



PRC Handbook 2022

Healthy Individuals

Healthy Families

Healthy Communities



CTHP Mission Statement

Consolidated Tribal Health Project is committed to healthy lifestyles and honoring traditional Native American values to maintain physical, emotional, spiritual and social wellbeing of the community.

Clinic Vision

Consolidated Tribal Health Project envisions healthy communities and healthy families.

Clinic Values

Traditional values, honoring, healing, respect, compassion, wellness, advocacy, sustainability, support, listening, balance, dedication/commitment, comprehensive. *Board adopted 2010.*

ABOUT CTHP

Consolidated Tribal Health Project (CTHP) was incorporated in 1984 to address the health care disparity endured by Native Americans in Mendocino County.

CTHP is a nonprofit 501(c)(3) ambulatory community health clinic governed by a consortium of eight local, federally-recognized Tribes. CTHP's consortium of governing Tribes:

- ◆ Cahto Tribe of the Laytonville Rancheria
- ◆ Coyote Valley Band of Pomo Indians
- ◆ Guidiville Rancheria of California
- ◆ Hopland Band of Pomo Indians
- ◆ Pinoleville Pomo Nation
- ◆ Potter Valley Tribe
- ◆ Redwood Valley Little River Band of Pomo Indians
- ◆ Sherwood Valley Rancheria of Pomo Indians
- ◆ Yokayo Provisional Tribe (*ex officio*)

CTHP has been accredited by Accreditation Association for Ambulatory Health Care (AAAHC) since 2006, and has been a managed care organization with Partnership HealthPlan of California since 2011.



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WELCOME

Thank you for choosing Consolidated Tribal Health Project to serve your health and wellness needs.

CTHP offers behavioral health, dental and medical services, wellness programs, and patient support such as Purchased and Referred Care and transportation services.



CTHP Philosophy of Care

- ◆ CTHP strives to provide patients effective care using an integrated care approach.
- ◆ Patients are the most important member of the healthcare team.
- ◆ Patients work with their health care team to identify their health status and agree on an appropriate treatment plan.
- ◆ It is the patient's right and their responsibility to participate fully in decisions regarding their care.



Clinic Hours of Operation

Monday to Friday

8:00 a.m. to 12:00 noon; 1:00 to 5:00 p.m.

2022 Clinic Closures

Jan	Feb	May	Jun	Jul	Sep	Oct	Nov	Dec
17	21	13 30	20	4	5 23	10	11 25 26	26

CLINIC INFORMATION

Patient Registration

If you are a new patient or a former patient who hasn't used CTHP services in the last three years, you must register *before* accessing services.

Patients may obtain a packet at any clinic reception or on the CTHP web site.

Registration must be completed in person.

Bring your completed registration documents and *all* required documentation with you to complete the registration process.

The registration process cannot be completed until *all* required documentation is provided and processed.

Insurance Coverage

The Patient Resource Advocate can assist patients to access benefits for which they may be eligible.

Patient Portal

Patients can access their patient health information and pay their bills online using our secure patient portal.

Sign up using this link: <https://15156.portal.athenahealth.com/>

Welcome to the Consolidated Tribal Health Project Patient Portal

Make a One-Time Payment

QuickPay Code, Statement ID, or Access Code

[Where can I find my code?](#)

By clicking **Make a Payment**, you represent that you are authorized to address the patient's billing matters.

Make a Payment

Sign In to Your Portal Account

We're using athenahealth to help you access your health information for different doctors' offices with just one email and password.

Start by clicking the button below, and logging in with the email and password you already use.

Log in with  athenahealth

[Forgot your password?](#)

Questions? [Learn more.](#)

Don't have an account? [Sign up](#) today to stay connected to your healthcare.

ABOUT PURCHASED and REFERRED CARE

The Purchased and Referred Care (PRC) Program is integral to providing comprehensive health care services to American Indians and Alaska Natives.

PRC is for medical, dental and behavioral health services provided away from an Indian Health Service (IHS) or a tribal health care facility.

PRC is not an entitlement program and an IHS referral does not imply the care will be paid.

If IHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources.

Source: <https://www.ihs.gov/prc/>

CTHP is mandated by federal law to ensure that the Purchased/ Referred Care funds it receives from Indian Health Service are only used as the Payer of Last Resort to cover medical expenses for eligible Tribal members who are referred for approved treatment and procedures outside of CTHP.

CTHP requires eligible American Indian/Alaska Native (AI/AN) patients to apply for and receive a determination from alternative funding sources before authorizing referred treatment.

Alternative funding sources may include, but are not limited to, Medi-Cal, Medicare and Veterans Administration services.

PRC Policy

Consolidated Tribal Health Project will provide eligible patients in CTHP's PRC Delivery Area (PRCDA) with approved inpatient and outpatient services not available at CTHP.

