Oneida Comprehensive Health Division
Purchased Referred Care Services

Email ohc_prc_services@oneidanation.org
Phone: 920.869.2711 Fax: 920.869.1782
Mailing Address: Oneida Health Center, Attn: PRC Dept, PO Box 365, Oneida, WI 54155

The Purchased Referred Care (PRC) program is for medical, dental, vision, behavioral health and prescription services that are not available through the Oneida Comprehensive Health Division (OCHD). PRC is not an entitlement program, and a referral does not imply the care will be paid by PRC. If PRC is requested to pay, the patient must meet residency and notification requirements, medical priority, and use of alternate resources. Patients must maintain a primary health care provider at OCHD (within three years) and utilize direct care services, if possible, prior to receiving a referral to an outside provider.

Eligibility Requirements:

1. Be an enrolled member, be eligible for enrollment, or a descendant of the Oneida Nation residing within Brown or Outagamie Counties.
2. Other federally recognized tribal members and descendants residing within the Oneida Nation Reservation boundaries.
3. Other federally recognized tribal members or descendants who maintain close social and/or economic ties with the Oneida Nation residing within Brown or Outagamie counties
    a. Married to an Oneida Nation member or descendant. Proof of marriage required.
    b. Have custody of Oneida Nation enrolled or descendant minor children.
    c. Work for the Oneida Nation. Proof of employment required.
4. Students who meet the above guidelines at their permanent residence prior to leaving for school can continue PRC eligibility until 180 days after completion of their studies.
5. A person who is eligible but leaves the Oneida PRC Delivery Area (PRCDA), may continue to be eligible for 180 days. This would include those that live in another state part time. Written notification of when they leave and return to the Oneida Nation PRCDA is required before any claims will be paid to providers that are outside the area.
6. Foster children: eligible children who are placed in foster care outside the Oneida Nation PRCDA by order of a court and were eligible for PRC services at the time of the court order shall continue to be eligible for PRC services while in foster care.
7. Indian children adopted by non-Native parents: Enrolled and descendant Indian children adopted by non-Native parents must meet the general eligibility criteria to be eligible for PRC services (reside within the Oneida Nation PRCDA).
8. Non-Native woman pregnant with an eligible Native American's child for the duration of her pregnancy through postpartum as long as prenatal care is done through OCHC or referred out by Oneida provider. Coverage will be for the mother's prenatal and delivery costs and for the baby's delivery costs. If prenatal care is not done at OCHC or referred out by an Oneida provider, the delivery and birthing costs for mom and baby will be the responsibility of the patient/parents. A written paternity acknowledgement form will need to be on file for unmarried parents.
9. Patients who have no insurance will need to be screened by the Medical Benefits Coordinator annually (or as needed) to determine eligibility for alternate resources. Failure to follow-up with additional requests/information will result in denial of payment. If patients lose insurance, they

must notify PRC and be screened within 30 days of their coverage ending before any payments or new referrals will be issued or they will be responsible for any outstanding claims after their insurance ended.

Required Documentation

1. Proof of Tribal affiliation; Tribal ID, descendancy paperwork (will be kept on file)
2. PRC Application (annually)
3. Proof of residency (POR) showing name, physical address, and visibly dated within 60 days (annually). See provided list on page four.
    a. PO Boxes are not acceptable for POR.
    b. Notice from homeless shelters will be considered as temporary POR, valid for only 60 days
4. Insurance information: name of Carrier, member ID, Group ID, copy of insurance card and in network provider information.
    a. Any changes with insurance need to be disclosed to PRC and Patient Registration ASAP. Failure to do so may result in denial of referrals and payments of claims.
    b. If patient loses insurance benefits, patient MUST be screened for Medicaid before any further referrals or payments of claims will be processed.
5. PRC eligibility will be approved for up to one calendar year from the date of receipt of application. Approved time frame could be less for students and temporary POR patients.
    a. A new PRC application is needed if patient moves to new address, or a new PRC eligible dependent is added to the household.

