



**IHS/Tribal 638
Purchased Referred Care Areas**

PHOENIX AREA REGIONAL IHS SERVICE UNITS

Fort Yuma Indian Health	760-572-4100
Hopi Health Care Center	928-737-6000
Parker Indian Health Center	928-669-2137
Phoenix Indian Medical Center	602-263-1200
Whiteriver Hospital	928-338-4911

**NAVAJO AREA SERVICE UNITS
"HE WHO REFERS"**

Chinle Health Care	928-674-7001
Crownpoint Healthcare Facility	505-786-5291
Gallup Indian Medical Ctr.	505-722-1000
Kayenta Health Center	928-697-4000
Northern Navajo Medical Center	505-368-6001
Tse'hootsooi' Medical Center	928-729-8000
Winslow Indian Health Care	928-289-4646

"HOME OF RECORD"

Sage Memorial Hospital	928-755-4500
Tuba City Regional Health Corp	928-283-2501



PURCHASE REFERRED CARE (PRC)



Hózhóójí dóó k'é



A HELPFUL GUIDE TO OUR CUSTOMERS



Winslow PRC Fax: (928) 289-5668/6294/8144
Dilkon Medical Center PRC Fax: (928) 657-1159

PRC Referred Appointment Notification 928-289-6246
 Hospital Admit & Emergency Notification 928-289-8094
 PRC Front Office Assistant 928-289-8015
 PRC Supervisor—DMC 928-657-1136
 Outpatient RN Case Manager 928-289-1888
 Inpatient RN Case Manager 928-289-6182
 High-Risk RN Case Manager 928-289-9098
 Cancer/Dialysis/Stages 4 & 5 Heart Failure/End-of-Life-Care

TEAM 1:
 Dr. White/Dr. Nguyen/Dr. Schramm/Dr. Ferguson/S. Smalls, FNP
 Contact Representative—DMC 928-657-1157
 Support Assistant 928-289-1841

TEAM 2:
 Dr. Clements/Dr. Kvien/M. Rhodes, FNP/L. Scott, FNP
 Contact Representative—DMC 928-657-1156
 Support Assistant 928-289-1841

TEAM 3:
 Dr. Colman/Dr. Dorvil/Dr. Savoia/K. Maxwell, FNP
 Contact Representative 928-289-8132
 Support Assistant 928-289-6125

TEAM 4:
 Dr. Robarge/Dr. Pulvers/T. Salvatore, FNP/Dr. Heinrich
 Contact Representative 928-289-6138
 Support Assistant 928-289-6125

DMC Team Sage:
 Dr. Tom/L. Kelwood, FNP/Dr. Eskuchen
 Contact Representative—DMC 928-657-1154
 Support Assistant (Covering) 928-289-6125

DMC Team Juniper:
 Dr. Williams/L. George, FNP/ C. Tracey, FNP
 Contact Representative—DMC 928-657-1158
 Support Assistant (Covering) 928-289-1841

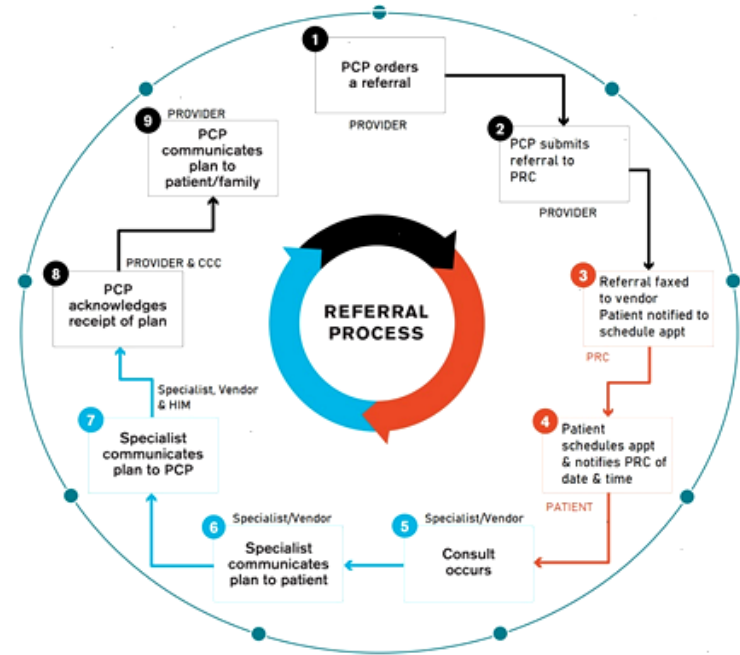
No Primary Care Provider:
 Last Name: (A—M) - Covering—DMC 928-657-1158
 Last Name: (N—Z) - Covering—DMC 928-657-1154

