



S O P H I E T R E T T E V I C K  
**INDIAN HEALTH CENTER**  
M A K A H T R I B E

# **PURCHASED/REFERRED CARE MANUAL**

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# I. General Information

## A. Purchased/Referred Care Background

The STIHC Purchased/Referred Care (PRC) is a program sponsored by Indian Health Service and managed by Sophie Trettevick Indian Health Center that provides funds to eligible beneficiaries for specific health services as specified in this manual.

## B. Payor of Last Resort

In accordance with Federal Law, 42 CFR 136.61 PRC must be the payor of last resort. Accordingly, PRC may not authorize any payment for services that are available at STIHC or, if not available at STIHC, are, or could be, covered by alternate resources.

## C. Application Process for STIHC (Makah) Purchased/Referred Care

Eligibility for the STIHC (Makah) Purchased/Referred Care Program is determined through an initial application and continued via an annual renewal.

After submitting an initial or renewal application, individuals will be informed of their eligibility status via mail. Individuals who are eligible will receive a card that verifies their eligibility.

## D. Eligibility Requirements for STIHC (Makah) Purchased/Referred Care

In order to be accepted into the STIHC PRC program, an individual must have proof of alternate resources or application to alternate resources AND fulfill the criteria for one of the three following eligibility categories:

**Category I:** An enrolled member of the Makah Indian Tribe  
AND one of the following:

- (1) residing in Clallam County<sup>1</sup>.
- (2) living outside of Clallam County for the purpose of full time enrollment in post-secondary education<sup>2,3</sup>.
- (3) a member of the Armed Forces on active military duty<sup>2,4</sup>.
- (4) a child (under 18) placed under guardianship outside Clallam County<sup>2</sup>.

OR

**Category II:** An enrolled Native American or Alaska Native  
living on the Makah Reservation<sup>5</sup>

OR

## **(Eligibility continued)**

**Category III:** A non-tribal member under one of the following conditions:

- (1) pregnant with a PRC eligible tribal member's child<sup>6</sup>.
- (2) living within a PRC eligible tribal member's household within Clallam County AND a STIHC medical provider has determined that services are necessary to combat a public health hazard<sup>5</sup>.
- (3) under the age of 18 and adopted by or placed under the permanent guardianship under supervision of a tribal member<sup>7</sup>.

### **Notes on Eligibility:**

1. Proof of current residency in this category includes a utility bill, written statement from a landlord, or verification (verbal or in writing) provided by the Makah Tribe's Office of Enrollment. If it is discovered that a PRC person eligible in this category has moved outside of Clallam County without informing the PRC office, that person's PRC benefits will end in 90 days from the date the move was discovered or 180 days from the date of the move, whichever is sooner.
2. Persons in this category are only eligible for PRC renewal (no initial applications)
3. Students in this category must go directly to school and must provide proof of enrollment in the school (either a transcript or certified letter on school letterhead).
4. Persons in this category must provide papers to prove active military duty.
5. Proof of current residency includes a utility bill or a written statement from the homeowner or landlord. If an eligible person in this category moves off the Makah Reservation they are required to inform the PRC office. PRC benefits will end 180 days from the date that that person moved. If it is discovered that a PRC person eligible in this category has moved off the Makah Reservation without informing the PRC office, that person's PRC benefits will end in 90 days from the date the move was discovered or 180 days from the date of the move, whichever is sooner.
6. Eligibility in this category is for the duration of the pregnancy through 6 weeks postpartum and is determined by a written statement from the father.
7. Individuals may be eligible under this category through the age of 18 and are no longer eligible on their 19<sup>th</sup> birthday.

## **E. Primary Medical, Dental and Pharmacy Provider**

PRC eligible patients who reside in Clallam County must establish the STIHC Primary Care Clinic, Lower Elwha Health Center, or Quileute Health Center as their primary care medical provider, STIHC Dental Clinic as their primary dental provider, and STIHC Pharmacy as their primary pharmacy.