CTHP's PRC Program is not an entitlement program; it operates only as funds are available.

CTHP's PRC Program shall be considered a payer of last resort.

PRC Registration

The Registration Clerk will help AI/AN patients determine their eligibility for PRC coverage.

PRC Eligibility Card

Eligible patients will receive a PRC Eligibility Card to carry with them for referred care and emergency care.

ELIGIBILITY PART 1

Proof of eligibility consists of three parts:

- 1) Indian eligibility
- 2) Residency and
- 3) Alternate Resources

Proof of Indian Eligibility

Proof of Indian eligibility must include one of the following per the Indian Health Care Improvement Act, 25 U.S. Code, Chapter 18 §1679 “Eligibility of California Indians”:

- a. Any member/citizen of a federally recognized Indian Tribe, or
- b. Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant is a member of the Indian community served by a local program of the Service and is regarded as an Indian by the community in which such descendant lives.
- c. Any Indian who holds trust interests in public domain, national forest or Indian reservation allotments in California.
- d. Any Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619) and any descendant of such an Indian.

Required Eligibility Documentation

- ◆ Tribal certification
- ◆ Bureau of Indian Affairs certification of Indian status.
- ◆ A descendant must provide a certified birth certificate to show lineage to the eligible Indian.

Eligibility Part 2

Proof of Residency

Proof of residency is required for:

- ◆ Tribal members/citizens residing on a Rancheria/Reservation.
- ◆ Tribal members/citizens attending school outside of the PRCDA, but who still retain their permanent residency in Mendocino County, are eligible for PRC.
- ◆ Out-of-State Indians (*individuals who are members of out-of-state Tribes*) are eligible for PRC only if they reside in CTHP's PRCDA and provide Tribal verification that patient maintains close socio-economic ties to a consortium Tribe.
- ◆ California Indians and their descendants must reside in CTHP's PRCDA of Mendocino County. This excludes Round Valley Indian Tribes, Manchester Band of Pomo Indians of the Manchester Rancheria, and the Coyote Valley Band of Pomo Indians.

Required Residency Documentation

- ◆ State issued ID, rental agreement, or utility bill with patient's name and current address.
- ◆ Letter issued on Consortium Tribal letterhead verifying that the patient maintains close socio-economic ties to the Tribe if they are a member of an out-of-state tribe.
- ◆ Students must submit a current enrolled class schedule if they are attending school outside of the PRCDA.



ELIGIBILITY PART 3

Alternate Resources

Alternate resources are other sources of healthcare coverage, or covered healthcare payments other than PRC.

Patients are required to apply for all alternate resources for which they may be eligible, on an annual basis, or upon changes to family makeup or income status.

Patients with an alternate resource that requires prior authorization for services or prescriptions must receive that authorization *before* services are rendered.

PRC will not pay when alternate resources are available.

Medicare Part A only, Emergency/Pregnancy only Medi-Cal, Family Pact, and pending enrolment for Medi-Cal, Medicare or private insurance are not sufficient to be considered as an alternate resource for PRC eligibility.

Patients who apply for alternate resources and are denied, and who receive a valid letter of denial, will be eligible for PRC. Letters of denial must be given to PRC.

Patients must complete the entire process in applying for alternate resources.

Patients who are eligible for an alternate resource and who refuse to apply for such, or who refuse to use those alternate resources, shall not be allowed to use CTHP's PRC Program.

Private Insurance

When an eligible patient is enrolled in a private insurance plan, PRC will pay the deductible and/or balance of the bill when services have been referred by CTHP.

If the patient belongs to an HMO or a Managed Care System, the patient will be referred to the Primary Care Provider for the necessary services and coverage under their medical program.

ELIGIBILITY PART 3

Prior Payment Authorization

Prior payment authorization is required for *all* non-emergency services and follow-up visits.

Only PRC-authorized individuals who are referred by CTHP providers to outside providers may receive assistance under PRC.

Payment Received from Alternate Resources

Any payments received by individuals from alternate resources for any services that have already been paid for by CTHP must be paid back to CTHP.

If the patient spends the payment received from alternate resources, it will be the patient's responsibility to reimburse CTHP or the outside provider, if applicable.

PRC needs the explanation of benefits (EOB) document from the insurance company and a current bill for services before the balance of the co-pay or deductible is paid.

Alternate resources include, but are not limited to, Medi-Cal, Partnership HealthPlan of California, private insurance, Medicare, automobile insurance, Veteran's Administration, HMO, etc.

Denials and Appeals

When a claim is denied, patients will receive a letter explaining the reason for the denial and the appeal process.

Patients may submit an appeal letter and supporting documentation to:

Executive Director
Consolidated Tribal Health Project
P. O. Box 387
Calpella, CA 95418
Attention: PRC Appeal

SERVICES for PRC ELIGIBLE PATIENTS

Eye Glasses

Eligible patients must obtain a current referral from a state-licensed Optometrist or Ophthalmologist, and must meet all other PRC eligibility requirements.

