

PURCHASED REFERRED CARE (BUSINESS OFFICE)

Referrals/Authorization for payment are based on eligibility under the Tribe's priority of care schedule. Only those situation considered urgent or emergent and necessary to preserve life, limb, or organ will be considered. The primary purpose of diagnostic testing is to assist the Tribal physician in treating the patient's condition. Tribal Members requiring a referral must be seen in the clinic by one of our providers to start the referral process.

The following procedures will allow us to serve you better:

1. All doctor appointments must be scheduled through the Health Clinic.

If you need to cancel your appointment for any reason, please contact the patient registration specialist at the health clinic.

2. You must make an appointment to see the medical staff at the Health Clinic in order to obtain pre-authorization for payment of planned surgery or treatment. This does not apply to emergency cases, in which you should give a 72 hour notification to the business office (Revenue Cycle).

3. Please utilize our doctors on weekdays during regular clinic hours. This does not apply to true emergency cases that occur after hours. **For after-hour true emergencies call 911.**
There is an on-call after hours service for medical questions which can be reached @ 251-368-8630.

4. The health clinic must initiate all doctor referrals when

laboratory, x-ray and/or subsequent services are indicated. The patient is responsible for notifying the clinic to schedule an appointment for any referral.

5. If any type of medical care is obtained without following the proper referral process, it forfeits payment for that service and payment will then become the responsibility of the Tribal Member.
6. Indian Health Services will pay only after all other resources have been exhausted. If you are covered by Medicare, Medicaid, Veteran's Administration or private insurance, these resources must be used first before Indian Health Services can provide a purchase referral for you. If you do not currently have alternate resources, you will be referred to the Referral Specialist for help in applying for any health care assistance programs for which you may qualify.

PRIORITY LEVELS

The Purchased Referred Care Service is not an insurance or entitlement program. It is a supplement to all other health resources for which a patient is eligible, or would be eligible if he/she applied. The funding of priorities is based on available contract funds. Medical services which are performed at contract facilities are prioritized as follows:

- a. **Priority One**- Emergent, acutely urgent care, diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the

individual, and which, because of the threat to the life or health of the individual, necessitate the use of the most accessible health care available and capable of furnishing such services will be considered Priority One. This includes diagnosis and treatment of injuries or medical conditions that if left untreated would result in uncertain but potentially grave outcomes.

- b. **Priority Two** – Preventive care services are available at most IHS facilities. Preventive care service is primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention).
- c. **Priority Three** – Primary and secondary care services include inpatient and outpatient care services. The inpatient and outpatient services involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It also includes services that may not be available at many IHS facilities and/or may require specialty consultation.
- d. **Priority Four** – Chronic or tertiary and extended care services are those that (1) are not essential initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, are elective, and often require tertiary care facilities.
- e. **Priority Five** – Excluded services are services and

procedures that are considered purely cosmetic in nature, experimental or investigative, or have no proven medical benefit.

HOSPITAL ADMISSION REQUIREMENTS

- All hospital related admissions require that you MUST notify the business office within 72 hours.
- You must obtain a referral at the health clinic for outpatient care.
- Each patient is responsible for bringing bills and explanations of benefits from their insurance company or the medical provider for each medical visit. No payment will be issued until all forms are received and all alternate resources have paid. The business office will assist patients with this requirement, if you request their assistance.
- The health clinic and business office must be notified any time a Tribal Member is admitted or discharged from a hospital or other health care facility. (72 hour notification required after admission)

NON-EMERGENCY SITUATIONS

The following requirements are for everyone, regardless if you have personal insurance or not:

- All hospitals related admissions require that you MUST notify

the business office within 72 hours.

- You must obtain a referral at the health clinic for outpatient care.
- Each patient is responsible for bringing all bills and explanations of benefits from their insurance company or the medical provider for each medical visit. No payment will be issued until all forms are received and all alternate resources have paid. The business office will assist patients with this requirement, if you request this assistance.
- The health clinic and business office must be notified any time a Tribal Member is admitted or discharged from a hospital or other health care facility. (72 hour notification required).

EMERGENCY ROOM SERVICES

All emergency room visits must be reported to the business office staff within 72 hours. The patient is responsible for notification to the health clinic regarding all types of emergency care