Exceptions to the requirement above are PRC eligible patients who are determined by the STIHC Clinical Director to have primary care needs that exceed STIHC's scope of services or with whom STIHC providers have not been able to establish a therapeutic relationship. These patients may be referred to an outside primary care provider in Clallam County. These referred primary care services and any further referred services from the outside primary care provider will be eligible for PRC funds. This determination may only be made by the STIHC Clinical Director and may be revisited upon the request of the patient or the STIHC Clinical Director. The referral

for outside primary care services will be entered in the same manner as any STIHC referral but with clear documentation justifying the need for outside primary care (i.e. that the patient's needs exceed the scope of STIHC's services and/or they have not been able to establish a therapeutic relationship with any STIHC providers).

Once a patient establishes primary care elsewhere, regardless of PRC involvement, the STIHC *Primary Care Clinic* will no longer be involved in that patient's care unless the patient decides to re-establish primary care at STIHC.

PRC eligible patients who live in Clallam County who are not determined to require primary care beyond the scope of services at STIHC for the reasons listed above must establish primary care at STIHC, Lower Elwha Health Center or Quileute Health Center in order to have primary care, referral costs and associated health costs qualify for PRC funding.

## **F. Notification and Authorization**

Once an individual is in the Makah PRC program, payments for medical care and services will only be made after providing notification and receiving authorization in accordance with this manual (see Sections II and III for specific authorization, notification and referral requirements).

Purchased and Referred Care staff may be contacted in person during business hours at the Sophie Trettevick Indian Health Center at 250 Fort Street, Neah Bay, WA or they may be reached by phone at 360-645-2233 or 877-552-0618 (toll free). A PRC staff member will check voicemails regularly.

A. Authorization for non-emergency services: The patient must be referred to the service by their primary care provider at STIHC, Lower Elwha or Quileute and authorization given from PRC beforehand.<sup>1</sup>

B. Notification of emergency services (no pre-authorization required): PRC must be notified within 72 hours after the initiation of life-threatening emergency medical care<sup>2,3</sup>.

### **Notes on Notification and Authorization:**

1. If the non-emergency service is the result of a referral from a service that was originally referred to by a STIHC, Lower Elwha, or Quileute provider, then authorization is not necessary however a courtesy notification is helpful for the PRC staff to plan for expenditures.
2. Notification must be made by the patient, a representative of the patient, or the medical provider.

## **G. Review, Revision and Approval of this Manual**

This manual and the policies within it were adopted on April 26, 2019 by MTC Resolution 55-19. Annual review of this manual shall be conducted by the PRC staff, the Administrative Officer and the Health Director in an annual meeting during January of every year. Documentation of this review will be maintained in meeting minutes. Revisions must be submitted for approval through the Health Board and the Makah Tribal Council per the policy approval process.

