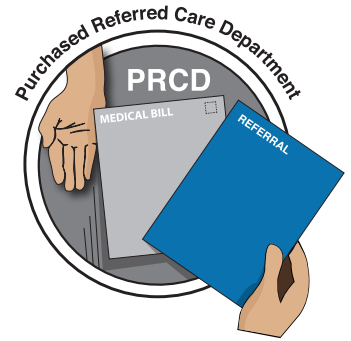


Purchased Referred Care (Formerly Managed Care)



Patient Guide

- Purchased Referred Care is not an entitlement program
- It is the responsibility of the patient to comply with PRCD requirements as set forth from the federal government.

Residence Requirements

To be Contract Health Services eligible, a patient must:

- Be a member or a descendant of an enrolled member of a federally recognized tribe up to the age of 19.
- Permanently reside on a reservation within a Contract Health Service Delivery Area (CHSDA).

72-Hour Notifications

- It is the responsibility of the patient being seen in a non-Gila River Health Care hospital or emergency room to notify PRCD within 72 hours of treatment or admission to a hospital.

Referrals

- Referrals written and approved by a GRHC Provider are authorized for six months to that initial provider. If the patient needs care past the six months, a new referral will need to be written by a Gila River Health Care provider.

Statements

- Unfortunately, PRCD is not able to pay off a patient statement/bill per federal guidelines.
- Patients receive statements from providers for balances due in an attempt to collect a debt. Patients should bring statements to Purchased Referred Care services and speak to a staff member.
- PRC staff will research the statement. If there is an authorization on file, we will request the claim and/or explanation of benefits to process.

UNDERSTANDING HOW GILA RIVER HEALTH CARE CAN ASSIST PATIENTS

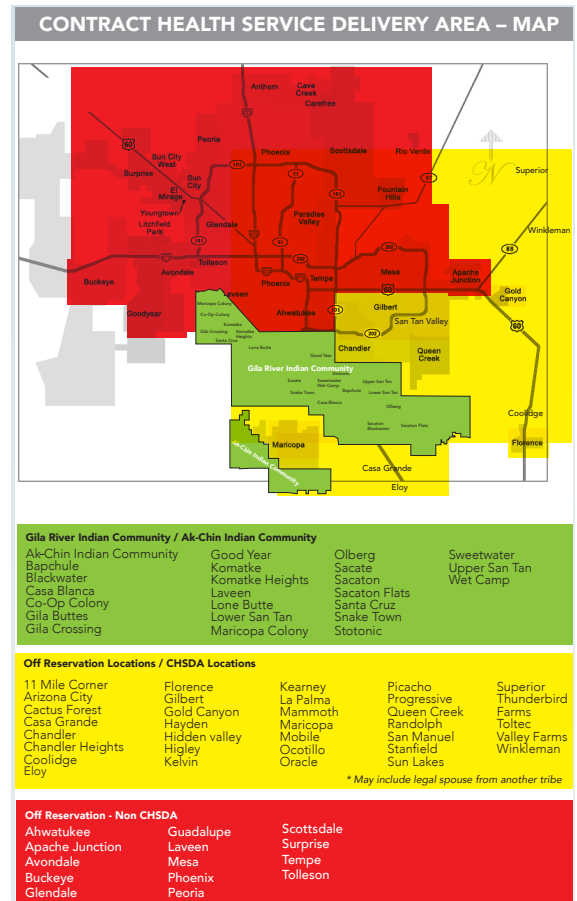
Today, self-governance compacting affords the Gila River Indian Community to tailor health care to meet the needs of the Community.

The tools of self governance gives Gila River Health Care the authority to assume responsibility for providing health care to GRIC members.

GRHC's Purchased Referred Care program funding comes from an annual funding agreement with the Indian Health Service.

The Indian Health Service's annual funding agreements dictate how Gila River Health Care's Purchased Referred Care program may purchase services from private healthcare providers in situations where:

1. No IHS or tribal facility exists;
2. The direct care facility is incapable of providing required emergency and/or specialty care;
3. Utilization in the direct care facility exceeds staffing;
4. Supplementation of alternate resources (Medicare, Medicaid, or private insurance) is required to provide comprehensive healthcare to eligible American Indians.



For questions about your eligibility or about Purchased Referred Care, visit: IHS.GOV