

## How Does PRC Work

Emergency Room Call ins and Referrals are reviewed weekly and ranked according to relative medical priority by the Managed Care Committee (MCC). Referrals are approved for PRC payment to the extent of available resources for the review period.

Referred services that do not meet the funded medical priorities determined by the MCC will be deferred. A letter of deferral will be sent to the patient for the referred service. If you would like to still proceed with your referred service as self pay (you and/or your insurance will pay), you may contact the PRC office for help in finding a provider for the service and setting an appointment.

Emergency room call ins or non authorized appointments that have already occurred, that do not meet medical priorities based on the determination by the MCC will be denied. A letter of denial will be sent to the patient and the provider of the services.

A person whose service has been deferred or denied may request a reconsideration or appeal of the deferral or denial. Sometimes all that is needed is more information. You have 30 days from receipt of letter to request a reconsideration in writing providing the specific request and any other additional information.

- ◆ A referral must be obtained prior to an appointment by the patient to be considered for payment through PRC. A referral does not constitute authorization for payment until approved by PRC based on medical priority and funding.
- ◆ All Emergency services to be considered for payment through PRC must be reported within 72 hours of receiving service. Emergency services must also be considered for payment through PRC and does not constitute payment until approved by PRC based on medical priority and funding.

~PRC is not an entitlement program~

*For more information on Purchased/ Referred Care and regulations through Indian Health Services visit:  
[www.ihs.gov/chs](http://www.ihs.gov/chs)*

### CASEY LESMEISTER CHS SPECIALIST PURCHASED/REFERRED CARE

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# Kickapoo Nation Health Center

## Purchased/Referred Care

Purchased/Referred Care is health care purchased by the Indian Health Service (IHS) from non IHS providers and facilities when direct services of care are not available.

785-486-2154



# Eligibility

Patients must meet eligibility, notification, pre-authorization, and alternate resource requirements of the PRC Program.

**To be eligible for PRC funding, you must meet all of the 5 requirements listed below.**

1. **Tribe Membership** - You must be a member of, or descendent of a federally recognized Indian tribe and provide appropriate documentation such as a Certificate of Indian Blood (CDIB) or birth certificate reflecting descendancy from an otherwise enrolled tribal member. A non-Indian pregnant woman with an eligible Indian's child is eligible for direct and PRC care during pregnancy and for 6 weeks through post partum for OB related care.
2. **Residency** - You must reside and have lived for at least 180 days on a permanent basis within the PRC delivery area (PRCDA). The Kickapoo Nation Health Center's PRCDA includes all members of a federally recognized tribe (excluding Sac & Fox Tribes of KS & Iowa Tribe of KS & MO members\*) residing in Brown County, KS. It also covers Kickapoo of KS Tribe members that reside in Jackson & Doniphan County, KS and Richardson County, NE.

The following individuals are also eligible:

- Full-time boarding school, college, vocational, or other academic students who are living away from the PRCDA specifically for the purpose of education. Haskell Service Unit covers all full time students at Haskell Indian Nations University.
- A person who is temporarily away from the PRCDA due to travel, employment, etc.

**\*Sac & Fox Tribes of KS & Iowa Tribe of KS & MO members are not eligible for PRC through the Kickapoo Nation Health Center.**

- Non-Indian adopted, step children, and foster children of an otherwise eligible Indian parent. Indian children placed in foster care away from the PRC by order of a court of competent jurisdiction and who were eligible for CHS at the time of the court order shall continue to be eligible.
3. **Pre-Authorization / Notification** - Payment for medical care outside an IHS facility can only be authorized by a PRC official if funds are available. To access payment for service through PRC a patient must first either have an approved emergency service or referral
- **Referrals** - Authorization is based on a IHS provider issuing a referral for medical care being submitted to PRC program. A referral, however, does not constitute authorization for payment until approved by PRC. The referral is reviewed by the Managed Care Committee who will determine the medical priority. If funds are not available the referred service(s) will be deferred.
  - **Emergency Services** - In cases of emergency based on IHS medical priorities; a 72-hour notification to the PRC program must be made by the individual, provider, hospital, or someone on behalf of the Individual. Notification is extended to 30-days for the elderly and disabled. Disabled meaning the individual cannot physically/mentally notify the PRC program. Emergency services may be approved for payment or denied through the Managed Care Committee.

4. **Medical/Dental Priorities** - PRC funds are limited to the medical or dental services considered medically necessary and listed within the established Area IHS medical/dental priorities. A copy of the Area IHS medical/dental priorities is available in the PRC office or online at [www.ihs.gov/chs](http://www.ihs.gov/chs). An individual medical need at the time of services must be within the medical priorities being funded at that time.
5. **Alternate Resources** - An individual must apply for and use all alternate resources that are available and accessible, such as Medicare A and B, state Medicaid, state or other federal health program, private insurance, etc. **The IHS facility is also considered a resource, and therefore, the PRC funds may not be expended for services reasonably accessible and available at IHS facilities.**

## Appointments & Verification

It is important that all referral appointments are kept. Patients are asked to cancel any appointments at least 3 days prior to the scheduled appointment date by a telephone call to PRC. Any changes to the appointment must be made by the PRC staff in order to ensure authorization for payment.

Patients are to take alternate resource(s) identification with them to their appointment to ensure providers have accurate and appropriate billing information.

**PRC is 'Payer of Last Resort,' not an insurance company.**