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MAINECARE BENEFITS MANUAL
CHAPTER II

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09.01 **DEFINITIONS**

- 09.01-1 **Contract Health Services (CHS)** means health services provided at the expense of the Indian Health Service from public or private medical or hospital facilities other than those of the Indian Health Service. [Title 42 CFR Section 136.21]
- 09.01-2 **Covered Services** are those services described in Section 9.04 for which payment may be made under Title XIX of the Social Security Act.
- 09.01-3 **Direct Effect** is any effect caused by a change or update in policy on a service tribes are reimbursed for through MaineCare Services. (Some examples of changes that would constitute direct effect are: changes “that are more restrictive for eligibility determinations, changes that reduce payment rates or changes in payment methodologies to I/T/U providers or for services reimbursed to I/T/U providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact Indians or I/T/U providers.”) (SMDL 10-001, January 22, 2010)
- 09.01-4 **Indian Health Center** is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.
- 09.01-5 **Indian Health Center Unit of Service** is a visit that includes face-to-face contact with one or more of the clinic’s professional staff and, where appropriate, provision of treatment, supplies, or laboratory services.
- 09.01-6 **Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U)** means any of the following:
- an “Indian Tribe,” meaning 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;
 - a “Tribal Organization,” meaning the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities; or
 - an “Urban Indian Organization,” meaning a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups.

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09.01 DEFINITIONS (cont'd)

and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in §503(a) of the Indian Health Care Improvement Act (90 Stat. 1400, 42 U.S.C. §1653(a)).

09.02 ELIGIBILITY FOR CARE

Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual, 10-144 C.M.R. Ch. 332. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in the MaineCare Benefits Manual, Chapter I, prior to providing services.

09.03 DURATION OF CARE

Each MaineCare member may receive as many covered services as are medically necessary. The Department reserves the right to request additional information to evaluate medical necessity.

09.04 COVERED SERVICES

The following services are covered if provided by or at an Indian Health Services clinic and are medically necessary.

- A. Services provided by physicians, physician assistants, certified nurse midwives, nurse practitioners, psychologists, licensed alcohol and drug counselors, licensed clinical social workers, licensed clinical professional counselors and licensed professional counselors;
- B. Services and supplies furnished as incident to services of physicians, physician assistants, certified nurse midwives, nurse practitioners, psychologists, licensed alcohol and drug counselors, licensed clinical social workers, licensed clinical professional counselors and licensed professional counselors;
- C. Any other medically necessary services provided by the Indian Health Center that is included in the State's Medicaid Plan. (These services must be provided in accordance with all applicable sections of the MaineCare Benefits Manual in order to be reimbursable.)
- D. Pharmacy and ambulance services, provided that the Indian Health Center enrolls and receives reimbursement as prescribed under the applicable sections of the MaineCare Benefits Manual.

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09.04 **COVERED SERVICES (cont'd)**

- E. Home Health Services provided under the Maine Medicaid home health benefit as described in Chapter II, Section 40 of the MaineCare Benefits Manual. No other services provided under Section 40 will be reimbursable under this section.

- F. Asthma self-management services are reimbursable if they are asthma management programs developed in accordance with the National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.

Each program must have:

- a. a physician advisor;
 - b. a primary instructor (a licensed health professional or a health educator with a baccalaureate degree. Note: licensed practical nurses may only reinforce, not initiate, teaching.);
 - c. a pre and post assessment for each participant which shall be kept as part of the member's record in accordance with this Section and Chapter I of the MaineCare Benefits Manual;
 - d. an advisory committee which may be part of an overall patient education advisory committee; and
 - e. a physician referral for all members.
-
- G. Reimbursement for Diabetes Self-Management Training Education (DSMT) and Follow-Up Services will be allowed when a provider is enrolled with the Maine Diabetes Prevention and Control Program administered by Maine Center for Disease Control and Prevention and based on the individualized plan;

The services include:

- 1. a pre-assessment interview to determine the member's knowledge, skills and attitudes about diabetes management and to develop an individualized education plan and behavior change goals;
- 2. a group class instruction covering the comprehensive curriculum outlined by the Maine Diabetes Prevention and Control Program and based on the individualized education plan;

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09.04 COVERED SERVICES (cont'd)

3. a meal planning interview to determine the member's knowledge, skills and attitudes about meal planning and to develop an individualized meal plan and behavior change goals;
4. a post assessment interview to assess and document what the member has learned during the program, and to develop a plan for follow-up sessions to address the components and areas not learned in the class series, and finalize behavioral goals; and
5. follow-up contacts to reassess and reinforce self-care skills, evaluate learning retention and progress toward achieving the member's behavior change goals. At a minimum, a follow-up visit one year after the last class is required to complete the member's participation in the program unless otherwise determined in the client's plan of care.

All encounters provided in the Diabetes Self-Management Training (DSMT) sessions are billed separately. These types of education are reimbursable due to the didactic nature of their content. A total of up to 10 hours of DSMT may be billed, and up to three additional hours of Medical Nutritional Therapy (MNT) may be billed. Follow-up is not required if the provider and client determine that the client learned what they can given their participation, at which point that client would be defined as completed. A written referral must be given by the client's provider for DSMT or MNT to be billed.