Emergency Situations:

1. For after-hours urgent or severe medical problems, go directly to the hospital and notify PRC within 72 hours. Tribal elders aged 55 and over are allowed 30 days to notify PRC. All ER and Urgent Care visits require notification even with an active referral for care for a condition that is related to the emergency.
2. Unsure about a medical situation? Call OCHC to seek medical advice by calling 920-869-2711, which is available after hours by an answering service. An on-call provider will be contacted to call you.
3. After hours prescriptions: Oneida's preferred provider is Walgreens located at 116 North Military Ave, Green Bay, WI 54303. Oneida members will need to present their insurance information (if applicable) and Tribal ID/descendent letter. If it is not possible to utilize this pharmacy or if Tribal ID is not presented/available, keep original paperwork and receipts to request reimbursement. Submit reimbursement requests to PRC Supervisor.
   Please note: Patients need to utilize the Oneida Pharmacy if it is open, or you may not be eligible for reimbursement. Utilizing an outside pharmacy is for emergency or pre-approved situations.
4. When seeking emergency care outside of Brown or Outagamie County, follow the same guidelines above. Be sure to obtain information regarding the facility you went to, and request records be sent to your Oneida provider.

Priorities of Care:

1. Priorities of care and treatment for health care services will be based on relative medical need. Medical procedures which are not funded by Federal medical care payment systems (such as Medicare) may not be within PRC's medical priorities.
2. Medical priority levels:
    a. I. Emergent or Acutely Urgent Care Services
    b. II. Preventive Care Services
    c. III. Primary and Secondary Care Services
    d. IV. Chronic Tertiary Care Services

    e. V. Excluded Services
3. Refer to PRC to see which medical priorities are being covered at the time of your referral.

Patient Responsibilities:

1. Submit a completed PRC application and proof of residency annually. Applications will be considered incomplete if the POR is not submitted with it.
2. Bring all bills associated with your referred and emergency visits to PRC as soon as you receive them. PRC cannot make payments to collection agencies.
3. Notify PRC within 72 hours after seeking emergency room care or urgent care; Elders 55 and over have 30 days to notify PRC.
4. Request your records be sent to your OCHD provider.
5. Respond to your insurance carrier if they request additional information.
6. Take note of the number of approved visits and authorized date range on your referral form. If more visits are needed or an extension of the date range is needed, contact your OCHD provider. PRC will only cover the visits/services specified in the referral.
7. For patients with no insurance. apply for alternate payer resources as requested and respond to all requests for additional information (i.e., provide 30 days income, income verifications). Failure to comply with application requirements will result in denial of PRC eligibility.
8. Contact OCHD Patient Registration and PRC if you have changed your contact information (phone and/or address), change or loss of insurance, removal/addition of dependents.
9. PRC must be notified within 30 days of a new baby/dependent and a new PRC application would need to be completed adding newborn to PRC eligibility for the household. Failure to do so may result in any outstanding claims being the patient/parent responsibility.

Appeal Process:

1. Patient's whose claims/referrals are denied for PRC services may request reconsideration of the denial for services/payment.
2. An appeal of a denial must be submitted in writing and be received by the due date listed on the appeal letter to the PRC supervisor (or designee) at Oneida Community Health Center, PO Box 365, Attn: PRC Supervisor, Oneida, WI, 54155.
3. Appeal must indicate what they are appealing to include the date of service, provider, case number, and why the denial should be overturned; if applicable, include supporting documentation such as the denial letter, phone records, etc.
4. PRC supervisor or designee has 10 business days from the date the appeal is received to issue a decision.
    a. If denial is overturned, PRC will approve and process the denied claim/referral.
    b. If denial is upheld, the patient will be notified in writing.
5. Patients may appeal the PRC supervisor decision in writing to the Utilization Review Committee (URC) and be received by the due date listed on the appeal letter, PO Box 365, Attn: Director of Nursing, Oneida, WI, 54155. URC will meet and review all documentation related to the case and decide to uphold or overturn the PRC supervisor's decision within 10 business days of receiving the written appeal.
        i. If denial is overturned, PRC will approve and process the denied claim/referral.
        ii. If denial is upheld, the patient will be notified in writing. There is no further appeal of the matter as URC decisions are final.

***Please keep the preceding pages for your reference. ***

Acceptable Documentation for Proof of Residency

All documentation must include name, physical street address, and be dated within 60 days. All documents subject to review with items on approved list below. Please submit original documents, not envelopes. Information can be blacked out for confidentiality reasons.

