

# Purchased Referred Care, Medicaid, ACA & Medicare Options, Benefits and Eligibility

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# Navajo Area Indian Health Service

## – Facilities



Navajo Area IHS consists of (5) Federal Service Units:

- Chinle, Crownpoint, Gallup, Kayenta and Shiprock.

(2) Title I Contract facilities:

- Fort Defiance and Sage Memorial.

And (3) Title V Compact facilities:

- Tuba City, Utah and Winslow.
- NAIHS area-wide budget is \$92M with 247K registered users. Per capita = \$372

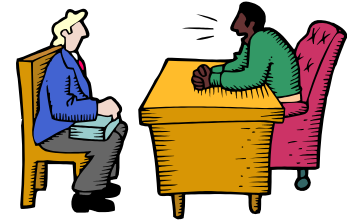
# NAIHS Facilities - map

## Navajo Area IHS Service Units and 638 Contracts



Tuba City & Sage Memorial are under "Home of Record" while all other facilities are "He who refers, pays" – referral process.

# What is Purchased Referred Care?



- It is NOT an insurance program?
- It is NOT an entitlement program?
- It remains as “payer of last resort.” 42 CFR Section 136.61
- PRC get limited funding from Congress to pay for those that meet the eligibility; when specialty medical care is not available at the IHS/Tribal facility.
- Covered services are generally only emergency service, i.e., those necessary to prevent the immediate threat to life, limb, or senses.
- There are (5) eligibility factors that everyone has to meet; which is under the Code of Federal regulations.



## CFR Title 42, Section 136.21 – 136.25, Part 2, Chapter 3 Subpart C of the Indian Health Manual

- **1. Indian Decent:** 42 CFR 136.23 – you must show proof of being an enrolled member or descendent of an enrolled member of a federally recognized tribe,
- **2. Residency:** 42 CFR 136.23 – permanent residence on a reservation or you must have permanent residence in a CHSDA and as a member of that tribe; if you are not a member of that tribe – you must have close social and economic ties to that tribe or have certification of eligibility by that tribe. If you have been away from your CHSDA/reservation for more than 180 days, you are no longer eligible. Exception is students, transients, children placed by the tribe or through court orders outside of their CHSDA.
- **3. Medical Priority:** 42 CFR 136.23 (e) – “Not all services are covered” referrals from the Indian Health Services for further care will be in accordance with established National PRC Medical Priorities and/or Area specific Medical Priorities. Occasionally, IHS providers refer cases outside of IHS facilities that are not necessarily covered, such as cosmetic plastic/reconstructive surgeries, orthodontics, bridges/crown, root canals, durable medical equipment, etc.
- **4. Notification/Prior Authorization:** 42 CFR 136.24 – Emergency care, the patient or someone on behalf of the patient MUST notify an IHS facility within 72 hours of admission and/or outpatient services. Non-Emergency, you must obtain prior authorization prior to getting medical care. If you have a follow up care to the initial referral, you MUST go back to your primary care provider at the IHS to see whether you need to go back to the private hospital/physicians for care or IHS may take care of this in-house. Exception is 30 day notification for disabled and elderly.
- **ALTERNATE RESOURCES:** 42 CFR 136.23 (f) states that IHS will not authorize payment for PRC to the extent that the patient/family is eligible for Alternate Resources, **upon application or would have been** eligible if they applied or made an effort to apply. There are various categories of alternate resources that a person may apply to and qualify for and depending on the circumstances at hand; such as; Medicare, Medicaid, Private Insurance and others: **(Priority is to get everyone screened through the Medicaid Expansion and Marketplace)**
- **IHS Facility Available:** 42 CFR 136.23(a) IHS facility is considered an alternate resource; therefore PRC funds may not be for services reasonably accessible or available at the I/T/Us. Facility available capable of providing services within 90 minute one way.
  - Veteran’s Benefits
  - Workman’s Compensation – if injured on the job, they have to apply through their employer.
- Other persons eligible for PRC
  - Non-Indian woman pregnant with an eligible Indian’s child for duration of pregnancy through postpartum.
  - Non-Indian member of an eligible Indian’s household for public health hazard.
  - Adopted, foster & step children up to 19 years old.



# Resources Availability If You Do Not Meet PRC Eligibility

- Because PRC is considered as a “payor of last resort” we strongly urge everyone to apply and enroll if eligible for any and all alternate resources which may be available to you and/your family.
- The I.H.S. will not be responsible for or authorize payment for PRC to the extent that:
  - *An Indian patient is eligible for alternate resources*
  - *The Indian patient would be eligible for alternate resources if he or she were to apply for them.*
- The following information will help you understand what your options are in applying for Medicaid, ACA and Medicare to cover medical costs and needs in the future.
- All facilities in the Navajo Area IHS has contact individuals (Patient Benefits Coordinator or the Purchased Referred Care staff) available to answer your questions or assist with the application process.
- You can also learn more or get updated information from these websites: [www.healthcare.gov](http://www.healthcare.gov) or [www.cms.gov](http://www.cms.gov)