In-house PRC Claim Processing:
 Stephanie: 928-289-6104 and Grace: 928-289-6109

Fiscal Intermediary Purchase Order:
 (A—AL) Amber: 928-289-6240 and (LA—Z) Alicia: 928-289-6282

Closed-Loop Referral Process

The purpose is to coordinate the medical provider referred request when the specialty medical service is not available at Winslow Indian Health Care Center.



The IHI Nine Steps of the Closed-Loop EHR Referral Process

1. Provider order a referral
2. Provider submits referral to PRC
3. Review PRC eligibility. Referral is faxed. Patient notified to schedule.
4. Patient schedules the appointment and notifies PRC of appointment location—date—time—generic reason referred (specific body part).
5. Consult occurs between specialty provider and patient.
6. The specialty provider communicates the plan of care to the patient.
7. Specialist communicates the plan to primary care provider.
8. PCP acknowledges receipt of plan.
9. Referring provider or PCP communicates plan to patient/family.

What Is Purchase Referred Care?

As a tribal 638 facility WIHCC governing body, or designee, determines referred and managed care policy and guidelines.

PRC receives a fixed amount of funding to help pay for referred specialty medical services, hospital admissions, and emergency care when WIHCC is unavailable to meet these healthcare needs.

PRC is not an entitlement program. Medical referrals are a request for medical services. They do not guarantee payment to the vendor i.e., emergency transport, hospitals, outpatient clinics or durable medical equipment providers of service.

There are two PRC locations:



Winslow—First floor of the OLD main hospital.



Dilkon—Check in with the greeters on the 1st floor then wait at the PRC waiting area 2nd floor.

The PRC team references:

◇ Code of Federal Regulations Title 42, Part 136, Subpart C

<http://www.ihs.gov/prc/eligibility/>

◇ Code of Federal Regulations, Title 42, section 136.23(e).

<https://www.ihs.gov/prc/eligibility/requirements-priorities-of-care/>

◇ Navajo Area Indian Health Service medical and dental priorities.

<https://www.ihs.gov/prc/eligibility/requirements-priorities-of-care/>

◇ Institute for Healthcare Improvement

<https://www.ihl.org/resources/Pages/Publications/Closing-the-Loop-A-Guide-to-Safer-Ambulatory-Referrals.aspx>

What healthcare am I eligible for?

Direct Care:

If you are an American Indian/Alaskan Native from a federally recognized Tribe, you can get direct health care at most IHS or Tribal Health programs, without a cost to you.

Referred Care:

If you need healthcare that a direct care program can't provide and a WIHCC medical provider has referred you to an outside specialty, this is called referred care.

What about treaty obligations?

Home of record

A person's home of record is defined as the community where they currently reside. Tuba City Regional Health Care Corporation and Sage Memorial Hospital give authorization and make the decision to pay or deny.

He who refers pays

With the exception of Tuba and Sage, when a federal IHS or P.L.93-638 program refers to a private sector facility then the referring local PRC determines PRC eligibility and pay or deny accordingly.

Payments for the following will always be the responsibility of the persons "Home of Record" and not part of "he who refers pays" guidelines.

- a. Skilled nursing care or placement
- b. Durable medical equipment (except hospital d/c)
- c. Unmet need deferred services i.e., hearing aids or bariatric weight loss surgery
- d. End-stage renal disease (dialysis)
- e. Rehab and institutional care
- f. Self-referred care at private sector facilities
- g. Boarding school students
- h. College and trade school students

WIHCC OPERATING HOURS

Except for serious emergent or unexpected conditions that require immediate treatment...

Going to a non-Indian Health Service or a non-Navajo Area medical clinic or hospital when WIHCC is open may result in a PRC denial because WIHCC is open and available.

WIHCC Urgent Care Hours:

Monday — Sunday & Holidays
8:00 a.m. to 8:00 p.m.

