk, Lincoln, Marion, Benton, Linn, Lane, Multnomah, Washington and Clackamas.

2.2 REDESIGNATION OF SILETZ PURCHASED/REFERRED CARE DELIVERY AREAS

A. Regulations in 42 CFR 36.22 (b) state that the Secretary or a designee (Health Director) is required to consult with the tribal governing bodies of the reservation to be included in the SPRCDA before the formal re-designation process begins.
   1. A notice should be sent to all tribal governing bodies within the areas where proposed. This notice with the information is required

for a response will be the basis for subsequent communication between the IHS and the tribes. This master notice should include:

a. A statement of the time limits imposed upon the consultation process by the IHS. There will be a 60-day "notice and comment" period after publication.

b. Reference to the process the legal authority or the public official to whom comments should be addressed.

c. A description of the process IHS intends to follow if a decision to propose re-designation is made by the Secretary.

B. Requests for re-designation of SPRCDA's may be initiated by the tribal group(s) affected, or by IHS, after consultation with the affected tribal group(s).

C. All requests for re-designation must provide the following information:

1. The estimated number of Indian people who will be included and/or excluded for eligibility of SPRC.
2. The tribal governing body's designation of the categories of Indian people to be included and/or excluded from eligibility for SPRC: i.e., members of the tribe who live near the reservation. Please note that re-designation of SPRCDA's may not result in the exclusion of Indian people eligible under 42 CFR 36.23(a)(1), i.e., reservation residents.
3. Generally, it is expected that an expansion in the SPRCDA will not exceed counties that border the current SPRCDA. All SPRCDA's must be within the United States.
4. The estimated costs of including additional Indian people in the SPRCDA will be determined in accordance with the Resource Requirements Methodology.
5. The impact of the change in the SPRCDA on the level of SPRC being provided to eligible Indian people in the original SPRCDA.
6. The request for re-designation must include the justification for the change in the SPRCDA. The justification may include written criteria used in establishing SPRCDA for Oklahoma, Nevada, Michigan, and Minnesota outlined in 42 CFR 36, page 34650, items 10, 11, and 12, but not limited to these criteria.

D. Submission of Proposed Change in SPRCDA

1. The Area will analyze the proposal outlining positive and negative features and will recommend acceptance or rejection over the signature of the Area /Health Director to the IHS Director. Proposal for change in SPRCDA will be submitted to

Headquarters. Attention: Chief, PURCHASED/REFERRED CARE Branch for appropriate action.

E. Effective Date of Change of SPRCDA

1. Change in a SPRCDA will be effective on the date of publication in the Federal Register.

2.3 SILETZ PURCHASED/REFERRED CARE DELIVERY AREA MAP

Shown at the end of this chapter as **Exhibit I.**

CHAPTER 3 - PERSONS TO WHOM SILETZ TRIBAL HEALTH (PRC) INDIAN HEALTH (IHS) SERVICES MAY BE PROVIDED

3.1 GENERAL

This Chapter sets forth the policies, standards, and procedures for determining those persons who come within the scope of the IHS or Tribal Health Program (Source: IHS Manual, TH 83.2 dated 28 January 1983).

3.2 ELIGIBILITY FOR DIRECT CARE SERVICES: (42 CFR 36.12)

A person may be regarded as within the scope of the IHS or Tribal Health Program if he or she is not otherwise excluded therefrom by provision of law.

A. Is of Indian and/or Alaska Native descent as evidenced by one or more of the following factors.
   1. Is a member, enrolled or otherwise, of an Indian or Alaska Native Tribe or Group under Federal supervision.
   2. Resides on a reservation or trust land.
   3. Any other reasonable factor indicative of Indian descent

B. Is a non-Indian woman pregnant with an eligible Indian's child for her routine pregnancy, and conditions arising directly from complications of pregnancy, and conditions directly and adversely affecting pregnancy, delivery and a 6-week postpartum visit.

C. Is a non-Indian member of an eligible Indian's household and the Clinical Director in charge determines that services are necessary to control a public health hazard or an acute infectious disease that constitutes a public health hazard.

3.3 SERVICE POLICY

A. It is the policy of the Siletz Tribal Health Department to ascertain that needed health services are in fact available to each person who is recognized as within the scope of the Tribal Health Program. The Siletz Tribal Health Department is therefore primarily responsible for:

1. Providing all services available at the Tribal facility to any person within the scope of the Tribal Health program who presents her/ himself at the facility and for whom the IHS or Tribal facility is more accessible than other programs and resources.
2. Identifying alternative resources for which the persons within the scope of the Tribal Health program may be eligible including screening all children and pregnant women for the Oregon Health Plan.
3. Coordinating provision, to all persons within the scope of the Siletz Tribal Health program, of comprehensive health services from existing sources.
4. Determining whether resource agencies will in fact provide necessary assistance. Alternate resources may be County, State or Federal programs, such as Medicaid, Crippled Children's Program, Medicare, Veterans Administration Hospital, U.S. Army, Air Force, Navy, PHS Hospital, etc., official or voluntary health agencies, employee health insurance, accident insurance, etc.

3.4 ELIGIBILITY FOR SILETZ PURCHASED/REFERRED CARE: (42 CFR 36.12 and 42 CFR 36.23)

A. To be eligible for SPRC an individual must meet the eligibility requirements listed in section 3.1 (42 CFR 36.12), as well as the additional requirements of 42 CFR 36.23 that an individual must:
   1. Be a Siletz tribal member and reside within the SPRCDA; or
   2. Reside on Siletz reservation/ trust land and are
      a. Within the SPRCDA, and
      b. Be a member of the Siletz Tribe or other federally recognized Indian located on that reservation/ trust land.

3.5 STUDENTS AND TRANSIENTS

A. Be a student or transient. SPRC will be made available to students and transients who would be eligible for SPRC at the place of their permanent residence within the SPRCDA, but who are temporarily absent from their residence, as follows.
   1. **Students** (and dependents) - during their full-time attendance at programs of vocational, technical, or higher education, including normal school breaks, such as vacations, semester or other scheduled breaks occurring during their attendance, and for a period not to exceed 180 days after the completion of the course of study.

2. **Transients**-persons who are in travel or are temporarily employed, such as seasonal or migratory workers, during their absence from their residence.

3.6 180 DAY COVERAGE

A. Other persons outside the SPRCDA. Persons who leave the SPRCDA in which they are eligible for SPRC and are neither students nor transients will be eligible for SPRC for a period not to exceed 180 days from departure; if possible, notification of this expiration of eligibility should be given to the individual.