# Medicaid



- [Medicaid](#) and the [Children's Health Insurance Program \(CHIP\)](#). These programs cover millions of families with limited income. Many but not all states are expanding Medicaid in 2014 to cover more people. Find out what [Medicaid expansion](#) means for you.
- When you fill out a Marketplace application, you'll also find out whether you qualify for coverage through Medicaid.
- Some states are expanding Medicaid to cover all adults below a certain income level. Find out whether your state is expanding Medicaid and what your options are.
- You can also apply for Medicaid directly to your state agency. Get contact information for your state's Medicaid agency. (DES Office or Health E AZ Plus application software for AZ, NM – ISD/Income Support Division)
- You can also get information at your local Indian Health Care or Tribal facility across the Navajo Area from the Patient Benefits Coordinators or the Purchased Referred Care staff.
- Incentive is your medical expenses are covered in full without any Medicaid premiums or deductible and you have a choice of health care providers and/or facilities, private or from the I/T/U.
- PRC dollars are stretched for those that do not meet Medicaid eligibility, expand the medical priorities to cover more purchased referred care.



# Medicaid - Income and Household Information

		Number of people in your household					
		1	2	3	4	5	6
Private Marketplace health plans	You may qualify for <b>lower premiums on a Marketplace insurance plan</b> if your yearly income is between...	\$11,490 - \$45,960	\$15,510 - \$62,040	\$19,530 - \$78,120	\$23,550 - \$94,200	\$27,570 - \$110,280	\$31,590 - \$126,360
	<i>See next row if your income is at the lower end of this range.</i>						
	You may qualify for <b>lower premiums AND lower out-of-pocket costs for Marketplace insurance</b> if your yearly income is between...	\$11,490 - \$28,725	\$15,510 - \$38,775	\$19,530 - \$48,825	\$23,550 - \$58,875	\$27,570 - \$68,925	\$31,590 - \$78,975
Medicaid coverage	If your state <b>is</b> expanding Medicaid in 2014: You may qualify for <b>Medicaid coverage</b> if your yearly income is below...	\$16,105	\$21,707	\$27,310	\$32,913	\$38,516	\$44,119
	If your state <b>isn't</b> expanding Medicaid: You may <b>not qualify for any Marketplace savings programs</b> if your yearly income is below...	\$11,490	\$15,510	\$19,530	\$23,550	\$27,570	\$31,590



# Marketplace

- You can log into [www.healthcare.gov](http://www.healthcare.gov) and click on your state to apply.
- The Health Insurance Marketplace helps uninsured people find health coverage. Fill out the Marketplace application and it will tell you if you qualify for: Qualified Health Plan (private health insurance.) Plans are required to cover essential health benefits (EHBs), pre-existing conditions, and preventive care.
- You may qualify for lower premium costs based on your household size and income. You can preview plans available in your area right now, with prices based on your income and household size. Most people who apply will qualify for lower premium costs.
- Most people must have health coverage in 2014 or pay a penalty. If you don't have coverage, you'll pay a penalty. You'll pay the penalty on your 2015 income taxes.
- If you are a member of a federally recognized tribe you may obtain an exemption form from the Indian Health Service or Tribal facility. Or you can fill in the necessary information during your tax filing and provide a copy of your Tribal enrollment. You must contact the Patient Benefits Coordinator at your local facility to assist with the exemption form or to answer any questions you may have.

# EHB – 10 Essential Health Benefits

- Essential health benefits must include items and services within at least the following 10 categories:
  - ambulatory patient services;
  - emergency services;
  - hospitalization
  - maternity and newborn care
  - mental health and substance use disorder services, including behavioral health treatment
  - prescription drugs
  - rehabilitative and habilitative services and devices
  - laboratory services
  - preventive and wellness services and chronic disease management
  - and pediatric services, including oral and vision care.

# Students



- College students have several choices for health coverage. But there's no special student exemption from the penalty that people without coverage must pay.
- If you're covered by your school's student health plan, in most cases you're considered covered under the health care law. You won't have to pay the penalty that people without coverage must generally pay. Check with your student health plan to see if it qualifies as coverage under the health law.
- Even if you have access to a student health plan, you can choose to buy a health plan through the Marketplace instead. You may qualify for lower costs based on your income. Fill out a Marketplace application to find out if you qualify for lower costs, or use the quick plan and cost preview tool first.
- Students are covered under PRC if they meet the (5) PRC Eligibility. Students must verify their student status by filling out a "student application form" and signed by the school registrar and returned to the "home of record" facility for PRC.

