



Further Information

Indian Health Service - The Federal Health Program for American Indians and Alaska Natives: www.ihs.gov

For more information on PRC eligibility requirements, go to:
<https://www.ihs.gov/prc/eligibility/requirements-eligibility/>

For the most current priorities of care list, go to:
<https://www.ihs.gov/prc/eligibility/requirements-priorities-of-care/>



Peter Christensen Health Center

Rev. 2/2022



A Guide to Peter Christensen Health Center's Purchased/Referred Care Services Program



Peter Christensen Health Center
129 Old Abe Road
Lac du Flambeau, WI 54538
715.588.3371
www.pchclinic.com



To Our Patients,

The staff at Peter Christensen Health Center (PCHC) strives to provide you quality care for your healthcare needs. While PCHC offers many direct healthcare services, there will be times when you require healthcare provided outside of PCHC. To ensure you are receiving the care you need, your healthcare provider and Purchased/Referred Care (PRC) staff will work with you to understand what is required and not only make sure your healthcare needs are met, but that you are able to take full advantage of all PRC and other funding resources that you may be eligible for.

Indian Health Services (IHS) requires PCHC to follow specific program guidelines detailed in this booklet to ensure we maintain our funding. We understand guidelines may be confusing at times, therefore we encourage you to contact PRC staff who will be happy to assist you.

If you would like to provide feedback, please feel free to contact us anytime. To learn more about your patient rights and responsibilities, ask to speak to the Quality Improvement Coordinator at 715-588-3371, extension 1812. We are dedicated to meeting your needs.

Miigwech ('Thank you')!

The staff at PCHC



Glossary of Terms

Purchased/Referred Care Eligible Person: Previously known as Contract Health Services Eligible Person. A person of Indian descent belonging to the Indian community served by the local IHS facilities and program who: resides within the United States (U.S.) on a reservation located within a PRC delivery area; resides within a PRC delivery area and is either a member of the tribe or tribes located on that reservation; or maintains close economic and social ties with that tribe or tribes.

Purchased/Referred Care (PRC) Delivery Area (formerly contract health services delivery area): Geographic area within which purchased/referred care will be made available by the IHS to members of an identified Indian community who reside in the area. (Reference Federal Register, Vol. 72, No. 119 June 21, 2007.) Federal Register provides the entire listing of Tribal PRC delivery area for IHS.

Purchased/Referred Care to Support Direct Care: Previously known as Contract Health Services to Support Direct Care. These are provided within an IHS facility when the patient is under direct supervision of an IHS physician or a contract physician practicing under the auspices (or authority) of the IHS facility. Examples of direct care services that cannot be reimbursed with PRC funds are: on-call hours, after-hours, or weekend pay; and holiday coverage, e.g., for X-ray, laboratory, or pharmacy services.

Residence: In general usage, a person "resides" where he or she lives and makes his or her home as evidenced by acceptable proof of residency. In practice, these concepts can be very involved. Determinations will be made by the Service Unit Director based on the best information available, with the appeals procedure process as a protector of the individual's rights.

Self-Referral: Obtaining health care from a non-IHS provider without a PRC authorization for payment of those health care services under any non-emergency situations as defined by IHS.

Tribally Operated program: A program operated by a tribe or tribal organization that has contracted under PL 93-638 to provide a PRC program.

Reference: <https://www.ihs.gov/prc/glossary-and-terms/>



Glossary of Terms

Alternate Resources: The available and accessible IHS facilities and those non-IHS health care resources. Such resources include health care providers and institutions, and health care programs for payment of health services including but not limited to programs under Titles XVIII and XIX of the Social Security Act (i.e., Medicare, Medicaid), State and local health care programs and private insurance.

Contract Health Services: Now known as Purchased/Referred Care. Health services provided at the expense of the Indian Health Service from public or private medical or hospital facilities other than those of the Service, e.g., dentists, physicians, hospitals, and ambulances.

Eligibility: The established conditions as identified in the Federal Regulations that a person must meet in order to receive the health care services.

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

Federally Recognized Tribes: Is an American or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the Bureau of Indian Affairs.

Managed Care Team (MCT): The MCT is established by PCHC Administration and is comprised of all medical providers, PRC Referral Coordinators, Benefit Specialists, Appeals/Denials Coordinator and other PRC staff as needed.

Purchased/Referred Care: Previously known as Contract Health Services. Health services provided at the expense of the Indian Health Service from public or private medical or hospital facilities other than those of the Service, e.g., dentists, physicians, hospitals, and ambulances.



