LOUISIANA DEPARTMENT OF HEALTH

AMERICAN INDIAN 638 CLINICS

Chapter Thirty-Nine of the Medicaid Services Manual

Issued December 1, 2009

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

State of Louisiana
Bureau of Health Services Financing

AMERICAN INDIAN CLINICS

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OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) entered into a Memorandum of Agreement (MOA) with the Indian Health Services (IHS) to allow states to claim 100 percent federal medical assistance for payments made by the state for services rendered to Medicaid eligible American Indians and Alaska Natives through an IHS owned or leased facility or a tribal "638" facility. Tribal "638" facilities are those facilities owned and operated by American Indian and Alaska Native tribes and tribal organizations with funding authorized by Title I or III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended).

The Louisiana Department of Health (LDH) may cancel participation of a "638" facility in the Medicaid Program if it is determined:

1. The facility is not providing care in compliance with Medicaid regulations and/or state laws;

2. The healthcare needs of the Louisiana American Indian population are not being met by the facility; or

3. CMS discontinues the terms of the MOA with IHS.

COVERED SERVICES

A "638" facility must provide preventive, diagnostic, therapeutic, rehabilitative or palliative services to beneficiaries as an outpatient service. These services must be provided by or under the direction of one of the following:

1. Physician;
2. Dentist;
3. Physician's assistant;
4. Psychologist or licensed counselor;
5. Nurse practitioner (NP), nurse midwife, or clinical nurse specialist;
6. Nutritionist;
7. X-ray technician; or
8. Pharmacist.

Encounter

The facility shall furnish the covered services as an encounter. An encounter is a face-to-face visit between a facility health professional and an eligible beneficiary for the purpose of providing outpatient services. An encounter shall, at a minimum, include the following:

1. A detailed history, including:
    a. Chief complaint;
    b. History of present illness;
    c. Problem pertinent system review; and
    d. Pertinent past history/social.
2. A detailed exam, including:
    a. Extended exam of the affected body area(s); and
    b. Other symptomatic or related organ systems.

3. A low to moderate complexity of medical decision making based on the following:

    a. Number of possible diagnoses/management options; and

    b. Amount and complexity of medical records, diagnostic tests and other information to be reviewed.

4. Risk of complications, morbidity and/or mortality associated with the patient's presenting problems.

The following services shall be provided on-site by the facility and included as part of the encounter:

1. Physician and mid-level practitioner services;

2. Dental services;

3. Psychological services;

4. Prescription drugs services;

5. Laboratory services;

6. X-ray services; and

7. Nutrition services.

Service Limitations

Consultations with more than one facility health professional on the same day and at a single location constitute a single encounter. Services shall not be arbitrarily delayed or split in order to bill additional encounters. A maximum of one encounter per beneficiary per 24-hour period shall be reimbursed.

Encounters shall only be billed if they meet the definition of an encounter. The facility may not bill an encounter rate if the only "services" performed were tasks incidental to services including, but not limited to the following:

1. Taking blood pressure and temperature;

2. Giving an injection;

3. Changing dressings;

4. Diagnostic procedures;

5. Laboratory services such as electrocardiogram (EKG), Peak Flow, Spirometry Respiratory Flow Volume Loop, and injections; or

6. A referral for other services.

BENEFICIARY REQUIREMENTS

A beneficiary qualifies as a member of the target population if they meet the following criteria:

1. Medicaid eligible; and

2. A person who is a member of an Indian tribe who is:

    a. A member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, irrespective of whether they live on or near a reservation;

    b. An Eskimo or Aleut or other Alaska Native;

    c. The Secretary of the Interior considers them to be an Indian for any purpose;

    d. The Secretary promulgated regulations which determined them to be an Indian;

    e. The natural or adopted child, step-child, foster-child, legal ward, or orphan of an eligible Indian, who has not attained 19 years of age; or

    f. The spouse of an eligible Indian or who is of Indian descent if all of such spouses are made eligible, as a class, by an appropriate resolution of the governing body of the Indian tribe of the eligible Indian.

