

REDDING RANCHERIA TRIBAL GOVERNMENT POLICIES

Chapter TP 9-200

Purchased/Referred Care (PRC)



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SECTION 1: PURPOSE

To provide eligible Indians financial assistance for health care services not routinely available or accessible as direct services from the Redding Rancheria Tribal Health System, or through available alternate resources.

SECTION 2: BACKGROUND AND INTENT

Reserving the right to reprogram and redesign all programs under the Redding Rancheria's Compact of Self-Governance, the Tribal Council has authorized Purchased/Referred Care or "PRC," in general keeping with its intent to provide for the purchase of necessary medical services from other medical providers, when such services are not provided or available within the Redding Rancheria Tribal Health System or through available alternate resources.

The Tribal Council has also provided for PRC amounts to be utilized on behalf of eligible patients for the payment of certain services provided by the RRTHS on a fee-for-service or cost reimbursable basis, where the cost would otherwise fall to the patient.

In considering eligibility and priority for services, the Tribal Council has considered the relationship of PRC with access to the national IHS Catastrophic Health Emergency Fund (CHEF) which reimburses the PRC program for qualified medical episodes that exceed a threshold amount and meet the requirements of 25 U.S.C. Section 1621a. Accordingly, the Tribal Council is generally guided by the intent described in published CHS regulations 42 CFR, Part 136.23.

Without limitation, the Tribe may enter into reimbursement agreements and establish fee schedules that take into account such factors as the availability of alternate resources and supplemental funding or other resources contributed by particular tribes with members receiving services through the Tribe's programs or facilities.

This policy also takes into account that the PRC eligible group is very large relative to funding, and that priorities must be established based on medical needs of the community. The Redding Rancheria has historically augmented services significantly for its members, through a variety of non-ISDEAA funded Tribal programs that reduce the amount of funds that may otherwise be spent on PRC. Accordingly, consideration is given to prioritizing certain services to Tribal Members and others on the basis of non ISDEAA resources provided to augment such health services. Similar consideration shall be provided on the basis of non-ISDEAA resources provided by other tribes for their members.

SECTION 3: DEFINITIONS (Reserved)

SECTION 4: DELEGATED AUTHORITY (Reserved)

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SECTION 5: AUTHORIZED PROGRAMS AND SERVICES

- (a) Health care services, including medical, dental, behavioral health and vision care obtained from providers outside the Redding Rancheria Tribal Health System, or offered by the System on a fee for service or cost reimbursement basis.
- (b) Diagnostic services are not available directly from the Redding Rancheria Tribal Health System.
- (c) Pharmaceuticals not available directly through the Redding Rancheria Indian Health System and for formulary medications prescribed for PRC eligible patients.
- (d) Durable medical equipment and services for eligible patients at the discretion of the PRC Committee.
- (e) Certain travel expenses will be reimbursed at the discretion of the PRC Committee.

SECTION 6: ELIGIBILITY, PRIORITIES AND PAYMENT FOR SERVICES

- (a) Eligibility
 - (1) Eligible patients are:
 - (A) Redding Rancheria Tribal members who reside within the California Contract Health Service Delivery Area.
 - (B) Enrolled members or descendants of federally recognized California Indian Tribes who reside within the service area.
 - (C) Un-enrolled descendants of Pit River, Wintu, Yana Indians listed on the California Indian Judgment Role who can verify lineage, and who reside within the service area.
 - (D) Enrolled members or descendants of other federally recognized Indian tribes who are married to an enrolled member of or employed by the Redding Rancheria and reside in the service area.
 - (E) Non-Indians residing in the service area pregnant with the child of an eligible Indian, but only for the term of the pregnancy, including post-partum care.

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- (F) Non-Indian spouses and dependents, limited to dependents under 19 years of age who are the natural, adopted, stepchild, foster child, legal ward, or orphan of a Redding Rancheria member who is eligible under this policy.
 - (G) Non-Indian spouses and dependents, limited to dependents under 19 years of age who are the natural, adopted, stepchild, foster child, legal ward, or orphan of an Indian who is eligible under this policy and is employed by the Redding Rancheria during the term of employment, and who are covered by Redding Rancheria self-insurance.
- (2) In order to be eligible, patients must have an alternate resource such as Medicare, Medi-Cal, private insurance or a compliant Medi-Cal denial letter. The requirement for a compliant Medi-Cal denial does not apply to members of the Redding Rancheria Tribe for whom the Redding Rancheria makes per capita or wage payments in excess of the applicable Medi-Cal income guidelines. Misrepresentation of financial or demographic information on an application for an alternate resource, or refusal to apply for an alternate resource, is grounds for denial of services.
 - (3) Those deemed eligible pursuant to paragraph (1) above, who subsequently move away from the service area, or whose status as a spouse or an employee of the Redding Rancheria is terminated, shall be eligible to receive PRC services for a period of 180 days following their last day of residence within the service area or termination of spouse or employment status.
 - (4) Students. Subject to the provisions of this subpart, contract health services will be made available to students who would be eligible for contract health services at the place of their permanent residence within a contract health service delivery area, but are temporarily absent from their residence as follows:
 - (A) During their full-time attendance at programs of vocational, technical, or academic education, including normal school breaks (such as vacations, semester or other scheduled breaks occurring during their attendance); and
 - (B) For a period not to exceed 180 days after the completion of the course of study.

