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CHEROKEE NATION®  
Health Services

**RECOMMENDATIONS FOR OPPORTUNITIES TO IMPROVE DIRECT CARE AND  
PURCHASED AND REFERRED CARE AT CLAREMORE INDIAN HOSPITAL**

**A CHEROKEE NATION HEALTH SERVICES WHITE PAPER  
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## **1. Purpose and Background**

The Cherokee Nation (CN) Tribal Council's growing interest in the Claremore Indian Hospital (CIH) prompted evaluation of opportunities for improvements to health services delivered at CIH and services provided through Purchased and Referred Care (PRC), formerly known as Contract Health. Over the past years, CN Tribal Councilors have received patient feedback that prompted a resolution to explore opportunities for improvement and collaboration between Cherokee Nation Health Services (CNHS) and CIH.

## **2. PRC Program Background**

Purchased and Referred Care is a program for medical and/or dental care that is provided outside of an Indian Health Services (IHS) or Tribal health care facility. IHS policies specify who can be served by PRC. Eligibility determination depends on these factors according to IHS policy:

- ❖ Is an enrolled member of a Federally-recognized Tribe
- ❖ Resides within the Purchased and Referred Care delivery area (PRCDA)
- ❖ Residency documentation for eligibility is established appropriately
  - This is currently achieved using the IHS-976 Proof of Residency form
- ❖ Notification and authorization of approval for payment.
- ❖ PRC funds are limited to the medical and/or dental services considered medically necessary and listed within priority list for the PRCDA.
- ❖ An individual must apply for and use any and all alternate resources available and accessible.
- ❖ IHS is considered the "payer of last resort" for persons defined as eligible for PRC

Cherokee Nation has previously assumed operation of portions of PRC, which has created a division of responsibilities for PRC between Claremore PRC and Cherokee Nation PRC.

- ❖ CN has compacted its shares of the Purchase and Referred Care outpatient program. The Cherokee Nation is only responsible for Cherokee Nation citizens residing within Rogers County and North Tulsa with Admiral Boulevard being the PRC delivery area divider.
- ❖ Claremore Indian Hospital covers most inpatient PRCDA north of Admiral Boulevard and all outpatient PRCDA in Tulsa County.
- ❖ Muscogee (Creek) Nation compacted its outpatient shares, affecting only Muscogee Tribal citizens in the Tulsa, Rogers, and Wagoner Counties. For inpatient services, Muscogee Nation is only responsible for its Tribal citizens in Mayes, Craig, Delaware, Nowata, Rogers and Tulsa defined by the Admiral Boulevard divider, effective October 1, 2021.
- ❖ The percentage of outpatient shares left with CIH by Cherokee Nation are for the non-indigenous patients that reside within the Cherokee Nation jurisdiction.

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- ❖ CN pays PO's while the CIH outsources its payment to a Fiscal Intermediary.

### **3. Limited Funding of CIH PRC Leads to Deferred or Denied Care**

Each year, CIH is awarded a budget by IHS based on the user population in the Claremore PRCDA. The budget for fiscal year (FY) 2022 is \$6.1 million dollars, providing \$117K per week for PRC. Because the demand for PRC is greater than the funding for PRC, a priority system is applied as follows:

- a. Priority 1: To preserve life or limb
- b. Priority 2: Improve the quality of life
- c. Priority 3: Elective/preventive procedures
- d. Priority 4: More cosmetic in nature

Claremore PRC is able to approve Priority 1 and 2 cases with consideration of some Priority 3 needs.

The 2021 IHS User Population reflects that there are 119,109 total users of CIH. 75,501 or 63.39% of these users are citizens of the Cherokee Nation. In FY 2022, CIH processed 16,809 referrals. CIH is currently projected to process over 18,000 referrals in FY 2023. These referrals have a 40-45% approval rating with a 55-60% denial or deferral rating. After a denial or deferral, a patient can appeal this decision at two separate levels. However, there is only one person at each level who makes decisions regarding appeals. For CIH, the first appeal is to the Clinical Director, Dr. Gary Lang. The next level is decided by Dr. Gregory Woitte, Chief Medical Officer for Oklahoma Area Office IHS.