## II. Services that may be Authorized for Coverage by PRC

<p><b>Priority 1: Emergency Services</b>  <i>Any medical service urgently necessary to prevent the immediate death or serious health impairment.</i>            *no referral or PRC authorization required, notification to PRC is required within 72 hours.</p>	<ul style="list-style-type: none"> <li>• Emergency department care</li> <li>• Emergency inpatient hospitalization</li> <li>• Renal dialysis, acute and chronic</li> <li>• Emergency psychiatric care</li> <li>• Obstetrical deliveries and acute perinatal and neonatal care</li> <li>• Emergency dental care</li> <li>• Diagnostic evaluations including imaging</li> </ul>
<p><b>Priority 2: Preventive Care</b>  <i>Any medical service proven effective in avoiding the occurrence of a disease (primary prevention) and/or mitigating the consequences of disease (secondary prevention).</i>            *referral from STIHC. Lower Elwha or Quileute provider and PRC authorization required</p>	<ul style="list-style-type: none"> <li>• Routine prenatal care</li> <li>• Non-urgent preventive ambulatory care</li> <li>• Screening for known disease entities including imaging</li> <li>• Public Health interventions including vaccinations</li> <li>• Routine circumcisions (will only be covered if there are no medical providers at STIHC available to perform circumcisions) or as medically necessary</li> </ul>
<p><b>Priority 3: Non-Emergency Medical Care for Non-emergent Conditions</b>  <i>Any medical service that involves treatment of prevalent, but not emergent, illness. Conditions in this category are ones for which delay of care will not result in loss of function or risk of life, limb or senses.</i>            *original referral from STIHC, Lower Elwha or Quileute provider and PRC authorization required</p>	<ul style="list-style-type: none"> <li>• Scheduled and unscheduled ambulatory services for non-emergent conditions</li> <li>• Specialist consultations</li> <li>• Elective, routine surgery commonly performed in community hospitals</li> <li>• Diagnostic evaluations for non-acute conditions including imaging</li> </ul>
<p><b>Priority 4: Vision, Hearing and DME</b>            *referral required for orthotics, a referral from PRC is required for vision and hearing</p>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Orthotics</li> <li>• Other DME as prescribed</li> <li>• Eye exams and Eyeglasses: frames up to \$150 (every 2 years); lenses: single vision up to \$90, bi-focal up to \$130, tri-focal up to \$170, transitional lenses if prescribed by an ophthalmologist (PRC does not cover tint, scratch coat or other extras)</li> <li>• Contacts (Initial: full exam and \$225 towards contacts; Continuing: contact lens exam and \$125 towards contact)</li> <li>• Diabetic shoes (1 pair every two years) for the following conditions: Poor circulation, Diminished sensation (Diabetic Neuropathy) and foot deformity (bunion, hammertoes, severe flat feet, arthritis or history of foot ulceration), with prescription from PRC authorized provider</li> </ul>

### III. Medications

#### A. Medications that may be authorized for coverage by PRC

<p>Non-Controlled Medications</p>	<ul style="list-style-type: none"> <li>• Medications from an authorized emergency department visit (limited to a 7-day supply) <i>No pre-authorization required.</i></li> <li>• Medications from a discharge from an inpatient hospitalization (limited to a 30-day supply) <i>No pre-authorization required.</i></li> <li>• Medications from an after-hours visit at STIHC, if, at the discretion of the prescribing provider, a delay would present a risk to life or limb <i>No pre-authorization required.</i></li> <li>• Medications prescribed but not on the STIHC formulary. <i>Pre-authorization required.</i></li> </ul>
<p>Controlled Medications</p> <p><i>*No preauthorization required however PRC must still be notified.</i></p>	<ul style="list-style-type: none"> <li>• Controlled medications for post-surgical or other acute pain prescribed at an after hours visit, emergency room visit or hospital discharge necessary for pain control before the STIHC pharmacy reopens (limited to a 7-day supply).</li> <li>• Controlled medications prescribed to reduce serious risks to health from withdrawal (limited to a 7-day supply).</li> <li>• Controlled medications not on the STIHC formulary prescribed for treating psychiatric conditions.</li> <li>• Controlled medications not on the STIHC formulary prescribed for pain related to cancer.</li> <li>• Controlled medications not on the STIHC formulary prescribed for end-of-life care.</li> <li>• Suboxone (buprenorphine and naloxone combination medications) (co-pay only; patients receiving PRC funds to cover this medication must be actively enrolled in alternate resources)</li> </ul>

PRC does NOT cover costs of early refills due to lost, stolen or damaged medications.

#### B. Outside Pharmacies

Prescriptions for STIHC formulary medications must be filled at the STIHC pharmacy unless one of the following two exceptions exists:

- (1) The prescription is for psychiatric medication.
- (2) The PRC-eligible person resides outside of the PRCDA (Clallam County) or is outside of Clallam County for an extended (48+ hours) period of time.

### **(Medications continued)**

Prescriptions for medications not on the STIHC formulary are not available at the STIHC pharmacy. In order to be eligible for PRC coverage, these medications must follow all the eligibility requirements listed in Section III.A. of this manual. Third-party insurance must be billed by the outside pharmacy prior to PRC funds being used. After authorization and/or notification is provided in accordance with section IIIA, payment for the PRC-covered portion of these prescriptions will be provided in one of the following ways:

- (1) Direct payment to a pharmacy that contracts with STIHC
- (2) Reimbursement to the patient. The patient must bring a receipt for the prescription and reimbursement will be limited to costs not covered by third-party programs.

