

Port Gamble S’Klallam Tribal Health

Policy and Procedure – Health Services/Purchased and Referred Care

SUBJECT: Special Considerations for Care

PURPOSE: To outline, clarify, and to allow payment for routine health care not provided by PGST clinics.

POLICY: PGST health clinics are staffed by primary care providers. Services deemed necessary but not provided in PGST clinics will be covered for PRC members.

To ensure that potential risk and/or benefits, as well as costs, of specific treatment modalities are considered carefully and that medical necessity in each case is evaluated.

PROCEDURES: PGST health care providers generally initiate referrals for outside services. In some cases, patients or family member may contact the PRC office to inquire if they are eligible to obtain a specific service. PRC staff then ascertains whether the patient is a PRC member; in any case, the PRC staff may advise how to obtain services.

ADDITIONAL INFORMATION:

Audiology: PGST healthcare providers refer PRC members for Audiology exam and testing by a specialist. Hearing aid appliance purchase, repair, or replacement is covered by PRC after the appropriate Audiology testing is complete. Such testing may include word recognition or speech discrimination. The cost of hearing aid battery replacement is covered.

Birth Control services: Limited services are provided in PGST clinic. PRC members and patients with insurance can go to OB/GYN physicians for expanded services. Coverage for such services is extended to partners and spouses of PRC members.

Complementary Care: This includes Chiropractic, Acupuncture, Massage, and Naturopathic therapies. These services are initiated and covered by PGST healthcare provider referral. If PRC network providers prescribe one of the complementary therapies, the PRC member or PRC network provider must contact the PRC office for approval. These care modalities are chiefly for symptomatic relief and/or rehabilitative.

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Depending upon budget constraints, these referrals are generally time-limited and may have a specific number of visits allowed. Reevaluation of the patient's need and condition may be required.

Additionally, PRC allows for payment for prescribed **alternative remedies** when approved by PGST health provider or network provider. The approved amount for such remedies is determined annually as budget permits.

Dental Specialty Services: PGST Dental Clinic is the primary source for dental care. All referrals for dental care must be approved prior to patient obtaining any service. Dentists or oral surgeons must provide estimates for such care. If estimates exceed the allowable expense, PRC may fund only a portion of such costs. The patient is responsible for any balance remaining for such services.

Durable Medical Equipment: Requires a referral or prescription written by PGST healthcare provider. Referrals written by PRC network provider must be reviewed and approved by Medical Director or designee.

Elective Sterilization: PRC members are covered for elective sterilization by vasectomy or tubal ligation. Reversal of sterilization surgery is not covered.

Emergency Medical Transport: Ambulance transport for medical emergencies is covered for PRC members. Air transportation costs are allowed when the emergency physician recommends such action.

Laboratory tests: Laboratory testing is covered by PRC program.

Obstetrical care: PRC members and patients with other insurance are allowed to self-refer for Obstetric and Gynecologic services (OB/Gyn). In normal and healthy pregnancy, PGST may provide care to 28 weeks gestation. At the beginning of the third trimester, patients are referred to Obstetrics for the remainder of gestation and delivery (includes postpartum care). Some network OB providers prefer to assume care early in gestation and PRC allows for early referral. Individuals may be reviewed on a case-by-case basis. If the PGST healthcare provider determines the pregnancy to be 'high-risk', the patient may be immediately referred to an Obstetrician and/or other OB specialists.

Occupational/Physical Therapy: PGST healthcare providers or PRC network providers initiate referrals for specific care.

Optometric care: PRC allows for optometric services including eyeglasses or contact lenses. PRC staff informs the patient of **current allowances** for services. The service typically includes

examination, refraction, lenses, frames, contact lenses, and associated costs for supplies or repairs. Allowance for optometric services covers a **two-year period**. As in all other care, alternate resources must be expended before PRC funds are allocated.

- **Elder and Youth:** PRC members age 62 years and older as well as youth under age 18 years are eligible for optometric benefits every 12 months. This includes repair cost or loss of eyewear.
- Additionally, if other PRC members experience health conditions or visual changes and are referred for such care in less than the two-year period, PRC may cover up to 50% of costs for re-examination and related services.
- **Laser Refraction:** PRC allows for up to three laser refractive surgeries in one year and will pay up to 50% of costs. The PRC member is informed of the total of PRC funds to be committed to this service.

Prescription drugs: In an effort to reduce drug costs, PRC requires patients to use only contracted pharmacies that charge discounted prices (340b program). Prescriptions filled at other pharmacies are the financial responsibility of the patient.

Exceptions:

- Payment for cost of medication associated with emergency health care are considered on a case-by-case basis.
- PRC members who have coverage through Kaiser Permanente are required to utilize their pharmacies.
- Reimbursement is allowed for copays on prescriptions.
- PRC members without insurance must use contracted pharmacies as discussed above.
- Receipts for copayment reimbursement must be received by PRC office with 90 days of purchase
- Copayments under \$5.00 will be reimbursed from petty cash
- For PRC members to receive reimbursement for over-the-counter drugs, they must be prescribed by PGST healthcare provider or network provider.

Prescription refills: PGST Healthcare providers determine the length of medication treatment.

Preventive Health Services: PRC members may receive preventive care via PGST clinics or from their primary care provider.

Prosthetic and Orthotic devices: Referral for these appliances require review by the Medical Director or designee before PRC funding can be obligated. After referral is initiated, PRC members are required to utilize PRC network providers for fitting of appliances.

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Rehabilitative Services: Referrals for rehabilitative services are initiated prior to discharge from hospital. Such services are common following surgical, cardiopulmonary, or orthopedic hospitalization.

Skilled Nursing Home Facilities (SNHF) care: Referrals are initiated by PGST or PRC network providers and must be approved by PRC office; the admitting provider must furnish documentation as to:

- Medical necessity
- Such care is medically indicated; that the patient is likely to show ongoing improvement as a result of care
- Likelihood that care will be rehabilitative and increase self-sufficiency allowing patient to return home

Weekly status reports from SNHF are required; the Medical Director determines whether care should continue. Should it be determined that the patient is not deriving further physical improvement from SNHF care, the PRC staff or Medical Director will provide written notice to the SNHF, the patient, and family of the decision to discontinue financial support of such care. To the extent possible, the PRC staff will verbally notify the family prior to written notice. This provides the family time to arrange for non-covered care of the patient. PRC limits care in SNHF to not longer than 65 days. As in all other cases, primary insurance must be exhausted before PRC funds can be obligated.

Smoking Cessation: Counseling and medications to enhance successful quitting. This service is also extended to members of tribal household to further support the patient.

Substance Use Disorders/Behavioral Health: Outpatient services are available through Wellness clinic. Inpatient care is covered or PRC members.

Approval: _____

Title	Date	Title	Date
Effective Date: _____		Reviewed by: _____	
Related Policies: _____		Reviewed by: _____	
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