

1.10 Priority Funding Levels	DEPT./SECTION: 1.10 Purchase and Referred Care (PRC)
DEPT./SECTION: Purchase and Referred Care AUTHORITY: IHS	PAGE: Page 1 of 4
AFFECTS: PRC Director, Finance, Front Office, Travel Coordinator, RN Case Manager, Medical Providers	DATE APPROVED: DATES REVISED:

Policy:

YTT Purchased/Referred Care (PRC) provides payment for YTT PRC Eligible Beneficiary's approved referrals. The annual budget for PRC is established prior to the beginning of the Fiscal Year. This budget is not flexible and as such the expenses must be monitored and controlled. This policy will establish which IHS Medical Priority level will be implemented based on percentage of expensed budget as we progress through the fiscal year. The Indian Health Service has established the following Medical Priority levels that YTT PRC will follow:

- I. Emergent/Acutely Urgent Care Services
- II. Acute Primary and Preventive Care Services
- III. Chronic Primary and Secondary Care Services
- IV. Chronic Tertiary Care Services

Definitions:

1. PURCHASE AND REFERRED CARE (PRC) ELIGIBLE

PRC eligible individuals must meet all four of the following criteria:

Has been a resident of Alaska for no less than 180 days and has an intent to permanently remain a resident of Alaska; and

Has been a resident of the Yakutat Alaska Service Unit (YASU) for no less than 30 days prior to emergency services and an intent to permanently remain a resident of the YASU, and did not move to the YASU for the purpose of obtaining care for a pre-existing health care condition; and

Has used health care services directly provided by YTT within the previous three year period, and moved to the YASU within the previous three years and has received health care services from no health care provider except upon specific referral from an Indian Health Program; and

Has identified, applied for, and cooperated with obtaining all alternate financial resources, including those of any Third-Party Payor to pay for the cost of care.

2. PRIORITY LEVEL I: EMERGENT/ACUTELY URGENT CARE SERVICES:

Emergent or Acutely Urgent Care Services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the

individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes.

Categories of emergent or acutely urgent care services include (random order):

1. Emergency room care for emergent or urgent medical conditions, surgical conditions, or acute trauma.
2. Emergency inpatient care for emergent or urgent medical conditions, surgical conditions, or acute injury.
3. Acute and chronic renal replacement therapy.
4. Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others.
5. Services and procedures necessary for the evaluation of potentially life threatening illness or conditions.
6. Obstetrical deliveries and acute perinatal care.
7. Neonatal care.

Medical Priority Level I -Diagnosis.

Examples of diagnosis that usually require emergent/acutely urgent care services include but are not limited to:

Musculoskeletal trauma acute	Hemorrhage
Cancer Chemotherapy	Hepatic encephalopathy
Cholecystitis, acute	Myocardial infarctions
Coma	Myocardial ischemia, acute
Concussion	Obstetrical emergencies
Congestive heart failure, decompensated	Pelvic inflammatory disease
Pancreatitis	Peritonitis
Dehydration, severe	Pneumonia, acute
Delirium tremens	Pneumothorax
Diabetic ketoacidosis	Poisoning
Drowning, near	Premature infant
Embolism, cerebral or peripheral	Pulmonary embolism
Encephalitis	Pulmonary edema
Epididymitis, acute	Puncture or stab wounds
Epiglottitis	Radiation Therapy
Eye disease, acute	Rape, alleged, examination
Flail chest	Renal lithiasis, acute
Fractures	Renal failure, acute
Glomerulonephritis	Respiratory failure
Gunshot wounds	Sepsis
Head injury	Shock
Heat exhaustion and prostration	Spinal column injuries
Hemoptysis	Suicide attempt
	Urinary retention, obstruction

- 3. PRIORITY LEVEL II: ACUTE PRIMARY AND PREVENTIVE CARE SERVICES:**
Primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention) preventing the loss of life, limb or organ. Non-emergent care that must be *done within 30-60 days* but with enough time during which alternate resources can be evaluated.

Categories of services included (random order):

- Routine prenatal care
- Non-urgent preventive ambulatory care (primary prevention)
- Screening for known disease (secondary prevention)
- Screening mammograms
- Public health intervention

Medical Priority Level II - Examples.

Examples of procedures or services that are usually considered preventive care services include but are not limited to:

Audiology screening
Diabetes maintenance
Hemophilus prophylaxis
HIV testing
Immunizations
Mammography
Periodic health exams of infants, children, and adults
Podiatry care for diabetics
Sexually transmitted diseases, testing and treatment
Vision examinations
Cancer screening

Family planning services
Hepatitis prophylaxis
Hypertensive screening, diagnosis, and control
Laboratory services supporting primary care evaluations
Meningitis prophylaxis
Pregnancy and infant care
Routine PAP smears/Colposcopy
Tuberculosis screening, prophylaxis, and treatment
X-ray services supporting primary care evaluations

- 4. PRIORITY LEVEL III: CHRONIC PRIMARY & SECONDARY CARE SERVICES:**
Primary and Secondary Care Services include inpatient and outpatient care services. The inpatient and outpatient services involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It also includes services that may not be available at many IHS facilities and/or may require specialty consultation.

Categories of services include (random order):

- Scheduled ambulatory services for non-emergent conditions.
- Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology.

- Elective, routine surgeries that have a significant impact on morbidity and mortality.
- Diagnostic evaluations for non-acute conditions.
- Specialized medications not available at an IHS facility, when no suitable alternative exists.

Medical Priority Level III - Examples.

