

PUBLIC SUBMISSION

As of: 1/28/15 2:31 PM
Received: January 27, 2015
Status: Pending Post
Tracking No. 1jz-8gvc-ve2t
Comments Due: February 04, 2015
Submission Type: Web

Docket: IHS-2015-0001

Indian Health Programs: Payment for Physician and Other Health Care Professional Services and Medical Charges Associated with Non-Hospital-Based Care

Comment On: IHS-2015-0001-0001

Indian Health Programs: Payment for Physician and Other Health Care Professional Services and Medical Charges Associated with Non-Hospital-Based Care

Document: IHS-2015-0001-DRAFT-0012

Comment on FR Doc # 2015-00400

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General Comment

United Indian Health Services (UIHS) Purchased Referred Care (PRC) has been using the Medicare Like Rate (MLR) with hospitals in our area with savings to our budget, however, this was a fight to get them to accept the MLR. It continues to be a struggle with providers practicing within the hospital walls, i.e. ER Physicians, Anesthetists, etc. They do not want to accept MLR and balance bill our clients. We constantly have clients in collections. this is a huge problem for the client and causes ill feelings from the client toward PRC and UIHS. UIHS is located in a very rural area on the North Coast of California. Specialists are very limited, at best. We are so limited, we have no Rheumatology, Pulmonology, or Endocrinology services in our CHSDA. We have one Nephrologist, but that provider will only see patients who are diagnosed at Level 4 with complications. Neurology, Orthopedic, Psychiatry, high risk OBGYN and Dermatology are difficult to schedule our clients with due to lack of Providers and the Provider / Client ratio. Other specialists in our CHSDA belong to a group. The medical group will absolutely not contract with us for lower payment rates. We have tried to negotiate a contract with the group a number of times, they want top dollar and will not negotiate. We are sending clients to San Francisco, Sacramento, and Oregon for specialty appointments, however, these resources are becoming over burdened and, on occasion, are not taking new clients. Clients have a difficult time making it to appointments outside the CHSDA. I'm afraid if we are only paying MLR for visits to our local specialists, our clients will be refused specialty care locally. If the clients are sent to Providers outside the CHSDA, there will be a longer wait time for the appointment, it will become difficult to schedule the appointment due to the volume of clients being sent out, and this will back up referrals with a longer completion time, not to

mention the time and expense to go to these appointments for our clients. This has already become a hardship for our clients.

There is also an issue with Partnership Healthcare and Medi-Cal coverage and referring to a specialist in another county outside our CHSDA. Specialists are refusing to see clients outside their specific county, stating they won't be reimbursed for the client visit by Partnership Healthcare if the client resides outside the specialists' county.

We have had "staff reduction" because of cut-backs in funding, which has increased the work load of our PRC Technicians. If this law passes, we will also have the additional burden of re-pricing all claims coming to us and dealing with angry Specialist staff wanting PRC to pay, additionally, the difference. My fear is that the number of clients in collections will increase.

I feel MLR makes sense in large, urban areas, where there is a large pool of specialists and negotiations can happen. I feel MLR does not make sense in rural areas where there are few specialists to work with.