

# Purchased & Referred Care (PRC) Manual

NOTE: RPMS/EHR/Moonwalk will still reference the PRC program as CHS & Direct



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## **CHAPTER1: Overview**

### **1.1 Purpose**

- A. The mission of the Lummi Tribal Health Center is to raise the health status of the Lummi people, other American Indians and Alaskan Natives to the highest possible level.
- B. Purchased & Referred Care Program will assist eligible Indian patients with payment for health care services provided at private facilities and are identified as an eligible service in 4.5 Program Inclusions. These services are intended to supplement but not duplicate the “direct services” available at through the Lummi Nation’s Health Services. Services at private facilities must be pre-authorized by the referring providers based upon medical need and current availability of funds. The only exception to pre-authorization is in the case of emergency, where the patient seeks assistance through the emergency room or walk-in.
- C. The Payor of Last Resort is a federal regulation; alternate resources must be exhausted prior to the authorization of PRC moneys. Signing up for health insurance benefits and ensures that Lummi is maximizing healthcare funding for all eligible PRC members.
- D. This manual provides an explanation of Purchased & Referred Care Rules and Regulations in reference to Indian Health Improvement Act and sovereignty. To provide for an effective management of the Purchased & Referred Care program, community members must be empowered to take responsibility for their own state of health.

### **1.2 Definitions**

- A. Alternate Resources: Resources other than those of the Purchased & Referred Care program, such as health care providers, health care payment sources, or other healthcare programs (e.g. Medicare or Medicaid) for which the individual may be eligible.
- B. Appropriate Ordering Official:
  - 1. Lummi Healthcare Providers to provide a referral to patients.
  - 2. Designated Fiscal authority:
    - All Non-Emergency - Healthcare Business Office Director
    - Emergency – Healthcare Business Office Director & LTHC Director
- C. Purchased & Referred Care Delivery Area: The Lummi PRC delivery area is defined within the boundaries of Whatcom County.
- D. Emergency: Any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of the individual.
- E. Indian Tribe: Any Indian tribe, band, nation, group, pueblo, or community, including any Alaska Native village or Native group, which are United States Federally recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.
- F. Current Residence: Where a person has established and maintains household and lives on regular basis. Suggested verification of residence - Chapter 7.2.B.

- G. 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 (43 U.S.C. 1601 et seq.), and Indian allotments.
- H. Tribal Member: A person who is an enrolled descendent of a tribe, or is granted tribal membership by some other criteria in the tribal constitution.
- I. Descendent: An Indian person who is a direct child (1<sup>st</sup> degree) or a direct grandchild (2<sup>nd</sup> degree) of a tribal member.
- J. Referrals: Form used by healthcare providers to request health services from an outside healthcare provider. A "Referral" is not a guarantee of payment. Referrals will and should not be denied to any patient, if identified as part of the treatment plan for a patient. If the service is on the Exclusion list, the payment will be patient's responsibility to pay for health services.
- K. PRC Funds: PRC funding must be on the approved healthcare service, defined in PRC Inclusion & Exclusion list, in order to be approved for PRC funding. The patient must also be "PRC Eligible" defined in 3.2 Eligibility for Purchased & Referred Care. "Direct Care" patients are ineligible for PRC funds.

### **1.3 Responsibilities for Administration:**

#### **A. Commission**

- 1) Recommend to the LIBC Budget Committee the annual budget.
- 2) Establish a system to review and monitor budgets, expenditures, and accountability.
- 3) Review and recommend approval to LIBC the PRC manual.
- 4) Included in the appeal process for PRC denials.
- 5) Provide a yearend report to the community on expenditures.

#### **B. Healthcare Providers**

- 1) Provide referrals to patients based of medical necessity for specialty services that are unavailable at Lummi Nation's healthcare services.
- 2) Coordination of Care should be done between the provider who referred and the provider referred to.
- 3) Follow-up referrals or secondary referrals can be coordinated for additional services, if necessary.
- 4) Referrals will not be denied based off of the PRC Inclusion & Exclusion list. If the service is excluded, the payment will be patient responsibility.

#### **C. Business Office Department**

- 1) Determine whether an individual requesting services is eligible within the established guidelines.
- 2) Determine the need for PRC funding and authorize payment for care in accordance with established priorities and within available fund limits.
- 3) Log all bills submitted to PRC to process for payment.
- 4) Act on all requests for PRC, which includes written notification to patient, and provider of services for approval or denial.
- 5) Ensure effective utilization of PRC funds by developing working relationships with all parties involved in the operations of the PRC program.

- 6) Work closely with appropriate staff in identifying need for PRC, and in negotiating contracts with hospitals, clinical services, dentists and other health care providers.
- 7) Develop an education plan to educate providers, vendors and patients regarding PRC procedures.

**D. Patient**

- 1) Must receive a referral for service from the Lummi Referral Specialist.
- 2) Provide health insurance cards to the patient registration.
- 3) Update address or name changes.
- 4) Annual appointment at the Lummi Tribal Health Clinic or Behavioral Health.
- 5) Provide Purchase & Referred Care with billing documents to process a payment.
- 6) The patient is responsible to use outside facilities appropriately.

After hour facilities, such as the Walk-In Clinic, emergency room, and urgent care are extensions of our health care delivery. These should be utilized when urgent & emergent care is necessary and when the Lummi Tribal Health Center is not open. Patients failing to meet the criteria for urgent & emergent care may be responsible for payment for their services. (See Chapter 4.6 Categories of Emergencies and 4.7 List of Emergencies.)

**1.4 PRC Budgeting and Allocation Process:**

Process is determined by the LIBC budget ordinance in compliance with the Annual Funding Agreement.

## **CHAPTER2: Jurisdiction**

### **2.1 Establishment of Purchased & Referred Care Delivery Areas:**

The Lummi Purchase & Referred Care Delivery Area (PRCDA) is Whatcom County, Washington for Lummi Tribal Members. Otherwise, other PRC eligible patients must reside within the Lummi Reservation for at least 90 days before eligibility for PRC funds. This was previously known as the CHSDA, Contract Health Service Delivery Area.