Claremore PRC automatically approve the following referrals:

- ❖ Maternal fetal medicine, including cases referred by Claremore's OB/GYN department
- ❖ Fracture care
- ❖ Vision care including cataract procedures and detached retina care.
- ❖ Care for kidney stones including stents and extraction
- ❖ Elevated prostate specific antigen (PSA)
- ❖ In house referrals approved by surgery department
- ❖ Pediatric ENT (e.g., tonsillectomy, adenoidectomy, tympanostomy tubes, etc.)
- ❖ Foreign body in nasal or ear
- ❖ Burns referred to burn center
- ❖ Limb threatening referrals (vascular)
- ❖ Cardiology care (e.g., Heart catheterization, carotid endarterectomy, chest pain, etc.)
- ❖ Aneurysm
- ❖ Wound care
- ❖ Amputations
- ❖ Post OP for approved surgeries up to 6 weeks

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- ❖ First 3 months of dialysis awaiting ESRD MCR

Automatic denials include the following:

- ❖ Plastic surgery
- ❖ Transplant or transplant evaluations
- ❖ Sleep studies with exception of cardiac recommendations
- ❖ Pain management with the exception of patients actively receiving chemotherapy and/or radiation
- ❖ Knee replacement, total shoulder repair, or hip surgeries with exception of necrosis
- ❖ ENT evaluations for hearing loss, sinusitis, deviated septum for patients over 18
- ❖ Allergy testing for chronic allergy referrals
- ❖ Dermatology consults for acne, chronic rashes
- ❖ Occupational, speech, and physical therapy

#### **4. CIH PRC Program Shows Other Significant Deficiencies**

The Cherokee Nation Health Services team met with CIH leadership and PRC staff on December 15, 2022. This interview was conducted at the Claremore Indian Hospital and was witnessed by two CIH Union representatives. During this meeting, the CNHS team attempted to identify deficiencies as well as strengths in the Claremore PRC program. The initial assessment reveals the following significant concerns:

- ❖ Response time
- ❖ Adequate funding to meet needs
- ❖ Accessibility and communication
- ❖ Appeals process, communication
- ❖ ER call-ins
- ❖ Fiscal intermediary payments
- ❖ PRC staffing

Interviews with CIH patients were also conducted on January 9<sup>th</sup> and January 10<sup>th</sup>, 2023. The CNHS team reached out to the Cherokee Nation District 14 Tribal Councilor for assistance in identifying patients to speak about their experiences with CIH and Claremore PRC. Ten patients were identified and reached out to; however only three patients were available to be interviewed by the CNHS team.

These patients identified lack of communication from PRC staff as a major issue. The patients stated they either did not receive any communication from PRC and were “stonewalled,” or had to “jump through hoops” to learn the status of their referrals. When the patients were asked to rate their communication experience with Claremore PRC on a Likert scale of 1 to 5, 1 being the least and 5 being the greatest, the average rating was 1.66.

Other issues identified were that the patients were often required to be the courier from Claremore PRC to the vendor providing care, referrals statuses are not determined quickly, and vendors are not paid in a timely manner, which causes the patient to receive delinquency letters for lack of payment. While patients do receive the care that they have been referred for, there are many issues with how and if they receive communication from Claremore PRC that lead to difficulties in receiving and paying for this care.

Claremore PRC has acknowledged issues with communication between their staff, patients, and vendors. The PRC staff have been working remotely, but do not see this as an issue contributing to communication obstacles. Over the last two years, Claremore PRC has implemented changes to their program in attempt to alleviate some of the major problems. To overcome communication barriers with patients, Claremore PRC increased staffing by seven positions, doubling the total amount of PRC staff, and began utilizing a system that notifies a patient of the final status of their referral(s).

