ABSENTEE SHAWNEE TRIBAL

HEALTH SYSTEM

Prevention. Progress. Pride.

PURCHASED REFERRED CARE GUIDELINES

Table of Contents

Purchased Referred Care (PRC) Overview

In the event services are required beyond what is available at ASTHS, your ASTHS provider may refer you for services outside of the clinic. For AST enrolled citizens, Purchased Referred Care (PRC) funds may cover the cost of these services and some additional services such as hearing aids, orthodontics, and emergency room visits. The expenditure of PRC services are based on medical necessity and current funding availability of the program.

Enrolled Absentee Shawnee Tribal citizens who meet PRC guidelines including providing proof of residency within the designated catchment area for the previous 6 months will be eligible to receive services through PRC. AST citizens must reside with the AST catchment area of Pottawatomie, Cleveland, Oklahoma, Logan, or Lincoln counties.

To coordinate PRC benefits on your behalf, PRC requires at least 72 hour notice prior to scheduling any appointments with outside providers or facilities. In the case of emergency room visits, PRC will need to be notified within 72 hours to determine eligibility for payment.

Federal regulations require that PRC funds are to be used only after all other alternative resources have been paid.

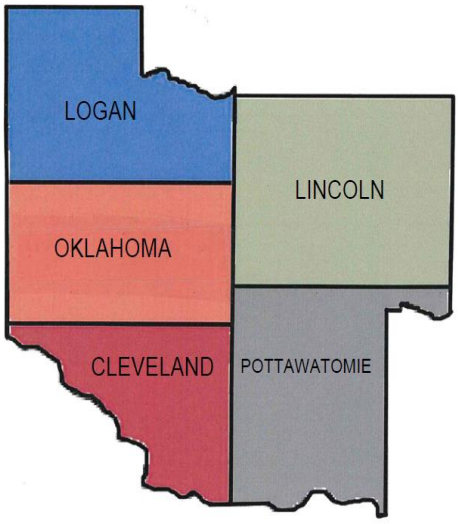
If you have questions please contact the PRC office located at the Little Axe Health Center at 405.701.7951 or email PRC directly at PRC@astribe.com.

Section A: Coordination of Benefits

Eligibility for Services

All enrolled Absentee Shawnee Tribal Members **whether they live inside or outside of the Tribe's Catchment Area** and Physicians employed at Absentee Shawnee Tribal Health System, requesting a referral from Purchased Referred Care (PRC) to outside providers will have to follow these guidelines, as defined by the Annual Funding Agreement between the Tribe and Indian Health Service. In all cases of a referral, eligible members of the Tribe shall use a Coordination of Benefits (COB) supplied by Purchased Referred Care (PRC) with the Tribal Health Care Programs to the extent permissible and/or approved by Purchased Referred Care (PRC). An eligible member is defined as a currently enrolled Absentee Shawnee Tribal member who can provide proof of residence in the designated catchment area for the previous 6 months.

Absentee Shawnee Catchment Area



Before a Coordination of Benefits for health services is granted to members residing within the Catchment Area, the requirements below **must** be completed and in place:

1. All tribal members must update chart every 12 months. This includes; Phone number, Address, 2 Proofs of Residency (POR) [Driver License will be accepted as long as address matches other documents. Acceptable forms of documents will be a utility bill dated within 30 days, lease/rental or mortgage agreement, wage statement dated within 30 days. If residing/boarding with another household, residency still applies; head of household will need to fill out POR form and have it notarized. No expired documents will be accepted], CDIB, Insurance Cards, and SoonerCare application. Data may be entered and by Patient Benefit Advocates (PBA), or Registration. Tribal members also must have a review for availability of payment with the Patient Benefit Advocate. **NO EXPIRED DOCUMENTS WILL BE ACCEPTED**
2. Proof of residency must be physical address. (See Definitions for acceptable forms of POR.)
3. The terms necessary for a Coordination of Benefits are finalized by PRC.
4. Subject to availability of funds.
5. All Coordination of Benefits must be requested at least 72 hours prior to the date of service.
6. Tribal member must apply for all other eligible resources including employer-sponsored benefits. **PRC is the payer of last resort.**
7. All other requirements listed within these guidelines

If a member fails to comply with these requirements and/or refuses to cooperate with PRC, or the Patient Benefits Advocates (PBAs) on obtaining other resources for payment, payment for services rendered to the member will be denied, and/or the request for referral will be denied.

