



LTBB
**PURCHASED/
REFERRED CARE**
(FORMERLY CHS)

Handbook



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Purchased/Referred Care

1260 Ajijaak Ave.
Petoskey, MI 49770
Phone: (231) 242-1600
Fax: (231) 242-1617

Dental Clinic

1260 Ajijaak Ave.
Petoskey, MI 49770
Phone: (231)242-1740

Health Clinic

1260 Ajijaak Ave.
Petoskey, MI 49770
Phone: (231) 242-1700
Fax: (231) 242-1717

What is Purchased/Referred Care (PRC)

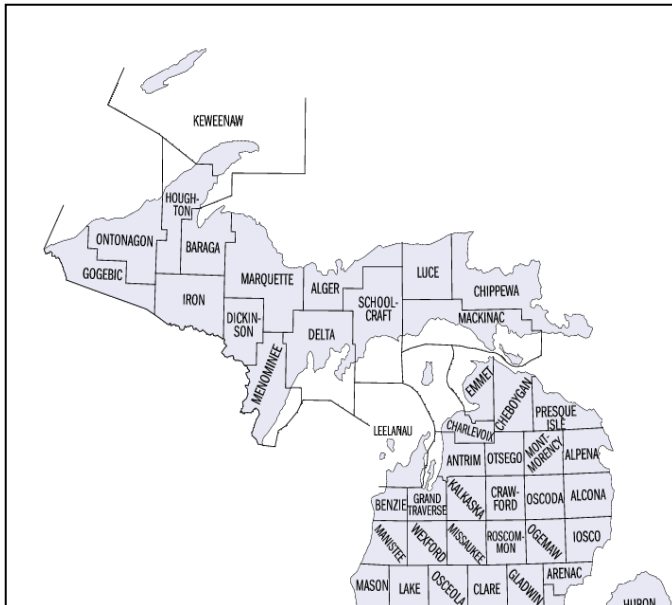
Purchased/Referred Care Services (PRC) is an Indian Health Service, US federally funded program run by the Little Traverse Bay Bands of Odawa Indians Health Department. PRC is the means used to pay for Health Services that cannot be provided at the Mina-Mskiki Gumik clinic for patients who are eligible for PRC.

PRC is not an entitlement program, an insurance plan, or guarantee of payment. PRC is considered the payer of last resort!

All other insurances must be billed before Purchased/Referred Care Services.

If the patient has no insurance, including Medicare or Medicaid, that patient will be required to apply for Medical Assistance before eligibility for PRC can be established. Medicaid Applications must be filed to the local DHS office of the county of residence. An eligibility determination must be received by PRC within forty five (45) days of PRC registration.

If the determination is not received at PRC within forty-five (45) days of the application date, payments for services such as labs, x-rays, medications or referrals to outside providers are the responsibility of the patient. These bills will not be covered by PRC.



Purchased/Referred Care Service Area (PRCDA)

Upper Peninsula Counties

Alger, Chippewa, Delta, Luce, Mackinac, Schoolcraft

Lower Peninsula Counties

Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford

Utilization

A Tribal Citizen, or other Native American, must register for Purchase/Referred Care Services to be eligible for Benefits. This includes providing our office with proof of your insurance (s), or if you do not have insurance, you must provide the PRC office with the determination letter from your local Department of Human Services (DHS). You will be asked to update your file once every twelve (12) months. When calling for services, the PRC Staff will ask if there are any updates that need to be made to your file. The following documents must also be submitted:

- ◆ Completed and signed Patient Registration Form
- ◆ Tribal Identification Card or proof of descendency, (i.e. birth certificate and marriage license to show name change)
- ◆ Driver's License, State Identification, or Government Issued Picture Identification
- ◆ Second proof of residence, (i.e., utility bills, voters registration, leases, automobile registration) proof of residency must be your physical address **not** an RV park or Post Office box.
- ◆ Proof of insurance(s) or valid letter of determination from your local DHS office.

WHAT STEPS DO I TAKE IF MY BILL HAS BEEN DENIED?

The four-step process must be followed in the order described. Failure to follow the steps in order will result in the appeal being denied.

BUSINESS OFFICE LEVEL

The applicant has thirty (30) days from the date of the original denial to request an appeal. The appeal must be made in writing to the Business Office with additional information.

ADMINISTRATIVE LEVEL

If the decision of denial is upheld by Business Office, an appeal may be sent to the Health Director at 1250 Lears Rd Petoskey, MI 49770. The appeal shall be in writing and explain the reasoning of the appeal. The applicant's appeal must be made to the Health Director within thirty (30) days of the receipt of the denial notice from the Business Office.