If a prior-authorization is required from a third-party program for a prescription by an outside provider, this must be handled by the patient, the outside pharmacy, and the outside provider.

## **IV. Priority Restrictions and Deferral**

### **A. Priority Restrictions**

The Administrative Officer may determine, at any time, after reviewing PRC funds and anticipated costs, to defer services based on priority level. Such restrictions must be progressive, beginning with the lowest priority levels first. Services deferred as a result of a Priority Restriction must be covered as soon as the Priority Restriction ends.

There may not be any restriction and deferral of Priority 1 Emergency Services.

### **B. Notification of Deferral**

When a service is deferred due to a Priority Restriction, affected patients must be notified as soon as possible. Notifications to the general community must also be made via the typical communication outposts (bulletin boards, ebulletin, social and local media) within 2 weeks of the Priority Restriction period.

## **V. Services Not Covered by PRC**

### **A. Excluded Services (in accordance with Indian Health Service PRC Priority Requirements)**

Excluded services are services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit. The list of therapies and



procedures classified as potentially cosmetic in nature, experimental, or excluded will be reviewed and updated on an annual basis.

Categories of excluded services include:

1. All purely cosmetic (not reconstructive) plastic surgery;
2. Procedures defined as experimental by the Centers for Medicare and Medicaid Services;
3. Procedures for which there is no proven medical benefit procedures listed as “Not Covered” in the CMS Medicare National Coverage Determinations Manual;
4. Extended care nursing homes (intermediate or custodial care); and
5. Alternate medical practices (e.g., homeopathy, acupuncture, chemical endarterectomy, naturopathy.)

Payment for certain cosmetic procedures may be authorized if these services are necessary for proper mechanical function or psychological reasons.

Payment for Experimental and Other Excluded Services is not authorized.

Examples of cosmetic services that are considered either experimental or excluded. (Not an all-inclusive list.)

Argon Laser Treatment for Congenital Hemangiomas	Abrasion (i.e., Keratoses)
Topical Chemotherapy (Total Face and/or Neck)	Chemical Peell
Mastectomy for Gynecomastia	Salabrasion
Mastectomy, Subcutaneous with Delayed Prosthetic Implant	Cervicoplasty
Removal of Mammary Implant Material	Rhytidectomy
Reconstruction of Nipple and/or Areola	Excision Excessive Skin and Subcutaneous Tissue (Including Lipectomy)
Revision (Release of Scar Contracture) of Breast, following Mammoplasty	Suction Assisted Lipectomy
Blepharoptosis Repair	Cryotherapy for Acne
Tattooing	Electrolysis Epilation
Subcutaneous Injection of “Filling” Material (i.e., Collagen)	Mastopexy
Insertion of Tissue Expanders	Reduction Mammoplasty
Dermabrasion	Augmentation Mammoplasty
	Breast Reconstruction
	Application of Halo Type Appliance for Maxillofacial Fixation

Examples of Experimental and other Excluded Services include but are not limited to:

Acupuncture	Cochlear implants (under 18 years of age)
Chiropractic	Cytotoxic food tests
Intestinal bypass surgery	Electrosleep therapy
Intravenous histamine therapy monitoring	Food allergy testing
Joint and ligament sclerosing therapy	Gastric balloon for treatment of obesity
Chelation therapy for atherosclerosis	Hair transplants

Heat treatment for pulmonary conditions  
Hemodialysis for Schizophrenia therapy  
Mammoplasty, cosmetic  
Sex-change operations  
Tattoo removal  
Tinnitus masking  
Plastic surgery (purely cosmetic, not reconstructive)  
Portable hand held x-ray instruments  
Pulmonary embolectomy, transvenous (catheter)  
Electric aversion therapy  
Electric nerve stimulation for motor dysfunction (not pain control)  
In-vitro fertilization

Ambulatory blood pressure  
Artificial Hearts  
Cellular therapy  
Keratoplasty, refractive  
Colonic irrigation  
Dermabrasion  
External counterpulsation  
Gastric freezing  
Hair analysis  
Human tumor stem cell drug  
Rhinoplasty, cosmetic  
Sensitivity assays  
Scalp replantation  
Thermogenic therapy

All services offered at STIHC, except as expressly and explicitly identified in this manual, will not be covered by PRC.