PRC Staff at PCHC

Referral Coordinators

▶ ext. 1257

▶ ext. 1255

Appeals/Denials Coordinator

▶ ext. 1259

Medical Benefits Specialist

▶ ext. 1254

PRC Payments Specialists

▶ ext. 1251

▶ ext. 1253

Patient Registration/PRC Supervisor

▶ ext. 1252

Peter Christensen Health Center

129 Old Abe Road

Lac du Flambeau, WI 54538

715.588.3371

www.pchclinic.com



What is Purchased/Referred Care (PRC)?

PCHC is a Native American operated healthcare facility of the Lac du Flambeau Band of Lake Superior Chippewa Tribe. Our facility is located in northern Wisconsin and part of the Bemidji area office of Indian Health Service. PCHC is classified as a **638-Clinic** because we provide healthcare services to both Native Americans and non-Native Americans. Native Americans may be eligible for PRC services (formerly known as Contract Health Services).

For PCHC to pay for services, it is important you understand your role in accessing the **PRC Services Program**:

- Funds are allocated by IHS and limited to pay for PRC services due to guidelines Congress and IHS has established, which must be enforced. These guidelines determine who is eligible for services and what costs are covered.
- If guidelines are not followed, federal regulations prevent PCHC from paying for your care. Because IHS programs are not fully funded, the PRC program must rely on specific regulations relating to eligibility, notification, residency, and a medical priority rating system.
- IHS is designated as the payor of last resort meaning that all other available alternate resources including IHS facilities must first be used before payment is expected. These mechanisms enhance the IHS to stretch the limited PRC dollars and designed to extend services to more Native people.
- PRC is **not** an entitlement program or “tribal insurance plan”.
- According to the Federal Register, residence in a Purchased/Referred Care Delivery Area (PRCDA) by a person who is within the scope of the Indian health program creates no legal entitlement to PRC. Services needed but not available at an HIS/Tribal facility are provided under the PRC program depending on the availability of funds, the person’s relative medical priority, and the actual availability and accessibility of alternate resources in accordance with the regulations. (Vol. 84, No. 43/3.5.19)



Appealing Denied Claims

If your claim has been denied, you will receive a letter explaining reason(s) for denial along with instructions on how to initiate an appeal within 30 days of the date of the letter.

Your appeal will only be considered for the date of service specified on your denial letter. Prior years will not be considered for payment.

What should you do if you disagree with your denied claim?

1. Write a letter of appeal asking for your case to be reconsidered for payment. The letter should state the reason you think denial was a mistake and include any additional information that has not been previously submitted. Address your letter to: **Peter Christensen Health Center**
c/o PRC Appeals/Denials Coordinator
129 Old Abe Road
Lac du Flambeau, WI 54538
2. Meet in person with the Appeals/Denials Coordinator to review PRC guide lines and possibly sign an appeal.

Tips to understanding PRC and preventing denial of your claims:

- PRC is not an entitlement program and not everyone is eligible for PRC services.
- Eligibility is determined by federal and tribal government guidelines and regulations. PCHC PRC has the authority to determine your PRC eligibility.
- Obtaining emergency medical care for non-urgent care when PCHC is open for business may result in denial. You should attempt to seek care at PCHC prior to emergency medical care elsewhere. You may request to speak to the triage nurse at PCHC.
- **Keep your insurance:** If you have health insurance, we can pay deductibles and balances after insurance pays, assuming you meet all the requirements of our PRC program. PRC only pays after all alternate resources have been exhausted.

Contact the Appeals/Denials Coordinator for assistance!



Claim Denials

What is a claim denial?

A denial is a claim for payment that has been submitted to the PRC staff with a request for payment and denied by the Managed Care Team after review.

Most Common Reasons for Denials

1. Fraudulent use of residency or proof of residency was not provided.
2. Primary insurance card(s) was not presented at the time of visit.
3. Patient did not notify PRC staff within 72 hours following emergency medical care or hospital stay.
4. Patients who leave a facility “against medical advice” (AMA).
5. Patient’s request for outside referral did not meet the requirements of the Managed Care Team at their review.
6. Patient did not apply for potential resources, establish alternate resources or did not use the resources available.
7. Patient was treated outside of PCHC without a referral from a PCHC provider.
8. If patient is in police custody or incarcerated.
9. Patient having undergone the appeals process twice for any claim.

Examples of Denials due to Lack of Medical Necessity

1. Durable medical equipment (DME) to be used at home without a PCHC provider prescription (Ex. wheelchairs, bedside commodes, shower chairs, hospital beds, dressings, etc.). DME not covered by Medicare or Medicaid.
2. Home healthcare and hospice services.
3. Dermatology for skin conditions that do not threaten life or limb (such as acne, hair implants, or laser hair removal).
4. Massage therapy, naturopathic therapy, biofeedback, acupuncture.
5. Cataract surgery unless it is medically approved.