### **2.2 Re-designation of Purchased & Referred Care Delivery Areas:**

Re-designation: In the event that the Lummi Nation wishes to re-designate its Purchased & Referred Care Delivery Area, Lummi will notify IHS by amending or renegotiating the Compact and/or Annual Funding Agreement, as appropriate. There are currently 136 states to designate to.

**CHAPTER 3: Persons To Whom Health Services May Be Provided**

**GENERAL:** This Chapter sets forth the policies, standards and procedures for determining those persons who come within the scope of the Lummi Healthcare Services.

**Direct Care Services Definition:** Any health service provided at Lummi.

<u>Lummi Tribal Health Center:</u>	Primary Care, X-ray, Labs, Chronic Disease Management, Health Education, Pediatrics, Maternal Health, Home Visits, Social Work, Immunizations, Physical Therapy & Pharmacy
<u>Dental:</u>	Dentures, Preventative, & Restorative
<u>Behavioral Health:</u>	Mental Health Counseling
<u>Lummi Counseling Services:</u>	Chemical Dependency or Substance Abuse

**3.1 Eligibility for Direct Care Services:**

1. Must apply for health insurance
2. A person must be of direct Native descent (Maternal or Paternal 1<sup>st</sup> or 2<sup>nd</sup> degree) from a member of a federally recognized Indian Tribe; OR
3. Enrolled member of any US Federally recognized Tribe &/or Alaskan Native; OR
4. Is a non-Native woman pregnant with an eligible Indian’s child and her 6-week postpartum checkup; OR
5. Non-Native when controlling a public health threat.
6. Any individual who has not attained nineteen (19) years; and is the adopted, step child, foster child, legal ward or orphan of an eligible Indian and is not otherwise eligible for services and is currently receiving services (i.e. non-Indian child of a married couple). If family status changes eligibility may also change for this patient.

**Purchased & Referred Care Definition:** Restricted funding that is available to eligible patients for certain services that are not available through the Lummi Nation Health Services and on the 4.2 Inclusion List. PRC is the "Payor of Last Resort" of persons defined as eligible for PRC, notwithstanding any state or local law or regulation to the contrary. Citation CFR at Title 42 §136.61. All bills must be paid by alternative resources before PRC is able to make an approved payment.

**3.2 Eligibility for Purchased & Referred Care:**

To be eligible for PRC, an individual must first be eligible for Direct Services; AND

1. Must apply for resources health insurance; AND
2. Must be a member of the Lummi Tribe and reside within Whatcom County; OR
3. An enroll-able member of the Lummi Tribe and who is under the age of 1 year and resides within Whatcom County (must provide acceptable proof of residency – pg 10); OR

4. An enrolled member of another federally recognized Tribe and resides within the boundaries of the Lummi Reservation. (Must reside for 90 days and provide proof of residency – pg 10);  
OR
5. An enrolled Lummi Tribal member attending school outside PRCDA; a full time student (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. (Verification of school attendance is required); OR
7. A Lummi Tribal Member who leaves the PRCDA in which they are eligible for PRC will be eligible for PRC for a period not to exceed 180 days from such departure. If possible, notification of this expiration of eligibility should be given to the individual. If a person is eligible for this rule from another tribe, the other tribes' PRC must be utilized as primary resource; OR
8. Foster Children placed outside of our PRCDA, when health insurance does not cover services medically necessary and it is on Lummi PRC's inclusion list.

**3.3 Other Eligibility Considerations:**

1. Dis-enrolled Indians are not eligible for PRC, per Tribal Constitution. May be eligible, if the patient is enrolled in another Tribe and meets our PRC Eligibility guidelines.
2. Non-Indian woman pregnant with an eligible Indian's child and up to her 6-week postpartum checkup.
3. Non-Native when controlling a public health threat.

**3.4 Persons in Custody of Local, State, and Federal Law Enforcement Agencies:**

1. PRC does not assume financial responsibility for Lummi patients that are otherwise eligible or individuals in custody of a correctional facility and/or incarcerated in correctional facilities.
2. Fit for Jail examinations at the Emergency Room will not be covered by PRC funds.

**The following documents must be submitted with application for Direct Care Services:**

- Annual update fully completed Patient Registration Forms to remain eligible for Direct Care Services & PRC Program.
- Birth Certificate, if younger than 18. If a newborn, a hospital summary may need to be faxed to start a chart immediately.
- Proof of enrollment or descendency-Tribal ID, Certification of Indian Blood (CIB), or proof of descendency from Tribe (1<sup>st</sup> or 2<sup>nd</sup> degree)
- Copy of Social Security Card
- Health insurance Card(s) (ex., Medicaid, Medicare Sponsorship Program, privately purchased insurance or employee health insurance)-Need to provide a denial letter from Washington Health Plan Finder for WA Medicaid.

**As Needed:**

1. State ID or Driver's License (if applicable)
2. Insurance Cards –New ROI/AOB must be signed with any new insurance(s) provided
3. Court Documentation for any dependents, the legal guardians must provide documents for a minor child.

**The following documents must be submitted with application for Purchased & Referred Care (PRC):**

- Must be an enrolled Tribal Member (Proof of Tribal Enrollment)
- Must live within our PRCDA (Proof of Current Address)-Children may be listed under the parent(s) or legal guardian documentation provided.
  - Property/Income Tax Records
  - Rental Receipts
  - Utility Payments
  - Employment Wage Slips
  - Lummi Housing Authority
  - Notarized Residency Affidavit (Provided by Clinic or Healthcare Business Office), if unable to produce one of the documents.
  - Lummi Homeless Population-Mailing address will be the same as what is provided on the health insurance application.
- Additional Proof of Residency may be requested to provide there is suspicion of fraudulent information provided. Definition of Current Residence is, "Where a person has established and maintains a household and lives on a regular basis."*
- Enrolled Lummi Tribal Members Only:
  - Provide proof of full-time college school enrollment, if attending outside of PRCDA.

