

American Indian Tribe fee schedule for eligible facility services provided to Contract Health Service-eligible American Indians

Through an earlier EPNI Bulletin, your local Indian Health Service office or the Centers for Medicare & Medicaid Services (CMS), you may already be aware of the federal legislation, Section 506 of the Medicare Modernization Act, that became effective in July 2007.

The law (§ 42 CFR 136) affects reimbursement rates for certain services provided to members of federally recognized Indian Tribes. Medicare-participating hospitals that furnish inpatient services must accept Medicare-like rates as payment in full for services to American Indian patients and others who are authorized by Contract Health Service (CHS), a program of the Indian Health Service.

A number of American Indian tribes have contracted with *CCStpa* to administer their health plans and help them administer payment under this law. The purpose of this bulletin is to inform you of a change in reimbursement that we are implementing on behalf of some of our Tribal clients.

Effective November 1, 2009, eligible facility claims incurred by CHS-eligible members of some Tribal health plans administered by *CCStpa* will be reimbursed at the Indian Tribe's fee schedule amount based on Medicare-like rates.

The Tribe's fee schedule applies only to **facility** claims and only to American Indians and others who are enrolled in the Tribe's self-insured medical plan and who are also eligible for CHS. The fee schedule does not apply to professional service nor does it apply to persons covered under these self-insured plans who are not also American Indians or authorized by CHS.

What services are affected?

The fee schedule applies to those services provided by Medicare-participating inpatient facilities that are subject to Medicare-like rates when they are eligible for consideration by CHS.

How will this affect you?

Previously, you were reimbursed for these services at contracted rates. Moving forward, for health plans sponsored by the Tribes that adopt this fee schedule type of benefit plan, you will be reimbursed at a fee schedule rate that is based on Medicare-like rates. These services are not subject to year-end settlements.

Your remittance advices will indicate "**pd at plan fee schd**" for any service reimbursed at the fee schedule rate.

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How will you know whose care may be reimbursed at fee schedule rates?

Member ID card designation

Tribal health plan members who are eligible for CHS and whose care will be reimbursed according to the fee schedule will begin showing a new ID card with the language: “Payment for certain hospital services is based on the health plan’s fee schedule rather than negotiated amounts.”

People who are covered by a Tribe’s self-insured plan but who are not American Indians or authorized by CHS will not have these designations on their ID cards.

Member ID card liability notification

On the back of CHS-eligible member ID cards you will also see a notice that the member’s liability may be eligible for Contract Health Service consideration.

CHS voucher for services

CHS-eligible health plan members should also present a voucher from their CHS office authorizing their service. We encourage you to notify CHS if you have any questions about a patient’s eligibility. CHS contact information for the Tribe is noted on the back of the member ID card.

What, if anything, do you need to do differently?

Nothing. Please continue to submit claims to *CCStpa* or your preferred provider organization (PPO) as indicated on the member ID card. *CCStpa* will adjudicate the claim appropriately based on the eligibility of the member and the claim.

Questions?

If you have questions about the eligibility of a CHS-approved member, please contact the Tribe’s CHS office at the telephone number on the back of the member ID card. If you have questions about payments related to the claim, please contact *CCStpa* customer service at **1-866-356-2425**.