Exclusion of Services

In no event is the Purchased Referred Care (PRC) Department to issue a Coordination of Benefits (COB) for any of the following services:

1. Fertility work-up and/or fertility drugs
2. Reversal of tubal ligation and/or vasectomy
3. Experimental surgical procedures as viewed “experimental” by the normal and customary standards of the medical professionals
4. Hyper alimentation
5. Elective corneal vision correction, including but not limited to, rk, prk, lasik; contact lens insurance
6. Chiropractor outside services
7. TMJ and orthognathic surgery
8. Bariatric and/or weight loss surgery
9. Cosmetic surgery, usual and customary definitions
10. Substance abuse rehabilitation
11. Inpatient psychiatric care that exceeds $10,000 per approved admission
12. Acupuncture
13. No benefits will be paid for injuries sustained as a result of alcohol and/or drug use. Nor injuries resulting from committing an illegal act. This includes all members; those covered by private insurance or not
14. Injury sustained while participating in any interscholastic, intercollegiate or professional sport, contest or competition or while participating in any practice or conditioning program for such, except that we will provide secondary coverage if Tribal Member has primary coverage
15. Injuries caused or resulting from skydiving, parachuting, hang gliding, glider flying, para-sailing, bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight or commercial vehicle
16. Without prior approval, PRC will no longer be issuing reimbursements for any out-of-pocket expenses. This includes all services offered by PRC
17. Long Term Nursing Home Care
18. Services deemed not medically necessary or not covered by primary insurance

Monetary Limits on the Issuance of a Coordination of Benefits

The PRC is limited on the amount of money available for obligation under the Coordination of Benefits. In no event are monetary limits contained in section F: Optometry and section G: Dental; to be exceeded by PRC in completing a Coordination of Benefits.

The monetary limit on the PRC is $4,500 per (COB) Coordination of Benefits. Any COB that is estimated to exceed the $4,500 limit is to be reviewed and approved and/or denied by the Case Management Medical Review Committee ("CMMR") (see CMMR Guidelines for specifics and appeal rights). The COB limit of $7,500 for a 3-year term for hearing aids (see Section I) is the only set exception to the $4500 monetary limit for COB.

There will be emergency and/or urgent requests for a Coordination of Benefits that exceed the monetary limit due to circumstances that require immediate attention to preserve life, limb and/or the quality and/or quantity of life. These are known as ASAP Coordination of Benefits. Due to such immediate needs of the Tribal Members for services from Providers, the PRC may issue such ASAP Coordination Benefits to be presented to the next CMMR meeting for ratification. Approval of Referrals and Issuance of Coordination of Benefits are subject to availability of funds. All Referrals may be subject to review by the CMMR.

Section B: Purchased Referred Care (PRC)

Case Management Medical Review Committee Guidelines/Appeal Rights

Guidelines

The Case Management Medical Review Committee is to use Section: A, along with the PRC Guidelines, as amended, in addressing issues and making decisions presented to it by appeal from aggrieved Tribal Members or by the PRC Department. Medical decisions, if any, are to be made by the individuals that comprise the CMMR Committee, using their level of expertise and are subject to availability of funds.

1. The CMMR Committee is to address each ASAP Coordination of Benefits that was issued by the PRC Department since the last PRC Review Committee meeting for ratification and confirmation. This ASAP COB was issued due to a medical emergency and exceeded the monetary limitation imposed on the PRC Department, as addressed herein.

2. All Special requests that exceed the monetary limit set by the PRC Guidelines are to be forwarded to the Executive Director of Health for action. No decision is to be taken by the CMMR Committee; however, the CMMR Committee is to review such request and make recommendation to the Health Director for medical necessity.

Appeals Process

Aggrieved Tribal Members who have received administrative denials from the PRC Program will be given the right to appeal such denials. The individual will be given the right to appeal the administrative denial in a written notice from the PRC Program instructing them of the date and method to appeal the decision to the CMMR Committee. The last date that such aggrieved Tribal Member can appeal this administrative denial and the fact that the aggrieved Tribal Member may appear in person before the CMMR Committee, will also be in the initial denial letter. Such right to appeal will be 30 days from the date of the denial letter. The CMMR committee is to hear any such appeal and render its decision accordingly. In no event will an appeal be accepted by CMMR when there is evidence of denial's delivery to the tribal member's address or receipt of letter by tribal member at the address on record, and the appeal request is dated after the 30 days of the initial administrative denial letter. (Mailing to tribal member at address on record will be deemed to be evidence of delivery.)

