

PROVIDER BULLETIN

PROVIDER INFORMATION



May 3, 2017

American Indian Tribal Fee Schedule for Eligible Facility Services Provided to Purchased/Referred Care (PRC)-Eligible American Indians

Through an earlier provider bulletin, your local Indian Health Service office or the Centers for Medicare & Medicaid Services, (CMS), you may be aware of the federal legislation that became effective in July 2007, Section 506 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The purpose of this bulletin is to clarify and update you with respect to how this law impacts your reimbursement on certain claims.

The legislation, codified in the federal regulations at 42 CFR Part 136, affects reimbursement rates for certain services provided to subscribers of federally recognized American Indian Tribes under a PRC program, previously referred to as the Contract Health Services (CHS) program, funded by the Indian Health Service (IHS). Medicare-participating hospitals that furnish inpatient services cannot obtain from health programs operated by the IHS, Tribes, Tribal organizations and urban Indian organizations (collectively, I/T/U programs) more than a Medicare-like rate as payment in full for services provided to American Indian patients and others pursuant to a PRC program where a service is authorized by the I/T/U program.

Some tribes that have entered into an agreement with the IHS to administer the tribe's PRC program have also contracted with Blue Cross and Blue Shield of Minnesota or its affiliates (Blue Cross) to administer the tribe's health plans. Tribes, like all self-insured groups, have the option of setting a benefit maximum with respect to some benefits under a self-insured plan. Several tribes have designed their health plans to instruct Blue Cross to apply a benefit maximum (a "Tribal Fee Schedule" that approximates Medicare-like rates) to certain facility services provided to PRC-eligible individuals. The Tribal Fee Schedule does not apply to persons covered under the tribal health plan who are not PRC-eligible.

Further, the tribal health plan's Tribal Fee Schedule does not apply to free-standing ambulatory surgery centers, surgical centers, physician services, services of independent practitioners, independent laboratories, services or supplies not covered by the Medicare program, services of renal dialysis facility, home health services, and hospices services, unless any of those services are provided by a Medicare-participating inpatient facility.

How will this affect you?

With respect to tribal health plans that adopt a benefit maximum for PRC subscribers for certain services, you will be reimbursed at the Tribal Fee Schedule. These services are not subject to any contractual provider incentives.

Your remittance advice will include the language "**Tribal Fee Schedule**" for any service reimbursed pursuant to the Tribal Fee Schedule. If you receive a remittance electronically, the verbiage "Tribal Fee Schedule" is populated in loop 2100, class of contract reference segment of the 835. Because you were not reimbursed at your Blue Cross negotiated rate, the claim will process with subscriber liability. You may then bill the Subscriber for the Subscriber liability amounts as detailed on your remittance advice.

How will you know whose care may be reimbursed pursuant to the Tribal Fee Schedule?

Subscriber ID Card Designation:

Tribal health plan subscribers who are eligible for PRC and whose care will be reimbursed pursuant to the Tribal Fee Schedule have subscriber ID cards that includes language reflecting the subscriber's PRC eligibility, such as the following:

A tribal fee schedule has been applied for PRC eligible services for this member. Members must call their PRC office for required referrals prior to care. Please call XXX-XXX-XXXX.

People who are covered by a tribe's health plan but are not eligible for PRC do not have this designation on their subscriber ID cards.

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Authorization for Services

PRC-eligible health plan subscribers contact their tribal PRC office prior to care (or within 72 hours for emergency care) to obtain authorization for PRC eligible services. Providers can contact the tribal PRC office to verify patient's eligibility prior to providing services. The tribal PRC office contact information is located on the subscriber ID card.

What do you need to do differently for claim processing?

Nothing. Please continue to submit claims as indicated on the back of the subscriber ID card. The claim will then be adjudicated based on the eligibility of the subscriber and the services rendered.

Questions?

If you have questions about the eligibility of a PRC subscriber or service, please contact the tribe's PRC office at the telephone number located on the subscriber ID card. If you have questions about payments related to the claims, please contact provider service at **(651) 662-5940** or **1-800-365-2735**.