3.7 FOSTER CHILDREN

A. Indian children who are placed in foster care outside the SPRCDA by order of a court of competent jurisdiction and who were eligible for SPRC at the time of the court order shall continue to be eligible for SPRC while in foster care. Alternate resource consideration applies in these cases e.g. Medicaid or OHP.

1. Indians, adopted by non-Indian parents, who meet all other requirements, are eligible for SPRC.
2. A non-Indian woman pregnant with an eligible Indian's child is covered for her routine pregnancy, delivery and a 6-week postpartum care; conditions arising directly from complications of pregnancy, and conditions directly and adversely affecting pregnancy. If unmarried, such a women is eligible for SPRC if an eligible Indian signs a notarized statement, which states, he is the father of the unborn child or such is determined by order of a court of competent jurisdiction. This will ensure health services to the unborn Indian child.

B. A non-Indian member of an eligible Indian's household who resides within SPRCDA is eligible for SPRC if the medical officer in charge determines that services are necessary to control a public health hazard or an acute infectious disease, which constitutes a public health hazard.

3.8 PERSONS IN THE CUSTODY OF LOCAL, STATE AND FEDERAL LAW ENFORCEMENT AGENCIES: Payment responsibility for individuals in custody of correctional offices and/or incarcerated in correctional facilities.

A. LOCAL

ORS 169.165 provides that individuals receiving medical care while incarcerated are liable for expenses incurred. However, SPRC should consider the city/county as alternate resources unless the local unit has an

established policy of charging for care. If this is the case SPRC can pay for PRC eligible, non-indigent's medical costs not covered by City/County.

B. STATE
ORS 197.486-Health care provided to individuals incarcerated in Oregon State at state expenses, unless the unit has an established policy of charging for care, (e.g. eye glasses & dental lab fees).

C. FEDERAL
Provisions of 18 U.S.C. 4042 (2) state that medical care is provided to individuals incarcerated in federal correctional facilities at government expense unless the unit has an established policy of charging for care, e.g. eyeglasses and dental lab fees.

3.9 OUT OF AREA BENEFITS

A. The Tribal Council may allocate excess pledge revenue and/or third party revenue for health benefits. These benefits are for the Tribal members who live outside the 11 county service area. To qualify, Tribal members must be registered for health care with the Siletz Tribal Health Department **AND** reside outside the Tribe's 11 county service area. These funds are intended for Tribal members who are not eligible for Purchases/Referred Care services. The benefit is up to $2,000 for:

- **Dental**
- **Hearing**
- **Medical**

Pharmacy and cataract benefits are available in addition to the annual benefit of dental, hearing and medical. Vision benefits are available every other year with the exception of annual benefits if you are an elder, child, student or have been diagnosed with diabetes.

- **Pharmacy $500.00**
- **Cataract Surgery $2,000.00**
- **Vision $450.00**

B. Prior authorization by PRC is required, and benefits must be used within 90 days. Any funds not used within 90 days, or claims not received, will be returned to the pool for redistribution. **An individual may access benefits up to $2,000 annually by calling on the authorization date.** For example, an individual may call January 2nd

for medical of $500 and then call again October 7th for dental of $1,500 for a total of $2,000. All benefits are subject to funding availability. When calling for pre-authorization PRC will authorize for household members only, and voice messages do not hold funds, the individual must speak to PRC Staff and obtain an Out of Area (OOA) number to secure funds.

3.10 ALTERNATE HEALTHCARE

A. The Tribal Council may allocate excess pledge revenue for health benefits. These benefits are for enrolled Tribal members. To qualify, Tribal members must be registered for health care with the Siletz Tribal Health Department. These are administered quarterly as long as funding is available. A member is eligible to choose 1 benefit per quarter of either massage therapy, chiropractic care, or acupuncture. The Alternate Healthcare program will pay up to 3 visits up to $50.00 per visit during each quarter.

CHAPTER 4 - THE PURCHASE OF PURCHASED/REFERRED CARE (PRC)

4.1 PRIORITY SYSTEM

A. Regulations permit the establishment of priorities based on relative medical need when funds are insufficient to provide the volume of Siletz PURCHASED/REFERRED CARE indicated as needed by the population residing in the SPRCDA.

1. Priorities established to limit services should be made known to Indian local community and/or tribal newspapers administration building and area offices. Tribal documentation of this notification is necessary to provide basis for possible denial of Siletz PURCHASED/REFERRED CARE.
2. The determination of appropriate priority will be made at the time of request or upon notification of services by an IHS physician or the PRC Gatekeeping Review Committee or by documented medical history on:
   a. All SPRC hospital admissions
   . b. Emergency Room visits
5. The determination of appropriate priority will be made at the time of request to the PRC Gatekeeping Review Committee or upon notification of services by an IHS or Tribal Dental Officer on:
   a. All dental inpatient services

b. Dental Emergency Services

4.2 DEFERRED SERVICES

A. DOCUMENTATION AND SPENDING

1. Objective: To identify and document medical and dental services which do not fall within current purchase priority and must be deferred for later consideration.
2. Criteria: Deferred services must fall within scope of the SPRC program by being categorized into appropriate SPRC medical priorities.
3. Procedure: The reporting format is of all services that have been deferred as not within current medical priority.
4. Submission: At the end of each quarter a three-month report is submitted to the Health Director for the overall program quarterly report for Tribal Administration. At the end of the calendar year an annual report will be summarized and submitted to the Health Director to meet the requirements for Tribal Administration.

B. DEFERRED SPENDING

1. Objective: If sufficient funds are available coverage of approved deferred services will occur. The PRC Gatekeeping Review Committee will review all deferred services and prioritize the request.
2. Procedure
   a. The PRC Administrator will compile a list from the reports previously submitted for an overall review.
   b. The list will be divided by surgical procedure, specialty referral, equipment, etc.
   c. The list will be approved by the Gatekeeping Review Committee based on the level of priority.
   d. Notice will be given in writing for all approved services by the PRC department.

4.3 SILETZ PURCHASED/REFERRED CARE MEDICAL PRIORITIES

A. Priority 1: EMERGENT/ACUTELY URGENT CARE SERVICES

1. DEFINITION: Diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual, necessitate the use of the most accessible health care available and capable of furnishing such service. Diagnosis and treatment of injuries or medical conditions

that, if left untreated, would result in uncertain but potentially grave outcomes.