Claremore PRC has also stated that many times patients are unaware of the eligibility requirements for PRC. To resolve this issue, a patient information pamphlet (see attachment) was created to help convey these requirements, including a “flow chart” to help the patient understand how PRC operates.

In regards to communication barriers with vendors, Claremore PRC has stated they have increased communication between their staff and the vendors to alleviate this issue. Claremore PRC has also piloted a program utilizing nurse case managers to work with the PRC system. CIH and PRC leadership have noted that these nurses, who are not PRC employees, are receiving positive feedback about their involvement, availability, and ability to help patients. This positive feedback can be attributed, in part, to patients having access to on site employees during regular business hours.

## **5. CIH Direct Care Background**

The Claremore Indian Hospital provides the following services on site to eligible patients:

- Audiology
- Behavioral Health
- Dental
- Diabetes Education
- Dietitians
- Emergency Department
- Eye Care
- Laboratory
- Medicine
- OB/GYN
- Outpatient Pharmacy
- Pediatrics
- Physical Therapy
- Radiology Services
- Surgery
- WIC Program

## **6. Summary and Recommendations**

The Purchased and Referred Care program at Claremore Indian Hospital is making efforts to improve the experience for vendors and patients by increasing communication and providing information to all parties. However, there are opportunities to improve the experience for patients within the Purchased and Referred Care program.

### **Immediate Recommendations:**

1. Monthly meeting between the Claremore PRC staff and the Cherokee Nation PRC staff.
  - a. This meeting would include:
    - i. Vendor education and engagement
    - ii. Conducting and reviewing patient surveys to measure and improve satisfaction
    - iii. Provide updates and education from CNHS efforts on the Orders Management Team process
    - iv. Identifying points-of-contact on both teams to resolve any potential patient issues. These points-of-contact would act a “navigator” for patients who are “caught” between the two PRC systems and will troubleshoot and bridge any gaps.
2. CIH maximize services offered by focusing on a cadence of accountability and maximizing internal resources
3. Claremore PRC staff have an increased on-site presence for additional availability to patients and vendors.
  - a. Tracking and measuring phone calls is also suggested to project returns of messages and phone answering rates.
4. The CNHS team requested a weekly report from Claremore PRC of Cherokee citizens that had referrals denied or deferred. Cherokee Nation PRC intends to review these referrals and potentially fund needed care through the 5% monies allocated to PRC from gaming revenue.
  - a. Claremore PRC provides this report on a bi-weekly basis and communicates minimum information to Cherokee Nation PRC. Through this report and efforts of Cherokee Nation PRC, approximately 25% of Cherokee Nation citizens who had denied or deferred referrals are able to receive referral coverage and care.

### **Long-term Recommendations:**

1. Modernize and standardize software used for referral management and claim adjudication.

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- a. Claremore is a federally operated facility that currently utilizes RPMS for its electronic health record, which is over 50 years old.
- b. The goal of IHS is to migrate to a commercial off the shelf solution

Overall, the CNHS team discovered that Claremore PRC does not consistently achieve a high level of service and communication expected by patients or the Cherokee Nation. Claremore PRC is underfunded, leaving patient care to be determined by a priority system and patients with few options to appeal their referral if is not approved.



## **References**

- Indian Health Service. (2011, September 20). *September 2011 Blogs: Understanding the Purchased/Referred Care (PRC) Program: Part 2*. Retrieved from Indian Health Service: The Federal Health Program for American Indians and Alaska Natives: <https://www.ihs.gov/newsroom/directorsblog/september2011/>
- Indian Health Service. (2023). *Purchased/Referred Care (PRC)*. Retrieved from Indian Health Service: The Federal Health Program for American Indians and Alaska Natives: <https://www.ihs.gov/prc/>