

PROVIDER Update



Reimbursement for American Indian Health Service Programs

As communicated in the contract between the Centers for Medicare & Medicaid Services (CMS) in partnership with the California Department of Health Care Services (DHCS) and Health Net Community Solutions, Inc. (Health Net), DHCS has changed its policy regarding reimbursement of American Indian Health Service Programs providing services to Cal MediConnect Plan (Medicare-Medicaid Plan) enrollees, for dates of service on or after January 1, 2018.

OVERVIEW

Under federal law, California must ensure that American Indian Health Service Program providers are paid the applicable Office of Management and Budget (OMB) encounter rates published annually in the Federal Register by the Indian Health Service. If there is any difference between the amount paid by a managed care plan (MCP) and the applicable OMB encounter rate, the state is required to make a supplemental payment pursuant to Title 42 of the United States Code (USC) Section 1396u-2(h)(2)(C)(ii) and Title 42 of the Code of Federal Regulations (CFR) Sections 438.14(c)(2) and (3).

Effective January 1, 2018, Health Net is required to reimburse American Indian Health Service Program providers for eligible services provided on or after January 1, 2018, at the applicable OMB encounter rate.

INDIAN HEALTH SERVICE OMB REIMBURSEMENT RATES

The OMB all-inclusive rates are published annually and are effective on a calendar year basis. The comprehensive list of Indian Health Service OMB reimbursement rates for 2018 is published in Federal Register Vol. 83, No.4, January 5, 2018, on page 682, available online at www.gpo.gov/fdsys/pkg/FR-2018-01-05/content-detail.html.

Where the OMB rate applies, Health Net will reimburse Indian Health Service Program providers as follows:

- Health Net Cal MediConnect enrollees have full Medicare coverage; therefore, reimbursement to providers identified by DHCS will be at the outpatient encounter rate of \$287.72 for eligible services received on or after January 1, 2018.
- Health Net ensures any retroactive outpatient per-visit rates are appropriately reimbursed to program providers.

CLAIMS INSTRUCTIONS

Cal MediConnect claims must be submitted within 180 days from the last day of the month of the date of service. For claims submitted for services after January 1, 2018, Health Net will reimburse providers for the original claims payment, and will make any

THIS UPDATE APPLIES TO

CAL MEDICONNECT PROVIDERS:

- American Indian Health Service Providers
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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retroactive adjustment necessary to ensure the provider has been reimbursed the total OMB rate.

Health Net Participating American Indian Health Service Program Providers

Health Net participating American Indian Health Service Program providers should continue to submit claims to Health Net via the standard process and in accordance with the terms of the Health Net *Provider Participation Agreement (PPA)* with the applicable OMB rate.

Additional information on claims submission and reimbursement is available online in the Cal MediConnect provider operations manuals on the Health Net provider website at provider.healthnet.com, in the Provider Library under *Operations Manuals > Claims and Provider Reimbursement*.

Nonparticipating American Indian Health Service Program Providers

For nonparticipating American Indian Health Service Program providers, refer to the Health Net provider website at provider.healthnet.com, and select *Transactions > Claims > Submit Claims* to learn more about claims procedures and how to submit claims to Health Net.

ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by county within 60 days at:

| Line of Business | Telephone Number | Email Address |
|---------------------------------------|------------------|---------------------------------|
| CAL MEDICCONNECT – LOS ANGELES COUNTY | 1-855-464-3571 | provider_services@healthnet.com |
| CAL MEDICCONNECT – SAN DIEGO COUNTY | 1-855-464-3572 | |