Medicaid Training
For Tribes and Indian Health Service
June 26, 2018

Presented by:
Casey Peck, IHS/Tribal 638 Program Officer
Agenda:

1. What Medicaid is and how it works.
2. What services does Medicaid pay for and who can receive them.
3. Roles of State Program Officer and Conduent Staff.
4. Indian Health Service and Tribal 638 information.
5. How do other services coordinate with Medicaid.
What is Medicaid?

- Medicaid is a joint federal and state government insurance program for families and individuals with limited resources versus Medicare which is a federal program attached to Social Security.
- Medicaid services and rules can vary by State.
- Medicaid pays for services provided by Medicaid enrolled providers.
Medicaid Services

• Medicaid covers services approved by the Centers for Medicare and Medicaid (CMS)
• Services are requested and approved through the State Plan Amendment (SPA) process with CMS
• Services and providers not included in the SPA are not payable
If the following questions are Yes, then it is billable to Medicaid:

1. Is the member Medicaid eligible?

2. Is this a Medicaid Eligible Service?

3. Is this service provided by a Medicaid eligible Provider?
Providers/Services covered under Medicaid

- Advanced Practice Registered Nurse
- Certified Diabetes Educator
- Dentist and Dental Hygienist
- Dialysis
- Durable Medical Equipment/Medical Supplies
- Licensed Addiction Counselor
- Mental Health Professional (LCPC, LCSW, Psychologist)
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician
- Speech Therapy
- Telemedicine Services
- *****Any other State Plan Amendment services covered by Montana Medicaid
Providers/Services Not Covered by Montana Medicaid

- Community Health Representatives
- Equine Therapy
- Health Educator
- Injury Prevention
- Nutritionist, Chiropractor, Private Duty Nursing (*EPSDT only service)
- Public Health Nurse
- Registered Nurse

- Non-licensed Social Workers (Bachelor SW)/Addiction Counselors
- Peer Support
- Room and Board
• Medicaid services are guided by:
  • Code of Federal Regulations
  • Montana Code Annotated
    • State laws passed by the Legislature and updated every other year
      • Can be found at http://leg.mt.gov under laws and constitution
  • Administrative Rules of Montana (ARM)
    • These can be found on the Secretary of State’s website:
      • http://sos.mt.gov/arm
  • Provider Manuals
    • General Manual – provides answers to general Medicaid questions about provider enrollment, member eligibility, and surveillance and utilization review
    • Provider Type Manual – works in conjunction with the General Manual and contain program specific information.
      • Can be found at http://medicaidprovider.mt.gov
Role of IHS/Tribal 638 Program Officer

- Manages Medicaid policy development and implementation
- Establish procedures and requirements for billable services
- Publish provider manuals, provider notices, Administrative Rules of Montana, fee schedules
- Organize monthly informational WebEx meetings
- Technical Assistance for specific issues after other avenues have been exhausted

Role of Conduent

- Fiscal Agent for Montana Healthcare Programs
- Provider enrollment and file maintenance
- Process Claims
- Approve claims for payment
- Other Medicaid Related Services – TPL/Medicare
- Provider Relations is available to answer inquiries about enrollment, claims, some EDI support, and verify eligibility
IHS/Tribal 638 Providers

- IHS/Tribal 638 Providers bill as Institutions on a UB-04 claim form or electronically on the 837I.

- In order for a Tribe to receive reimbursement for Medicaid services at the “all-inclusive rate” there must be a 638 agreement in place between the Tribe and Indian Health Service. Tribes must show proof of the 638 approval to the State.

- Medicaid agreements are between the Department and the Tribal Government. They are not agreements with individual programs. The Tribal Government must accept responsibility for operating the program and be financially responsible for any overpayment which may occur.
Medicaidprovider.mt.gov

- Providers should bookmark this website
- Select resources by provider type
  - Choose Indian Health Service
  - Provides access to information specific to IHS/Tribal 638 providers such as: manuals, passport to health, fee schedules, provider notices, WebEx information
# Indian Health Service Fee Schedule
## July 1, 2018

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>100</td>
<td>Hospital Room and Board</td>
<td>$3,229.00</td>
</tr>
<tr>
<td>270</td>
<td>Medical/Surgical Supplies</td>
<td>$427.00</td>
</tr>
<tr>
<td>290</td>
<td>Durable Medical Equipment (DME)</td>
<td>$427.00</td>
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<tr>
<td>300</td>
<td>Laboratory</td>
<td>$427.00</td>
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<tr>
<td>320</td>
<td>Radiology</td>
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<tr>
<td>490</td>
<td>Outpatient surgery</td>
<td>$1,119.56</td>
</tr>
<tr>
<td>500</td>
<td>Outpatient visit</td>
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</tr>
<tr>
<td>509</td>
<td>Other – Eyeglasses Dispensing</td>
<td>$427.00</td>
</tr>
<tr>
<td>512</td>
<td>Dental</td>
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<tr>
<td>513</td>
<td>Mental Health</td>
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</tr>
<tr>
<td>519</td>
<td>Other Clinic</td>
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<tr>
<td>771</td>
<td>Vaccine Administration</td>
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<td>780</td>
<td>Telemedicine</td>
<td>$24.64</td>
</tr>
<tr>
<td>944</td>
<td>Substance Use Disorder</td>
<td>$427.00</td>
</tr>
<tr>
<td>987</td>
<td>Professional Fees - Hospital</td>
<td>$427.00</td>
</tr>
</tbody>
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Billable Revenue Codes for IHS/638 Facilities - Requirements

- All revenue codes require units of service on the claim form (837I or UB04)

- All revenue codes require a procedure code except 100, 270, 290, and 987.

- Revenue code 771 requires an Evaluation & Management (E&M) procedure code – not a vaccine/administration code
Multiple Visits

- **Multiple visits for different services on the same day with the same diagnosis:**
  - IHS/Tribal facilities can be reimbursed for multiple general covered services categories on the same day for the same client with the same diagnosis provided they are different general covered service categories. (Mental Health and Pharmacy visit)

- **Multiple visits for the same type of service on the same day with different diagnosis:**
  - IHS/Tribal facilities can be reimbursed for multiple same day visits for the same type of general covered service category if the diagnosis are different. (i.e. seen for strep throat; comes in again later that day for badly sprained or broken ankle)
Multiple same day visits that will not be reimbursed:

- Multiple visits of the same **general covered service categories** with the same diagnosis are not reimbursed separately. (Two visits of the same nature – sore throat)

- You can bill all services on one claim or use a separate claim for each visit.
Separate Medicaid Provider Agreement Services

- Tribes and IHS can provide the following services under separate agreements (not reimbursed at the all-inclusive rate)
  - Ambulance
  - Client Travel
  - Nursing Home
  - Personal Care Attendant
  - Home and Community Based Services
  - Substance Use and Mental Health Services covered by the Addictive and Mental Disorders Division.
Ordering, Referring, Prescribing (ORP)

- The Patient Protection and Affordable Care Act and 42 CFR 455.440 mandates that all State Medicaid Programs require the National Provider Identifier (NPI) of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other health professional.
- For individual professional enrollments use the abbreviated enrollment.
- This enrollment does not require bank or tax information, or ownership.
- The State is working with Conduent to implement this change in the system. There is not a set date at this time when this will be effective.
Apply Online

- medicaidprovider.mt.gov
Questions