DIRECT SERVICES ADMINISTRATOR

If the original denial is affirmed on appeal to the Health Director, then the applicant shall be notified in writing and advised that further appeal shall be in writing and explain the reasoning for denial. The applicant may make the appeal to the Direct Services Administrator at 7500 Odawa Circle Harbor Springs, MI 49740 within thirty (30) days of receipt of the denial notice from the Health Director.

INDIAN HEALTH SERVICE

If the denial is upheld by the Direct Services Administrator, the patient shall be advised that a further appeal may be taken to the Director, Indian Health Service, within 30 days of receipt of the notice. The appeal shall be in writing and shall set the grounds supporting the appeal. The decision of the Director, Indian Health Service, shall constitute final administrative action.

IS PAYMENT FOR SERVICES GUARANTEED

- ◆ **NO**, while we would like payment for services to be guaranteed, PRC funds are limited, funding is received once a year and must last through the year.
- ◆ To ensure that there are adequate funds to meet the needs of tribal members, medical and dental services are prioritized.
- ◆ As funds are used throughout the year, priorities may change. This means that some services may be limited and persons requesting these services may be placed on a deferred services list until funds become available.
- ◆ Purchased/Referred Care Service (PRC) payment is limited by medical priorities. Some treatments and procedures are not eligible for payment.
- ◆ Priorities are determined by the Managed Care Committee made up of the: Medical Director, Health Director, Business Office Manager, PRC Specialist, Medical Provider, Clinic Nurse.
- ◆ The Managed Care Committee takes into consideration available funds and medical priority of care for requested services.

Use of Tribal Clinic

Mina Mskiki Gumik/Little Traverse Bay Bands of Odawa Indians Health Clinic must be utilized for all health care primary care appointments.

CLINIC HOURS:

Monday through Friday 9:00 a.m. to 5:00 p.m.

A Physician or Physician Assistant will be available during these hours.

When immediate attention is needed for an urgent but non-life threatening condition, clients must call the Mina Mskiki Gumik (LTBB Health Clinic). The Clinic staff will determine if you can be seen at the Clinic, be referred to Quick Care/Petoskey Urgent Care, or be referred to the Emergency Room. If the LTBB Clinic is closed, then services should be obtained at Quick Care, Petoskey Urgent Care, or your local Emergency Room.

Clients **MUST** notify PRC of urgent care or ER services within 72 hours of the services happening. Elders or disabled clients have 30 days to notify PRC. If you do not notify our office within these timeframes, payment for your medical services will automatically be denied, and payment will become the client responsibility.

Prior Authorization

Purchased/Referred Care Services cannot pay for health services without prior authorization.

- ◆ Authorization must be obtained from Purchased/Referred Care Services at least **twenty-four hours** before the scheduled health care appointment. Authorization is provided in the form of a reference number, which needs to be presented to the provider at the time of the appointment.
- ◆ You must seek separate authorizations for all follow-up appointments, x-rays, and all lab work.
- ◆ All prescriptions need to have prior authorization.
- ◆ Additional treatment ordered by a specialty physician needs to be submitted to the managed care committee for review and prior authorization.
- ◆ If you reschedule your appointment you must call Purchased/Referred Care to obtain a new number.
- ◆ Notification must be given to PRC within **72 hours** of emergency or urgent care. **Elders or disabled clients have 30 days to notify** the PRC office in case of emergency or urgent care. Approval will be determined after Managed Care reviews the case for compliance and appropriateness.



Use of Urgent Care and Emergency Room Facilities

Emergencies are defined as “a condition that occurs suddenly and unexpectedly. This condition could result in serious bodily harm or threaten life unless treated immediately.” For emergencies call 911 or go immediately to your nearest emergency center. You or a family member must notify Purchased/Referred Care within seventy-two (72) hours of the visit. Elders and disabled patients have up to (30) days to notify Purchased/Referred Care at (231) 242-1600.

DO YOU HAVE OTHER HEALTH INSURANCE

PRC is the absolute payer of last resort. This means that if you have access to any other type of health coverage—health insurance through your employer, your spouses employer, State or Federal health plans (Medicare, Medicaid, MI Child, Tricare, etc.) - it must be billed before PRC. **It is your responsibility to provide insurance information to all outside providers.**

You are required to apply for Medicaid if you have no other health insurance.

The Patient Benefits Specialist is available to help you with your health benefits, and to assist you in completing a Medicaid application. Contact the Patient Benefits Specialist at (231) 242-1752.