- Official Government Documentation (Tribal, State or Federal Agency)
  - Example: Social Security Administration, Court or Municipalities
- Direct Deposit or payroll stubs
- Utility Bills - Heat, Water, Sewer and Garbage Disposal
- Cable, satellite, phone bills, homeowner/rental insurance statements
- Acceptance letters/grants (high school/college) and dated transcripts
- Current active bank statements and e-statements with dates included
- Mortgage holder, landlord, rental company on company letterhead
  - Example: Oneida Housing Authority, Oneida Department of Land Management
- Notice from homeless shelter will be considered as temporary proof of residency, valid for 60 days only

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Examples of UNACCEPTABLE forms of residency: personal mail, driver's license, tribal ID cards, medical bills or health/dental insurance statements, personal checks, bulk mail, envelopes, hand-written receipts, collection statements, Oneida Self-Service, Vehicle Registration renewals and correspondence from Oneida Comprehensive Health Division.

Please note: Cellphone pictures of application and/or proof of residency are not acceptable. They tend to be blurry and are not readable when scanned into patient's account. Documents must be scanned, faxed, or dropped off. Use of a scan application on cellphones have been acceptable.

**If there is an address discrepancy, additional forms of verification may be requested prior to PRC eligibility approval or payments of claims.

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Both sides of application must be completed, signed and submitted with proof of residency in order to be complete. Failure to do so will delay referrals/services.

APPLICANT ***(OCHD patient or responsible party for OCHD patient, 19 years and older)***

Name				Medical Record # *If known or applicable*	
Address				County of Primary Residence	
City, State, Zip				Telephone Number	
Birthdate		Oneida enrolled or descendant?	Yes No	Other Tribal affiliation?	
Email Address				Employer Name	

SPOUSE'S INFORMATION ***(must be legally married)***

Name			Medical Record # *If known or applicable*	
Birthdate			Telephone Number	
Oneida enrolled or descendant?	Yes No	Other Federal Tribal affiliation?		
Email Address			Employer Name	

DEPENDENTS - Primary residence is with the applicant ***(Under 19 years of age)***
*****If dependent lives with other caregiver as primary, they would not be included on this application*****

Full Name	DOB	Relationship to Applicant	Tribal affiliation *List all Tribes*	Medical Record # *If known*

11/16/2022 KJD

PRIVATE/COMMERCIAL INSURANCE INFORMATION

***Please fill out this page completely. Leaving this page blank will delay referrals/services. ***

Policy Holder Name		Relationship to Applicant	
Medical Insurance Carrier **(If does not apply, put "N/A")**		**Dental Insurance Carrier** **(If does not apply, put "N/A")**	
Medical Policy #		Dental Policy #	
Medical Group #		Dental Group #	
Who's covered on this policy, list names:		Who's covered on this policy, list names:	

SECONDARY PRIVATE/COMMERCIAL INSURANCE INFORMATION

Policy Holder Name		Relationship to Applicant	
Medical Insurance Carrier **(If does not apply, put "N/A")**		**Dental Insurance Carrier** **(If does not apply, put "N/A")**	
Medical Policy #		Dental Policy #	
Medical Group #		Dental Group #	
Who's covered on this policy, list names:		Who's covered on this policy, list names:	

OTHER MEDICAL COVERAGE ***(Please answer these questions)***

Does anyone on app have Medicare?	Y / N	Name(s)		
If yes, what Medicare Type?	A B C D	**Medicare ID #**		
Does anyone on app have Medicaid? (BCP)	Y / N	Name(s)		
Does anyone on app receive Disability?	Y / N	Name(s)		
Does anyone on app get Veteran Benefits?	Y / N	Name(s)		

PLEASE READ CAREFULLY: Patient acknowledgement regarding residency requirements, patient responsibilities, and authorization for outside agencies: I hereby affirm that the address listed on this form is my true and correct address. I further agree that it is my sole responsibility to inform the Purchased Referred Care Department at the Oneida Comprehensive Health Division immediately if my address changes. I understand and agree that I will not be eligible for Purchased Referred Care Services if I do not meet all requirements. I hereby authorize the Purchased Referred Care Specialist to contact other agencies to obtain information that is necessary to further enhance my eligibility, process referrals and claims. I also acknowledge that I have read the patient requirements and responsibilities and agree to abide by them. I understand that false and misleading information in my application will result in denial of benefits.

SIGNATURE OF APPLICANT _____ DATE _____

(or legal designee) _____

To be completed by PRC staff only

PRC Initials		Date Received	
Patient Ref Edu Provided	YES / NO	Tribal ID on file	YES / NO
Acceptable POR Recvd	YES / NO	Ins Verified as active	YES / NO
Ins Screen Needed	YES / NO	PRC eligible	YES / NO
County Verified?	YES / NO	How was it verified?	
Notes			