

## *Common Reasons for Denial of PRC Coverage*

- Eligibility
- The patient failed to obtain prior approval from PRC for non-emergency services.
- The patient failed to notify PRC within 72 hours (or 30 days for elders 55 years of age or older and disabled persons) after seeking emergency services.
- Services not within the level of cares funded
- Services being denied from alternative resources, (i.e., private insurance, Medi-Cal, Medicare, etc.) due to failure of completion from patient responsibility
- Patients who refuse to use alternative resources or be screened for alternative resources.

## *Appeals*

If a person is denied payment for care, the PRC program issues a denial letter. The letter of denial states the reason for denial of payment and explains the rights of appeal. The person has **30 days** from receipt of a denial letter to appeal.

## *Remember.....*

- All referrals must be made by a Toiyabe Provider and does not guarantee PRC payment
- PRC is a payor of last resort and does not guarantee payment for all services
- It is the patient's responsibility to check with the PRC department to verify if their referral was approved.
- Failure to apply for alternate resource will result in denial for PRC services.
- PRC staff are available to assist you with any and all PRC questions/process.
- To assist the PRC staff in processing payments, please bring in Explanation Of Benefits (EOB) and any bill(s) for referred services.
- If referred to an outside provider and that provider is referring you to a different provider, you must have all clinic notes sent to your Toiyabe provider for PRC to review coverage.
- **It is important to remember that only PRC staff can authorize payment for care. You must verify with PRC that your referral is approved before**



**TOIYABE**  
INDIAN HEALTH PROJECT

---

## *Purchased / Referred Care Program*

*Bishop Clinic*

*250 See Vee Ln*

*760-873-8464*

Purchased Referred Care Line:

760-873-6111

Ext. 341

Ext.398

## *Purchased/Referred Care*

Purchased/Referred Care (PRC) is a restrictive program and not a comprehensive program. It is **not** an entitlement program or an insurance program and operates as funds are available. It is designed to provide for the purchase of a limited number of services not available at our clinics.

Toiyabe, a health clinic funded, in part, by Indian Health Services (IHS) and the US Department of Health & Human Services, is open to service American Indians and Alaska Natives. However, Toiyabe facilities cannot always provide a full range of healthcare. Some of this care may require referrals to outside specialists or hospitals. This care, **when authorized**, is paid for through the PRC Program of Toiyabe Indian Health Project, Inc. The PRC Program is funded annually by Congress. The IHS cannot always guarantee that sufficient funds will be available for all health care needs. Due to budget limitations, health care provided outside IHS facilities require a complicated eligibility and payment process.

## *Scope of Program*

The PRC Program has guidelines set forth that determine services which it may pay for. In general, PRC **may pay** for specialty physician services and other authorized health care support services for eligible PRC patients.

### *Newborns*

If a newborn requires a referral and the parents are **PRC eligible**, then the PRC Program can extend services to the newborn for up to 2 months without a registered birth certificate.

## *Examples of Services*

### *Not Covered*

- Services or supplies that are related to a condition not within established medical priorities.
- Nursing home care.
- Personal comfort and / or convenience items.
- Sterilization that does not meet IHS regulations.

## *Eligibility*

In order to qualify for PRC you must meet certain Federal requirements. **IN GENERAL**, you **must** be screened by PRC Staff for the following:

- Documentation that you are an American Indian from a tribe that is Native to California or a non-California Indian from a federally recognized tribe, who is living on a reservation in California or working for a tribal entity.
- Proof that you reside within Toiyabe's service area

You **must** follow-through with the PRC application process. It is encourage to apply for all other alternative health resources for which you may be eligible for, such as Medi-Cal, Medicare, private insurance., etc. This is a Federal requirement since the IHS is the payor of **last resort**.

You will be asked to be rescreened for PRC every six months or sooner in the event of status change.

**In the event you fail to fully complete the application process, (including follow-through with the alternative resources), you will be automatically denied eligibility.**

## *Referral Process*

If an eligible person requires care that is not available at Toiyabe, a **referral** is made to an outside provider.

- **All** referrals must be initiated by a Toiyabe provider.
- Once referred, the patient **must** verify their eligibility for the program with PRC staff.
- The PRC staff are the only ones that can authorize payment for health care outside TIHP.
- **Pre-authorization is required** for all non-emergency services and follow-up care.
- **All** emergency services must be reported to the PRC staff within 72 hours after services have been provided (30 days for elders 55 years of age or older and disabled persons.)