When an issue is appealed based on an ER visit where no evidence of "triage" is found, and no evidence that "72 Hour Notification" was given; the CMMR Committee shall make a determination using the criteria of whether such ER services were of an "emergency care" or "urgent care" based on emergency room reports.

Appeals Process cont.:

If the CMMR Committee decides against the aggrieved party on the appeal, the aggrieved Tribal Member will be verbally instructed of the denial after the meeting, if such party is in attendance. A written denial will also be mailed from the CMMR Committee. The written and verbal statement, if required, will advise the aggrieved party of the right to appeal the CMMR Committee's decision to the Health Board. It will also contain the last date that such aggrieved party can make this final appeal to the Executive Director of Health, which in no event shall exceed two months.

If the Executive Director of Health/Health Board of Directors decides against the aggrieved party on an appeal from the CMMR Committee, there is no further right to appeal, unless proper notices were not given. If all proper notices were not given as decided by the Executive Director of Health and the Health Board of Directors, then the aggrieved party can appeal one last time to the Health Board of Directors.

Section C: Emergency and Urgent Care Services

Emergency Room Services that do not result in an inpatient stay are available to a Tribal Member through the CMMR Program. Such services must be for medical attention related to an "emergency care" or "urgent care" situation. This benefit is available to each Tribal Member residing within the Catchment Area, if, and only if, all of the following requirements are met:

a. Evidence exists that a member received "triage" from any AST Health Care Facilities and was told to seek ER attention.
b. If no AST Health Facility is open, you must call the AST Triage Line.405.701.7951 Opt.*2. You may also email any ER visits to PRC@astribe.com.
c. Evidence exists that on the next business day or at least within 72 hours after the ER visit, a "72 Hour Notification" was given to PRC of this ER visit and CMMR, makes, determination such care was sought in an "emergency care" and/or "urgent care" situation based on emergency reports; or
d. Evidence exists that the visit was medically necessary. Medical priorities have been established for determining which referrals can be authorized for payment.
e. Evidence exists that a third-party resource has made determination such services were "emergency care" and "urgent care" (such evidence may include payment from private insurance)
f. A review for third party payment resources
g. Subject to availability of funds as defined in Section A: Coordination of Benefits.

If none of the above is found then the CMMR is to deny payment of the ER visit.

Section D: Conflict of Interest Policy

A conflict of interest may arise when employees issue a Coordination of Benefits, supervise or actually provide the healthcare of immediate family members or serve on committees that have the authority to review and/or approve services rendered to immediate family members. Immediate family members are defined as spouses, parents, brothers, sisters, children, grandchildren and grandparents. To prevent a conflict of interest from arising the following procedures are to be followed:

1. Employees cannot generate a referral for themselves or immediate family members;
2. Employees and/or committee members must abstain from voting on issues and/or decisions involving themselves or immediate family members;
3. Employees are prohibited from submitting a purchase requisition for claims involving themselves or immediate family members;
4. Employees are prohibited from referring and/or providing direct health care services to themselves or immediate family members;
5. It is the duty and responsibility of the EMPLOYEE to notify their Administrative Supervisor of any potential conflicts of interest prior to any action by the Employee on a request for referral or payment of medical care. The supervisor shall make other arrangements to provide the necessary services. Failure to inform the supervisor of the conflict is a breach of job duty and is grounds for dismissal.

Section E: Specialty Care and Surgery Benefits

All referrals under Section E will be approved or denied through the CMMR.
Referrals are to be Physician driven (a physician, or an ASTH dentist, must request the referral). Referrals that fall under the set monetary limits may be excluded from review by the CMMR. This process begins when a Physician requests a referral for a health care service to an outside provider initiated by CMMR. When PRC receives this request, the Physician will have determined on the request if it is of an urgent or emergency nature. If the request is of an “urgent” or “emergency” nature, PRC will regard this referral as an ASAP request referral and move this referral request in front of all other requests until this urgent or emergency referral is completed. All other referrals will be processed within ten (10) working days of a request and will be evidenced by a COB if requirements are met.