## **CHAPTER 4: Program Inclusions & Exclusions**

### **4.1 How to Access the PRC Referrals**

To be eligible for PRC funds, the patient must be PRC eligible, service must be included within the services we cover under the PRC program, and must receive the following:

1. A referral from Lummi Primary Care Doctor (PCP).
2. If a Lummi member and decides to seek an outside PCP, the patient must receive a referral prior to services.
  - A prior authorization form must be faxed to Referrals at (360)384-2334.
  - Secondary referrals will need to be signed off by the PCP:
    - a. Lummi Executive Medical Director or
    - b. By the referring Lummi Primary Care Provider that issued the primary referral.
    - c. Referring outside provider must be referenced on the referral.

Procedure for Secondary Referrals:

### **3.9 Secondary Referrals (SEC)**

```

Select Data Entry Option: SEC Secondary Referrals

*****
*          INDIAN HEALTH SERVICE          *
*   REFERRED CARE INFORMATION SYSTEM   *
*   VERSION 4.0, Oct 20, 2004          *
*****

UNSPECIFIED SERVICE UNIT
Secondary Referrals

ASEC  Add Secondary Referral
ESEC  Edit Secondary Referral Data
DSEC  Delete Secondary Referral
SPIQ  Display Secondary Providers for a Specific Patient

Select Secondary Referrals Option:
    
```

Figure 3-48: Secondary referral menu

#### **3.9.1 Add Secondary Referral (ASEC)**

This option allows the user to add a new secondary referral for a different provider (other than the Primary Provider/Vendor) entered on the initial Referral. You are first prompted to select the referral, then to verify whether or not the referral type is a call-in, appointment date, primary payor, number of visits, purpose of appointment, ICD9 category, and CPT procedure category. Some of the information defaults from the primary referral, but it can be changed (with the exception of the number of visits). That number must be changed through the primary referral. Using the secondary referral option assists in tracking episodes of care for the patient. If the CHS link is turned on then the user will be able to select the secondary referral during entry of a PO or Denial.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*    VERSION 4.0, Oct 25, 2005          *
*****
          DEMO DATABASE
          Add Secondary Referral

Select REFERRAL by Patient or by Referral Date or #: 14
Is this a Call-in Secondary Referral? NO//
    
```

Figure 3-49: Add secondary referral

```

Select REFERRAL by Patient or by Referral Date or #: 070103 JUL 01, 2003
          55555500004 PATIENT,BOB          3M DENTAL PRODUCTS
DIVISI
          07/01/03 E - 1          Services not
available
          REFERRAL #: 5555550004
          RCIS SECONDARY REFERRAL RECORD
DATE: JUN 14,2004 Referral Suffix: A1 PATIENT: ADAMS,BOB
-----
REQUESTING FACILITY: WHITE EARTH HEALTH C Display Face Sheet? N
REQUESTING PROVIDER: PROVIDER,SHIRLEY E
Referral Type: CHS PRIMARY PAYOR: IHS
INPATIENT OR OUTPATIENT: OUTPATIENT Number of remaining visits: 0
APPT/ADM DATE&TIME:

PURPOSE OF REFERRAL:
PRIORITY: 1

ICD Diagnostic Category:
CPT Procedure Category:
    
