MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

March 24, 2020

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CODY L. PHINNEY, DEPUTY ADMINISTRATOR

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 3000 – INDIAN HEALTH

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 3000, Section 3003.1– Health Services are being proposed to allow the opportunity for Tribal or Tribal Organization outpatient health clinics to enroll as Federally Qualified Health Centers (FQHCs). This service model will promote greater access to specialty and related services outside of the four walls of the tribal clinics for Medicaid eligible American Indian/Alaska Native (AI/AN) recipients.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Federal, State and Tribal Governmental Agencies.

Financial Impact on Local Government: Unknown at this time.

These changes are effective March 25, 2020.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
OL 01/15/20 MSM Ch 3000 – Indian Health	MTL 22/14 MSM Ch 3000 – Indian Health

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
3003.1	**Health Services**	To include new policy for tribal organizations selecting to be recognized as Tribal FQHCs.

3003 POLICY

It is the policy of the Division of Health Care Financing and Policy (DHCFP) to follow State and Federal laws, uphold the tribal-state consultation process, and promote Indian Health Programs (IHP).

3003.1 HEALTH SERVICES

A. The DHCFP reimburses Indian Health Services (IHS), ~~and~~ Tribal organizations and Tribal Federally Qualified Health Centers (FQHCs) at an outpatient encounter rate.

1. Encounter visits are limited to healthcare professionals as approved under the Nevada Medicaid State Plan. Each healthcare professional is considered an independent (i.e., separate) outpatient encounter.

2. Service Limits: Eligible Indians may receive up to five face-to-face IHS and/or Tribal Organization outpatient encounter/visits per day, per recipient, any provider.

3. Medical Necessity: In order to receive reimbursement, all services must be medically necessary as defined in the Medicaid Services Manual (MSM), Chapter 100 – Medicaid Program.

4. Tribes or Tribal organizations that choose to be recognized as a Tribal FQHC may receive reimbursement for services furnished by an enrolled Medicaid non-IHS/Tribal provider to AI/AN Medicaid recipient's when requested by a Tribal FQHC provider (refer to CMS SHO #16-002). Covered services include those in the Medicaid State Plan.

a. The Tribal FQHC and the offsite non-IHS/Tribal provider must have a written agreement in place that designates that the non-IHS/Tribal provider is a contractual agent furnishing services as part of the Tribal FQHC.

b. The written agreement between the non-IHS/Tribal provider and the Tribal FQHC provider must include:

1. The Tribal FQHC provider makes a specific request for specific services to the non-IHS/Tribal provider;

2. The non-IHS/Tribal provider must send information about the recipients care to the Tribal FQHC;

3. The Tribal FQHC continues to assume responsibility for the recipient's care; and

4. The Tribal FQHC incorporates the recipient's information into their medical record.

c. Both the Tribal FQHC and non-IHS/Tribal provider must be enrolled in Nevada Medicaid.

d. There must be an established relationship between the recipient and the Tribal FQHC provider.

e. The following services are not eligible:

1. Services that are self-requested by the recipient.

2. Services in which the Tribal FQHC does not remain responsible for the recipient's care.

3. Services requested by a non-IHS/Tribal provider.

a. The provider could furnish and bill for services via their own Medicaid provider type but would not be eligible for reimbursement through the Tribal FQHC.

B. Primary Care Provider (PCP)

In accordance with the American Recovery and Reinvestment Act of 2009, the DHCFP supports eligible Indians in selecting an Indian Health Program as their PCP. These recipients may select an Indian Health Program as their PCP, whether they are enrolled in managed care or fee-for-service (FFS). Indian Health Programs that become PCPs for eligible Indians do not have to be, but may be, enrolled with either of the Managed Care Organizations (MCOs). Services which are referred out by PCPs must follow the service limitation and prior authorization requirements set forth by the applicable benefit plan (i.e., managed care or FFS).

C. Managed Care Enrollment

Eligible Indians are exempt from mandatory enrollment in managed care. In situations where Indians voluntarily enroll in managed care, they may access health care services from Indian Health Programs without restriction. Health care services provided to Indians through the IHS and/or tribal organizations may be reimbursed FFS or through the MCO.