

# Port Gamble S'Klallam Tribal Health

## Policy and Procedure – Health Services/Purchased and Referred Care

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### **SUBJECT: Referrals**

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**PURPOSE:** To clarify the referral and tracking process. PRC referrals must be received by PRC office for processing. When an electronic copy is not available, a paper copy is acceptable.

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**POLICY:** PGST PRC guidelines determine the scope of referred services based on medical necessity and as determined by its healthcare providers or through consultation with PRC network providers.

PRC members may obtain referred services from approved PRC network providers. PRC network providers are identified as those who accept Centers for Medicare and Medicaid (CMS) billing guidelines and rates of pay for services.

Some referred services may have a limited number of visits or an approved time allowance for services to be received.

In the case of pediatric patients, PRC allows for parents to seek care for their children when such services are not available in PGST health clinics.

An established process for Denial of Services is followed. Patients are informed of their right to appeal denial of PRC services as well as the process to follow.

**Second Opinion allowances:** PGST PRC program reserves the right to require a second opinion for services requested or referred by PRC network providers.

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**Disclaimer:** PGST and PRC reserve the right to amend any of the policies without prior written notice to PRC members or community. To the extent possible, advance written notice will be posted regarding any major program changes before implementation. PGST and PRC also reserve the right to consider 'special circumstance' claims regardless of written program guidelines.

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**PROCEDURES:** Evaluation for referral is based on need as determined by PGST healthcare providers.

Patients eligible for PRC coverage are issued an annual insurance card to verify their coverage for services.

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**ADDITIONAL INFORMATION:** Refer to allowances and exclusions under diagnostic codes.

Approval:	_____	_____	_____	_____
	Title	Date	Title	Date
Effective Date:	_____		Reviewed by:	_____
Related Policies: Eligibility, Denial of Services, Second opinion criteria, PRC Assist card			Reviewed by:	_____
Original approval date: 2/94	_____		Reviewed by:	_____
See Attachments:	_____			_____
Accreditation Reference:	_____			_____
File Location:				

Health Advisory Committee Approved 5/21/19  
[HIST: Approved by motion by Tribal Council on 6/24/2019]