

# Director's Workgroup on Improving Purchased/Referred Care (PRC)

*Formerly Contract Health Services (CHS)  
Workgroup*



# California Representatives

## Primary Tribal Representative

**Mark Romero, Chairman**

Mesa Grande Band of Diegueno Mission  
Indians

## Alternate Tribal Representative

**Chris Devers, Tribal Representative**

Pauma Yuima Band of Mission Indians

## Primary Technical Representative

**Jess Montoya, CEO**

Riverside/San Bernardino County Indian  
Health, Inc.

## Alternate Technical Representative

**Inder Wadhwa, Executive Officer**

Northern Valley Indian Health, Inc.

## IHS Consultant

**Toni Johnson, PRC Officer**

California Area Indian Health Service

# Updates from Tribal Reps

- Charge of the Workgroup
- Denver Meeting – January 14-15, 2015
  - Proposed Rule for Expanding “Medicare-like” Rates for Non-Hospital Based Care
  - PRC Distribution Formula for Program Increases
- Challenges
  - Proposed Rule as written
  - Changes to PRC Distribution Formula

# Voting Item 1

- Expanding “Medicare-like” Rates for Non-Hospital Based Care – as written

PROS	CONS
<ul style="list-style-type: none"><li>• Savings for PRC budgets</li></ul>	<ul style="list-style-type: none"><li>• No discretion for I/T/U to negotiate higher rates</li><li>• No requirement for provider participation</li><li>• Constraints could impact the delivery of patient care when provider/supplier refuses to accept rate</li><li>• No CMS Oversight</li></ul>

# Voting Item 2

- **Changing PRC Distribution Formula – current proposed options**

PROS	CONS
Original formula benefits California because there are no hospitals	<ul style="list-style-type: none"><li>• Proposed options for measures in the PRC formula would have a negative impact on PRC funding in California</li></ul>