```

Figure 3-50: Add secondary referral

3. Vision Exam/Hardware – No office visit is needed, and a referral can be issued for exam and hardware per budgetary allowance.

**4.2 PRC Program Inclusions and Exclusions**

*(List can be amended by the majority vote of the Health & Family Commission)*

**PRC Program Inclusions:**

The following are benefits, though not exhaustive, which may be covered under the PRC program and all must be medically necessary:

- |   |   |
|---|---|
| (1) Physician services  | (5) Medical services and referral services for the abuse of or addiction to alcohol and drugs |
| (2) Inpatient hospital services   | (6) Diagnostic laboratory and diagnostic and therapeutic radiological services                |
| (3) Outpatient hospital services including emergency room services and outpatient surgery units | (7) Skilled nursing home services (limited to two weeks)                                      |
| (4) Outpatient evaluative and crisis intervention mental health services                        | (8) Hearing Aid(s) – Replace every 4-5 years  |

- (9) Dental services, including orthodontic services when budgeted. Unless service is provided in-house at LTHC.
- (10) Home health services – infusion therapy, wound care management, diabetes management, rehab management
- (11) Preventive health services
  - i. Adult – Colon, STI, obesity, & depression screening; diet counseling
  - ii. Women – Anemia, osteoporosis, & breast cancer screening
  - iii. Children – Behavioral assessment, hearing test for newborns, obesity and counseling screening, vision screening, STI prevention counseling and screening
- (12) Physical therapy - initially approved for six (6) months, number of twelve (12) visits & additional visits may be approved upon progress.
- (13) Physical medicine and rehabilitative services: Physiatrists work closely with a team of physical therapists, occupational therapists, and other rehabilitation professionals to develop a treatment plan. Medical conditions treated include: amputation, brain injury, cancer, fibromyalgia, osteoporosis, spinal cord injury, and stroke.
- (14) Autopsies when ordered by a physician for clinical purposes only
- (15) Prosthetic devices
- (16) Kidney/Renal Treatment – Lummi provider must provide initial referral and continued referrals three (3) years thereafter.
- (17) Blood work
- (18) Podiatry services
- (19) Prescription drugs
  - i. Must have received a prescription from their Primary Care Provider.
- ii. Prescription List of what is covered changes frequently (List is updated in Pharmacy).
- iii. Costs over \$500 require an override from the Lummi Pharmacy or delegate.
- iv. No overrides of Medicaid denials.
- v. Drugs stocked at Lummi must be provided at Lummi Pharmacy, speak to the pharmacy to see if LTHC carries your prescription.  
Do not pay for the following drugs for:
  - a. Erectile Dysfunction
  - b. Weight Loss
  - c. Methadone
  - d. Marinol
  - e. Marijuana for Medical purposes
  - f. Suboxone under regular circumstances.
- (20) Transportation and per diem for escort of patients needing to travel outside Whatcom County PRCDA, (refer to page 14-15).
- (21) Obstetrical services to be provided by midwives or alternative birthing centers require review and approval by the Lummi Medical Provider.
- (22) Sterilization's: provided patient is 21 years or older and legally capable of consenting, have been counseled and signed consent form and have waited 30 days but not more than 180 days before procedure.
- (23) Weight loss programs - expire after 90 days.
- (24) Durable Medical Equipment (DME)/oxygen services – Lummi provider must provide initial referral and continued referrals three (3) years thereafter.

- |   |   |
|---|---|
| <p>(25) Optometry services</p> <ul style="list-style-type: none"><li>i. Vision Exams &amp; Hardware</li><li>ii. Minor surgeries due to an eye injury or Diabetic Screenings</li><li>iii. Eye Surgeons – Initial referral by Lummi provider and continued referrals for 180 days.</li></ul> <p>(26) Alternative Medicine to treat chronic pain, limit to 6 visits and expire after 90 days:</p> <ul style="list-style-type: none"><li>i. Acupuncture</li><li>ii. Chiropractor</li><li>iii. Massage Therapy</li></ul> <p>(27) Naturopathy is limited to four (4) visits, patient must keep primary care established with a Lummi primary care provider (PCP).</p> | <p>(28) Sponsorship (purchase of health insurance- See Sponsorship P &amp; P)/Health Insurance Premiums, within budgetary allowance.</p> <p>(29) Medicare Part B (Medical) Reimbursement &amp; Part D (Pharmacy) Payment</p> <p>(30) Copayments &amp; Deductibles</p> <p>(31) Primary Care Visit (applies only to Lummi Tribal members with private health insurance may be covered as long as the patient has one regular visit to the LTHC or Behavioral Health.) Secondary referrals must be provided as a prior authorization.</p> <p>(32) Sex Offender Treatment Assessment</p> <p>(33) Dual Diagnosis Treatment</p> |
|---|---|

**PRC PATIENT TRAVEL POLICY  
(Outside Whatcom County PRCDA)**

**MEDICAL EMERGENCY/INTENSIVE CARE/NICU CARE  
HOTEL, TAXES, INCIDENTAL HOLDS, PARKING FEES & GAS CARDS**

Eligibility for Travel Assistance may be provided to:

1. A Patient that is PRC eligible and is travelling outside of Whatcom County
2. NICU and/or ICU patients will be coordinated with the Lummi Social Worker and the hospital social worker to determine the number of days needed and if there is an actual need for hotel accommodations.
3. Non-ICU hospital healthcare stay may be from 1-2 nights, or up to 15 days hotel assistance.
4. Pre-scheduled surgery, or follow-up care, patient is to request hotel assistance and to identify person transporting to the medical facility. Must have a Referral from LTHC RPMS.
5. Hotel reservations will be made for **immediate family**:
  - a. Spouse
  - b. Parent(s)
  - c. Grandparent(s)
  - d. Legal Guardian
  - e. Sibling(s)
6. There is to ONLY be a designated immediate family member identified to call on behalf of person admitted to hospital.
7. One room per family-Hospital rate rooms must be requested
8. We do not pay for room incidentals, such as food or movies rented
9. Gas Cards will be distributed by the following guidelines:
  - a. Must have a referral from LTHC in RPMS
  - b. Fuel cards will not exceed \$25; case by case

- c. If staying in a hotel, a gas card is only for the patient or immediate family member to transport the patient to and from hospital or appointment.
- 10. Per Diem for meals is not covered by PRC
- 11. In the circumstance, a patient makes a payment directly and a reimbursement request is submitted, receipts will be evaluated with the same PRC Patient Travel Policy.

**PRC Program Exclusions:**

The following services though not exhaustive, are specifically excluded:

- (1) Services and supplies that is not necessary for the diagnosis and treatment of a covered illness or injury.