WIHCC PRC Hours:

Monday — Friday 8:00 a.m. to 4:30 p.m.
Closed for lunch and holidays

Medical Necessity

A written order (referral) for specialty medical care service (consultation) should include enough information to determine medical necessity justifying the level of referred care. Medical necessity is based on **evidence based clinical standards of care**.

This means that there is evidence to support a course of treatment based on a set of symptoms or other diagnostic results. A primary insurance plan can deny a claim based on medical necessity.

It is the responsibility of the person to obtain their medical records when a request to determine medical necessity is made.

PRC will not be held accountable if we cannot contact the individual or they do not receive our phone calls or get their mail.

PRC Eligibility

American Indians/Alaskan Natives (AI/AN) need to be aware of the following requirements when referred for medical services, hospital admission, and emergency care when an IHS or Navajo Area health care facility is unable to meet these healthcare needs.

To process a claim, disclose & provide your medical Insurance information

Patient Registration updates your phone number, address, and insurance at each visit.

Patient Benefit Coordinators verifies your health insurance coverage.

WIHCC will not be held accountable if we cannot contact you or you do not receive our phone calls or get your mail.

There are **6 Eligibility Criterion** that you have to meet before WIHCC assist with payment of medical bills.

The 6 Criteria are:

1. Indian Descent
2. Residency
3. Medical Priority
4. Notification and Prior Authorization
5. Alternate Resources Available
6. Appropriate Ordering Official

1

To be PRC eligible, a person may be asked to verify their Social ties or Economic ties to the Navajo tribe, Provide financial information or obtain their medical records.

PRC SIX (6) Eligibility-Criteria

Criterion 1: Indian Descent

1. Is an enrolled member of the Navajo tribe;
2. A Navajo descendant meets the minimum 1/4 blood quantum whose one biological parent is enrolled with the Navajo tribe;
3. Is a federal recognized AI/AN tribal member;
4. A non-Indian woman who is pregnant with an eligible Navajo man's child through post-partum (usually 6-weeks).

Criterion 2: Residency

Residing within the WIHCC PRC delivery area creates no legal entitlement to services, but only the potential eligibility for services.

1. Live within the U.S. and on a Federally-recognized Indian reservation located within a purchase referred care area delivery area (PRCDA); or
 2. Does not reside on a reservation but live within a PRCDA and:
(I) Are members of the tribe or tribes located on that reservation or of the tribe or tribes for which the reservation was established;
(II) Maintain close economic and social ties with that tribe or tribes.
 - Social ties: A person is married to a Navajo tribal member; or
 - Economic ties: Is employed by the tribe whose reservation is located within the WIHCC PRCDA.
- A spouse's eligibility ends 180-days after a spouse death.
 - WIHCC considers employees, spouses, and children of eligible members of the tribe to have close social and economic ties.

What Communities are in the WIHCC PRCDA?

Bird Springs	Indian Wells	Seba Dalkai
Bitahochee	Jeddito	Skunk Springs
Lower Black Falls	Joseph City	Sun Valley
Canyon Diablo	Leupp	Teestoh
Castle Butte	Na ah Tee Canyon	Tolani Lake
Cedar Springs	Petrified Forest	Twin Arrows
Dilkon	Red Sands	Whitecone
Grand Falls	Sand Springs	Winona
Holbrook		Winslow

*Moving out of the WIHCC PRC Delivery Area eligibility ends at 180-days
*Moving to another Navajo area PRCDA becomes the responsibility of the designated PRC to determine eligibility.

Residency

To verify a person lives within a Navajo PRC service unit area.

1. Provide a valid AZ ID, driver's license, or auto insurance showing coverage dates; and
2. The address and the physical location of residency coincide with one another and is on the supporting documents.

Based on the documents provided today, the person becomes PRC eligible this day, or with supporting documents, as prior 90-days from the date of service.

Supporting Documents: One of the below verifies:

1. A internet or phone land line.
2. Utility as electric, water, or gas.
3. Rental, mortgage, or land lease.
4. Landlord or housing authority verify .
5. A chapter house document as proof of residency.
6. A Navajo voter registration card.
7. A pay check or pay stub.
8. Human Resource office verifies employment.
9. Tax documents (W-2 current year).
10. Department of Economic Security verification of residency
11. If homeless, a non-profit social service organization verify.
12. Life, home, or health policy and coverage dates.

