DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Indian Health Service
Rockville MD 20852

NOV - 8 2018

TO: Area Purchased Referred Care Officers and Program Coordinators

FROM: Director
Division of Contract Care

SUBJECT: Fiscal Year 2018 Purchased/Referred Care Budget Information Tables

I am requesting all Area Purchased/Referred Care (PRC) Programs submit fiscal year (FY) 2018 budget information tables including reports on deferred and denied services by COB Friday, November 30, 2018. The data and information provided in these reports will be used to determine unmet PRC financial needs and support program budget justifications to the Department of Health and Human Services, Office of Management and Budget, and Congress.

This data call is required for all Federal PRC Programs. Tribal PRC Programs are strongly encouraged to report this information which will assist the Indian Health Service (IHS) in more accurately estimating PRC shortfall needs.

Separate tables are provided for Federally- and Tribally-operated PRC Programs. Reporting categories follow:

Table 1 – PRC Program Listing and Highest Medical Priority Funded by Each Facility

Table 2 – PRC Denials
- A. Patient was Eligible but Care was not within Medical Priority
- B. Patient was Eligible but Alternate Resource was Available
- C. Patient was Ineligible for PRC
- D. Emergency Notification was not provided within 72 hours
- E. Non-Emergency Care was Received with No Prior Authorization
- F. Patient Resided Outside the PRC Service Delivery Area
- G. IHS Facility was Accessible and Available
- H. All Other Denials

Tables 3A, B, C – PRC Deferrals
- 3A. Preventive Services
- 3B. Acute and Chronic Primary and Secondary Care
- 3C. Acute and Chronic Tertiary Care

Table 4 – Congressionally Earmarked PRC Projects

Table 5 – Request for Proposed Changes in PRC Service Delivery Areas

Table 6 – Subject Specific Impacts Affecting PRC Programs

Reports should be prepared in accordance with the attached guidelines. If you have questions, please contact Mr. Randell Fatt, CHEF Manager, by email at Randell.Fatt@ihs.gov or by telephone at (301) 443-6959.

/* Terri Schmidt */
Terri Schmidt

Attachments

cc: Director, Office of Direct Service and Contracting Tribes
Director, Office of Tribal Self-Governance

Guidelines for PRC Budget Information Tables for FY 2018

Use the Federal and Tribal Unmet Need Workbooks to Complete This Section

The information from these reports provides support for congressional inquiries and preparing testimony for the legislative budget process. Separate workbooks are provided for Federal PRC Programs and Tribal PRC Programs.

Table 1 – List of Purchased/Referred Care (PRC) Programs

In column (A), list the names of each Federal and Tribal PRC programs on the respective worksheets entitled "1. Federal Programs & Priority" and "1. Tribal Programs & Priority". The number assigned to each program will be associated with that program throughout workbook reporting.

In column (B), list the highest medical priority funded during the reporting period.

Table 2 – PRC Denials

Provide the total number of PRC denials under title 42 CFR 136.25(a) by category. Data for completing this table may be obtained from the IHS RPMS CHS/MIS RCIS automated denial system and/or manual counts from denial letters. Do not include deferred services as denials.

Enter the total number of PRC denials for each Federal or Tribal Program for each category of denial. The worksheet will automatically calculate the total number of denials by program and category. The categories of denials are:

A. Patient was eligible for PRC but care was not within medical priority, 42 CFR 136.23(e)
B. Patient was eligible for PRC but alternate resource(s) was accessible and available or would be accessible and available upon application, 42 CFR 136.23(f)
C. Patient was not eligible for PRC under the title 42 CFR 136.23
D. Emergency Service – Notification was not made within 72 hours or inadequate notification, 42 CFR 136.24(c)
E. Non-Emergency Service – No prior authorization or notification was made, 42 CFR 136.24(b)
F. Patient is not eligible for PRC because residence is outside their own PRC Service Delivery Area and beyond 180 days as required, 42 CFR 136.23(c)
G. Patient is not eligible for PRC because an IHS facility was accessible and available to provide the necessary medical services, 42 CFR 136.23(a)
H. Other denials. Provide explanation for "other denials" at the bottom of the table
I. Total of columns (A) through (H) will automatically calculate

Tables 3A, B, and C – PRC Deferrals

The deferred services tables document medical services that are deferrable and payable by IHS and provide a mechanism to track PRC deferred patient care. When reporting PRC deferrals, keep the following in mind:

1. The patient must have accessed the IHS health care system during the reporting period.
2. The service must be deferrable.
3. Denials are not included as deferrals.
4. The service required cannot be accessible or available in the local IHS direct system.
5. The service/treatment deferred must be within IHS medical priorities. Do not include items excluded from the IHS medical priority list or not covered by IHS.

Enter the total number of deferred PRC cases for each Federal or Tribal Program for each category and type of care. Each worksheet will automatically calculate the total number of cases by category and program. The deferred services reports are divided into three types of care:

Table 3A, Preventive Services – including audiologist evaluations and hearing aids; allergy testing/injections, etc.; antenatal screening; dental hygiene; family planning services; routine mammogram; podiatry care for diabetics; physical therapy; routine pap smears; refractions and glasses/contact lenses; sexually transmitted disease services and others.

Table 3B, Acute and Chronic Primary and Secondary Care – including cardiac procedures; dental procedures; ear, nose and throat services, gynecological procedures; ophthalmologic services; orthopedic procedures; prosthetics and orthotics; psychiatric evaluations; and medical and surgical referrals and procedures.

Table 3C, Acute and Chronic Tertiary Care – including coronary bypass and valvular surgery; transplants; neurosurgery; restorative orthopedics; cochlear implants; pacemaker implants; lithotripsy; and other tertiary care. A general guideline is to report complex and/or expensive services that would only be provided in a medical center.

Table 4 – Congressionally Earmarked PRC Projects

If this section is applicable to your Area, provide an update on any known Congressionally Earmarked PRC Projects for the reporting period. For each project, provide the following information:

A. Name of the project
B. Physical location of the project
C. Number of inpatient days
D. Total inpatient costs
E. Cost per inpatient day
F. Number of outpatient visits
G. Total outpatient costs

H. Cost per outpatient visit
I. Total number or units or "other services"
J. Total cost of other services

Provide a narrative description of each Congressional PRC project and include the current status and plans for the project.

Table 5 – Request for Changes in PRC Delivery Areas

Identify all formal requests for PRC Delivery Area changes in your Area. Information for each requested change should include the following:

A. Name of Service Unit/Tribe(s)
B. Requestors Name(s) and Title(s)
C. Date of request
D. Estimate of eligible service population
E. Other Tribes affected by the PRC Delivery Area / Service Delivery Area change
F. Tribal Consultation completed with other Tribes affected – include the Name of the Tribe and the Date of Consultation
G. Current status

Table 6 – Subject Specific Items Affecting PRC Programs

In addition to the Budget Information Tables, provide a brief narrative summary of activities which may affect the PRC Program with a summary on each of the following items:

1. Management Improvement: Describe improvements made in PRC management in your Area during the reporting period. Areas of improvement may include best practices, quality assurance measures, managed care capabilities, case management initiatives and software/automated systems enhancements
2. Current Issues: Discuss the impact of PRC rates and Medicaid expansion within the Area and on a State-by-State level within the Area.
3. Adverse Impact: Summarize any adverse impacts that affect PRC including, at a minimum, the impact of recent and impending changes in State, County, Tribal and local government. Describe each impact and its demand on the PRC program. Examples may include court decisions, population increases, epidemics, drops in the local employment market, Tribal activities and staff reductions etc.
4. Other: Unmet PRC funding needs other than denials or deferred services.