- (2) Personal comfort and/or convenience items such as beauty and barber services, radio, and television.
- (3) Custodial care  
(Non-medical assistance at home or in a nursing or assisted-living facility -- with the activities of daily life, such as bathing, eating, dressing, using the toilet).
- (4) Domiciliary care  
(Supervised living arrangement in a home-like environment for adults who are unable to live alone because of age-related impairments or physical, mental or visual disabilities)
- (5) 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 IHS
- (6) Services or supplies furnished by local, State, or other Federal programs
- (7) Housekeeper and companion services
- (8) Services to persons in the custody of local State, and Federal law enforcement agencies.
- (9) Services or costs related to deceased, e.g., hearse, morgue, burial costs.
- (10) Termination's with exception for medical indicators.  
*Federal Regulations 42 CFR, Part 36, Subpart F. effective February 26, 1982 limit Indian Health Service involvement to only those abortions which are medically determined to be life endangering to the mother if the fetus were carried to term. CHS funds cannot be used to provide non-conforming abortion services from a direct care facility or through the CHS program.*
- (11) Fertility work ups
- (12) Paternity testing
- (13) Under usual circumstances we do not purchase supplies/equipment for replacement.
- (14) Wilderness Treatment
- (15) Hypnosis
- (16) Animal Therapy
- (17) Water Therapy
- (18) Aromatherapy
- (19) Broken Appointments, Late Fees, Attorney Fees, and/or no Interest.

**4.3 Categories of Emergencies:**

Diagnostic categories 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 LTHC professionals.

**4.4 EMERGENCIES - (Medical, surgical and/or Traumatic)**

AIRWAY OBSTRUCTION	Delirium Tremor (DTs severe complications of esophageal varices, e.g. bleeding, hepatic coma, upper and/or gastrointestinal bleeding)
ALCOHOLISM	
AMPUTATION (due to trauma)	CEREBRAL VASCULAR ACCIDENT
ANAPHYLAXIS	DIABETES MELLITUS Acidosis, Coma, Ketoacidosis, hypoglycemia/hyperinsulinism
ANEURYSMS (aortic - acute and/or bleeding, cerebral - acute and/or bleeding)	DYSPNEA Due to: Asthma, Pulmonary embolism, obstruction (airway)
APPENDICITIS (Acute)	
BLAST (Injuries)	EMBOLISM (Cerebral & Pulmonary)
BURNS (2 <sup>nd</sup> or 3 <sup>rd</sup> degree, chemical, electrical, thermal)	ENCEPHALITIS
CARDIC (Arrhythmia, Angina Pectoris, Ischemia, Myocardial Infarction, Pulmonary Edema and/or Congestive Heart Failure)	EPIDIDYMITIS (Acute)
CHEST INJURIES	EPIGLOTTIS
CHOLECYSTITIS (Acute) (Gallbladder Attack)	EAR DRUM PERFORATION (Acute)
COMA	EPISTAXIS
CONCUSSION	HEMOPHYLIA (acute)
CONVULSIONS (Acute)	HERNIA Strangulated/any Site/Rupture
CRUSH INJURIES	HYPERTENSION (acute crisis)
CYANOSIS	EYE DISEASES Uveitis-Acute EYE INJURIES Corneal Abrasion, lacerations Ulcer, foreign body
DEHYDRATION (severe)	

FRACTURES All Kinds	(Any acute condition in a patient under the age of 1 years of age)
GUNSHOT WOUNDS	PELVIC INFLAMMATORY DISEASE-Acute
HEAD INJURY - Acute	PULMONARY (Asthma - acute or status asthmatics, Pneumothorax, Atelectasis, Bronchopneumonia: with respiratory distress and/or fever, Dyspnea, Hemoptysis, RAPE - Sexual assault
HEAT EXHAUSTION AND PROSTRATION	
HEMORRHAGE (Severe, profuse, uncontrolled, any site)	
HYPERTHYROIDISM (crisis)	SEPSIS
KIDNEY (Renal, Glomerular nephritis, Failure – acute, Stones - acute attack, Obstruction - acute, Urinary Retention – acute)	PERITONITIS-Acute
LACERATIONS (All kinds) Requiring sutures and/or steri-strips	POISONING-Acute Due to: Carbon Monoxide Chemical Drugs by: Injection Ingestion Overdose Heavy Metals Insecticides Plants Venom by animal or insect
LYMPHANGITIS	
MENINGITIS	
MENORRHAGIA (profuse)	
MIGRAINE (acute attack)	PSYCHOSIS
OBSTETRICAL EMERGENCIES (Abnormal presentation, Cord-prolapse, Dystocia, Placenta Previa, RH Crisis, Toximia, Pre-eclampsia, Eclampsia, Inertia)	PUNCTURE OR STAB WOUNDS
Obstruction Uterine - airway or foreign body, Inertia)	SEPTICEMIA
ORCHITIS	Severe Nose Bleed
PANCREATITIS-Acute	SHOCK
PEDIATRIC EMERGENCY	SPINAL COLUMN (Acute injury, herniation, or rupture of the intervertebral disk)
	SUICIDAL ATTEMPT

#### **4.5 Dental Referral Policy:**

Referrals are appropriate when the LTHC Dental Program cannot address specific procedures in the direct care program due to available time, level of difficulty, or alternative resources are available. Services provided within the Dental Clinic will be provided in Appendix A.

All referrals must meet the following criteria's:

- First be examined and referred from the LTHC Dental program.
- Meet current referral policy for each dental clinic discipline.
- Have good periodontal health.
- Broken Appointment Policy honored.
- If a waiting list is in effect, patients will be referred according to its order of service.
- Children, Diabetic, and other medically compromised patients will have first priority.

#### **Crown and Bridge Policy:**

Crown and bridge candidates must meet all Criteria for referrals. All existing dental needs for cleaning and restorations will be completed before being placed on the waiting list.

#### **Removable Prosthetic Services:**

Dentures and Partials must meet all criteria for referrals. All existing dental needs for cleaning and restorations will be completed as appropriate before being placed on the waiting list. Dentures may be replaced every 10 years, if they need to be referred outside of the Lummi Dental Clinic. Relines and repairs will be provided on an as needed basis.

#### **Endodontic Policy:**

Root canal procedures will be done at the dental clinic for anterior teeth when indicated for children. Endodontic services will be available within the Lummi Dental Clinic for adult

#### **Copayment Policy with Private Insurance:**

Per annual budget approval, patients with private dental insurance and meet criteria for referral can be referred for Level II preventative services, as indicated below, and is not to exceed \$1,000.00 per patient per year. The patient must come in for a consultation with the Dental Director to discuss any necessary referral for dental services.

#### **Level I - Preventive Care:**

- Prophylaxis (antibiotic) with or w/o topical fluoride
- Sealants by tooth or quadrant
- Preventive (self-care) training
- Periodontal recall procedures
- Cleanings and examinations
- X-rays

#### **4.6 Medicare Part B (Medical) Reimbursements, Medicare Part D (Pharmacy) Payments, or COBRA Payment Policy:**

Part B & Part D insurance plans are eligible patients for either reimbursement or payments. The Benefits Coordinator helps patients seek guidance on eligibility for Medicare. Patients must have a Part A to qualify for Part B & Part D.

