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

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General Comment

To enable the IHS to expand beneficiary access to medical care would require better monitoring of the services that are being paid for by PRC. An utilization management team that analyzed and review cases for medical necessity would be vital to ensure this. The lack of person that are have medical knowledge, such as a nurse or physican, is a hindrance to beneficiaciaies receiving appropriate services. Prior to my employment at IHS, I worked for Blue Cross Blue Shield. I reviewed home health and skilled nursing facility cases for medical necessity using Medicare guidelines. If I determined that a case did not met those guidelines, as the RN, I would forward this onto the medical director to request denial of services. This was within the physician scope of practice. In my current job there is little monitoring of services. And no physician that can be utilized to review cases. The physician that work for the facility have a conflict of interest thus would be bias in the decision making processs. Therefore, I'd propose that the Area Offices have a Medical Physician on staff that could review cases objectively. Providing greater oversight of the spending of funds. Implement that cases that are inpatient greater than 30 days be reviewed.