

Purchased/Referred Care (PRC) f.k.a. Contract Health Services (CHS) and your Health Plan

1. The patient must obtain a referral from your PRC office prior to having services.
 - Based on 506 legislation providers have the right to request a copy of the referral before they have to accept Medicare-like rates.
2. The patient should present their ID card to the provider
3. The provider will submit a claim (bill) for services on behalf of the patient.
4. When CCS receives the claim, we will verify if the patient is PRC eligible, if the facility is a Medicare participating provider and if the services are eligible for the Medicare-like rate.
5. If criteria in step 4 is met, when processing the claim, we will apply reduced rates based on your plans Tribal Fee Schedule. The Tribal Fee Schedule is based off Medicare-like rates and the claim will pay at 100% of the allowed charges.
6. Discount amount (difference between billed and allowed) will show up as 'other adjustment' on the Explanation of Benefits (EOB). See example below
 - EOBs will have a note in the notes section that states paid at Tribal Fee Schedule
7. If the provider bills for the amount listed under 'other adjustment' on the EOB. The patient and the PRC program should **NOT** pay this amount if the services were approved by the PRC program. If the services were approved, the PRC program should reach out to the provider and advise them that nothing further is owed by the patient or the PRC program and that the PRC program does not have to pay more than the Medicare-like Rate and since the provider was paid the Medicare-like Rate or greater, and the services were approved by the PRC program, nothing further is owed to the provider by the patient or the PRC program and they cannot balance bill.
8. If someone is not PRC eligible or the facility is not a Medicare participating facility or the service is not eligible for Medicare-like rates, claims will be processed under your self-insured health plan benefits with your network discount.

Sample ID Cards

Effective 10/1/2018:



ID XZ9999999 01
NAME JOHN W MN595/04
GROUP NUMBER 5MN05950
GROUP NAME White Earth Nation
CARE TYPE CCS Benefit Plan
NETWORK Employer Provider Network, Inc. (EPNI)
SVC TYPE Medical & Prescription Plan
RX BIN 610455
RX PCN PGIGN
RX Network Prime Therapeutics, Inc./Broad Pharmacy Network/Balance Rx

EPNI

A tribal fee schedule may be applied for PRC eligible services for this member.

Effective 1/1/2019:



##name_MI##
##name_suffix##
Member ID
##Prefix_MbrID##

Service Type Medical
Care Type Benefit Plan
Network BlueCard PPO

Service Type Prescription
Rx Bin 610455
Rx PCN AHA

PPO Rx

Purchased/Referred Care (PRC)
 A tribal fee schedule may be applied for PRC eligible services for this member.

Sample Explanation of Benefits (EOB)

CITY NAME MN 55555

Loc/Dept:

0001

Service Dates	Description	Charges	Provider Resp	Non-Covered	Allowed Amount	Deductible	Co-Pay	Co-Ins	Note ID
121317	1213	ANCILLARY		35.00	29.21	5.79			PZ
121317	1213	ANCILLARY		350.00	292.11	57.89			PZ
121317	1213	ANCILLARY		80.00	66.76	13.24			PZ
121317	1213	LAB		30.00	25.04	4.96			PZ
121317	1213	LAB		302.00	252.05	49.95			PZ
121317	1213	LAB		906.00	756.15	149.85			PZ
121317	1213	ANCILLARY		304.00	253.72	50.28			PZ
121317	1213	ANCILLARY		36.00	30.00	6.00			PZ
121317	1213	ANCILLARY		20.00	16.69	3.31			PZ
121317	1213	ANCILLARY		522.00	435.66	86.34			PZ
121317	1213	LAB		1750.00	1460.49	289.51			PZ
Totals				4335.00	3617.88	717.12			

Total Charges	4335.00	Claim Number	999999900	Check Number		Date Paid	01/26/2018	Patient Control Number	XXXXXXX
Pd By Other Ins		Provider Number	1111HVI	Provider Name	PROVIDER NAME	Par			NO
Adjustment									
Total You Owe									
Provider Resp									
Other Adjust	3617.88								
Total Payment	717.12								

NOTES:

*** PAID AT TRIBAL FEE SCHEDULE

PZ - CHARGES GREATER THAN AMOUNT ALLOWED. SEE B ON BACK.