When the Medicaid member is under the age of 21, this service will also be reimbursed when provided to the person/people who provide the member's daily care.

- H. Off-site delivery of services furnished by health center staff is reimbursable when services are provided away from the center and when the member's chart documents that the delivery site is the most clinically appropriate setting for the provision of services. Examples of off-site services locations include: a nursing facility, an emergency room, an inpatient hospital, or a patient's home.

09.05 POLICIES AND PROCEDURES

09.05-1. Consultation Process

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis. The State Medicaid agency should seek advice from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the

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09.05-1. **Consultation Process (cont.)**

Indian Health Care Improvement Act (IHCIA). The Department will provide 60 days prior notice to the Tribal government regarding any plan amendments, waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indian Tribes, Tribal Organizations or Urban Indian Organizations.

The Department has collaborated with the Tribes to establish the following two-tier consultation process between representatives of the Tribes and the Department. When there are general changes to policies that do not have a direct effect on Indian Health Services the first tier of consultation will be utilized. The first tier consists of the following:

- Written notification via the Interested Parties List
- Listserv updates
- Any other correspondence that pertains to general changes

When there is a direct effect to Indian Health Services the second tier of consultation will be utilized. The second tier consultation consists of the following:

- Face-to-face meetings
- Direct email communications
- Written notification via the Interested Parties List
- Listserv updates
- Any other correspondence that pertains to general changes
- Telephone communications

09.06 **BILLING INSTRUCTIONS**

09.06-1. **Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)**

An Indian Health Center must bill using designated codes when providing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services as described in Section 94 of the MaineCare Benefits Manual. EPSDT codes for use by Indian Health Center can be found at http://brightfutures.aap.org/pdfs/Coding%20for%20preventive%20care_1pdf.pdf.

The Indian Health Center must be enrolled as a provider under Section 94 of the MaineCare Benefits Manual and must follow all requirements outlined in that Chapter (including submission of the Bright Futures form) to bill under these codes. If the Indian Health Center provides EPSDT services and other medical services to the same individual as part of the same visit, the Center must bill only the EPSDT code. When immunizations are provided, the appropriate immunization and administration codes shall be noted on the CMS-1500 billing form, but no additional reimbursement shall be available. Diabetes education and asthma self-management shall also be billed using distinct codes found at <http://maa.dshs.wa.gov/download/Memos/2002Memos/02-61maa%20Asthma-Diabetes.pdf>.

09.06 **BILLING INSTRUCTIONS (cont'd)**

09.06-2. **Same Day Visits**

A second, same day visit may be billed if it is medically necessary and could not have been anticipated by the Center's professional staff as documented in the members' record or when the first encounter is a medical visit and a second visit is a mental health visit. Billing codes for additional, same day visits must incorporate the appropriate code and/or modifier.

09.06-3. **Billing for Non-Tribal Members**

In order to ensure appropriate federal financial participation, non-tribal members must be identified on the CMS 1500 claim form.

09.06-4. **Fee-for-service and reimbursement for Pharmacy and Ambulance Services**

Indian Health Centers have the option of obtaining a separate National Provider Identification (NPI) number for the limited purpose of fee-for-service billing and reimbursement for pharmacy, ambulance or any other ambulatory services in the State's Medicaid Plan, not covered under this Section. Such services must be provided in accordance with all applicable sections of the MaineCare Benefits Manual and will be reimbursed in accordance with those sections.

09.06-5. **Enrollment as a Federally Qualified Health Center (FQHC)**

Indian Health Centers may choose to enroll as Federally Qualified Health Centers (FQHCs) or Ambulatory Care Clinics. For purposes of billing Medicaid, each center may choose only one designation. Centers may remain FQHCs for the purposes of billing Medicare, while enrolling as Ambulatory Care Clinics under Medicaid. If permitted by a ruling from federal authorities, Indian Health Centers may bill retroactively as Ambulatory Care Clinics as allowed under that ruling. As a condition of enrollment Indian Health Centers must provide a copy of their contract with the Indian Health Services.

09.06-6. **Co-payment Exemptions**

Section 5006(a) of the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111-5 amends sections 1916 and 1916A of the Social Security Act, to preclude States from imposing Medicaid premiums or any other Medicaid cost sharing on Indian applicants and members served by Indian health providers and to assure that Indian health providers and providers of contract health services (CHS)

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09.06 **BILLING INSTRUCTIONS (cont'd)**

under a referral from an Indian health provider, will receive full payment. A tribal member who is presently or has previously been eligible for CHS or to receive services through an I/T/U will be exempt from co-payments (onetime documentation is necessary to provide proof of present or previous I/T/U or CHS eligibility).

09.07 **REIMBURSEMENT**

Reimbursement for covered services provided by Indian Health Services can be found on the fee schedule at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S3R01012010ProvSpecRatesIHS.pdf> .

The MaineCare rates incorporated in Section 9 are those related to Indian Health Services in effect on January 1, 2010. Any changes in these rates will be subject to the consultation process in sub-section 9.06-1 and approved in accordance with procedures in Title 5 M.R.S.A. ch. 375.