



Medical Services
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Jack Dalrymple, Governor
Carol K. Olson, Executive Director

October 28, 2011

Ms. Madonna Azure
ROUTED VIA EMAIL
Madonna6591@yahoo.com

Dear Ms. Azure:

This letter is regarding the Tribal Consultation between the North Dakota Department of Human Services and the North Dakota Indian Tribes. This consultation process was established to ensure Tribal governments are included in the decision making processes when changes in the Medicaid or Children's Health Insurance Program(s) will affect items such as cost or reductions and additions to the program. The North Dakota Department of Human Services engages Tribal consultation when a State Plan Amendment, waiver proposal or amendment, or demonstration project proposal directly impacts the North Dakota Tribes and/or their Tribal members.

This letter is specific to submission of a State Plan to provide detail regarding the Indian Health Services encounter payments. Previously, on September 30, 2011, the Department provided a copy of the proposed State Plan Amendment which clarifies Medicaid payment for Indian Health Services encounters. (Another copy is enclosed). We are resending this information to also include a DRAFT policy memo which provides detail on the Indian Health Services encounters.

The Department of Human Services, Medical Services expects that this State Plan Amendments may directly impact the North Dakota Tribes or Tribal Programs and we seek your input on the State Plan and DRAFT policy.

If you have any comments, questions or concerns about the proposed State Plan Amendments, please contact me at manderson@nd.gov or by mailing a written response to 600 East Boulevard Avenue, Department 325, Bismarck, ND 58505 or by calling 701.328.1603. The Department appreciates the continuing opportunity to work collaboratively with you to achieve the Department's mission, which is: "To provide quality, efficient, and effective human services, which improve the lives of people."

Sincerely,


Maggie D. Anderson, Director
Medical Services Division

MDA/mlt

Enclosures

29. Health Services Payments to Indian Health Service (IHS) will be per encounter per day and based on the approved rates published each year in the Federal Register by the Department of Health and Human Services.
- A. An encounter for a 638 or IHS facility means an encounter between a recipient eligible for Medicaid and a health professional at or through an IHS or 638 service location.
 - B. Encounters with more than one health professional and multiple visits with the same health professional within the same service category that take place within the same 24-hour period constitute a single encounter; except when the recipient, after the first encounter, receives services related to a different diagnosis.
 - C. Service Categories are: Inpatient; Outpatient, Pharmacy, Vision, Dental, Mental Health, and EPSDT.

NORTH DAKOTA MEDICAID INDIAN HEALTH SERVICES AND TRIBALLY-OPERATED 638 PROGRAMS

GENERAL INFORMATION

This section provides covered services information that applies specifically to Indian Health Service (IHS) and tribally-operated 638 programs that provide services to recipients who are eligible for both Medicaid and IHS.

Members of federally recognized Indian Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS) and tribally-operated 638 programs. The IHS is an agency of the U.S. Public Health Service, Department of Health and Human Services.

Indian Health Care claims for Medicaid eligible recipients are processed through the North Dakota Medicaid Management Information System (MMIS).

Like all health care services received by Medicaid recipients, these services must also meet the general requirements listed in the Provider Requirements chapter of the General Information For Providers manual. The North Dakota Medicaid state plan provides that an Indian Health Service facility meeting State requirements for Medicaid participation must be accepted as a Medicaid provider on the same basis as any other qualified provider in accordance with 42 CFR 431.110(b). However, when State licensure is normally required, the facility need not obtain a license but must meet all applicable standards for licensure. In determining whether a facility meets these standards, a Medicaid agency or State licensing authority may not take into account an absence of licensure of any staff member of the facility.

SERVICES

North Dakota Medicaid covers the same services for recipients who are enrolled in Medicaid and IHS as those recipients who are enrolled in Medicaid only. Requirements for specific services are covered in the Medicaid 'General Information for Providers' manual as well as other specific manuals (e.g. Dental, Durable Medical Equipment, etc.) available on the North Dakota Department of Human Services website. Coverage and reimbursement of services provided through telemedicine is on the same basis as those provided through face-to-face contact. General covered service categories include:

- **Inpatient Services**
- **Outpatient Services**
- **Pharmacy Services**
- **Vision Services**
- **Dental Services**
- **Mental Health Services**
- **Early Periodic Screening and Diagnostic Treatment (EPSDT) Services**
- **Ambulatory Surgical Center Services**
- **Physician Inpatient Services**

REIMBURSEMENT METHODOLOGY

Services provided by Indian Health Services and/or tribal 638 facilities are paid with federal funds. IHS and tribally operated 638 programs are reimbursed an All Inclusive Rate (AIR) for inpatient and outpatient covered services. The AIR is negotiated annually between CMS and the IHS providers and then published in the Federal Register or Federal Register Notices by the Office of Management and Budget (OMB). The AIR is the same for all IHS providers. The North Dakota Medicaid Program acts as the “pass-through” agency for these services, which are funded with 100 percent federal funds. The IHS encounter rate is paid for any North Dakota Medicaid covered service when provided in an IHS clinic or hospital, with the exception of Ambulatory Surgical Center (ASC) and Physician Inpatient services. These services are reimbursed on the Medicaid fee schedule.

Billing Encounters (Multiple)

Multiple visits for different services on the same day with the same diagnosis:

IHS facilities can be reimbursed for multiple **general covered service categories** on the same day for the same recipient with the same diagnosis provided they are for different **general covered service categories**. The diagnosis code may be the same for each of the claims, but the services provided must be distinctly different and occur within different units of the facility. For example, IHS may bill a mental health service, an outpatient service, and a pharmacy service for a single recipient on the same day.

Multiple visits for the same type of service on the same day with different diagnoses:

IHS facilities can be reimbursed for multiple same day visits for the same type of **general covered service category** if the **diagnoses are different**. For example, consider a recipient who goes to an outpatient emergency room for the flu in the morning and returns later in the day as a result of an automobile accident. While these visits are both outpatient emergency room visits they are meeting distinctly different health needs and have different diagnosis codes. Therefore, each of the visits could be reimbursed.

*Multiple same day encounters that will **not** be reimbursed:*

Multiple visits of the same **general covered service categories** with the same diagnosis are not reimbursed separately. For example, a recipient who goes to the clinic in the morning with flu symptoms and then returns to the clinic with symptoms relating to the initial diagnosis will not be paid for multiple visits. The primary diagnosis is the same and only one encounter rate will be paid.

CLAIMS SUBMISSION AND BILLING INFORMATION

Below are billable IHS and tribally-operated 638 program services:

Indian Health Services and tribally-operated 638 program services are billed on a paper UB-04 form or electronically using a HIPAA-compliant 837 Institutional transaction using the following Revenue Codes (with CPT codes when appropriate).

	Bill Types	Revenue Codes	CPT Code Required
Inpatient	111	100	
Outpatient	131	500	
Pharmacy	131	250	
Vision	131	510	
ASC	831	490	Yes*
Dental	131	512	
Mental Health (Psychiatrist/Psychologist)	131	513	
EPSDT	131	519	
Telemedicine (clinic/physician)	131	509	
Telemedicine (mental health)	131	961	
Physician Inpatient Services	131	987	Yes*

* Revenue codes 490 and 987 require CPT codes in Form Locator 44. Payment is based on Medicaid fee schedule. We will only accept the following CPT codes for revenue code 987: 99221-99239; 99251-99263; 99291-99297; and 99431-99440.

It is important to remember timely filing requirements are applicable to these claims. Timely requirement is defined as billing within one year of the date of service in accordance with 42 CFR 447.45(d)(1).