2. Categories of Services Included (random order):
   a. Emergency room care for emergent/urgent medical condition, surgical conditions, or acute trauma
   b. Emergency inpatient care for emergent/urgent medical conditions, surgical conditions, or acute injury
   c. Renal replacement therapy, acute and chronic
   d. Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others
   e. Services and procedures necessary for the evaluation of potentially life threatening illnesses or conditions
   f. Obstetrical deliveries and acute perinatal care
   g. Neonatal care

B. Priority II: PREVENTIVE CARE SERVICES
   1. DEFINITION: Primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease or disability (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention). Level II services are available at most IHS or Tribal facilities.
   2. Categories of Services Included (random order):
      a. Routine prenatal care
      b. Non-urgent preventive ambulatory care (primary prevention)
      c. Screening for known disease entities (secondary prevention)
      d. Reactive airway disease with suspected asthma
      e. Screening mammograms
      f. Public health intervention

C. Priority III: PRIMARY AND SECONDARY CARE SERVICES
   1. DEFINITION: Inpatient and outpatient care services that involve the treatment of prevalent illness or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It includes services that may not be available at many IHS facilities and/or may require specialty consultation.
   2. Categories of Services Included (random order):

a. Scheduled ambulatory services for non-emergent conditions
b. Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology
c. Elective, routine surgeries that have a significant impact on morbidity and mortality
d. Diagnostic evaluations for non-acute conditions
e. Allergy testing for persons with reactive airway disease or a person with severe systemic symptoms e.g. severe dermatitis or a person with severe recurrent sinusitis with a suspected allergic component or etiology
f. Specialized medications not available at an IHS or Tribal facility, when no suitable alternative exists

D. Priority IV: CHRONIC TERTIARY AND EXTENDED CARE SERVICES

1. DEFINITION: Inpatient and outpatient care services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, are elective, and often require tertiary care facilities. These services are not readily available from direct care IHS or Tribal facilities. Careful case management by the PRC Gatekeeping Review Committee is a requirement, as is monitoring by the Clinical Director or his/her designee. Depending on cost, the referral may require concurrence by the Clinical/Medical Director.
2. Categories of Services Included (random order):
   a. Rehabilitation care
   b. Skilled nursing facility (Medicare defined)
   c. Highly specialized medical services/procedures
   d. Restorative orthopedic and plastic surgery
   e. Other specialized elective surgery such as obesity surgery
   f. Elective open cardiac surgery
   g. Organ transplantation (HCFA approved organs only)
3. Traditional Native American healing practices: According to IHS policy on traditional healing and religious practices. “When an IHS patient request assistance in obtaining the services of a native practitioner, every effort will be made to comply. Such efforts might include contacting a native practitioner, providing space or privacy within a hospital room for a ceremony, and/or the authorization of contract health care funds to pay for native healer

consultation." For medical priority purposes, these native practitioner services will be equivalent to Level IV services.

E. Priority V: EXCLUDED SERVICES

1. DEFINITION: Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit.
2. Cosmetic Procedures - Payment for certain cosmetic procedures may be authorized if these services are necessary for proper mechanical function or psychological reasons.
3. Experimental and other Excluded Services - payment is not authorized, unless the IHS Office of Health Programs grants formal exception
4. Categories of Excluded Services
   a. All purely cosmetic (not re-constructive) plastic surgery
   b. Procedures defined as experimental by the Centers for Medicare and Medicaid Services (CMS).
   c. Procedures for which there is no proven medical benefit - as outlined and cross-referenced in the current revision of the Medicare National Coverage Determination Manual
   d. Extended care nursing home (intermediate or custodial care)
   e. Alternate medical practices (e.g., homeopathy, acupuncture, chemical endarterectomy, naturopathy).

4.4 PRC PROGRAM INCLUSIONS AND EXCLUSIONS

A. PRC PROGRAM INCLUSIONS

1. The following are benefits, though not exhaustive, which may be covered under the SPRC program:
   a. Physician services
   b. Inpatient hospital services
   c. Outpatient hospital services including emergency room services and outpatient
   d. Outpatient evaluative and crisis intervention mental health services
   e. Medical services and referral services for the abuse of or addiction to alcohol and drugs
   f. Diagnostic laboratory and diagnostic and therapeutic radiologic services
   g. Home health services
   h. Preventive health services
   i. Skilled nursing home services as defined by Medicare regulations
   j. Optometry services
   k. Dental services

l. Physical medicine and rehabilitative services
m. Physical therapy - (post surgical 12 visit)
n. Prescription drugs (see pharmacy plan)
o. Chiropractic services, for subluxation of the spine as demonstrated by x-ray, when specifically ordered by a physician
p. Acupuncture services when provided by a physician
q. Autopsies when ordered by an IHS physician for clinical purposes only
r. Services provided in accordance with a Federal court order
s. Prosthetic devices-Medicare approved paid every 5 years
t. Blood work
u. Podiatry services
v. Tribal elder hearing aids $2000.00 max per aid every 3 year.
w. Bone Density Study
x. Polysomnography
y. Gastric by-pass for morbid obesity

B. PRC PROGRAM EXCLUSIONS

1. The following services though not exhaustive, are specifically excluded: Services and supplies that are not necessary for the diagnosis and treatment of a covered illness or injury.
   a. Custodial care
   b. Rest homes
   c. Domiciliary care
   d. Intermediate nursing home care
   e. Services and supplies for which the Indian person has no legal obligation to pay or for which no charge would be made if the individual was not eligible for PRC.
   f. Services or supplies furnished by local, State, or other Federal programs
   g. Naturopaths
   h. Burials
   i. Housekeeper and companion services
   j. Personal comfort and/or convenience items such as beauty and barber services, radio, telephone, and television
   k. Services to persons in the custody of local State, and Federal law enforcement agencies unless the unit has an established policy for charging for care (e.g. eye glasses & dental lab fees)

l. Services or costs related to deceased, e.g., hearse, morgue, burial costs
m. Obstetrical services to be provided by midwives or alternative birthing centers required review and approval by the Clinical Director

2. PRC Cosmetic Procedures:
   a. Argon laser treatment for congenital hemangiomas
   b. Topical chemotherapy (total face and/or neck)
   c. Mastectomy for gynecomastia
   d. Mastectomy, subcutaneous with delayed prosthetic implant
   e. Removal of mammary implant material
   f. Reconstruction of nipple and/or areola
   g. Revision (release of scar contracture) of breast, following mammoplasty
   h. Blepharoptosis repair
   i. Tattooing
   j. Subcutaneous injection of "filling" material (i.e. collagen)
   k. Insertion of tissue expanders
   l. Dermabrasion
   m. Abrasion (i.e. keratoses)
   n. Chemical peel
   o. Salabrasion
   p. Cervicoplasty
   q. Rhytidectomy
   r. Excision excessive skin and subcutaneous tissue (including lipectomy)
   s. Suction assisted lipectomy
   t. Cryotherapy of acne
   u. Electrolysis epilation
   v. Mastopexy
   w. Reduction mammoplasty
   x. Augmentation mammoplasty
   y. Breast reconstruction
   z. Application of halo type appliance for maxillofacial fixation
   aa. Application of interdental fixation device for condition other than fracture or dislocation
   bb. Reconstruction of midface
   cc. Reconstruction of Mandibular ramus
   dd. Osteoplasty of facial bones

ee. Bone graft to nasal, maxillary and malar areas
ff. Cartilage graft to face, chin, nose or ear
gg. Treatment of craniofacial separation
hh. Interdental wiring for conditions other than fractures
ii. Rhinoplasty
jj. Vermilionectomy
kk. Resection of lip
ll. Destruction of Lesion of scar
mm. Gingivectomy
nn. Repair of ectropion
oo. Blepharoplasty