Procedures or referrals that usually are considered Primary and Secondary Care Services included but are not limited to:

Arthroscopy	Hemiorrhaphy
Bladder suspension	Hysterectomy
Cardiac catheterization	Lumbar laminectomy
Cardiology referral (non-acute)	Nephrology/urology referral
Cholecystectomy	Neurology evaluations (elective)
CT Scan/MRI	Nuclear medicine
Dermatology	Orthotics
Electroencephalogram	Ophthalmology
Electronystagmogram	Podiatry, non-diabetic
Endocrinology	Prosthetics
Exercise stress testing	Psychiatric evaluations
Eye glasses refractions	Pulmonary referral
Gastroscopy	Pulmonary function testing
Gynecology	Rheumatology
Hearing aids	Surgery referral, elective
Hematology referral	Tonsillectomy
Hemorrhoidectomy	Tympanoplasty

5. MEDICAL PRIORITY LEVEL IV- CHRONIC TERTIARY & EXTENDED CARE SERVICES

Chronic Tertiary and Extended Care Services are services that (1) are not essential for initial/emergent diagnosis or therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, are elective, and often require tertiary care facilities. These services are not readily available from direct care IHS facilities. Careful case management by the service unit PRC committee is a requirement, as is monitoring by the PRC Director, or his/her designee.

Categories of Services Included (random order):

- Rehabilitation care
- Skilled nursing facility (Medicare defined)
- Highly specialized medical services/procedures
- Restorative orthopedic and plastic surgery
- Other specialized elective surgery such as obesity surgery
- Elective open cardiac surgery
- Organ transplantation

6. **MEDICAL PRIORITY LEVEL V-EXCLUDED SERVICES.**

Excluded Services includes cosmetic procedures and experimental and other procedures excluded from authorization for CHS payment. The list of Medical Priority Level V-Excluded Services is based upon the Centers for Medicare and Medicaid's (CMS) Medicare National Coverage Determinations Manual.

Categories of Excluded Services:

- All purely cosmetic (not reconstructive) plastic surgery;
- Procedures defined as experimental by the Centers for Medicare and Medicaid Services;
- Procedures for which there is no proven medical benefit procedures listed as "Not Covered" in the CMS Medicare National Coverage Determinations Manual;
- Extended care nursing homes (intermediate or custodial care); and
- Alternate medical practices (e.g., homeopathy, acupuncture, chemical endarterectomy, naturopathy.)

Cosmetic Procedures. The Fiscal Intermediary (FI) will not pay a claim for a potentially cosmetic procedure listed in Medical Priority Level V-Excluded Services, unless the Area CMO approval is obtained. This may be granted if one of the listed procedures, normally considered cosmetic, is necessary for proper mechanical function or psychological reasons.

Experimental and other Excluded Procedures. Payment for the excluded procedures listed in Medical Priority Level V-Excluded Services will not be paid by the FI, unless a formal exception has been granted by the IHS CMO (See IHS Circular No. 93-03, "Cosmetic and Experimental Procedures Review.")

Payment for Direct Services. Examples of direct care services that cannot be reimbursed with CHS funds are on-call hours, after hours or weekend pay, holiday coverage (e.g., for x-ray, laboratory, pharmacy).

7. **ELECTIVE REFERRALS INITIATED BY YTT PROVIDERS:**

When patients are referred for elective procedures, consultation, outpatient or inpatient care, payment for eligible patients should be authorized only when the care required is medically necessary and falls within established medical priorities.

All referrals will be reviewed and approved in a prescribed manner. The condition of the patient at the time of the referral will influence the ultimate determination of Level III and IV services. In order to determine whether or not the needed care is within established medical priorities the following questions should be considered:

1. What is the rate of deterioration of the patient's condition? (Is the needed service deferrable or non-deferrable?)

2. What will be the potential morbidity on the patient if the desired care is not rendered? (Are there any uncertain but potentially grave outcomes?)
3. What is the expected benefit from the evaluation or treatment? (Will the care likely result in a cure or improvement?)
4. Is the procedure experimental or purely cosmetic? (Is the requested service on the excluded list?)

8. PRIORITY FUNDING LEVELS FOR ELIGIBLE BENEFICIARIES

Procedure:

During normal operations, Purchased/Referred Care operates at a Level three priority as follows:

Priority Level I: Emergent/Acutely Urgent Care Services

Priority Level II: Acute Primary and Preventive Care Services

Priority Level III: Chronic Primary and Secondary Care Services


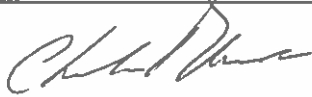
HOWEVER, if during the fiscal year, it is found that the YTT PRC Budget expenses and encumbrances have exceeded the allowed Budget, the Medical Priority Levels below may be implemented by the Finance Director at the direction of the Executive Health Services Director to bring the Budget back in line as follows:

1. If the YTT PRC Budget expenses & encumbrances are over by 110%-119% at the end of any given month, YTT PRC may adopt a **Medical Priority Level 1 & II only.**
 - a) **Priority Level I: Emergent/Acutely Urgent Care Services and**
 - b) **Priority Level II: Acute Primary and Preventive Care Services.**

Implementation of a lower Medical Priority Level may take place within 15 days of the decision. YTT Health Board members shall be notified once the decision has been made. Additionally, every attempt will be made to inform all YTT Staff and YTT Eligible Beneficiaries that the Medical Priority Level has changed.

2. Once a Medical Priority Level has been implemented, it remain until the YTT PRC Budget has been brought back in line.
3. If the implementation of a Medical Priority Level II does not bring the YTT PRC Budget back in line, YTT PRC may choose to implement a priority system limited to:
 - a. **Priority Level I: Emergent/Acutely Urgent Care Services**
4. Services that fall outside of currently implemented YTT PRC Medical Priority

Levels may not be covered by PRC funds.

APPROVED BY:	
 Yakutat Tribal Health Board Chair	Date 2-14-19
 Yakutat Tribal Health Board Member	Date 2-14-19