Eligibility for Pregnancy Benefits

Upon PRC receiving a copy of pregnancy test, eligibility for tribal enrollment of mother and father will be evaluated to determine enrollment status of future child. PRC benefits for pregnancy can be extended to a non-Tribal member female residing within the Catchment Area. Non-tribal mother must submit a copy of the marriage license to an enrolled tribal member, copy of the current CDIB of the father, POR, photo ID for both parents, Soonercare application and copies of any commercial insurance cards. If such evaluation proves the child will be eligible for enrollment on the Absentee Shawnee Tribe membership roll, coverage for the pregnancy care can be made.

Eligibility for Pregnancy Benefits cont.:

PRC benefits will be extended to a pregnant enrolled Tribal member, as stated in this guideline whether the child is eligible for enrollment or not. The PRC benefits for pregnancy DO NOT extend to individuals residing outside the Catchment Area. Pregnancy benefits will not be extended to an enrolled member of another tribe even though the baby is eligible for AST enrollment.

These PRC benefits for which a Coordination of Benefits may be completed include and are limited to: pre-natal care; delivery; hospitalization of the mother relating to the birth and delivery of the baby; and a six-week check-up for the mother. Under no circumstances are expenses covered for the Tribal Member's non-eligible baby once the baby is born. A newborn eligible for enrollment in the Tribe's membership will be given temporary coverage of PRC benefits for a three (3) month period beginning at the time and date of its birth. This temporary coverage provides the parents of the newborn time to complete Tribal enrollment procedures. If newborns enrollment is not complete within three (3) month period, PRC benefits pursuant to these guidelines will terminate.

Section F: Optometry Benefit up to $400 every 12 months

$400 maximum benefit payable in a one-time issuance every 12 months.

Beginning April 1, 2024 all Tribal Members **without** a third-party resource must use the Absentee Shawnee Tribal Optometry Clinic in Little Axe for Optometry Services. Tribal members with vision insurance **must use** an in-network Optometry provider for an annual eye exam. It is up to the tribal member to verify that the provider they are selecting is in-network with their insurance. PRC is a payer of last resort; if primary insurance does not pay PRC will not pay. 72 Hours prior to such visit they must request a Coordination of Benefits from PRC.

If a member fails to comply with these guidelines or refuses to cooperate with PRC, payment for services rendered on behalf of the member will be denied and/or the issuance of a Coordination of Benefits will be denied.

- Lens or contacts every 12 months
- Frames every 24 months

Prescription sunglasses, safety glasses, colored contacts, designer frames, and/or sports glasses are not covered under the AST PRC vision benefits.

Section G: Dental Benefit: $2,500 Yearly

Cleaning, fillings, root canals, extractions, crowns, dentures

Dental Benefits

$2,500 yearly dental benefit for tribal member with dental insurance will be able to use an outside in-network contracted dental provider.

Outside Dental Services include cleanings, fillings, root canals, extractions, crowns, bridges, partial and dentures. If prior to such visit the member may request a coordination of benefits from PRC.

PRC requires a predetermination/pre-estimate for any treatment over $300 by the outside provider.

Non-insured (dental) Absentee Shawnee Members MUST use the Little Axe Dental Clinic.

Section H: Orthodontic Benefit: $5,000 Lifetime

Orthodontics

Orthodontics benefit is a once-in-a-lifetime benefit of $5,000 for tribal members 10-26 years of age.

All Absentee Shawnee Tribal members must visit the Absentee Shawnee Tribal Dental Clinic to request a referral for Orthodontics.

Copy of the treatment and financial plan needs to be forwarded to PRC and must be turned in before treatment begins.

Section I: Hearing Aids-One time issuance up to $7,500 every 3 years Devices used to improve or aid with hearing

PRC has the authority to issue a Coordination of Benefits for payment of services and materials up to $7,500 per term (the term is a period of three (3) anniversary years) for hearing aids and/or devices upon receipt of physician's referral and justification that such aids are medically necessary.

Section J: Physical Therapy/ Occupational Therapy/ Speech Therapy

Tribal members without a third-party resource must use the AST Health System Physical Therapy Clinic for physical therapy services. Tribal members with a third-party resource will be able to use a Physical Therapy provider within their third-party resource network, if prior to such visit they request a Coordination of Benefits from PRC.