3. Experimental/ Investigational Procedures:
   a. Radial keratotomy
   b. Extracranial - Intracranial bypass
   c. Insert gastric bubble
   d. Auxiliary liver transplant
   e. Implant bladder stimulator
   f. Replace bladder stimulator
   g. Laetrile
   h. Cellular therapy (fresh cell)
   i. IV chelation
   j. Human tumor stem cell assay
   k. Ominicardiogram/cardiointegram
   l. Acupuncture
   m. Punch graft for hair transplant
   n. Invasive electrical bone growth stimulation
   o. Percutaneous electrical bone growth stimulation
   p. Insertion of implantable infusion pump
   q. Therapeutic apheresis
   r. Bone marrow harvesting for transplantation
   s.
   t. Pancreatectomy with transplant
   u. Insertion of testicular prosthesis
   v. Intersex surgery male to female
   w. In-vitro fertilization
   x. Intersex surgery female to male
   y. Follicular puncture for oocyte retrieval
   z. Culture and fertilization of oocyte
   aa. Embryo transfer
   bb. Gamete or zygote intrafallopian transfer, any method

cc. Implantation of neurostimulator electrodes
dd. Percutaneous implantation of neurostimulator electrodes
ee. TENS
ff. Keratomileusis
gg. Keratophakia
hh. Radial keratotomy/keratoplasty
ii. Ear piercing
jj. Tinnitus masking
kk. Cochlear device implantation
ll. Hyperthermia
mm.
nn. Biofeedback
oo. Esophageal acid reflux testing
pp. Corneal endothelia microscopy
qq. Plethysmography
rr. Ambulatory blood pressure monitoring
ss. tt. Hyperbaric oxygen therapy
uu. Artificial hearts
vv. Colonic irrigation
ww. Cytotoxic food testing
xx. Electric aversion therapy
yy. Electrosleep therapy
zz. Electrotherapy for facial nerve palsy
aaa. External counterpulsation
bbb. Gastric freezing
ccc. Hair analysis
ddd. Electric nerve stimulation for motor dysfunction
eee. Challenge ingestion food testing
fff. Heat treatment
ggg. Hemodialysis for treatment of schizophrenia
hhh. Human tumor stem cell drug sensitivity assays
iii. Intestinal transplantation
jjj. Intravenous histamine therapy
kkk. Joint and ligament sclerosing therapy
lll. Portable hand held x-ray instruments
mmm. Prolotherapy
nnn. Pulmonary embolectomy, transvenous
ooo. Thermogenic therapy
ppp. Tattoo removal

4.5 CATEGORIES OF EMERGENCIES

Diagnostic categories, which have been administratively determined to be emergencies. This list is not all inclusive and other conditions may be included as an emergency when so determined by qualified Indian Health Service or Tribal Health Service professionals.

A. EMERGENCIES

1. Airway obstruction
2. Abscess
3. Amputation, traumatic
4. Anaphylaxis
5. Appendicitis
6. Arrhythmias
7. Asthma, acute
8. Burns
9. Cholecystitis, acute
10. Coma
11. Concussion
12 Congestive heart failure, decompensated
13. Dehydration, severe
14. Delirium tremens
15. Diabetic ketroacidosis
16. Drowning, near
17. Embolism, cerebral or peripheral
18. Encephalitis
19. Epididymitis, acute
20. Epiglottitis
21. Eye diseases, acute
22. Eye injuries
23. Flail chest
24. Fractures
25. Glomerulonephritis, acute
26. Head injury
27. Heat exhaustion and prostration
28. Hemoptysis
29. Hemorrhage
30. Hepatic encephalopathy
31. Hernia, strangulated or ruptured
32. Hypercalcemia
33. Hypertension, crisis or emergency
34. Lacerations

35. Meningitis
36. Menorrhagia, profuse
37. Migraine, acute attacks
38. Musculoskeletal trauma, acute
39. Myocardial ischemia, acute
40. Myocardial infarctions
41. Obstertical emergencies
42. Pancreatitis
43. Pelvic inflammatory disease
44. Peritonitis
45. Pneumonia, acute
46. Pneumothorax
47. Poisoning
48. Premature infant
49. Pulmonary embolism
50. Pulmonary edema
51. Puncture or stab wounds
52. Rape, alleged, examination
53. Renal lithiasis, acute
54. Renal failure, acute
55. Respiratory failure
56. Sepsis
57. Shock
58. Spinal column injuries
59. Suicide attempt
60. Urinary retention, obstruction

4.6 MENTAL HEALTH PRIORITIES

A. MENTAL HEALTH PRIORITY I
   1. Dangerousness to self or others
   2. Self Harm, moderate to high risk of suicide
   3. Inability to care for self due to mental or emotional condition. Includes crisis hospitalization.
   4. Victim of recent assault or violence
   5. Victim of child abuse
   6. Offender treatment when individual is self-disclosing and requesting treatment

B. MENTAL HEALTH PRIORITY II: Outpatient mental health services that would prevent significant loss of functioning and possible institutional care.

1. Grief loss counseling
2. Treatment of eating disorders
3. Outpatient services to individuals diagnosed with psychotic conditions
4. Individuals diagnosed as having major affective conditions
5. Self harm low risk gestures
6. Acute reactions to stress
7. Adjustment reaction with primary disturbance of emotions
8. Aftercare services related to inpatient care, mental health, alcohol and drug

C. MENTAL HEALTH PRIORITY III: Mental, emotional health conditions in which services may be delayed without risk of significant loss of function or risk of inpatient care.

1. Non-acute anxiety conditions, phobia, hysteria, obsessive conditions
2. Physiological conditions arising from mental or emotional health factors: Excema, gastritis, headaches, high blood pressure
3. Personality conditions where the individual shows ability to accept intervention and direction
4. Attention deficit conditions where risk of intervention by educational and legal systems is low to moderate
5. Conduct disorder conditions that are diagnosed as under socialized

D. MENTAL HEALTH PRIORITY IV: Chronic and tertiary services and extended care service, inpatient and outpatient services, which may have less direct impact on diagnosed condition. Services would require additional supportive material that indicates services would likely be effective.

