**Purchased/Referred Care (PRC) Process Diagram for Regular Patient/Provider Service**

**Start**

Patient goes to IHS facility and selects or is referred to an alternate resource.

**Patient Referral**

Patient refers to IHS facility and receives the Patient's referral and receives the PRC eligibility status as requested by the PRC, according to the IHS.

**Service Unit**

Determination of Eligibility

- If the patient is eligible for PRC:
  - The patient is notified of the eligibility status and the availability of the service.
  - The Service Unit staff creates a purchase order (PO) based on the patient's record, and submits it to the provider for payment.
  - The provider files the PO, claim, and payment for full/partial payment.

- If the patient is not eligible for PRC:
  - The patient is notified of the eligibility status and the availability of the service.
  - The Service Unit staff sends the PO to the patient/benefit coordinator for approval.
  - The patient/completes the application and submits it to the provider.

Decision

- If the patient is eligible for PRC:
  - The provider files the PO, claim, and payment for full/partial payment.
  - The provider files the PO, claim, and payment for full/partial payment.

- If the patient is not eligible for PRC:
  - The provider files the PO, claim, and payment for full/partial payment.
  - The provider files the PO, claim, and payment for full/partial payment.

**Billing and Payment**

The billing officer verifies the service and sends an Explanation of Benefits (EOB) to the provider.

**Service Unit**

- The Service Unit staff receives the referral and reviews the patient's eHR profile to determine eligibility.
- The Service Unit staff checks if the service is available at an accessible IHS or Tribal facility.
- The Service Unit staff updates the patient's eHR profile in Resource and Record (eHR) in accordance with 42CFR, 136.12.
- The Service Unit staff prepares the case for review by the Managed Care Review Committee.
- The Service Unit staff determines the appropriate medical priority.

**Authorization**

- The Service Unit staff reviews the patient's referral and requests the provider for payment.
- The Service Unit staff reviews the patient's referral and requests the provider for payment.
- The Service Unit staff reviews the patient's referral and requests the provider for payment.

**End**

- Provider files the PO, claim, and payment for full/partial payment.
- Provider files the PO, claim, and payment for full/partial payment.
- Provider files the PO, claim, and payment for full/partial payment.

**Legend**

- **Begin/End**: Start/End activity
- **Inward Activity**: Inwards
- **Outward Activity**: Outwards
- **Connector**: Off page conn.
- **Diagram or Report**: Diagram or Report
- **System**: System
- **Document or Project**: Document or Project
- **Flowchart**: Flowchart
- **Decision**: Decision
- **UFMS**: Unified Financial Management System
- **PRICER**: Patient Referral Information System (PRIS)
- **HIM**: Health Information Management (HIM) Program
- **UNMS**: Unified Financial Management System (UFMS)
- **HIM**: Health Information Management (HIM) Program
Purchased/Referred Care (PRC) Process Diagram for Emergency and Urgent Service

### IHS ER

1. **Start**: Patient goes to IHS ER
2. **Patient’s electronic Health Record (eHR) is created/updated. Patient is seen by IHS Physician**
3. **Is the medical service available at IHS facility?**
   - **Yes**: Medical service is provided to patient
   - **No**: Patient is transferred to a PRC accepting facility with referral and medical information

### Non-IHS ER/Provider

1. **Start**: Patient goes to Non-IHS ER/Provider
2. **Patient’s PRC self-referral is initiated and PRC staff is notified**
3. **Patient’s electronic Health Record (eHR) is created/updated and all resource information is collected at the Non-IHS facility/provider**
4. **Patient is seen and treated by a Physician**
5. **Patient, party acting on behalf of patient, or accepting facility notifies PRC staff at appropriate Service Unit that patient was seen/treated, within 72 hours (or 30 days for disabled/elderly patients), in accordance to 42CFR

   **PRC staff, at the facility, receives notification and request clinical documentation in addition to demographic information**