#### **What is Medicare?**

Part A, B, C, and D are all health insurances that cover individuals that are 65 and older, disabled, or have end stage renal disease. Patients must sign up for Medicare by the age of 65 and must be within their enrollment period (3 months before/after their birth month). If patients decide not to sign up for Medicare, patients will be penalized each year by 10% for not signing up. There are some exceptions to enrollment periods and penalties, such as if a patient is diagnosed with a disability (must be approved 1<sup>st</sup>), chronic illnesses, blindness, and others may apply.

#### **Different Types of Medicare Insurance:**

- **Part A** – Hospital insurance usually doesn't cost anything. Eligibility for Part A must be met by working and contributing with tax dollars. Individuals turning 65 years of age will be provided information to sign up for Medicare benefits.
- **Parts B** – Health insurance pays for physician costs. Part B costs \$121.80 per month in 2016, but this may vary for each person. Patients may qualify for State assistance to help pay for Part B costs.
- **Part D** – Additional health insurance to pay for prescription costs. Must select appropriate health coverage for current medication list and the monthly cost will vary.

#### **Medicare Part B (Physician Costs) Reimbursement Policy**

1. Must be a patient of the Lummi Tribal Health Services receiving Direct Care.
2. Must be an enrolled Lummi Tribal member.
3. Must have an active Medicare Part B plan.
4. Check with Lummi Tribal Health Center's DSHS Office to see if the patients receive a State Assistance (QMB) to help pay for Part B.

#### **Procedure to Reimbursement for Medicare Part B:**

1. Patient turns in the part B receipts of payment to receive reimbursement.
2. Call Medicare's Phone Number: 1(977)908-8431
3. Verify the patient has Part B and verify the amount the patient pays on Part B.
4. Checks are issued on a quarterly basis for reimbursement.

#### **Medicare Part D (Hospital Costs) Payment Policy**

1. Must be a patient of the Lummi Tribal Health Services receiving Direct Care.
2. Patients receiving reimbursement for Part D may be an enrolled Tribal member from any Federally Recognized Tribe.
3. Must have an active Medicare Part D plan.

4. Check with Lummi Tribal Health Center's DSHS Office to see if the patients receive a State Assistance to help pay for Part D.

**Procedure to make a payment on Part D:**

1. Patient turns in the Part D insurance payment book to make payments.
2. Call Medicare's Phone Number: 1(977)908-8431.
3. Verify the patient has Part D.
4. Verification the amount the patient pays Part D.
5. Checks are issued for the entire year in one payment.

**Cobra Payments:**

1. Must be an enrolled Lummi Tribal member; AND
2. Must be a patient of the Lummi Tribal Health Services receiving Direct Care; AND
3. Determine whether Cobra or a Qualified Health Plan would be more cost effective.
4. Must have exceeded 12 weeks after employment for coverage of Cobra.
5. Maximum to be paid is 3 months, if there are special services that are needed to be covered due to a catastrophic injury.

**4.7 Sponsorship Policy:**

This policy allows Lummi to purchase health insurance Purchase & Referred Care funding. Please refer to the Sponsorship Policies & Procedures.

## **CHAPTER 5: Alternative Resources Payments**

As used in this manual, alternate resources are those resources (including other IHS or Tribal Health Facilities) that are available and accessible to an individual. They would include but not be limited to, such sources as Medicare, Medicaid, Veterans Administration, private insurance, and state 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.
- 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 Purchase & Referred Care Services
- 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's Responsibility to Process 3<sup>rd</sup> Party Claims Prior to Making a PRC Payment**

Purchased & Referred Care will pay reasonable and allowable balances (including deductibles and exclusions). An Explanation of Benefits from the health insurance company will be required to show payments made or citing reason for the rejection of a claim is necessary to document any third party payments made.

- A. Medicare - Purchased & Referred Care can pay balances on allowable charges when the provider accepts assignment. If a provider does not accept assignment, LTHC may pay balances on actual charges. If provider was paid directly, he/she accepted assignment and considers Medicare's payment as payment in full.
- B. Purchased & Referred Care can pay Medicaid program exclusions, i.e., the 20th inpatient day, etc., but cannot pay balances after Medicaid has paid for same services since the Provider must accept the Medicaid payment as a payment in full.
- C. Private Health Insurance - LTHC can pay balances after insurance considerations for services determined to be within current purchase priority.

**CHAPTER 6: Authorization of PRC Funds**

**6.1 Referrals**

The Indian person has been provided a referral from their primary care provider for a specialty service. The Referral Specialist will provide a referral to the patient and will notify the patient of his/her status for eligibility for Purchase & Referred Care and will also be provided on bottom of the Referral Statement.

***Referral Statement***

**Direct Care Only**

\*\*\*\*\*

To the contract provider:

CHS funds are NOT AUTHORIZED. The patient (and any alternative resources to which he/she is entitled) is responsible for this bill and has been so informed. Please submit a consultation report or discharge summary to the referring Indian Health Service provider as soon as possible. Contact our Referral Specialist at (360)380-6932 or fax us at (360)384-2334.

**CHS & Direct Care**

\*\*\*\*\*

The patient being provided this referral is eligible for, CONTRACT HEALTH SERVICES. Primary health insurance must be billed first. This referral is a request for health service and is not a guarantee of payment. If needing to request additional visits, please request a prior authorization form from Lummi Referrals by calling (360)380-6932 or faxing: (360)384-2334. Please submit claim forms and explanation of benefits to: CHS, 2592 Kwina Rd, Bellingham, WA 98226 or fax to: (360)384-2336.

Indian people affected by the Purchased & Referred Care program must be kept aware of local policies on administrative requirements. The Business Office Department will notify the Indian community of the specific local requirements for approval of PRC payments for services, and the titles of the person(s) who will be notified when Purchased & Referred Care is required. This notification will at least include publication in local community and/or tribal newspapers and posting of notices on bulletin boards in patient areas of the Health Service facilities. Further changes in local policies or administrative requirements will be published and posted as outlined above.