Hearing Aids

Reimbursement and/or direct payment is available for office visits, audiological testing and evaluation for all PRC-eligible patients who are referred to hearing specialists by their CTHP Primary Care Provider.

Therapeutic Shoes or Orthotics

Coverage is available for therapeutic shoes and/or orthotics prescribed in keeping with a diagnosis made and treatment recommended by the Podiatrist.

Refer to the brochure *Therapeutic Shoes or Orthotics for American Indian/Alaska Native Patients 2022* available in literature holders throughout the clinic, or can be requested from staff.

Patient Transportation Services

Transportation is provided for CTHP patients to medical, dental, behavioral health and WIC appointments (*appointments for labs, procedures, therapy are also included*).

Off-campus appointments require a referral from the patient's CTHP Provider. More information on page 9.

Traditional Health and Wellness

Onsite services are not currently available.

Reimbursement for off-site services is available for PRC eligible patients. PRC only facilitates travel arrangements.

Call 707-467-5617 for information.

PRC Patient Travel Services

The PRC Program will provide travel assistance to the patient for authorized PRC services that have been established by CTHP's Board of Directors.

Patients should first attempt to utilize CTHP and Tribal transportation services.

The following travel expenses are eligible to be covered.

- Mileage. GSA rate
- Hotel. GSA rate approved in intervals of six (6) days. Parent, Guardian, or Caregiver coverage is also eligible for escorting the patient to the facility where services will be provided.
- Parking
- Tolls
- Airline. Will cover one parent, guardian, or caregiver to escort the patient to the facility where service will be provided.

Procedure

Patients are required to submit a patient travel assistance request form to the PRC department along with appointment verification documentation.

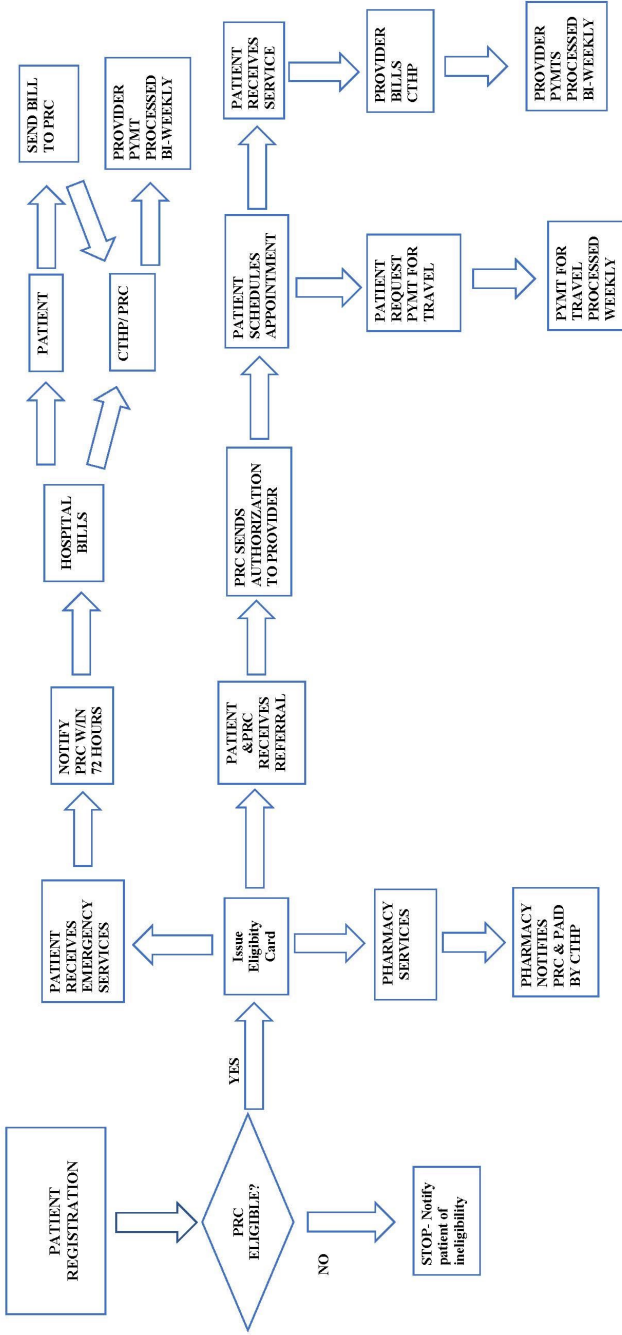
This form is recommended to be submitted at least two (2) weeks prior to the appointment.

Requests may be submitted up to sixty (60) days following the appointment.