Upon PRC receipt of a physician's request for a referral, an Acute Physical Therapy Coordination of Benefits may be issued by PRC for a Physical Therapy consult visit requesting baseline measures, goals, and measurable objectives. No further Coordination of Benefits will be issued until such baseline information, including goals and objectives, has been received and reviewed by PRC. PRC will not issue a consult Coordination of Benefits, irrespective of whether the Tribal Member has a third-party resource or not, where such Physical Therapy falls outside of the definition of Acute Physical Therapy.

An Acute Physical Therapy Coordination of Benefits will be reissued where the patient is showing progress towards meeting the preset goals and objectives of the Physical Therapist. If little or no progress is shown, a continuing Coordination of Benefits will not be reissued.

Section K: Behavioral Health

Tribal Members without a third-party resource must use the AST Behavioral Health services for outpatient counseling and psychiatric services. Tribal Members with a third-party resource will be able to use a Behavioral Health provider including Outpatient Psychiatry within their third-party resource network, if prior to such visit they request a Coordination of Benefits from PRC. Please note in Section A: Exclusion of Benefits excludes K) Substance Abuse rehabilitation, L) Inpatient psychiatric care that exceeds $10,000-per admission.

Definitions

Acute Physical Therapy Physical therapy that is initiated within 60 days following the onset of illness, of surgery, or the initial injury that caused the need for Physical Therapy. It specifically excludes chronic occurrences that past medical evidence and studies have shown to have little or no "long term benefit" for such therapy. Long term benefit is defined herein to be the ability to discontinue the Physical Therapy and keep or improve the patient's baseline measurements of pain status at the time the Physical Therapy was discontinued.

Case Management Medical Review (CMMR) Members may consist of PRC Director, Clinic Administrator, Medical Director, Dental Director, Case Manager, Physician's Assistant, Community Health Supervisor, Diabetes Coordinator, Behavior Health Supervisor, Third Party Billing Supervisor, Third Party Resource Specialist, and Pharmacist or otherwise designated by the Executive Director of Health.

Catchment Area Living and residing within any one of these Counties in the State of Oklahoma: Pottawatomie, Oklahoma, Cleveland, Logan, and Lincoln.

Coordination of Benefits (COB) Document used to establish benefits payable to a provider per visit and/or encounter.

DME Equipment and supplies ordered by a health care provider for everyday or extended use.

Eligibility the established conditions as identified in the Federal Regulations that a person must meet in order to receive the health care service.

Emergency Care Treatment for a sudden, life or limb threatening illness or injury which requires prompt medical treatment or which would result in serious effects on the health of the patient if not immediately treated.

Proof of Residency Driver License will be accepted as long as address matches other documents. Acceptable forms of documents will be a utility bill dated within 30 days, lease/rental or mortgage agreement, wage statement dated within 30 days. If residing/boarding with another household, residency still applies; head of household will need to fill out POR form and have it notarized. No expired documents will be accepted

Referral Physician driven document that is identifies medical need for care outside of what the referring physician can provide as a direct service.

Rehabilitated Therapies (PT, OT, ST) Rehabilitation concerned with restoration of function and prevention of disability following disease, injury, or loss of body part. The rehabilitation is performed by an individual who has successfully completed an accredited physical therapy education program and has passed a licensing examination, and who is then legally responsible for evaluation, planning, conducting, and supervising a physical therapy program.

72 Hour Notification Telephone call or a personal visit is made to Contract Health by the member, a close family member, or a relative where information on the member's visit to the ER is disclosed to Contract Health and such call or personal visit occurs on the next business day or within 72 hours of the member presenting him/her self to the ER. Even if the ER visit results in the hospitalization of the member, the 72 hours is measured from the date and time of the initial presentment to the ER for services. You may also email in ER visit at **PRC@astribe.com.** You may call **405.701.7951 Opt. #2.**

Triage Call to the clinic during business hours or a call to the after-hour telephone number which results in speaking with a licensed health care professional on call. The health care professional must be an LPN, RN, a physician's assistant, or a medical physician.

Urgent Care Treatment of an unexpected illness or injury that is not life or limb threatening, but which is severe or painful enough to require treatment within 24 hours. Examples include, but are not necessarily limited to: lacerations, high fever, severe vomiting, and diarrhea, pulled muscles, or similar illnesses.

These guidelines were approved by the Absentee Shawnee Tribe of Indians of Oklahoma's Health Board of Directors this 1st day of October , 2024, effective October 1, 2024.

