

TYPES OF PURCHASED REFERRED CARE

There are only two categories of medical care paid for with Purchased Referred Care (PRC) funds. They are:

Emergency Services: True emergencies are situations that if not handled quickly may result in loss of life, limb, eye, and/or organs. If the patient has a medical condition that needs immediate attention in order to prevent serious impairment or death, it is an emergency. In the event of a legitimate emergency, preauthorization is not required. However, the patient must contact Yellowhawk within 72 hours of your emergency treatment.

Pre-authorized Care: Pre-authorization of payment is required before any routine services from an outside healthcare provider or facility can be paid by Yellowhawk. Once you and your healthcare provider have made the decision to refer your care to an outside specialist you should receive a call from the specialty office to schedule with you directly. Please contact a Referral Coordinator once you have been scheduled for the initial consult and all/any appointments thereafter.

Our vision is to aid our Tribal community to achieve optimal health through a culture of wellness.

It is our mission to empower our Tribal community with opportunities to learn and experience healthy lifestyles.



CONTACT US

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PO Box 160
Pendleton, OR 97801
541.966.9830
info@yellowhawk.org
www.yellowhawk.org

Purchased Referred Care: 541.240.8516

Callers with life-threatening emergencies, call 911 or visit the nearest emergency room immediately. When Yellowhawk is closed, service providers available are urgent care clinics located in the local or surrounding area.

**After Hours Nursing Advice:
541.966.9830**

REFERRALS DENIALS APPEALS



YELLOWHAWK
TRIBAL HEALTH CENTER

REFERRAL PROCESS

Most referrals are initiated when the patient is seen by a Yellowhawk provider (Doctor, Dentist, Nurse Practitioner, Counselor) and they determine that a service is needed that is not provided at our facility. In such instances they will issue a referral, help obtain preauthorization for payment, and arrange for the patient to be seen by the outside provider that they are being referred to.

When referrals are initiated by outside providers or when the patient has additional visits or tests, the patient has the responsibility to submit the referral information to the Referral Coordinators (RC) to request authorization of payment. Once the authorization is obtained, a Referral Coordinator will assist the patient in setting up the appointment with the provider to whom they are being referred by furnishing the outside healthcare provider with the patient's contact phone number.

Before an appointment, be sure the outside provider has received a pre-authorization from Yellowhawk. ***Each and every visit outside of Yellowhawk requires authorization.***

If the patient is unable to keep an appointment or needs to re-schedule, please notify the Referral Coordinator as soon as possible, prior to the scheduled appointment. Please keep in mind, patients are responsible for any charges incurred with No Shows. Contact the Referral Coordinator with any further questions regarding the referral process.

EMERGENCY ROOM AND URGENT CARE VISITS

The Emergency Room (ER) is for emergencies only and using it inappropriately for routine health care and other non-emergency needs can put the patient's health at risk and can result in possible denial of payment from your insurance as well as Purchased Referred Care. **Please remember to notify Yellowhawk Purchased Referred Care within 72 hours after an emergency room visit.** It is the patient's responsibility to follow up with a health care provider after all emergency room visits.

DENIALS

If payment for a medical bill is denied, the patient will be notified by Purchased Referred Care. The most common reasons for denial are:

- Ineligibility because of failure to prove the patient is of American Indian/Alaska Native descent
- Ineligibility because the patient does not reside within the Yellowhawk Service Area
- Refusal to apply for and/or use alternative insurance (patient not required to expend personal resources)
- Visited an Emergency Room (ER) or Urgent Care for non-emergent services; did not notify Yellowhawk within 72 hours of ER visit; or did not follow-up with healthcare provider as requested after ER visit
- Failure to provide required documents to Yellowhawk (i.e. proof of insurance or other documents)
- Failure to get preauthorization for services to an outside provider and/or facility

PURCHASED REFERRED CARE
541.240.8516

ELIGIBILITY COORDINATOR
541.240.8747

REFERRAL COORDINATORS
541.240.8562 - TEAM ALFORD
541.240.8655 - TEAM WINDE
541.240.8639 - TEAM SIEDERS

APPEALS

If the patient would like to appeal a payment denial, they must provide a written response to the Yellowhawk Resource Management Committee (RMC) within 30 days of the date of the denial letter. The appeal should identify the reasons the patient believes the healthcare visit should be paid for and any circumstances they believe should be considered as relevant. Yellowhawk Purchased Referred Care (PRC) staff are available to assist patients in writing letters of appeal. All relevant supporting documentation should also be included in the letter.

Yellowhawk's Resource Management Committee will review this information at the next scheduled meeting. If additional information is needed, the patient will be contacted. This committee meets once a month.

When RMC upholds the original denial, the patient has 30 days of the date of the denial letter in which to appeal the decision by providing a written request to the Yellowhawk PRC staff for logging and tracking. PRC staff will immediately forward this on to the Yellowhawk Chief Executive Officer (CEO). This statement should include the reasons why the patient believes the payment should be made and any relevant supporting information or documentation.

The CEO will review all of the supporting documentation and issue a determination to uphold the denial or issue a referral or payment. The CEO may ask for input from other Yellowhawk departments as part of the case review. The CEO will respond to the patient's appeal in writing, listing the reasons for his/her decision within 10 business days. The Resource Management Committee will be provided a copy of the decision. The CEO will not consider any appeals that are over 12 months outstanding. If patient fails to follow these procedures, the request for reconsideration/appeal may be denied stating there are no further appeal rights.