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- (5) Foster children. Indian children who are placed in foster care outside a contract health service delivery area by order of a court of competent jurisdiction and who were eligible for purchased/referred care at the time of the court order shall continue to be eligible for contract health services while in foster care.
 - (6) Persons who are required to relocate outside the service area, and their otherwise eligible parents or guardians in the case of a minor, specifically to obtain necessary medical treatment for an acute medical condition that presented while resident within the service area shall remain eligible for services so long as the acute medical condition exists.
 - (7) In determining issues of residency, a primary factor shall be the intent of an individual to permanently reside within the Contract Health Service Delivery Area.
 - (8) Individuals who are not described in this Section but are otherwise determined to be eligible under the provisions of the Indian Health Care Improvement Act by the Redding Rancheria shall be authorized to receive services.
- (b) Priorities will be determined as follows:
- (1) Priority one: treatment of, or evaluation of a life-threatening condition, or treatment of, or evaluation of a non-life-threatening condition that is substantially likely to result in long-term or permanent disability if not addressed immediately.
 - (2) Priority two: a treatment or evaluation that is medically indicated but does not address a life-threatening condition or condition that is substantially likely to result in long-term or permanent disability in the near future.
 - (3) Priority three: all other treatments or evaluations that do not meet the criteria for priority one or priority two, especially cosmetic procedures.
 - (4) Priorities shall not apply to dental expenses authorized pursuant to a dental plan as authorized pursuant to Section 5 above to the extent of amounts budgeted for dental care.
 - (5) Irrespective of priorities set forth in paragraphs (1) through (3) above, specialty medical care intended to prevent illness and/or improve health status, including prioritized deferred services and other care targeted to specific patients, age groups or health risks, shall be authorized on a limited basis up to amounts specifically set forth within the budget for

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those specific procedures and treatments, including amounts budgeted specifically for services provided by the System on a cost reimbursement or fee for service basis.

- (6) Medical episodes and related care subject to coordination of benefits, pursuant to Chapter TP 9-700 "Tribal Self-Insurance Plan Coordination" shall be considered Priority one, for the purpose of these policies.

(c) Payment for Service

- (1) The Redding Rancheria shall not assume financial responsibility for costs in excess of budgeted PRC allocations. The Redding Rancheria shall not assume financial responsibility, nor authorize costs in excess of a threshold established by the Tribal Council for any medical episode, to be defined within PRC Policies and Procedures promulgated pursuant to this Policy. The threshold shall be the greater of an amount set by the Tribal Council or the threshold established by the Indian Health Service on a national basis for reimbursement from the Catastrophic Health Emergency Fund (CHEF).
- (2) Federal law requires that individuals who have eligibility for third party resources must apply and take full advantage of these payment sources before PRC funds can be authorized.
- (3) An alternate resource is defined as a third-party payer who reimburses for health care services. If an alternate resource does not cover the point of service provided, i.e., medical, dental, pharmacy, then it does not qualify as an alternate resource for that specific service.
- (4) PRC is not an insurance carrier and is always the payer of last resort, except with respect to self-insurance programs operated by the Redding Rancheria.
- (5) To be eligible for payment, all services must be authorized and funds obligated in advance. Emergency care requires notification to the Purchased/Referred Care Department within 72 hours after services are provided. The notification period for patients 55 years of age or older is within 30 days.
- (6) In order to contain costs, a patient (except as provided in Section 6(a)(2)) admitted for inpatient care must apply for Medi-Cal in addition to any other alternate resource.

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- (7) In order to contain costs, only those medications dispensed by the System's pharmacy operation, or dispensed from an inpatient facility in conjunction with an inpatient stay or emergency visit, or by an outpatient facility in conjunction with outpatient surgery, will be paid for by PRC, unless the PRC Committee pre-authorizes medications dispenses by another source.