# Qualified Health Plans

## Essential Health Benefits

- All QHPs are required to provide Essential Health Benefits (EHB)
- CMS regulations (45 C.R.R. § 155.20) for the purpose of the American Indian/Alaska Native (AI/AN) cost-sharing protections as being limited to:
  - deductibles, coinsurance, copayments, or similar charges with respect to EHBs
- Cost -sharing provisions under ACA only apply to services that are considered EHBs or covered services

# Zero Cost-sharing Plan PRC/CHS

Plan Member	Provider	Referral Requirements
<p>Limited to members of Federally Recognized Tribes, Alaska Native Corp. Shareholders and are at or under 300% poverty level</p>	<p>In Network</p>	<p>A PRC referral is not needed for the patient to receive an EHB from an “in-network” non-Indian health care provider.</p> <p>A QHP plan referral from the patient’s QHP primary care provider to the “in-network” non-Indian health care provider <u>may</u> be required. To verify if a QHP referral is needed, contact the patient’s QHP primary care provider and confirm. If needed, assist the patient in acquiring the QHP referral to avoid any cost-sharing expenses for the patient.</p>
	<p>Out of Network</p>	<p>An authorized PRC referral is required to cover out of network charges.</p>

# Limited Cost-sharing Plan PRC/CHS

Plan Member	Type of Provider	Referral Requirements
<p>Limited to members of Federally Recognized Tribes, Alaska Native Corp. Shareholders with any level of income</p>	<p>In Network</p>	<p>A PRC referral or a referral from an Urban Indian organization is required to avoid cost-sharing for EHBs.</p> <p>This does not need to be a PRC referral that is authorized for payment. There is not a cost for an EHB for the patient or the PRC program as long as the patient is referred through the PRC Program.</p> <p>A QHP plan referral from the patient’s QHP primary care provider to the “in-network” non-Indian health care provider <u>may</u> be required. To verify if a QHP referral is needed, contact the patient’s QHP primary care provider and confirm. If needed, assist the patient in acquiring the QHP referral to avoid any cost-sharing expenses for the patient.</p> <p>For non EHB services or non-covered services an authorized PRC referral is required to cover any or all costs up to the Medicare-like rate for non-covered inpatient and hospital based services.</p>
	<p>Out of Network</p>	<p>A PRC referral authorized for payment is required to avoid cost-sharing and cover any out-of-network charges and any cost sharing that would otherwise be charged to the patient up to the MLR for hospital based inpatient and hospital based outpatient services.</p>

# Silver Plan with Cost Sharing Reductions and PRC/CHS

Plan Member	Type of Provider	Referral Requirements
<p>For IHS beneficiaries who are not members of Federally Recognized Tribes, Alaska Native Corp Shareholders but are otherwise eligible for IHS and are below 250% FPL. Cost sharing reductions are based on income not Indian status.</p>	<p>The first choice is to refer to a QHP in-network provider.</p> <p>This ensures the lowest cost for the PRC Program.</p> <p>However, the type of referral applies for in-network or out-of-network providers.</p>	<p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>In addition to the PRC referral authorized for payment, a referral from the QHP primary care provider may be required. To verify if an in-network plan referral is needed contact the patient's QHP primary care provider and confirm. If needed, assist the patient in acquiring the QHP referral to avoid any cost-sharing expenses for the patient.</p>



# Standard Plan and PRC/CHS

Plan Member	Type of Provider	Referral Requirements
<p>For IHS beneficiaries who are not members of Federally Recognized Tribes, Alaska Native Corp Shareholders but are otherwise eligible for IHS</p>	<p>The first choice is to refer to a QHP in-network provider.</p> <p>This ensures the lowest cost for the PRC Program.</p> <p>However, the type of referral applies for in-network or out-of-network providers.</p>	<p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>A PRC referral authorized for payment is needed for the PRC eligible patient to avoid any cost-sharing expenses after the QHP payment is made; and,</p> <p>In addition to the PRC referral authorized for payment, a referral from the QHP primary care provider may be required. To verify if an in-network plan referral is needed contact the patient's QHP primary care provider and confirm. If needed, assist the patient in acquiring the QHP referral to avoid any cost-sharing expenses for the patient.</p>

# Medicare & the Marketplace



- Medicare is not part of the Health Insurance Marketplace, so you don't need to do anything. If you have Medicare, you're considered covered.
- The Marketplace won't affect your Medicare choices or benefits. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you won't have to make any changes.
- Note: The Marketplace doesn't offer Medicare supplement (Medigap) insurance or Part D drug plans.
- If you have only Medicare Part B, you are not considered to have minimum essential coverage. This means you may have to pay the penalty that people who don't have coverage may have to pay. You may obtain an exemption form from the local I/T/U Patient Benefits Coordinator if you are filing your income tax in 2015. If you do not meet PRC Eligibility – you may be responsible for your co pays or deductibles.
- If you have Medicare Part A only, you are considered covered. If you have both Medicare Part A and Part B, you are also considered covered.

# Your Responsibility To Know?



## Important questions to ask?

- Application checklist – SS Card, Birth Certificate, Tribal Enrollment, Employers and Income Information, Insurance Cards, etc.
- What type of plan & choice do I have?
- Who are the local providers that are in network in the health care plan?
- What is included in the benefit plan – what does it cover?
- Where do I go for help?
- Will Purchased Referred Care cover if my plan does not cover the medical service?
- Will Purchased Referred Care cover the co-pays, deductible, any balance after my plan pays?
- Do I need a referral from my Plan Primary Care Provider if it is not IHS or the Tribe?
- Do I really need to apply for health insurance?

# Questions

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