The following persons, who would otherwise be PRCDA eligible at their permanent residence, remain eligible:

- a) Full-time students temporarily absent while attending a vocational, technical, or academic institute. Includes normal school breaks. Students must be WIHCC PRC eligible prior to attending college or technical school.
- b) Persons who maintain a true, fixed, and permanent home within a PRCDA and are temporarily absent for purposes of travel or employment.
- c) AI/AN children placed in foster care outside the PRCDA by court order of competent jurisdiction.

Use the chart below, if you:

1. Moved and now live within WIHCC PRC coverage area.
2. A full-time student who would be otherwise be eligible for WIHCC PRC funding.
3. Is in foster care.
4. Are a member of a Federally recognized AI/AN tribe.
5. Have no American Indian/Alaskan Native (AI/AN) heritage

	Tribal Member	Lives within the WIHCC Delivery Area	Additional Doc required
1.	AI/AN	1. Conflicting address 2. Out of PRCD A >180-days	<ul style="list-style-type: none"> • Verification of Residency
2.	AI/AN	Full-time student enrolled in secondary education college; or TECH institute	<ul style="list-style-type: none"> • Student school register verification • Fall/Spring/Summer semester
3.	AI/AN	Foster care Arrangement	<ul style="list-style-type: none"> • Court Order
4.	AI/AN is a Non-Navajo Tribal Member	Not living on reservation then Social & Economic ties apply: <ol style="list-style-type: none"> 1. Married to Navajo; or 2. Employed by a qualifying Navajo Employer <ul style="list-style-type: none"> • Spousal ties end >180-days after eligible spouse is deceased 	<ul style="list-style-type: none"> • Marriage certificate • Affirmation of common law marriage (Navajo Nation only) • Job verification
		1. No ties social or economic	<ul style="list-style-type: none"> • Ineligible for PRC
5.	Non-Indian woman	Pregnant with a eligible AI/AN man's child	<ul style="list-style-type: none"> • Paternity papers • Paternal declaration
	Non-Indian man or woman	1. Is not pregnant	<ul style="list-style-type: none"> • Ineligible for PRC

Criterion 3: Medical Priority

Patients are often surprised to discover, that WIHCC does not cover payment for all medical services a patient may want or receive.

PRC will generally uphold a decision of denial for non-formulary medication or non-formulary treatment and/or durable medical equipment (DME) equipment or supplies not authorized (denied) by a primary insurance provider.

Medical Priority 1:

Emergent and acutely urgent medical care when the medical attention is necessary to prevent the death or other potential life-threatening implications.

The health care requested must meet WIHCC Managed Care Committee established medical priorities.

Examples: 1-7-day Urgency Level

- Services and procedures necessary for the evaluation of potentially life threatening illnesses or conditions.
- Emergency room care for emergent/urgent medical conditions, surgical conditions, or acute trauma
- Inpatient hospitalization for emergent/urgent medical conditions, surgical conditions, or acute injury
- Renal dialysis, acute and chronic
- Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others
- Obstetrical deliveries and acute perinatal care
- Neonatal care

Medical Priority

Medical Priority 2:

Medical or surgical care is necessary to prevent serious illness, disability, or significant impairment of health.

Examples: 8-30-day Urgency Level

- Specialty and diagnostic consultations to prevent serious impairment of health.
- Reconstructive surgery for the improvement of physical function only (not cosmetic).
- Acute physical rehabilitation not to exceed 30-days for spinal cord, neurologically, or orthopedically disabled patients.
- Specialized durable medical equipment such as, oxygen, wound VAC, nebulizers, CPAP/BIPAP.

Medical Priority 3:

Chronic or extended care services needed for the treatment of prevalent illness or chronic health conditions

Examples: Non-Urgent Level

- Specialty care follow-up appointments, labs, imaging.
- Inpatient and outpatient care services that are essential for initial diagnosis or therapy e.g., sleep studies, colon, breast & hearing screening.
- Specialized CMS approved medical services with proven efficacy in extending life e.g. organ transplantation .
- Skilled nursing home care, not to exceed 30-days, upon transfer from inpatient admission.
- Restorative orthopedic and cataract surgery.

Medical Priority

Medical Priority 4:

Services that are not covered. Include elective and extended care services, non-essential and non-preventative.