1. Sleep disorders not associated with depression or evidence of thought disorder
2. Conditions associated with delays in development
3. Conduct disorders, socialized
4. Personality conditions where the individual is primarily being referred and has resistance to treatment

E. MENTAL HEALTH PRIORITY V: Treatment for conditions for which it is believed there would be little benefit or effect

1. Court ordered treatment where clients' primary motivation is to satisfy legal conditions
2. Treatment for mental health conditions when alcohol and drug use is a primary active concern and the client is in denial of its impact

4.7 DENTAL PRIORITIES

A. DENTAL PRIORITY I

1. Level I - Emergency Care: Services necessary for the relief of acute conditions, including laboratory and preoperative work, examination, radiographs, and appropriate anesthesia for optimal management of the emergency. Treatment may consist of any professionally accepted procedure deemed necessary.

   Emergency dental services shall include but are not limited to the following*:

   a. Control of oral and maxillofacial bleeding when loss of blood will jeopardize the patients well being.
   b. Relief of life threatening respiratory difficulty and improvement of the airway from any oral and maxillofacial condition.
   c. Relief of severe pain accompanying any oral or maxillofacial conditions affecting the nervous system, limited to immediate palliative treatment but including extractions where indicted.
   d. Immediate treatment for; fractures, subluxations and avulsions of teeth. Fractures of jaw and other facial bones temporomandibular joint subluxtions soft tissue injuries.

   *Emergency dental procedures are those determined by the patient to be of emergent nature but which do not necessarily represent acute conditions as outlined above. Examples include repair of a broken denture, toothache, vague pain or chipped tooth.

2. Level 2 - Primary Services: Services, which are necessary to prevent the disease process or to maintain the form and/or function of the oral structures. Primary care dental services shall include but are not limited to the following.

   a. Dental prophylaxis (cleaning of teeth)
   b. Fluoride treatment
   c. Dental sealant
   d. Oral health education

3. Level 3 - Secondary Services: Services, which are necessary to diagnose and eliminate an existing disease process or to maintain the form and/or function to the affected oral structures. These services include but are not limited to:

   a. Dental exam/treatment plan/radiographs
   b. Dental restorations - amalgams, composites, etc.

c. Endodontic treatment of anterior teeth
d. Space maintainers

B. DENTAL PRIORITY II

1. Level 4 - Limited Rehabilitation: Necessary to contain disease process after it is established or improve the form and/or restore the function of the oral structure.
   a. Single unit crowns
   b. Premolar endodontic treatment
   c. Denture re-lines
   d. Simple periodontal surgery
2. Level 5 - Rehabilitation: The rehabilitation services listed in Level 5 are those which require more time, additional skill of the provider or expense than those provided under level 4. PRC will only replace these items every 5 years. These services include:
   a. Molar endodontic treatment
   b. Full dentures
   c. Partial dentures
   d. Surgical extraction of asymptomatic third molars
   e. Multiple unit fixed prosthodontic procedures (bridge)

C. DENTAL PRIORITY III

1. Level 6 - Complex Rehabilitation: The complex rehabilitative services listed in level 6 are those, which require significant time, specialized training, skill of the provider or high cost to provide. These services include:
   a. Bone grafts
   b. Maxillofacial surgery & prosthetics
   c. Endosseous implants
   d. Comprehensive orthodontic treatment

4.8 ABORTIONS

A. Federal Regulation 42 CFR, Part 36, Subpart f, effective February 26, 1982 limit Siletz PURCHASED/REFERRED CARE involvement to only those abortions which are medically determined to be life endangering to the mother if the fetus were carried to term or that the pregnancy is the result of an act of rape or incest. Siletz Tribal Health Department funds cannot be used to provide non-conforming abortion services from a direct care facility or through the Siletz PURCHASED/REFERRED CARE program. IHS or Tribal Health funds are available for drugs or devices to prevent implantation of the fertilized ovum and for the medical procedures necessary for the termination of an ectopic pregnancy.

B. Certification requirement:

1. A physician has found and so certified in writing to the appropriate tribal or urban Indian Health program, Clinical Director, or Health Director that "on the basis of my professional judgment the life of the mother would be endangered if the fetus were carried to term" (the certification must contain the name and address of the patient);or the pregnancy is the result of an act of rape or incest and the following conditions are met:
   a. An IHS operated program, Tribal health program operated pursuant to Public Law 93-638, or an urban Indian health program operated pursuant to Title V receives signed documentation from a law enforcement agency, a health care facility, or a health care program stating:
      i. That the woman requesting the abortion has reported she was a victim of rape or incest;
      ii. The date on which the episode of rape or incest occurred;
      iii. The date on which the report was made, which must have been within 60 days of the date on which the episode of rape or incest occurred;
      iv. The name and address of the victim and the name and address of the person making the report (if different from the victim); and
      v. That the report included the signature of the person who reported the incident.
   b. The incident in question meets the definition of rape or incest as defined by law in the State or Tribal jurisdiction where the incident was reported to have occurred.

4.9 STERILIZATION

A. Siletz PURCHASED/REFERRED CARE can pay for sterilization on men and women who are:
   1. 21 years of age and older and legally capable (judged mentally competent) of consenting to sterilization;
   2. Have been counseled and signed the consent form (HSA -83) and;
   3. Have waited the required 30 days but not more than 180 days before the procedure is performed (waiver of the waiting period for emergency services must be documented. See instructions contained on the consent forms OR waived by the PRC Gatekeeping Committee at the time of request). If all three of the

above requirements are not met, Siletz PURCHASED/REFERRED CARE cannot consider contract health payment.

B. A medically priority has been determined on all requests for contract health payment for sterilization as a priority II and may be authorized without Gatekeeping review as long as the above requirements are met and funding is available.

CHAPTER 5 - ALTERNATE RESOURCES

As used in this manual, alternate resources are those resources (including IHS facilities) that are available and accessible to an individual. They would include but not be limited to such sources as Medicare, Medicaid/OHP, Vocational Rehabilitation, Veterans Administration, Crippled Children, Private Insurance, Workers Compensation, Motor Vehicle Insurance, Victim Assistance and other programs.

5.1 MANDATORY USE OF ALTERNATE RESOURCES (AS DEFINED ABOVE)

A. An individual is required to apply for an alternate resource if there is a reasonable indication that the individual may be eligible for the alternate resource by OHP screening or admitted to the hospital for more than 24 hours without a primary resource and OHP Plus is available.