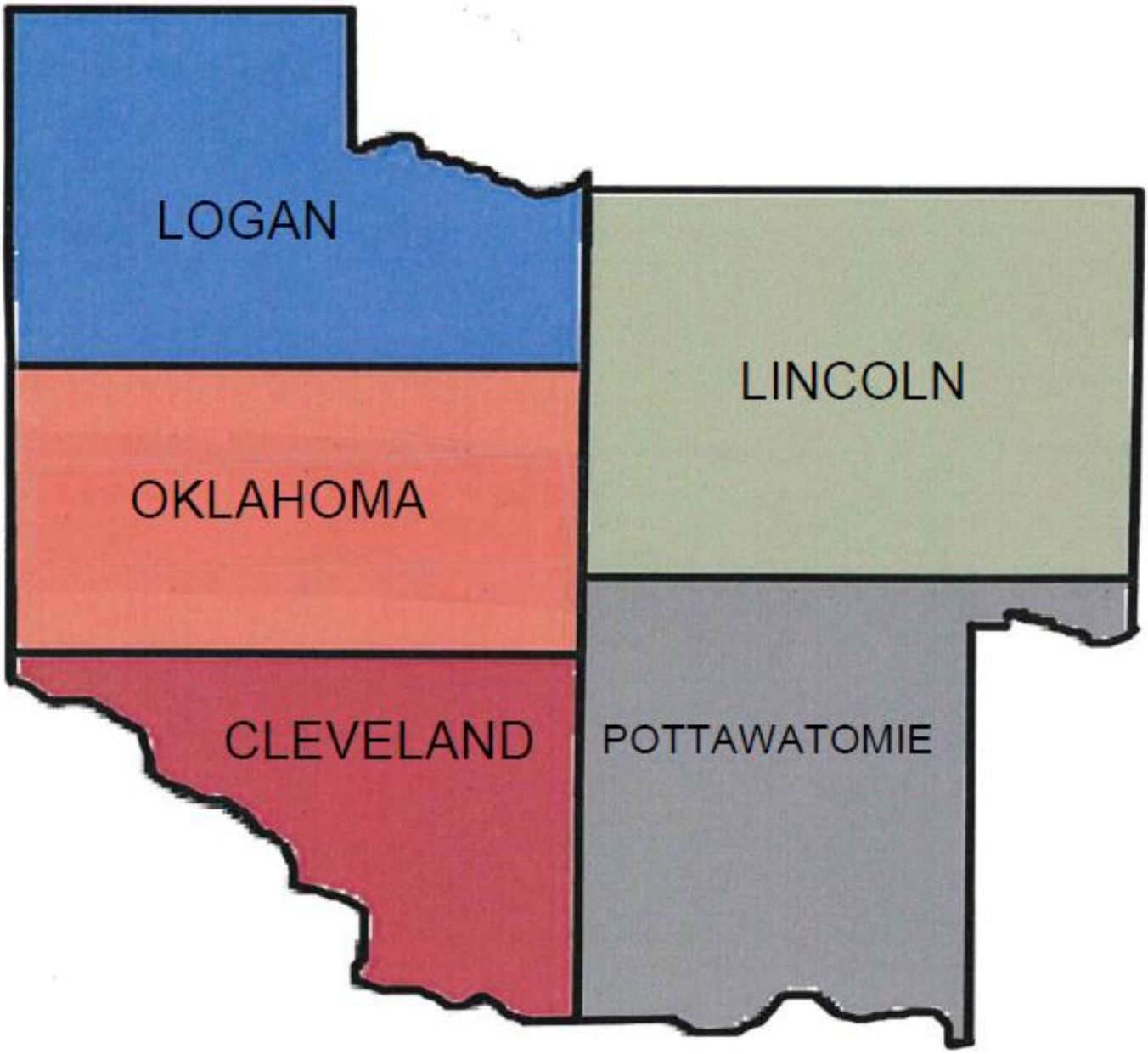
Further amended by the Absentee Shawnee Tribal Health Authority, Inc. Health Board of Directors this day of April, 2024, effective October 1, 2024.

Further amended by the Absentee Shawnee Tribal Health Authority, Inc., Contract Health Review Committee June 2024, effective October 1, 2024.

Certification of Amendments

Michelle Kapp — ASTHA Health Board Chair — 10/01/24 — Date

ASTHA Executive Director — 1 Oct 2024 — Date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