- Things like disposable medical supplies, cushions, blood pressure or oximetry monitors, weight scales.
- Adult briefs, Chux pads, or wound care dressings, tape, gauze, or wraps.
- Prescription medications from commercial private pharmacies i.e., Walgreens, Walmart, etc..
- Any Outpatient specialty service available at WIHCC
- Substance abuse rehabilitation
- Seasonal allergy testing or shots
- Non-life threatening food allergy testing
- Plastic surgery/cosmetic reasons
- Massage therapy, naturopathic therapy, biofeedback, chiropractic, & acupuncture
- Infertility evaluation and treatment
- A NOT medically necessary alcohol and drug related intoxication or medical police clearance
- A person calls the ambulance but refuses transport to the hospital.
- An individual chooses to leave against medical advice or elope from a medical facility where they have sought medical care.

A primary insurance plan can deny a claim based on medical priority.

The person is obligated to appeal through their insurance bill and claim appeal process.

If an appeal is upheld, then the person is responsible for payment.

Criterion 4: Notification

Notification Deadlines:

- ⇒ 72-hours: Age 64 years and younger
- ⇒ 30-days: 65 years/disabled/handicapped DDD/SSI

Appointment Notification line: (928) 289-6246

Hospital Admit & Emergency Notification: (928) 289-8094

The patient, or someone on their behalf, notifies PRC with the following information:

Emergency Care or Hospital Admission:

1. The Date – Time – Reason you went to the hospital.
2. Name the facility – Hospital – where the care took place.
3. Location – where the care took place.

Scheduled Appointments:

1. Name of the facility (clinic) or mobile vendor of service.
2. The appointment date – time.
3. A generic reason (a specific body part) for the appointment
4. Location – where the appointment is scheduled.

Prior Authorization

Remember:

Pre-approvals are required for each episode of care, including any follow-up appointments, x-rays, and lab work.

Includes on campus:

1. Assured Imaging Mammography and DEXA Bone scans;
2. Cardiac Imaging heart scans.
3. New Mexico obstetric ultrasounds
4. Specialty non-formulary laboratory blood work (genetics)
5. WIHCC Surgical procedures at Little Colorado Medical CTR

Criterion 5: Alternate Resources Available

WIHCC PRC will not be responsible for or authorize payment when a person could be eligible for alternate resources...if they were to apply for them.

This pertains to co-pay charges for those with employer-based health insurance; Medicare, as well as those without medical health coverage.

Employee health insurance pays first, then Medicare, and Medicaid and then, as the payer of last resort, WIHCC PRC.

PRC is the payer of last resort:

- If there is any chance a person may be eligible for alternate resources available such as Medicare, Medicaid, ALTCS, or workman's compensation (WC), they must complete the application, within 30-days of the hospital or clinical visit.
- WIHCC will not authorize payment, if any documents are pending to complete a Medicare/Medicaid/ALTCS or WC application.
- Tuba City Regional Health Care and Sage Memorial require it's service unit members to get prior authorization and give notification for referred outpatient clinical consults, emergency care, and or are admitted to the hospital, even if they are referred or transferred by a WIHCC provider.

WIHCC PRC will not procure a non-resident vendor notification from a private business/facility. The vendor will be redirected to the residents PRCA to make the notification.

Not all private hospitals or medical facilities will accept a WIHCC Tribal purchase order, which limits choice.

- If a person can receive employee health insurance through their work, WIHCC recommends they do so.
- When a person receives care from a facility that will not take a WIHCC PRC tribal purchase order then they will be responsible for the payment.

Criterion 6: Appropriate Ordering Official

A WIHCC MD/DO, optometrist, physician assistant, Family Nurse Practitioner, or Navajo Area and Indian Health Service medical provider refers for specialty consultation or transfer when a higher-level of care is recommended.

Providers do not have procurement authority and patients need to avoid unrealistic expectation that based on receipt of a medical referral the service will be approved.

- The medical provider documents the healthcare service that you need is medically necessary and approved as determined by WIHCC Managed Care medical priority review.
- Navajo Nation employee and Summit benefit health plans have unique rules that require PRC authorization when referred by a WIHCC provider.

Keep in mind:

Health Maintenance Organization's (HMO) dictates in-network providers are used. An HMO requires prior approval when you use an out-of-network provider for non-emergency medical services.

- Employer HMO plans.
- Medicare Advantage HMO plans.
- Medicaid Health Choice or Care1st Health HMO plans.