1. Waiving the alternate resource requirement is allowable if the Health Director or designated representative, has income documentation that clearly indicates patient is over income for OHP.

B. Refusal to apply for alternate resources when there is a reasonable possibility that one exists; or refusal to utilize an alternate resource requires the denial of eligibility and payment for PRC and will apply as followed below.

1. The PRC Technician will do OHP screening.
2. If you are under the income guidelines and meet OHP Plus criteria. You are required to apply through Medicaid . Claims are held pending OHP Plus status.
3. No indication of compliance from the applicant, the visit will be cancelled and a letter of denial will be sent for failure to apply for OHP Plus.

C. It is not required that an individual expend personal resources for health services to meet alternate resource eligibility or to sell valuables or property to become eligible for alternate resources

5.2 PRC RESPONSIBILITY AS THIRD PARTY PAYER

PRC will pay reasonable and allowable balances (including deductibles and exclusions) after alternate resource consideration for services determined within current purchase priority. An Explanation of Benefits showing payment by another resource or citing reason for rejection of a claim is necessary to document Tribal PRC. Pre-authorization or 72 hour notification requirements apply in alternate resource cases.

A. MEDICARE: PRC can pay balances on allowable charges when the provider accepts assignment. If a provider does not accept assignment, PRC may pay balances on actual charges.

1. If the provider was paid directly (he/she accepted assignment and considers Medicare's payment as payment in full) PRC pays the difference as co-insurer between allowable charges and actual payment:

Example:	Submitted Charges	$100.00
	Allowable Charges	80.00
	Medicare paid	64.00
	PRC Pays	16.00

2. If the patient was paid directly (provider did not accept assignment and does not accept Medicare payment as full payment). PRC pays the difference between submitted (actual) charges and Medicare payments:

Example:	Submitted Charges	$100.00
	Allowable Charges	80.00
	Medicare Paid	64.00
	PRC Pays	36.00

3. If right hand corner of EOB indicates a referral to Medicaid/OHP was made, PRC should not pay the balance.

B. Medicaid/OHP -Balances after Medicaid payments should not be considered except to patient participation programs. PRC can pay Medicaid program exclusions, i.e., the 20th inpatient day etc., but cannot pay balances after Medicaid has paid for some services, since the provider must accept Medicaid payment in full.

C. Private Health insurance - PRC can pay balance after insurance considerations for services determined to be within current purchase priority and notification requirements are met, unless the reason for denial is for non-submission of the required forms e.g. pre-existing request, worker's compensation, or accident inquiry.

CHAPTER 6 - AUTHORIZATION FOR PRC

6.1 NOTIFICATION REQUIREMENTS

A. Payment will not be made for health services obtained from non-service providers or non-service facilities unless the applicable requirements of paragraphs (B) and (C) below have been met and a confirmation number for care and services has been issued by the PRC technician to the health care provider or patient.

B. Emergency room visits will not receive a confirmation number. All visits will be reviewed by the ER Gatekeeper for appropriate or non-appropriate use. The policy and procedures applies when the visit exceeds $250.00.

C. Providers and patients will be notified if PRC funds are limited to tribal resources and are capped and/or limited. Priority I maximum payable per person will be limited to $25,000. Priority II services will be limited to $250.00 per person, per week.

D. In non-emergency cases, a sick or disabled patient, or an individual or prior to the provision of health care and services, notify the appropriate PRC technician of the need of services and supply information that the technician deems necessary to determine the relative medical or dental need for the services and the individuals eligibility. The requirement for notice prior to providing health care and services may be waived by the Health Director if:

E. Elders and Disabled persons have 30 days to notify PRC of eligible services.

1. Such notice and information is provided within 24 hours after the beginning of treatment or admission to a health care facility; and
2. The Health Director determines that the giving of notice prior to obtaining the health care and services was impractical or that other good cause exists for the failure to provide prior notice (e.g. late appointment, urgent care clinics).

F. Replacement of dental hardware such as flippers, dentures, bridges can be paid for 1 time in a 5 year period through PRC.

6.2. POLICY FOR PROVIDING PAYMENT FOR EMERGENCY SERVICES

A. PURPOSE: To decrease expenditures for inappropriate emergency care through a program of screening by a Gatekeeping medical provider.

B. All PRC covered members are encouraged to call a gatekeeper prior to receiving emergency medical care.

C. Members will be required to call and report use of the emergency room to the PRC office within 72 hours as stated above.

D. A gatekeeper prior to payment authorization will review all billings and associated medical records.

E. A one-time inappropriate warning letter will be issued if the gatekeeper deems a visit to be non-emergent and any subsequent non-emergent visit will not be covered by PRC funds. Patients may appeal this decision through the PRC denial process (Eligible for one-time warning as both a minor and an adult).

F. In emergency cases, a sick or disabled patient or an individual or agency acting on behalf of the patient, or the care provider shall, within 72 hours after the beginning of treatment for the condition or after admission to a health care facility, notify the appropriate PRC technician of the fact of the admission or treatment the 72 hour period may be extended if the PRC Administrator determines that notification within the prescribed period was impractical or that other good cause exists for the failure to comply.

G. Additional Considerations

1. Notification requirements apply to all categories of people including students, transients, persons who leave the SPRCDA, and any population who relied exclusively on Siletz PURCHASED/REFERRED CARE due to inaccessibility to an IHS or tribal direct care facility.
2. A person being referred from an IHS or Tribal Facility will be notified at the time of referral as to his/her status for eligibility for Siletz PURCHASED/REFERRED CARE. In cases where determination of eligibility cannot be made before referral, the individual will be notified that the Siletz Tribal Health Service may not be responsible for bills incurred.

6.3 POLICY FOR PROVIDING SERVICES FROM TRIBAL RESOURCES

A. Purpose: To have accessible funding available during the risk period when IHS funds are depleted, to service as many Tribal Members and their eligible dependents with capped and limited care.

1. Priority I - EMERGENT/ACUTELY URGENT CARE SERVICES – Capped $25,000.00 per person.
2. Priority II – PREVENTIVE CARE SERVICES – Limit $250 per person per week.

6.4 PRE-AUTHORIZATION

Comprised of prior approval and timely obligation of appropriate charges.

A. Prior approval - Occurs when a PRC Technician gives a confirmation number acknowledging responsibility for payment before the services are obtained. The PRC Administrator will inform staff and service population

who is authorized to approve payment for contract health requests and services.

B. Timely obligations:
   1. Prior Approved Services; known or estimated charges posted within 2-3 workdays of approval.
   2. 72 - Hour notification; Posted within 2-3 workdays of receipt of notification and approval charges.