PRC staff will verify current referral and services meet current level of care.

The authorized travel request form, along with an approved check request, will be submitted to Accounts Payable for processing.

CONSOLIDATED TRIBAL HEALTH PROJECT PURCHASED REFERRED CARE PROCESS (PRC)



Glossary of Terms

Alternate Resources. The available and accessible IHS facilities; and those non-IHS health care resources. Such resources include health care providers and institutions, and health care programs for payment of health services including but not limited to programs under Titles XVIII and XIX of the Social Security Act (i.e., Medicare, Medicaid), State and local health care programs and private insurance.

Catastrophic Health Emergency Fund (CHEF). The fund to cover the IHS portion of medical expenses for catastrophic illnesses and events falling within IHS responsibility.

Contract Health Services. Health services provided at the expense of the Indian Health Service from public or private medical or hospital facilities other than those of the Service. (e.g., *dentists, physicians, hospitals, ambulances*).

Deferred Services. Deferred Services include medical, dental and behavioral health services that do not fall within CTHP's Levels of Care.

Eligibility. The established conditions as identified in the Federal Regulations that a person must meet in order to receive the health care services.

Emergency. Any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual.

Federally Recognized Indian. Individual who has obtained a Bureau of Indian Affairs Certificate Degree of Indian Blood for the Tribe under Federal supervision that they are a member.

HMO. Health Management Organization. (e.g. *Kaiser Permanente*)

IHS. Indian Health Service. The Indian Health Service is an operating division within the U.S. Department of Health and Human Services. IHS is responsible for providing direct medical and public health services to members of federally recognized Native American Tribes and Alaska Native people.

Indian Tribe. Any Indian tribe, band, nation, group, Pueblo or community, including any Alaska Native village or Native group, as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is federally recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

PRC Managed Care Committee. A committee comprised of the Medical Director, Medical Clinic Manager, Dental Director, Behavioral Health Director, Finance Director, and the PRC Manager. The committee is chaired by the PRC Manager.

Purchased/Referred Care Delivery Area (PRCDA). Geographic area within which contract health services will be made available by the IHS to members of an identified Indian community who reside in the area. (Reference Federal Register, Vol. 72, No. 119 June 21, 2007) Federal Register provides the entire listing of Tribal PRCDA for IHS; the entire State of Oklahoma is a PRCDA, similar to California.

Purchased/Referred Care Eligible Person. A person of Indian descent belonging to the Indian community served by the local IHS facilities and program who resides within the United States (U.S.) on a reservation located within a Purchased/Referred Care Delivery Area, (PRCDA); or resides within a PRCDA and either is a member of the tribe or tribes located on that reservation; or maintains close economic and social ties with that tribe or tribes.

Purchased/Referred Care to Support Direct Care. These are provided within an IHS facility when the patient is under direct supervision of an IHS physician or a contract physician practicing under the auspices (or authority) of the IHS facility. Examples of direct care services that cannot be reimbursed with PRC funds are on-call hours, after hours or weekend pay, and holiday coverage. (e.g., for x-ray, laboratory, pharmacy).

Rancheria/Reservation. Any federally recognized Indian tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), and Indian Allotments.

Residence. In general usage, a person "resides" where he or she lives and makes his or her home as evidenced by acceptable proof of residency. In practice, these concepts can be very involved. Determinations will be made by the Service Unit Director based on the best information available, with the appeals procedure process as a protector of the individual's rights.

Self-Referral. Obtaining health care from a non-IHS provider without a PRC authorization for payment of those health care services; under any non-emergency situations as defined by IHS.

Tribal Member. A person who is an enrolled descendent of a tribe, or is granted tribal membership by some other criteria in the tribal constitution.

Tribally Operated program. A program operated by a tribe or tribal organization that has contracted under P.L. 93-638 to provide a CHS program.

Source: http://www.ihs.gov/chs/index.cfm?module=chs_glossary

Definition of PRC Managed Care Committee is an internal CTHP definition. Karen Shepherd assisted with this definition.

Consolidated Tribal Health Project, Inc.

Since 1984

6991 N. State St.
Redwood Valley, CA 95470

707-485-5115

www.cthp.org

CONTACT INFORMATION

Appointments

Behavioral Health	707-467-5645
Dental	707-485-5115
Medical	707-485-5115

Patient Support

After Hours Nurse Triage Line	877-738-0709
Community Outreach Services.....	707-467-5644
Health Records	707-467-5612

Purchased & Referred Care Manager 707-467-5617

Patient Resource Advocate 707-467-5604

Patient Resource Advocate 707-467-5641

PRC Technician 707-467-5608

PRC Clerk 707-234-2511

Patient Registration

Referrals

Red Road to Wellness

Transportation Services Scheduler

Administration

Executive Director

Billing Supervisor

The content in this handbook is subject to change.