Direct Care vs. PRC ~ What is the difference?

Direct Care Services at PCHC:

- Primary Care
- Optical exams
- Radiology (x-ray, Mammography, MRI)
- Physical & Occupational Therapy
- Laboratory (in-house only)
- Chiropractic
- Pharmacy
- Podiatry
- Medical Social Work
- Patient-Centered Medical Home
- Diabetes Education
- Nutrition Counseling
- Smoking Cessation
- Maternal Child Health
- Behavioral Health (Mental health and AODA)

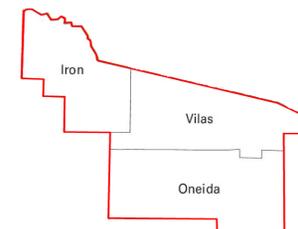
Direct healthcare services are services provided at PCHC and you do not need a referral. However, there are some types of health services we cannot provide at our facility. In addition, there are specialized medical procedures that are routinely referred to other facilities not provided at PCHC.

Specialty care are services that require you to obtain a referral for a service not offered at PCHC.

The **PRC Program** is for medical/dental care provided away from an IHS or tribal health care 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.

PRC is provided principally for members of federally-recognized tribes and first descendants who reside on or near the reservation, established by the United States Congress.

IHS designates and publishes a notice in the Federal Register specifying geographic areas within the United States including Indian reservations and areas surrounding those reservations as **Purchased/ Referred Care Delivery Areas (PRCDA)**, formerly known as “CHSDA”.





Eligibility

Call first for Authorization: It is important you contact PRC staff with any questions **before** you receive services outside of PCHC. You can determine eligibility and if the service you need is covered. If you seek treatment for non-emergency services at a hospital or urgent care facility, payment may be denied. An emergency is defined by the **reason** for treatment, not defined by the **facility** where the treatment was received.

- PRC is not an entitlement program, you must be **eligible**.
- If you qualify for PRC and expect your healthcare will be covered by PRC funding, your PCHC provider must first authorize your care and provide you with a **referral**.

To be eligible for Direct Care you must:

1. Be **American Indian and/or Alaska Native** by providing proof that you are a member of, or any descendant of a member, of a federally-recognized tribe;

To be eligible for PRC funds you must:

1. Be an individual who resides within his/her PRC delivery area. The Tribal PRC delivery area encompasses the Lac du Flambeau Reservation, trust land, and the counties that border the reservation (see page 5).

The following individuals also must meet the residency requirements:

- Students who are temporarily absent from his/her PRC delivery area during full-time attendance of boarding school, college, vocational, technical, and other academic education. *The coverage ceases 180 days after completing the study.*
- A person who is temporarily absent from his/her PRC delivery area due to travel, employment, etc. *Eligibility ceases after 180 days. For non-LDF members, eligibility ceases after thirty (30) days.*
- Children placed in foster care outside of the PRC delivery area by court order.
- Other Indian persons who maintain "close social and economic ties" with the Tribe.



Student Coverage

Are you or do you currently have a child who is currently a high school student and will be turning 18 years old?

If yes, after turning 18 years old, whether enrolled in school or not, you will be required to apply for PRC services because you will be required to establish your own care at PCHC.



Who is eligible for the PRC Student Program?

PCHC patients and/or legal dependents who temporarily leave their permanent place of residence within the PRCDA for the sole purpose of attending programs of vocational, technical, or academic study.

- Students in post-secondary education must provide PRC staff with their academic schedule at the **start of each semester** for healthcare coverage under PRC services.
- Students are required to notify PRC of all appointments prior to attending, unless it is an emergency situation. Emergency medical care must be reported within 72 hours of treatment.
- **Routine Medical Care:** You must take care of routine medical needs at PCHC before leaving the LDF area. Routine care includes school physicals, annual exams, immunizations, vision examinations, birth control, etc.



Auto & Worker's Compensation

Automobile Accidents

If you are involved in an automobile accident, your claim will be placed on a **hold-pending status** to wait for the outcome of your legal claim and/or status of your automobile accident.

Since the state of Wisconsin requires individuals have automobile insurance (enacted in 2010), PRC services will not pay for injuries related to auto accidents until insurance has paid the maximum.

You are required to provide PRC staff the following:

1. Auto insurance carrier and policy number
2. Signature on PCHC's Third Party Liability Claim Form
3. Legal counsel's name and contact information for legal claims, if any

Worker's Compensation

If you are involved in a work-related injury, your claim will be placed on a **hold-pending status** to wait for the outcome of your legal claim and/or status of your Worker's Compensation claim.