6.5 RESPONSIBILITY FOR AUTHORIZATION FOR STUDENTS, TRANSIENTS, AND PERSONS WHO LEAVE THEIR PRCDA

A. The Tribal or IHS service delivery area from which the person left shall be responsible for authorization of payment for all services except:
   1. Where the individual is eligible for PURCHASED/REFERRED CARE in his/her new place of residence.
   2. When the individual is only eligible when living on trust land or reservation.

6.6 PERSONS UNDER TREATMENT AT THE EXPIRATION OF 180-DAY GRACE PERIOD

A. Individuals under treatment for a condition, which may be deferred to a later date, will cease to be eligible at the expiration of the 180-day period after leaving their PRCDA. Individuals under treatment for an acute condition shall remain eligible as long as the acute medical condition exists (this does not include continued treatment of chronic conditions).

6.7 PATIENTS BEING REFERRED BY SILETZ COMMUNITY HEALTH CLINIC TO OUTSIDE PROVIDERS

A. A patient may be referred by an employee of the Siletz Community Health Clinic, Indian Health Service (IHS), or another Tribally operated clinic, when the medical care required cannot be provided at the facility. The referral is not an implication that payment is authorized for the cost of the care to be provided. Siletz PURCHASED/REFERRED CARE will assume financial responsibility for referrals if the patient is eligible under the PURCHASED/REFERRED CARE (PRC) regulations and receives Gatekeeper approval. Patients who are ineligible under the PRC regulations will be financially responsible for the medical costs incurred for a referral made.

CHAPTER 7 - DENIAL AND APPEAL PROCESS

7.1 DENIAL PROCESS

A. If a person is denied PRC, or if the medical provider may reasonably think SPRC will be party to payment, both the patient and the provider shall be notified in writing of the denial with a statement containing all the reasons for denial within 10 days of the decision. The notice shall also inform the applicant that within 30 days from the receipt of the notice, the applicant may:

1. Submit an appeal requesting reconsideration by the Health Director. The appeal must be in a written form and include additional information not previously submitted. The Health Director must then respond in writing either upholding or reversing the decision.
2. If not reversed by the Health Director, an appeal to the Tribal Health Committee, in written form, must be received within 30 days requesting reconsideration for payment.
3. If the Tribal Health Committee reviews the appeal and denies payment, the third and final step is Tribal Court. A written response from the Tribal Health Committee will inform the person of the right to appeal to tribal court within 30 days.

7.2 APPEALS RECORDS

A. Purpose: To establish procedures to ensure that an adequate record will be created and maintained for all appeals from the denial of PURCHASED/REFERRED CARE in order to facilitate expeditious handling of such appeals and to ensure that complete and accurate records of denial decisions are kept so that they may be defended, if challenged.

B. The importance of maintaining a complete factual and procedural record of all steps in the appeals process cannot be over emphasized; many successful court actions in this area are the result of lack of procedural due process rather than substantive issues. Therefore, it is essential that an accurate record be kept to show that the appeals procedures outlined in CFR 42-36.25 have been followed by the Siletz Tribal Health Department or in the alternative that the appellant has failed to follow such procedures or exhaust such remedies as may be available. Moreover, after the initial denial by the Health Director, the validity of any subsequent denial decisions on appeal will necessarily depend on the completeness and accuracy of the information forwarded with that appeal.

7.3 APPEAL FILE

A. Contents-The appeal file shall contain all denial letters, all briefing memoranda prepared in connection with any recommendations to the

Health Director regarding such denial, all correspondence to Tribal Health Department from claimant or claimant's representative, any other relevant correspondence (maps, bills, receipts), records of telephone calls to or from claimant or claimant's representative, correspondence relative to any inquiry (i.e., Congressional, State Officials, etc.) made on behalf of the claimant, and any correspondence relative to any prior appeal by the same claimant.

B. On appeal to the Health Committee, the SPRC will be contacted immediately to forward all pertinent correspondence and information to the Health Director who then assumes responsibility for its maintenance. Any new relative correspondence received by the SPRC will automatically be forwarded to the Health Director.

7.4 RESPONSIBILITIES

A. The PRC Technician I will ensure that denial copies are filed in the patient's contract health folder and that all denials are acted on in a timely manner and that when an appeal is filed, individual denial information file will be compiled for the individual appeal and forwarded to the Health director with a review form completed.

7.5 DISMISSALS

A. If the claimant fails to follow procedures, the request for reconsideration of an appeal may be dismissed. A written notice of dismissal will be sent to the claimant.

CHAPTER 8 - DOCUMENTATION OF SPRC ACTIVITY

8.1 SPRC PATIENT CHART

A. A separate chart will be maintained in the PRC department with pertinent patient information of SPRC activity. The chart is the main source of reviewing individual patient activity or evaluating total program factors. Documents should be filed as current as possible to provide up-to-date status on active patients.

1. Contents (may include copies only)
    a. Individual Health Application, with any documentation for determining eligibility, notice of eligibility letter
    b. Alternate resource letter of requirement for OHP or other resource
    c. Denials, appeals, and other corresponding documents
    d. ER 1st warnings
    e. Gatekeeping review request

f. Pequot Pharmaceutical forms and other documents

8.2 MEDICAL INFORMATION

A. Patient medical record information contained on the SPRC authorization form is covered under the Privacy Act of 1974 and should be maintained with strict consideration to confidentiality.

B. Inpatient discharge summaries, follow-up plans and other formal medical records will be forwarded upon receipt to Medical Records at the Siletz Community Health Clinic for inclusion in the patient's medical chart.

8.3 RETENTION OF RECORDS

A. Patient program chart will remain active until deceased then destroyed after 3 years.

B. Vendor files with copies of checks will be kept for 3 years, the fourth year the files will be destroyed.

8.4 HOSPITAL LOG & EMERGENCY ROOM REPORT

This form allows monitoring of obligated hospital care by both administrative and clinical staff to check the contract health process; the medical services being authorized, patterns of care, and cost and utilization rates.

A. The log is prepared on a weekly basis with the document control register as the source to log hospital and emergency room obligations. A copy is maintained in the Business Office.

CHAPTER 9 - APPROVAL PROCESS

9.1 APPLICATION FOR HEALTH SERVICES (copy of form and instructions shown as Exhibit II at end of this chapter)

A. A registration form should be obtained from new patients seeking health services from the Siletz Community Health Clinic or through the Siletz PURCHASED/REFERRED CARE program. Complete information must be given and documented in order to accurately determine eligibility. Registrations updates must be completed yearly.