SECTION 7: OPERATIONAL APPROACH

- (a) A PRC Committee will be appointed by the Executive Director of Health Services to review referrals and develop relevant policies.
- (b) For all PRC-eligible patients, only Level one referrals will be funded to the extent that funds are available based on priorities set forth within this policy.
- (c) Level two referrals will be deferred and funded in accordance with sub section below.
- (d) Level three referrals will not be funded, except as deferred services, or by specific budget amounts as provided in Section 6 (b)(4) or (5) of this policy.
- (e) A deferred services list shall be maintained and prioritized for use in the event that special funds are made available through savings or earmarked federal appropriations. The CEO may authorize specific amounts to address deferred services from time to time as savings or special funds become available. Such expenditures shall be accounted for and reported separately from other PRC expenditures.
- (f) Specific budgeted amounts for services aimed at specific health issues, may be prioritized to specific patient groups based on criteria established by the CEO, including consideration of supplemental funding and other resources and/or benefits provided by the Redding Rancheria. Consideration of supplemental funding and other resources and/or benefits provided by other tribes for their members will be treated similarly with regard to their members.
- (g) Episodes of care qualifying for reimbursement from the IHS Catastrophic Health Emergency Fund (CHEF) will be processed in a timely fashion to assure maximum payment is available to the provider on behalf of the patient. PRC patients shall be advised routinely regarding the limitation set forth in Paragraph Section 6(c)(1) above and advised that CHEF reimbursement is conditioned on availability of appropriations to the Indian Health Service CHEF fund which does not pay for eligible costs after it is exhausted each year.

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- (h) The PRC department will employ cost containment measures such as negotiating favorable rates with outside health care providers to maximize the funds available.
- (i) Patients will be notified if payment for services is denied. There shall be a formal appeal process for patients who are denied service.
- (j) Patients will be provided information regarding services and eligibility for PRC.
- (k) Under special circumstances, and at the discretion of the PRC committee, Redding Rancheria employees who are PRC eligible may receive PRC coverage for services normally available through the System. The special circumstances will be defined in PRC Department specific policies.
- (l) Laboratory and x-ray services. PRC eligible patients may have their laboratory and basic diagnostic x-ray services reimbursed through PRC funds for care within current PRC priority.
- (m) Weaverville

A separate budget will be maintained for those services, pharmaceuticals, laboratory services, x-ray services and medical supplies which are acquired from a contract provider and all authorized referrals. The Redding Rancheria shall not assume financial responsibility for costs in excess of the budgeted Weaverville PRC allocation. Referrals will be prioritized by the PRC Committee on the same basis as those for the balance of the service area.

SECTION 8: ACCOUNTABILITY

- (a) Budget
 - (1) The PRC program is limited to the amount budgeted quarterly by the Chief Executive Officer and approved by the Tribal Council. Any additions provided by IHS such as catastrophic reimbursement or deferred services funding will increase available funds.
 - (2) The amount available for expenditure for the PRC program shall be as approved by the CEO in conjunction with annual budget, as may be amended from time to time pursuant to the authority contained within the Fiscal Management Policies and the annual budget adopted by the Tribal Council. No more than one fourth of the annual budget shall be authorized for expenditure in each calendar quarter, with the authorized amount to be cumulative during successive calendar quarters.

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- (3) The CEO may authorize the reallocation of other budgeted funds to be used in PRC, if in his/her consideration such reallocation is prudent in light of overall budget and financial conditions for the program.
- (4) Patients will be notified when PRC funding is expected to be inadequate to meet authorized anticipated claims. They will be informed of any priority changes and further restrictions on the program.

(b) Program Objectives and Productivity Measures

The Director of Financial Health Services shall monitor expenditures by major service category and report to the Health Program Management Team. Cost comparisons to the previous year's expenditures shall be made.

(c) Patient Responsibility

Patients must at a minimum annually certify that the registration information provided is accurate. The statement signed shall state that any misrepresentation of the information can result in loss of eligibility and personal liability for billed charges and collection costs. Patients must apply for any third party resources for which they may be eligible. A patient receiving reimbursement for health services funded by PRC, will be responsible to reimburse the program for any associated costs.

(d) Explanation of Benefits

The Center will notify patients of the services available through the PRC Program and how they may access those services.

Legislative History:

Originally Adopted by Tribal Council Resolution #04-08-97-G, dated April 8, 1997.

Amended by Tribal Council Resolution #036-06-01-04, dated June 1, 2004.

Amended by Tribal Council Resolution #043-11-08-05, dated November 8, 2005.

Amended by Tribal Council Resolution #021-04-18-06, dated April 18, 2006.

Amended by Tribal Council Resolution #022-04-12-07, dated April 12, 2007.

Amended by Tribal Council Resolution #007-02-16-10, dated February 16, 2010.

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Amended by Tribal Council Resolution #028-06-12-12, dated June 12, 2012.

Amended by Tribal Council Resolution #038-05-20-14, dated May 20, 2014.

Amended by Tribal Council Resolution #062-12-06-16, dated December 6, 2016.

Amended by Tribal Council Resolution #030-04-25-17, dated April 25, 2017,

Amended by Tribal Council Resolution #019-02-15-22, dated February 15, 2022.

Amended by Tribal Council Resolution #044-05-26-26, dated May 26, 2026.