Indian tribe refers to any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

PROVIDER REQUIREMENTS

In order to participate in the Medicaid Program as a "638" facility, the facility must provide health services and be operated by a federally recognized tribe. In addition, providers must meet the following criteria:

1. Comply with all provider enrollment requirements for the Louisiana Medicaid Program;

2. Attest to only seek reimbursement for services rendered to Medicaid eligible tribe members and Medicaid eligible individuals who are statutorily eligible under 25 U.S.C. §1680c(a) to receive treatment at an Indian Health Services (IHS) facility;

3. Employ or have a contractual agreement with the licensed health professionals who will perform the required services included in the encounter rate;

   NOTE: These health care professionals must meet the participation standards required for Medicaid enrollment for their respective provider type.

4. Comply with the Medicaid rules and regulations governing those services included in the facility's encounter rate;

5. Assure that services will be provided on-site;

6. The physician affiliated with the clinic must spend as much time in the facility as is necessary to ensure that patients are receiving services in a safe and efficient manner in accordance with accepted standards of medical, dental, and behavioral health practice; and

7. Have other health care professionals available as needed.

REIMBURSEMENT

Reimbursement is the encounter rate established by the U.S. Department of Health and Human Services (DHHS), Indian Health Services (HIS) for "638" facilities. Reimbursement for prescribed drugs is included in the encounter rate when the prescription is dispensed during the same time period as a visit with one or more facility health professionals. Reimbursement for refilling a prescription shall be the established encounter rate for the facility.

Medicaid will reimburse facilities at the current the Centers for Medicare and Medicaid Services (CMS) established encounter rate. CMS issues the payment rate based on a calendar year that will be effective retroactive to January 1st of that year. Medicaid and Managed Care Organizations (MCOs) will re-cycle claims for the calendar year to capture the adjusted rate.

MESSAGE FOR ALL EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) ELIGIBLES AND THEIR PARENTS

Louisiana Medicaid provides eligible Medicaid beneficiaries who are under 21 years of age with preventative care, like regular examinations and immunizations. Regular examinations may prevent future problems and immunizations will protect your child from diseases like measles and mumps.

If you are a Medicaid beneficiary under the age of 21, you may be eligible for the following services at no cost to you:

1. Doctor visits;
2. Hospital (inpatient and outpatient) services;
3. Laboratory tests and x-rays;
4. Family planning services (FPS);
5. Home health care;
6. Dental care;
7. Rehabilitation services;
8. Prescription drugs;
9. Medical equipment, appliances and supplies (Durable Medical Equipment (DME));
10. Support coordination;
11. Speech and language evaluations and therapies;
12. Occupational therapy;
13. Psychological evaluations and therapy;
14. Psychological and behavioral services;
15. Podiatry services;

16. Optometrist services;
17. Hospice services;
18. Extended home health services;
19. Residential institutional care;
20. Home and community based (waiver) services (HCBS);
21. Medical, dental, vision, and hearing screenings, both periodic and interperiodic;
22. Immunizations;
23. Eyeglasses;
24. Hearing aids;
25. Psychiatric hospital care;
26. Personal care services (PCS);
27. Audiological services;
28. Medically necessary transportation, including:
    a. Ambulance transportation; and
    b. Non-ambulance transportation.
29. Appointment scheduling assistance;
30. Chiropractic services;
31. Prenatal care;
32. Certified nurse midwives;
33. Certified nurse practitioners (NPs);

34. Mental health rehabilitation;

35. Mental health clinic services;

36. Addictive disorder services; and

37. Any other medically necessary health care, diagnostic services, treatment, and other measures which are coverable by Medicaid, which includes a wide range of services not covered for beneficiaries over the age of 21.

For further information regarding available services, call the Specialty Resource Line (toll-free) at 1-877-455-9955.

Some of these services must be approved by Medicaid in advance. Your medical provider should be aware of which services must be pre-approved and can assist you in obtaining those services.