B. Any change in status, i.e., marital, residence, tribal affiliation, etc on active patients which effects an eligibility determination must be noted on an updated individual health application, legal documentation for name change should be attached. Updates of registration forms are also necessary to document residence for active patients.

CHAPTER 10 - OBLIGATION PROCESS

10.1 GENERAL REQUIREMENTS

A. Known or established charges for prior approved cases and 72 hour notification must be posted to the document control register (DCR) within 2-3 work days of notification.

B. The issuance of an authorization must be documented in the PRC Technician logbook with a confirmation number assigned.

C. Limits of PRC Purchasing Authority must be recognized when signing the weekly "request for payment". The Health Director and Tribal Council signature are required when the amount exceeds the limit of $25,000.00 per episode.

D. Reasonable estimates should be initially obligated to avoid having to make significant increase or decrease adjustments.

E. Management of aging documents. (See policy below)

10.2 POLICY FOR MANAGEMENT OF AGING AUTHORIZATIONS/CLAIMS

A. It is the responsibility of the Technicians to see that the policy is implemented and followed. The purpose of this policy is to provide a clear mechanism for the handling of authorizations/claims older than sixty days. To verify whether authorized services were used to enable PRC to closely monitor the obligation of monies.

1. All un-liquidated purchase orders/authorizations will be placed in the suspense file numerically.
2. A report will be run and distributed for each technician to review for approval of payment.
3. The suspense file will be checked every 30 days for authorizations/claims greater than 90 days old.
4. PRC Technicians contact the vendors informing them that if an explanation of delay is not received within 15 working days the authorization/claim may be cancelled.
5. After an additional 30 days has passed the authorization/claim may be cancelled.
6. Claims received in previous years will be acted on. Claims that are not in the existing or prior year will be denied for "FY Closed" and the appeal process will apply.

10.3 CASE MANAGEMENT

A. Upon request or notification of SPRC, a search for other possible providers connected to the case should be made immediately to obtain and obligate surrounding costs. For example, expected providers surrounding pre-natal care and delivery may include.
   1. Primary physician
   2. Hospital
   3. Anesthesiologist
   4. Radiologist (ultra-sound)
   5. Laboratory, and/or
   6. Pediatrician (new born care)

B. Known or estimated charges for these providers must be posted in the usual obligation time frame.

10.4 PHARMACY BENEFITS

A. Eligibility for pharmacy benefits is determined from an individual health application. Tribal Members living outside the 11 county service delivery area (SPRCDA) have a $500.00 annual limit (group# PIRM 0131). Utilization of pharmacy mail order services is required. PRC eligible participants enrolled in-group (#PIRM 0129) have the unlimited use of the Siletz pharmacy/ mail order formulary and a $500.00 annual **RETAIL** limit. Tribal member employee's Pequot cards are held by PRC until needed by employee. All plans are mandated to use generic prescription drugs unless documented by their physician unable to use for medical reasons. Bi-monthly invoices from Pequot Pharmaceutical will be obligated and processed for payment within 2-3 days of receipt.

B. Copies of pharmacy reports will be forwarded to the Business Office Manager and Medical Officer for utilization review.

C. Necessary changes to the pharmacy plan are approved by the Medical Officer. Additions to the formulary are recommended and approved by the pharmacy committee annually.

10.5 OPTOMETRY BENEFITS FOR PRC ELIGIBLE

A. **Priority #1 Patients**: Elders, age of 55 and older, children, age 0-18 years, full time students attending school 12-credit hours or more per week, and people diagnosed with diabetes.
   1. PRC will pay up to $250.00 every 12 months for glasses or contact lenses and fitting fee. The $250.00 limit applies to the cost of the glasses or contact, not the optometry exam.

B. **Priority #2 Patients**: Patients who do not fit into priority #1 category.

1. PRC will pay up to $250.00 every 24 months for glasses or contact lenses and fitting fee. The limit applies to the cost of glasses or contact lenses and not the optometry exam.

CHAPTER 11 - PAYMENT REFUNDS AND ADJUSTMENTS

11.1 GENERAL REQUIREMENTS

A. PRC is responsible for processing all checks internally. The CTSI accounting department reconciles all accounts and calls for check signers on a weekly basis. The PRC department is required to inform the accounting department on a weekly basis of the amount of money spent to update the general ledger and deposit money into the PRC bank account to cover out going checks.

11.2 REFUNDS

A. Check refund requests are sent to providers when an error is found as an over-payment. Adjustment will be posted in the patient account to show the payment was returned. This updates the document control register (DCR) for the general ledger.

11.3 CATASTROPHIC REIMBURSEMENT

A. IHS or Tribal programs may request reimbursement for individual cases exceeding IHS established threshold limit per episode.

B. Costs must be obligated beyond the threshold from the tribal program base allowance. Dates of service must fall into the current fiscal year to be considered.

C. A request for reimbursement must be issued within a timely manner to cover the excessive obligation; this is done on a Catastrophic Health Emergency Fund (CHEF) reimbursement form to the Portland Area Office.

D. Submit final costs on an updated CHEF reimbursement form with indication that all alternate resources have been contacted and exhausted. A copy of the discharge summary is required. Increase or decrease adjustments to the allowance will be made after the case is finalized.

E. Allowance updates to the Document Control Register (DCR) will be made when the Health Director gives notice of a budget increase after Portland Area Office IHS agrees to the reimbursed amount.

F. If there is later reconsideration and payment by another resource after reimbursement has been made, that amount of money must be returned to the Portland Area Office reserve.

CHAPTER 12 - REPORTING REQUIREMENTS

12.1 WEEKLY STATUS REPORTS

A. The document control commitment register is to be closed no later 3:00 P.M. each THURSDAY.
   1. Total cumulative medical obligations
   2. Total cumulative dental obligations
   3. Total cumulative register balance

B. The PRC Technician I will complete a status report of program funds from the document control register and check run report at the end of each month.

C. The PRC Technician I will complete a weekly status report. This gives a week-by-week spending rate of available funds.

D. The completed reports will be forwarded to the accounting department, Business Office Manager, Tribal Council, Health Director and General Manager the following Monday.

12.2 QUARTERLY AND ANNUAL REPORTS

A. The PURCHASED/REFERRED CARE (PRC) department will adhere to the CTSI Operations manual. Quarterly and annual reports are required
   1. The quarterly report will include the department staff and titles, the object classification report, total PRC eligible, total Siletz Direct eligible, Pequot updates, CHEF updates, Out of Area Benefits, re-priced savings, Medicare-Like-Rates Savings and deferred services.
   2. These reports are not limited to what is listed above, and are routed to the QI Coordinator for the quarterly report.