A WIHCC referring provider is out-of-network for these plans. You may need to obtain your medical referrals from an in-network provider.

PRC will continue to forward the referrals received however; should your insurance provider deny the request as OUT-OF-NETWORK, then you will be held responsible for any care received.

More Things to Know:

It is the responsibility of the person/parent/guardian to:

- Understand except for emergencies; a WIHCC health care provider refers for specialty care & for WIHCC non-emergency medical transport services.
- When payment is requested; in the form of a bill, your insurance provider must first process the claim and pay in full or in part.
- To process a claim, disclose medical insurance information to the billing vendor, clinic, or hospital.


Scheduling:

24-hour PRC Notification line: 928-289-6246

- A WIHCC referral is valid for the initial consultation, a follow-up, and as needed; a 6-12month follow-up.
- For referral coordination, notify PRC for all follow-up appointments, recommended specialty care request like radiology imaging, blood work, or physical therapy.
- If an approved service is not scheduled or rescheduled within 90-days the referral may be closed.
- Notify PRC if you need to reschedule an appointment.
- A new referral may be requested by the specialty clinic if the referral is cancelled. Typically, at 6-12 months.

Transportation

WIHCC Non-Emergency Medical Transportation

 **928-289-6281**

1. A WIHCC medical provider refers.
2. Notify PRC you have an appointment date and time.
3. The Medicaid American Indian Plan approves the request.

—Allow PRC 48-hours to enter the appointment date and time.
—Allow NEMT coordinator 3-days to obtain authorization for transportation.

What you really need to know..

Federal Medicare-like rates for medical services or products is billed at negotiated MLR for uninsured and Original Medicare members when referred by an appropriate ordering provider.

PRC will generally uphold a decision of denial for non-formulary medication, treatment, equipment or supplies not authorized (denied) by a primary insurance provider

For approved claims, persons deemed over-income for state and federal assistant programs, PRC funding cover out-of-pocket expenses; like copays and deductibles.

A purchase order (PO) as a buyer to a seller indicates the type, quantities and agreed prices. The PO must match the date and service (DOS) when service or products are received.

A Explanation of Benefits (EOB) is a statement from the healthcare insurance provider that list the services received:

- What it costs and what it will cover for the medical care or products you've received as the amount billed and paid.
- Includes any amounts due. An EOB is generated when the referred provider submits a claim for service.

The primary beneficiary may be able to view—print the EOB from the insurance web-site.

Receiving a bill for an approved referred service?

- Present Medicare—Medicaid—employer insurance card.
- Receive a copy of the PRC memorandum of understanding.
- Should an Medicare—Medicaid—employer-based medical benefit plan deny a claim; you appeal the denial to them.

Medical treatment and procedures not reimbursed by the Center for Medicare & Medicaid Services (CMS) will generally be considered as outside the scope of the PRC program.

Timely Vendor Filing

It is the responsibility of the vendor to submit their claim with the explanation of benefits (EOB) to the primary insurance provider, WIHCC PRC or the fiscal intermediary or the billed service could be denied for untimely filing.

WIHCC contracts it's billing to Blue Cross Blue Shield Fiscal Intermediary (FI) Albuquerque, NM for claim processing when WIHCC is the primary or secondary payer of a bill.

Claim: A notice to the insurance company that a person received care covered by the plan. Once approved, becomes a bill and a request for payment.

FI: A private contractor that administers claims for Medicare Part A, some of Part B bills, and in some cases, Medicaid.

Rights of Appeal & Reconsideration

When a medical or supply (DME) expense was incurred when ELIGIBILITY for the PRC program was either not established or had been terminated, then the person is responsible.

When a medical claim is denied by WIHCC PRC:

1. The person is obligated to submit in writing the reason they believe a denial should be reconsidered for payment.
2. You are typically given 45-days consecutive days to provide this information.
3. If a reconsideration of denial is upheld by PRC, then the written letter of appeal will be presented to the WIHCC appeal committee.
4. Allow PRC 30-working days to complete appeal review.
5. If upheld by WIHCC committee you will need to submit your appeal to the Navajo Area Director.
6. If upheld by Navajo Area submit your final appeal to the Indian Health Service Director, Headquarters.

Submit a letter of appeal to:
Winslow Indian Health Care Center
Attn: PRC Letter of Appeal
500 N. Indiana Ave.
Winslow, AZ 86047