

Chapter 31

Tribal and Federal Indian Health Services

IMCare American Indian members, living on or off a reservation, will have direct out-of-network access to Indian Health Service (IHS) facilities and facilities operated by a tribe or tribal organization under funding authorized by [Title 25 United States Code \(USC\) Sections 450f– 450n](#), or Title III of the Indian Self-Determination and Education Assistance Act, [Public Law Number 93-638](#) (Section 638 Facilities or Providers), for services that would otherwise be covered under [MN Stat. sec. 256B.0625](#), even if such facilities are not participating providers. IMCare shall not require any Service Authorization or impose any condition for an American Indian to access services at such facilities.

The purpose of this chapter is to explain the policy, payment, and billing method for health care services provided through an IHS facility or a tribally owned facility funded by Title I or III of the Indian Self-Determination and Education Assistance Act ([Public Law 93-638](#)), as amended. In addition to the IHS- and tribal-specific policies and coverage, these facilities must also comply with all of the standard IMCare policies, coverage guidelines, and billing policies found in the IMCare *Provider Manual*.

Throughout this section, facilities of the Federal IHS will be referred to as “IHS facilities”; facilities operated by Federally recognized Indian tribes with [Public Law 93-638](#) funding will be referred to as “tribal facilities.” Facilities operated by tribes that are not federally recognized should refer to Chapter 4, Billing Policy, for payment and billing information.

Definitions

Facility Support Staff: Individuals employed by the health care facility to support the services provided by the facility’s health professionals. These individuals do not generate billable encounters. Examples of facility support staff are: clinic managers, registered nurses (RNs) and licensed practical nurses (LPNs) not functioning/acting as physician extenders or visiting nurses, lab technicians, and X-ray technicians.

Indian Health Service (IHS) Facility: A hospital, medical or dental clinic, or pharmacy established and operated by the Federal [IHS](#).

IHS Inpatient Per Diem Rate: The IHS inpatient per diem rate is the payment amount established to cover services provided to an inpatient at a hospital that is part of the Federal [IHS](#). IMCare does not reimburse at the IHS Federal encounter rate.

Outpatient Encounter: An encounter means a face-to-face visit between a member and any health professional at an IHS or tribal facility. Multiple encounters with the same professional or with more than one health professional, within the same service category, on the same day, at a single IHS or tribal location, constitute a single encounter. An exception to this is when the member, after the first visit, suffers an illness or injury requiring additional diagnosis or treatment.

Tribal 638 Facility: Tribally owned facilities funded by Title I or III of the [Indian Self-Determination and Education Assistance Act \(Public Law 93-638\)](#), including all facilities under contract, compact, or receiving grants from the IHS. The tribal facility is operated by a Federally recognized tribe under a funding agreement with IHS. Tribal facilities may elect to be paid at the IHS rates or at fee-for-service rates.

Tribal Facility: A health care facility operated by a tribal organization that is recognized by the Federal

government that has not elected designation as a 638 IHS provider. This includes all 638 facilities that are not listed with the Minnesota Department of Human Services (DHS) as IHS facilities. Services provided to IMCare members by an enrolled tribal facility are covered if the facility meets the requirements to provide services as specified in Chapter 1, Requirements for Providers.

Eligible Providers

To enroll as an IMCare provider, call the IMCare Provider Contact Center at **1-800-843-9536** (toll free).

Tribal and IHS providers must meet the same service and licensure requirements as all other IMCare-enrolled providers, with the following exceptions:

1. Federal employees providing health care services at IHS facilities are considered “licensable” and need not actually obtain a Minnesota license in order to be reimbursed
2. Under [MN Stat. sec. 256B.02, subd. 7](#), a Federally recognized Minnesota tribe may license or credential health care providers using standards adopted by its governing body. Providers credentialed this way may also enroll as IMCare providers.

The following list identifies occupations considered health professionals for purposes of billing IHS services (this is not an all-inclusive list):

1. Certified registered nurse anesthetist (CRNA)
2. Chiropractor
3. Community Health Worker
4. Counselor
5. Dentist
6. Dental hygienist
7. Home health aide (HHA)
8. Licensed clinical social worker
9. Midwife
10. Nurse practitioner (NP)
11. Optometrist
12. Personal care assistant (PCA)
13. Physical therapist (PT)
14. Physician
15. Physician assistant (PA)
16. Podiatrist
17. Psychologist
18. Registered dietician
19. Visiting nurse

Eligible Members

American Indians (AI) and Alaska Natives (AN) eligible for one of the IMCare programs are eligible for all covered services of the applicable IMCare program, even if they are also eligible for services provided through the IHS or tribal facilities.

Covered Services

All services billed to IMCare must be:

1. Provided by eligible, qualified providers performing services permitted by applicable Federal and State laws and rules
2. Within program service guidelines/limitations
3. Documented in the patient's medical record

Under [MN Stat. sec. 256B.0625, subd. 34](#), all covered services provided through IHS and tribal facilities are paid by DHS or Medicare fee-for-service (FFS) with the following exception in which IMCare is billed as primary:

1. Medicare-covered services provided to members in our Medicare Advantage programs (IMCare Classic [HMO SNP])

Please note that IMCare does not reimburse at the IHS or tribal encounter rates.

Copay Limitations

The American Recovery and Reinvestment Act of 2009 (ARRA) prohibits the following providers from charging Minnesota Health Care Programs (MHCP) copays to American Indian recipients, regardless of whether or not the recipient is enrolled in a managed care organization (MCO):

1. Tribal health care providers
2. Federal IHS
3. Urban Indian organizations
4. IHS-contracted health services (CHS) when there is an IHS referral

Billing

All services billed to IMCare provided at an IHS or tribal facility must follow the billing guidelines in Chapter 4, Billing Policy. A 638 IHS organization may provide services other than traditional IHS services; however, only IMCare-covered services may be billed. Please note that IMCare reimbursement is not based on IHS per diem rates or outpatient encounter rates.

Third Party Liability (TPL)

TPL coverage, including veterans' benefits, private accident insurance, health maintenance organization (HMO) coverage, and other health care coverage held by or on behalf of a IMCare member is primary to IMCare except when the TPL is tribal insurance.

Legal References

[MN Stat. sec. 256B.02, subd. 7](#) – Definitions: Vendor of medical care

[MN Stat. sec. 256B.0625](#) – Covered Services

[MN Stat. sec. 256B.0625, subd. 34](#) – Covered Services: Indian health services facilities

[Federal Register](#)

[Public Law 93-638](#): Indian Self-Determination and Education Assistance Act

[Public Law 94-437](#): Indian Health Care Improvement Act (IHCIA)

[25 USC 450f – 450n](#) – Indian Self-Determination