**6.2 Preauthorization:**

Documentation of pre-authorized approval should be shown on a referral.

**6.3 Responsibility for Authorization for Students, and Persons who leave their PRCDA:**

The Service Unit from which the person left shall be responsible for authorization of payment for all services except:

- A. Where the individual is eligible for Purchased & Referred Care in his/her new place of residence.
- B. When the individual is initially treated in an IHS or Tribally operated ambulatory care facility and a contract provider. In this case the Service Unit with jurisdiction for the facility will be responsible for authorization and payment.

**6.4 Persons Under Treatment at the Expiration of 180 Day Grace Period:**

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). Proof must be provided that the condition is still deemed acute by an authorizing authority.

## **CHAPTER 7: Approval Process for PRC Eligibility**

### **7.1 Application for PRC Eligibility:**

- A. A patient registration form should be obtained from new patients seeking health services from a direct care facility to determine eligibility for Lummi healthcare services. Complete information must be given and documented in order to accurately determine eligibility.
- B. Any changes must be reported, such as:
  - i. In status, i.e., marital, residence, tribal affiliation, etc., on active patients which affects eligibility determination must be noted on an updated form.
  - ii. Yearly update from the last date of application is required for active patients.
  - iii. Patient is responsible for providing timely documentation of changes in status, payment may be denied for not providing documentation.
- C. Eligibility for Direct Care will be made prior to the first visit.
- D. Purchase of Referred Care will be made within 2 workdays of application. If further research into tribal affiliation, residence, or alternate resources is necessary the determination may be delayed.
- E. Fraud: An individual who knowingly and willfully provides the Purchased & Referred Care office with false fictitious or fraudulent information are subject to prosecution under Lummi Nation Code of Laws.
  - (1) When there is suspicion of fraud, the PRC staff will discuss the facts of the case with Business Officer Manager/LTHC Director, and when appropriate, prepare a written report detailing the action considered to be fraud to the Lummi Law & Order for appropriate investigative action;
  - (2) A request for investigation of possible fraud does not in itself make the individual ineligible for continuing service;
  - (3) During the investigation, any pending PRC claims and payments will be held in suspension.
  - (4) Clients falsifying information may be prosecuted and payments for services will not be paid.

### **7.2 The following documents must be submitted with application for Purchased & Referred Care (PRC):**

- Must be an enrolled Tribal Member (Proof of Tribal Enrollment)
- Must live within our PRCDA (Proof of Current Address)-Children may be listed under the parent(s) or legal guardian documentation provided.
  - Property/Income Tax Records
  - Rental Receipts
  - Utility Payments
  - Employment Wage Slips
  - Lummi Housing Authority
  - Notarized Residency Affidavit (Provided by Clinic or Healthcare Business Office), if unable to produce one of the documents.

- Lummi Homeless Population-Mailing address will be the same as what is provided on the health insurance application.
  
- *Additional Proof of Residency may be requested to provide there is suspicion of fraudulent information provided. Definition of Current Residence is, "Where a person has established and maintains a household and lives on a regular basis."*
  
- Must have applied for health insurance (ex., Medicaid, Medicare Sponsorship Program, privately purchased insurance or employee health insurance)-Need to provide a denial letter from Washington Health Plan Finder for WA Medicaid.
  
- Enrolled Lummi Tribal Members Only:
  - Provide proof of full-time college school enrollment, if attending outside of PRCDA.

## **CHAPTER 8: Denial and Appeal Process**

### **8.1 Denial**

If a person is denied PRC both the patient and the provider shall be notified in writing of the denial with a statement containing all the reasons for the denial. The notice shall also inform the applicant that within 30 days the bill was dropped off to the Purchased & Referred Care.

### **8.2 Appeals Process:**

In order for a bill to be appealed the patient may:

- (1) Provide a written appeal on any medical bill denied for payment.
- (2) If the original denial is affirmed by the Business Office Director for reconsideration. Then the bill will go to the Lummi Health & Family Commission to decide upon payment based off of the PRC Policies.
- (3) The decision of the Lummi Health Commission shall constitute final administrative action. LIBC has the final decision.
- (4) Civil action may be pursued at own expense.

### **8.2 Appeals Records:**

- A. Purpose - To establish procedures to insure that an adequate record will be created and maintained for all appeals from denial of Purchased & Referred Care in order to facilitate expeditious handling of such appeals and to insure that complete and accurate records of denial decisions are kept.
- B. Records will be maintained in the LTHC building.

### **8.3 Appeal File:**

On appeal to the Lummi Health Commission, the LTHC Director will be contacted immediately to forward all pertinent correspondence and information.

### **8.4 Dismissals:**

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

### **8.5 Examples of Denials**

- A. 3.1 – Direct Care Eligibility Must receive Direct Care. There is no chart established at the LTHC or at the Behavioral Health Department.
- B. 3.2 – PRC Eligibility:
  - i. Outside of our established PRCDAs.
  - ii. Patient has not applied for insurance and avoids signing up for insurance.
- C. 4.5 PRC Program Exclusions: Type of service was available through direct care or an excluded service.  
No referral or secondary referral from the LTHC (outside referrals must be coordinated with the Referral Specialist).

## **CHAPTER 9: Documentation of PRC Activity**

### **9.1 PRC Records:**

- A. LTHC maintains financial records for patients in vendor files for 7 years.
- B. Documentation of PRC activity is maintained in the PRC (CHS) RPMS program.

Keys that is helpful in generating documents:

- ^VP View Document Summaries for Specific Patient
- ^DID Display Individual PRC (CHS) Documents
- ^DUMP Display a Denial Document

## **CHAPTER 10: Payment Process**

### **10.1 General Requirements**

- A. Date stamp & initial all bills when received.
- B. Screen all incoming bills for:
  - (1) PRC eligibility
  - (2) The completeness of information provided.
  - (3) The accuracy of the procedural coding and treatment/procedure.
