15. Indian Health Service, Tribal Health Providers, and Urban Indian Providers (I/T/U)

Tribal Self Insurance Plan Exception

The rule with Purchase and Referred Care (PRC) under the IHS Policy and Procedures is as follows.

Exception to the IHS Payor of Last Resort – Tribal Self-Insurance Plans. For purposes of IHS administered PRC programs, the Agency will not consider Tribally funded self-insured health plans to be alternate resources for purposes of the IHS's Payor of Last Resort Rule. IHS will assume that a Tribe does not wish for its self-insured plan to be an alternate resource for purposes of PRC and IHS will treat the plan accordingly, once IHS receives documentation to show that the plan is tribal self-insurance. IHS will only treat the Tribe's plan as an alternate resource for purposes of PRC if either of the following occurs:

1. IHS has not received documentation to show that the plan is tribal self-insurance, or
2. IHS receives a tribal resolution from the Tribe's governing body, which clearly states that the Tribe would like IHS to treat the self-insured plan as an alternate resource for purposes of PRC.

REMINDER: This process applies to IHS operated PRC programs. Tribes and Tribal organizations operating PRC programs may choose to follow this coordination process, or they may adopt a different process for addressing this issue.

To the extent any Tribal self-insurance plan has reinsurance or stop loss insurance from which claims are paid by entities other than the Tribe or Tribal organizations, such reinsurance or stop loss insurance shall not be considered Tribal self-insurance; provided that the fact that a Tribal self-insurance plan has reinsurance or stop loss insurance does not mean that the Tribal self-insurance shall be considered an alternate resource.

An exception to the IHS Payor of Last Resort Rule: TRIBAL SELF-INSURANCE PLANS

- The IHS is prohibited from seeking recovery when the health services provided to an eligible patient are covered by a self-insurance health plan funded by a Tribe or Trial organization under Section 206 (f) of the Indian Health Care Improvement Act (IHCIA), P.L. 94-437, 25 U.S.C. § 1621e(f). Consistent with congressional intent not to burden Tribal resources, the Agency has made a determination that tribally-funded self-insured health plans are not to be considered alternate resources for purposes of the IHS Payor of Last Resort Rule.

15.1. FQHC/Tribal 638 Claims Processing

MCOs must configure their systems to pay claims either off the COBA (Coordination of Benefits Agreement) file or paper claims and pay up to the Medicare Office of Management and Budget (OMB) all-inclusive rates (AIR) encounter rates for the applicable year.

For I and Tribal 638 facilities when there is a Medicare reimbursement for services that are not included in the OMB rate, for services billed on a UB claim form (used by hospitals and facilities), Medicaid pays the coinsurance and deductible calculated by Medicare regardless of the revenue code billed. These Medicare crossover claims may also include specific services such as rehabilitation services, flu shots, and supplies. After Medicare payment is made, reimburse the Indian Health Service and Tribal 638 facilities for the full coinsurance and deductible calculated by Medicare regardless of the service or revenue code used.

For services provided to recipients with primary medical coverage by a third party, such as an insurer or other third party (excluding Medicare) who may be liable for the medical bill, Medicaid reimbursed the provider the Medicaid Inpatient or Outpatient OMB rate for that calendar year less the third-party payment.

Services must be delivered in locations identified in Medicaid policy or locations consistent with professional standards of practice. Service locations outside Tribal 638 facilities may include locations such as NFs, schools, teen and wellness centers, chapter houses, homes, and non-IIHS/Tribal 638 hospitals.

SERVICES OUTSIDE AN FQHC/TRIBAL 638 FOUR WALLS & GRACE PERIOD

SHO Letter #16-002 and CMCS Informational Bulletin 01.15.2021

CMCS Informational Bulletin 09.08.2023: CMS is further extending this grace period for states and Tribal facilities for twelve additional months. This will extend the four walls grace period end date to **February 11, 2025**.