## **B. No-Show or Cancellation Fees**

Patients who “no show” for an appointment or cancel after the late-cancellation period and receive a bill for this are responsible for any fees associated.

## **C. Medications**

All medications without a prescription from a STIHC provider or an authorized outside provider, will not be covered by PRC, except as specified in Section III.A.

PRC funds may not be used to replace any lost, stolen, or damaged medications.

PRC funds may not be used for over-the-counter medications.

PRC funds may not be used to pay for any medications prescribed to inmates of County, City or Federal jails or prisons. This does not apply to PRC eligible patients incarcerated in the Neah Bay jail.

PRC funds may not be used for brand name medications when a suitable generic is authorized by the prescribing provider (who must be either a STIHC provider or an authorized outside provider).

Controlled medications not mentioned under Section III.A of this manual will not be covered by PRC.

Prescription medications from outside pharmacies when the medication is on STIHC's formulary and the patient resides in Clallam County, unless otherwise specified under section III.B. will not be covered by PRC.

## **VI. Denial and Appeals Process**

### **A. Denial Notice**

A PRC denial notice must inform the patient/beneficiary/applicant that, within 30 days of receiving the notice, the patient/beneficiary/applicant:

- (1) May request reconsideration of the denial by the Administrative Officer. However, the appeal must provide additional information previously not submitted; or
- (2) If there is no additional information on which to base reconsideration, the applicant may appeal the original PRC denial by the Administrative Officer to the Health Director.

### **B. Failure to Follow Appeal Procedures**

If the patient/beneficiary/applicant fails to follow these procedures, the request for reconsideration or an appeal may be denied. A written Notice of Denial will be sent to the patient/beneficiary/applicant stating there are no further appeal rights.

### **C. Appeal Procedure**

When, on appeal, the Health Director upholds the denial, the patient/beneficiary/applicant must be notified in writing of the denial and that an appeal may be submitted in writing to the Governing Board, within 30 days of the date of the Health Director's decision.

### **D. Levels of Appeal.** There are three levels of appeal:

1. A request for reconsideration of the appeal by the Administrative Officer,
2. A request for appeal to the Health Director, and
3. A final appeal to the Governing Health Board

### **E. Denial and Appeals Correspondence**

Electronic documentation of denial letters will be saved in RPMS.

The Administrative Officer will be administratively responsible for creating and maintaining an electronic file on each Purchased Referred Care denial appeal. The file will contain all correspondence and relevant information and will be maintained for a period of 5 years.

## **VII. Payments and Reconciliation of Commitment Registers**

Payment of the PRC purchase orders are required in a timely manner. Payment cannot be made until the provider returns the required forms including but not limited to invoice and consult

notes. Once all forms are returned by the Provider and are complete payment is made within 30 days. If the provider bills the patient directly, that is beyond our control. If that is the case, patients/beneficiaries should bring the bills to the STIHC PRC Office within 1 week. STIHC will make a copy of the bill with a received date and provide the copy back to the patient as a form of receipt. Once received from the patient, the PRC will ensure consult notes and forms are received and will submit the request for payment within 30 days.

## **VIII. Managed Care Committee**

This committee will be active if the Administrative Officer, according to Section IV.A. of this manual, implements Priority Restrictions on PRC-covered services. When activated, the committee is responsible to review, approve or deny procedures that are in question or do not fall within the levels of care. The Managed Care Committee is made up of the patient's STIHC Primary Care Provider, Benefits Coordinator, Health Director, PRC staff, Referral Staff, Admin. Officer and Business Manager.

## **IX. Data Reporting**

The STIHC submits data to IHS for statistical purposes. This data is requested twice a month. Each week a weekly status report is run and exported to the Portland Area Office. This report documents weekly obligations, register balance, pending obligations and the last purchase order that was issued. This assists the IHS to monitor funding levels. The information is de-identified.