

Oneida Comprehensive Health Division Purchased Referred Care Services

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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 or the Health Center. 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) in order to be eligible for payments/referrals from PRC. Outside provider must be in network with patient's insurance whenever possible. Exceptions must be reviewed for approval by PRC supervisor or Utilization Review Committee (URC).

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. For minor dependents who reside with both parents at separate addresses, eligibility will be based on what address is used for enrollment in school, or what address schooling is being facilitated at. Verification of school enrollment may be requested.
5. 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.
 - a. Students must provide proof of full-time enrollment by submitting their school schedule to PRC for verification every semester.
6. A person who is eligible but leaves the Oneida PRC Delivery Area (PRCDA), will continue to be eligible for 180 days.
 - a. 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.
7. 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.
8. Native children adopted by non-Native parents: Enrolled and descendant Native children adopted by non-Native parents must meet the general eligibility criteria to be eligible for PRC services (reside within the Oneida Nation PRCDA).
9. 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 Oneida Community Health Center (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. A written paternity acknowledgement form will need to be on file for unmarried parents.

10. 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 the last 60 days (annually). See list of acceptable documents 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 and/or POR is needed if patient moves to new address, or a new PRC eligible dependent is added to the household.
6. PRC may request multiple forms of proof of residency if residency is in question i.e. using someone else's address to establish PRC eligibility.
7. Provide legal guardianship/Power of attorney paperwork to Medical Records for patient's that are not old enough/not able to make medical decisions for patients that are not legally able to do so themselves (i.e. grandparents taking care of grandkids, parents taking care of adult aged children).

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.
 - a. Obtain information regarding the facility you went to and provide that information when you notify Oneida of the visit.
 - b. Request records be sent to your Oneida provider at OCHC.

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. PRC does not cover items that are not covered by Medicare, not medically necessary, are experimental/investigational, second opinions or otherwise excluded by OCHC management team.
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 POR annually.
 - a. Applications will be considered incomplete if the POR is not included and the application is not complete.
2. Submit 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 complete a new PRC application adding the 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 (mail postmark, date stamp by OCHC) listed on the appeal letter to the PRC supervisor 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.

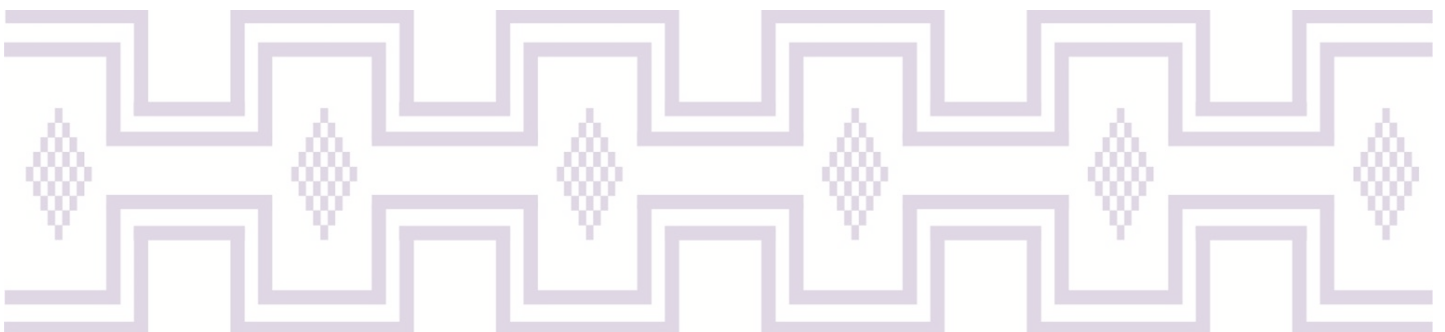
4. PRC supervisor or designee has 10 business days from the date the appeal is received to issue a decision.
 - a. If denial is overturned, PRC will approve and process the denied claim/referral. Patient will be notified in writing.
 - b. If denial is upheld, the patient will be notified in writing.
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, to Oneida Community Health Center, 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. Patient will be notified in writing.
 - 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.