All employers are required to provide Worker's Compensation insurance by law. PRC will not pay for treatment as a result of work-related injuries. **It is important you notify your employer immediately of your work-related injury regardless of severity.**

You are required to provide PRC staff the following:

1. First report of injury for work-related injury
2. Worker's Compensation insurance carrier and policy number
3. Legal counsel's name and contact information for legal claims, if any

PRC does not cover auto/general/personal liability or Worker's Compensation claims



Eligibility...continued

Documents accepted as proof that you are a member or first descendant of a member, of a federally recognized tribe:

- Certificate of Indian Blood (CIB) or Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs (BIA) or;
- Tribal enrollment card or letter of descendency issued by a federally-recognized tribe.
- *Patients will be asked to provide proof of eligibility before you will be scheduled for medical referrals.*
- If you do not have one of these documents, contact your tribal enrollment department or ask a member of the PRC staff to assist you with requesting this information.

Non-Native Americans who are eligible:

- Women pregnant (and confirmed by paternity acknowledgment) with an eligible American Indian or Alaska Native's child for the duration of her pregnancy through post-partum (usually 6 weeks); or
- A non-Indian member of an eligible American Indian or Alaska Native's household and the medical officer in charge services are necessary to control a public health hazard or an acute infectious disease which constitutes a public health hazard; or
- Adopted, step or foster children who are dependents of an eligible American Indian or Alaska Native parent or guardian until the age of 18.

Indian Health Service mandates:

1. You may be required to pay for services if you are not eligible for PRC or if you fail to provide the required documentation to prove eligibility.
2. You have the right to seek outside services. However, if found ineligible for PRC, you will be responsible for payment of those services.





Where you Live Matters

Residency Requirements:

For those moving in to the PRCDA, you must reside within the PRCDA for **three (3) months or ninety (90) days** before residency can be established to prevent any delay of your PRC medical care.

You must notify PRC staff within the first five (5) days of re-entering the PRCDA to identify the proper timeframe.

Only LDF Tribal Members are exempt from the 90-day waiting period

1. If you are a LDF Tribal Member or first descendant and move outside of the PRCDA, you remain eligible for emergency medical services for **six (6) months/180 days from the time of moving.**
2. You must have IHS eligibility on file with PCHC prior to moving.
3. Those included for eligibility are LDF tribal members moving outside of the area, other Native persons who maintain “close socioeconomic ties” with the LDF tribe, and persons who are in travel or are temporarily employed, such as seasonal or migratory workers, during their absence.

Based on your tribal affiliation, you may be requested to complete a IHS proof of residency form AND

Any of the following can be used for proof of residency and must identify physical address:

- Two (2) months of rent or mortgage receipts
- Property tax bill or property deed or rental lease agreement
- Recent phone or utility bill receipts that identify individual
- Valid Driver’s License, State identification or Tribal ID card with photo
- U.S. Passport
- Current home, renter’s or auto insurance policy



Emergency Medical Care continued...

Ambulance/Air Flight for Life Transport

Ambulance service is provided for immediate emergency care and in cases of **immediate life-threatening circumstances**, medical response may require airlift transport or other emergent medical treatment.

1. Are you covered for emergency medical care while temporarily traveling outside of the PRC Delivery Area?

YES. You must notify PRC staff within 72 hours of emergency medical treatment. (You may leave a voicemail on holidays and weekends at 715-588-3371.) If you are incapacitated, your representative or a healthcare provider may notify PRC on your behalf.

2. What do you do with your bill for emergency medical care?

Review your bill immediately. Make sure you are charged appropriately.

If there is an error on you bill, contact the facility that issued it to you. PRC staff can assist you in contacting the facility to discuss any errors.

Verify that your insurance company was billed first. If your insurance company refuses to pay for the emergency medical care, Medical Benefits staff can help you file an appeal. **Always bring your emergency medical care bill to PRC staff as soon as you receive it.**





Emergency Medical Care

Medically Necessary Services

1. It is important to know that use of emergency rooms are for **emergent or acutely urgent care services** and not for care that could wait or be provided at PCHC.
2. It is your (or your representative's) responsibility to notify any of our PRC staff **within 72 hours** for emergency or urgent care treatment that results in an admission to a non-IHS facility. (If you are age 55 years or older and/or have a disability, you must notify staff **within 30 days**.)
3. Emergency or Urgent Care Services will be reviewed by the Managed Care Team to determine the medical necessity of service for approval or denial of your medical claim.
4. **If the Emergency Room provider requests you to follow-up, it must be with a PCHC primary provider.** If you do not schedule a follow-up visit with your provider at PCHC within the recommended timeframe the Emergency or Urgent Care provider recommends, PRC services may deny your emergency or urgent care visit. In that case, you will receive PCHC notification by telephone and letter that this visit will not be covered. The emergency or urgent care facility will receive notification that you may be responsible for any bills charged for that visit.