  - (4) Accuracy of submitted charges. Limits of delegated PRC purchasing authority must be recognized when final payment is authorized.  
Example: limitation of number of visits to outside agency as shown on referral for service.
- C. Processing of Completed Billings:
  - (1) Emergency Room services will be submitted to the LTHC Director or Dentist whichever is applicable for approval prior to issuance of a Purchase Order for payment.
  - (2) All charges will be adjusted to approve allowable rates for payment for those vendors/providers applicable.
  - (3) Audited Purchase Orders are posted in RPMS, entered into Accufund, and then Accounting processes a payment. When payment is made, a copy of the payment information is returned to PRC for record and the payment is mailed out from PRC. Payment information is then filed in the vendor file, which is filed by year and alphabetically.

### **10.2 - Third Party Tortfeasor and Federal Medical Care Recovery Act (FMCRA)**

- A. **Definition.** Third-party Tortfeasor cases are cases where the IHS provides or pays for services to an injured individual where a third-party (the Tortfeasor) may be found to be responsible for the injury. (See IHS Circular No. 2006-02, "Reporting Third-Party Tortfeasor Claims and Recovery of Funds under the Federal Medical Care Recovery Act.")
- B. **Claims.** Under the FMCRA the Federal Government is authorized to recover the cost of these services. The various offices of the Regional Attorney are responsible for asserting any Government claim under the FMCRA. The OGC advises that the procedure of withholding payment on purchase orders pending resolutions of third-party liability...does not follow the procedures for recovery under FMCRA. Bills submitted to the tribal health facility where PRC have been authorized in a third-party case must be paid if otherwise valid and funds are available. Payment is not to be withheld pending final determination of any claim the patient may have against a third-party.
- C. **Alternate Resource.** In addition, authorization of PRC may not be denied based on any theory that potential recovery from an alleged third-party Tortfeasor constitutes an "alternate resource" under the PRC regulations.
- D. **Recovery.** Any funds recovered by the Federal Government must go back to the respective PRC Program. All recovered FMCRA funds are returned to the PRC program that originally paid for the services provided to the patient. Applicable reporting and payment requirements are mandatory and must be followed.
- E. **Cost of Services Settlement.** There is a positive motivating factor that should be kept in mind. Failure to report FMCRA cases could possibly harm the patient or the patient's family. If the injured party should make a settlement that does not reflect the cost of services provided by the IHS, the Federal Government might still have claim against the settlement for the cost of services. Though it is problematic whether the Federal Government would pursue its claim in

such a situation, the possibility cannot be totally discounted. Therefore, prompt reporting can act to protect the interest of the injured party.

- F. **Third-Party Report Forms.** All possible third-party Tortfeasor cases are to be promptly reported to the Office of the Reservation of Attorney (ORA). All third-party report forms should be completed by the PRC staff and contain the following information:

Patient Name.

Date of Service, explanation of situation.

Name of third-party responsible for payment in the case.

Costs paid by IHS.

Any related correspondence.

### **10.3 - Victims of Crime Act**

The Victims of Crime Act of 1984, Title 42, Chapter 112 U.S.C., established a crime victim compensation program. The program is operated by the Federal Government and provides compensation to criminal violence victims and survivors of criminal violence, including drunk driving and domestic violence for medical expenses attributable to a physical injury resulting from a compensable crime, and for certain other expenses. Accordingly the Tribal PRC program must pay for care provided to eligible AI/ANs before the crime victim compensation program pays; consequently, the crime victim compensation program is an exception to the tribal PRC payer of last resort policy.

## **CHAPTER 11: Funds Recovery and Adjustment**

### **11.1 Adjustments: Allowable adjustment rate**

Provider will not bill patient for difference from rate

- A. A “to the penny” adjustment is necessary when actual payment is any amount over or under the obligation.
- B. Notation of the adjustment should be made on the PRC formerly HCFA

## **CHAPTER 12: Evaluation Process**

The following program categories will be reviewed by the Lummi Health Commission within the specified time frame:

PRC Regulations and Policy shall be reviewed bi-annually and revised as warranted by the Lummi Health Commission and presented to Lummi Indian Business Council for approval.

**Appendix A – Prior Authorization Form**



**LUMMI INDIAN BUSINESS COUNCIL**

LUMMI TRIBAL HEALTH CLINIC REFERRALS  
 2592 KWINA ROAD BELLINGHAM, WA 98226  
 (360)384-0464 FAX: (360)384-2334

<b>Check One:</b>	
<input type="checkbox"/>	Elective/Routine
<input type="checkbox"/>	Expedited/Urgent

**Prior Authorization Request (Secondary Referral)**

*In order to receive prior authorization for services, this form must be filled out completely and a referral will be reviewed for payment prior to services provided.*

Organization:					Service Type:	
<b>Client Information</b>						
Name:					DOB:	
<b>Provider Information</b>						
Requesting Vendor:				Requesting Fax:		
Referring to:						
Referring NPI:				Referring Fax:		
<b>Service Request Date</b>						
Description of Service:					Expiration Date or # of Visits Requested:	
Expected Start Date:		Dx Code:	1.	2.	3.	
CPT	Modifier	# of Units/Days	Amount Requested	Part # (DME Only)	Tooth or Quad #	
Prescription Requested:	1.		2.		3.	
Prescriber NPI:				Estimated Cost:		
Is this prescription carried at Lummi?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Comments:						
<input type="checkbox"/> <i>To expedite the process, please attach the notes for review.</i>						
Authorized Person (Print Name)		Signature			Date	
<p><b>Please fax to (360)384-2334.</b></p> <p>The material in this fax transmission is intended only for the use of the individual to who it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific healthcare operations.</p> <p><input type="checkbox"/> All PRC claims allow 42 CFR, Part 136, Subpart I to be applied. Meaning, Medicare-Like Rates (MLR) or 65%; or</p> <p><input type="checkbox"/> Negotiated Contracted Rate. This applies to any eligible PRC patient referred from a Tribal I/T/U.</p>						
Reviewed by:					Date:	
Approved:	Denied:			Pending:		
Comments:						

"To Preserve, Promote and Protect our 'Scha Lang an'"