Direct Care Services: The Oneida Community Health Center is able to provide many services in house that do NOT require a referral. Patients must speak with Oneida provider for any orders for services, treatments, supplies that are being requested from outside provider that isn't specifically listed on PRC referral. For example, some Durable Medical Equipment (DME), bandage and dressing supplies are available for distribution. If these items are not available, a referral will need to be placed for PRC coverage (insurance and Medicare requirements still apply). Examples of direct care services are as follows but not limited to:

1. Medical: appointments available for diagnosis, treatment, well child care, immunizations, family planning, minor surgical procedures, preventative care, physical therapy (include occupational, vestibular & speech therapy, dry needling), OB/Prenatal care
2. Dental: appointments available for examination, dental cleaning, x-rays, restorations (fillings) both silver and resin, root canals, tooth removal, crowns, fixed bridges, removable partials and dentures, relines and repairs to partials and dentures along with preventative service of fluoride, sealants and patient education and orthodontics.
3. Optical: appointments available for full-service eye care including eye exams, even for people with diabetes, glaucoma, and other health concerns. Can also do contact lens exams and emergency ocular care. Optical services available to all ages including pediatric.

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

02/28/2024 KJD



Acceptable Documentation for Proof of Residency

All documentation must include name of applicant, physical street address, and be dated within the last 60 days. All documents subject to review that they meet the requirements to prove residency. Please submit original documents, do not include envelopes. Non-pertinent information to the application 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

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. Email and fax information available at top of application.

****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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Oneida Comprehensive Health Division Purchased Referred Care Application

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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) *Grayed out areas for PRC only*

Name				Medical Record Number		Active Pt?	
Physical Address				County of Physical Residence			
City, State, Zip				Telephone Number <i>List reachable number</i>			
Birthdate		Oneida enrolled or descendant?	Yes No	Other Tribal affiliation?			
Email Address				Employer Name			
App Medical Ins Name		Member ID #		Group Number			
App Dental Ins Name		Member ID #		Group Number			

SPOUSE'S INFORMATION (must be legally married and living at same residence)

Name				Medical Record # <i>If known or applicable</i>		Active Pt?	
Birthdate				Telephone Number <i>List reachable number</i>			
Oneida enrolled or descendant?	Yes	No		Other Federal Tribal affiliation?			
Email Address				Employer Name			
Insurance Information for Spouse: On Applicant's Insurance? YES NO If No or if spouse has additional/other coverage, please complete section below or indicate any notes:							
Sp Medical Ins Name		Member ID #		Group Number			
Sp Dental Ins Name		Member ID #		Group Number			

OTHER BENEFITS (Please answer these questions)

Does anyone on app receive Disability?	Y	N	Name(s)	
Does anyone on app get Veteran Benefits?	Y	N	Name(s)	

DEPENDENTS - Primary residence is with the applicant (Under 19 years of age)

****If minor dependent lives with other caregiver as primary, dependent would not be included on this application****

Minor Dependent's Full Name	DOB	Relationship to Applicant	Tribal affiliation <i>List all Tribes</i>	Medical Record #	Active Pt?
1.					
Does Dep #1 use your address for school enrollment?		YES	NO		
Insurance Info for Dep #1: On Applicant's ins?		YES	NO	If no or dep has other covg, complete below section.	
Medical Ins Name		Member ID Number		Group Number	
Dental Ins Name		Member ID Number		Group Number	
2.					
Does Dep #2 use your address for school enrollment?		YES	NO		
Insurance Info for Dep #2: On Applicant's ins?		YES	NO	If no or dep has other covg, complete below section.	
Medical Ins Name		Member ID Number		Group Number	
Dental Ins Name		Member ID Number		Group Number	
3.					
Does Dep #3 use your address for school enrollment?		YES	NO		
Insurance Info for Dep #3: On Applicant's ins?		YES	NO	If no or dep has other covg, complete below section.	
Medical Ins Name		Member ID Number		Group Number	
Dental Ins Name		Member ID Number		Group Number	
4.					
Does Dep #4 use your address for school enrollment?		YES	NO		
Insurance Info for Dep #4: On Applicant's ins?		YES	NO	If no or dep has other covg, complete below section.	
Medical Ins Name		Member ID Number		Group Number	
Dental Ins Name		Member ID Number		Group Number	
5.					
Does Dep #5 use your address for school enrollment?		YES	NO		
Insurance Info for Dep #5: On Applicant's ins?		YES	NO	If no or dep has other covg, complete below section.	
Medical Ins Name		Member ID Number		Group Number	
Dental Ins Name		Member ID Number		Group Number	

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 primary 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 PRC packet including 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)

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	Diff Mailing Address?	YES / NO
County Verified?	YES / NO	How was it verified?	
Updates sent to PARS?	YES / NO	PRC eligible	YES / NO
Pending Referrals Processed?	YES / NO		
Notes			