Other Key Reminders:

- Always present your insurance card to staff at any other facility, emergency or otherwise. **We recommend you also inform the facility that you may be covered by the PCHC PRC program.**
- We encourage you to not ignore billing notifications from other facilities. You may contact PRC staff if you need assistance in understanding these notifications.
- **If you receive an emergency or urgent care services bill, provide the bill or a copy to PRC staff as soon as possible.**
- If PRC denies your charges and you are still responsible for payment of any bills, we encourage you to contact the facility charging you for payment to make payment arrangements. Failure to do so could potentially negatively affect your credit status and your ability to schedule future appointments with the outside facility.



Medical Benefits and Alternate Resources

The role of the Medical Benefits Specialist at PCHC is to assist you in determining eligibility and assisting you with signing up for alternative resources for which you may qualify, such as:

Forward Health (aka BadgerCare or Medicaid)

Medicare Parts A, B, C, D

Marketplace

Group Health Insurance (Employer)

Prescription coverage

Wisconsin Well Woman's Program (WWWP)

Alternate Resources:

PRC will consider paying or authorizing payment if you are eligible and:

1. You are eligible for alternate resources or;
2. You would be eligible for the alternate resources if you were to apply for them or;
3. You must sign a third party liability form with PCHC due to accident or injury.

Payor of Last Resort:

PRC is the "payor of last resort" for healthcare services provided if you are eligible. This means if you qualify for any other type of alternate resources, you **must apply for that funding** before you will be found eligible for PRC services.





PRC-approved Healthcare

Healthcare (outside of PCHC) covered by PRC (Examples include, but not limited to):

- Cardiology (high-end imaging, rehabilitation, stress testing)
- Orthopedics treatment
- Pulmonology
- Colonoscopies and GI testing

When will your healthcare bill not be covered by PRC?

- When you obtain services outside PCHC that **are** offered at PCHC.
- When you fail to apply for other healthcare funding resources for which you may qualify or provide documentation that verifies you are not eligible for such funding.
- If you seek Emergency Room or Urgent Care* services and you do not contact PCHC **within 72 hours of your visit** (30 days for elders, those 55 years of age and older); or is to be determined as not medically necessary by the Managed Care Team

OR If you seek Emergency Room or Urgent Care services during PCHC business hours (Monday-Friday, 8:00am-4:30pm) without prior authorization from PCHC that is not an emergency.

**Urgent care is medically necessary care for an accident or illness that is needed sooner than a routine doctor's visit.*

- If you seek healthcare from a provider outside of PCHC without obtaining a referral in advance from your PCHC provider.
- If you or your ward **have not established care** with a PCHC medical provider or you **have not been seen by your provider at PCHC at least once per year** (annually) regardless of your medical condition(s).
- Failure to obtain authorization for additional appointments outside your referral.
- Failure to provide an outside provider proof of other healthcare insurance coverage, if you have it.
- Outpatient Medication-Assisted Treatment programs (ex. Suboxone or Methadone treatment).



Referrals

What is a referral?

If your PCHC provider determines you need to be evaluated and/or treated by a specialist, your provider will begin the referral process. Each referral will be documented and become part of your health record. Your referral may require a review by the Managed Care team.

1. A PCHC provider must initiate a referral for your specialty care.
2. Your referral is sent to the **PRC Referral Coordinator** who will contact your specialist to notify them of the referral and discuss any necessary PCHC medical documentation to be sent on your behalf.
3. If appropriate, your appointment will be scheduled or the specialist will contact you directly to arrange a date and time, which is why it is important that PCHC have a phone number where you can be reached. **Please contact your PRC Referral Coordinator PRIOR to your appointment with the date/time of your appointment** to ensure your PCHC record will arrive on time and your provider can be notified.
4. PRC staff will send your payment referral directly to the facility; no pick-up is required.
5. What if you get a bill for your **authorized** PRC services? Outside facilities will send you a bill for any part of the services not covered by insurance. This bill is not submitted directly to PCHC, it is sent to you. **You must bring your bill (or a copy) in to PCHC and if you have a referral on file for the date of service, PRC will pay your bill.**

Every appointment outside of PCHC requires a referral from the PRC Referral Coordinator

PRC Services will guarantee payment for your Priority One services if all PRC guidelines are followed (see page 18 for link) and additional priorities are dependent on funding availability.