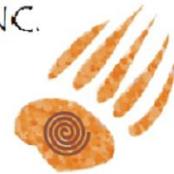


CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

CRIBB CARE
CRIBB OPTIONS



IHS CAO Program Directors Meeting
September 18, 2013



Presentation Goals:

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1. CRIHB Care and CRIHB Options Overview
2. Participating Tribal Health Programs
3. Covered Services
4. High-Level Eligibility Screening
5. Claims Submission
6. Provider Support

CRIHB Care and CRIHB Options

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CRIHB Care and CRIHB Options are demonstration programs, operating under California's 1115 Waiver amendment, which are designed to reimburse Tribal Health Programs for uncompensated care for certain **Primary Care** and **Optional Benefit** services to **IHS eligible individuals.**



CRIHB Care and CRIHB Options

Provided to IHS Eligible clients ♦ 19-64 years of age ♦ Incomes up to 133% FPL

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CRIHB Care

(Primary Care + Optional Benefits)

April 2013-December 2013

- Reimburse Participating Providers for certain Medi-Cal state plan services
 - Primary Care **and**
 - Optional Benefit services

CRIHB Options

(Optional Benefits Only, i.e. Dental, Psychological, Vision, etc.)

April 2013-December 2014 (tentative)

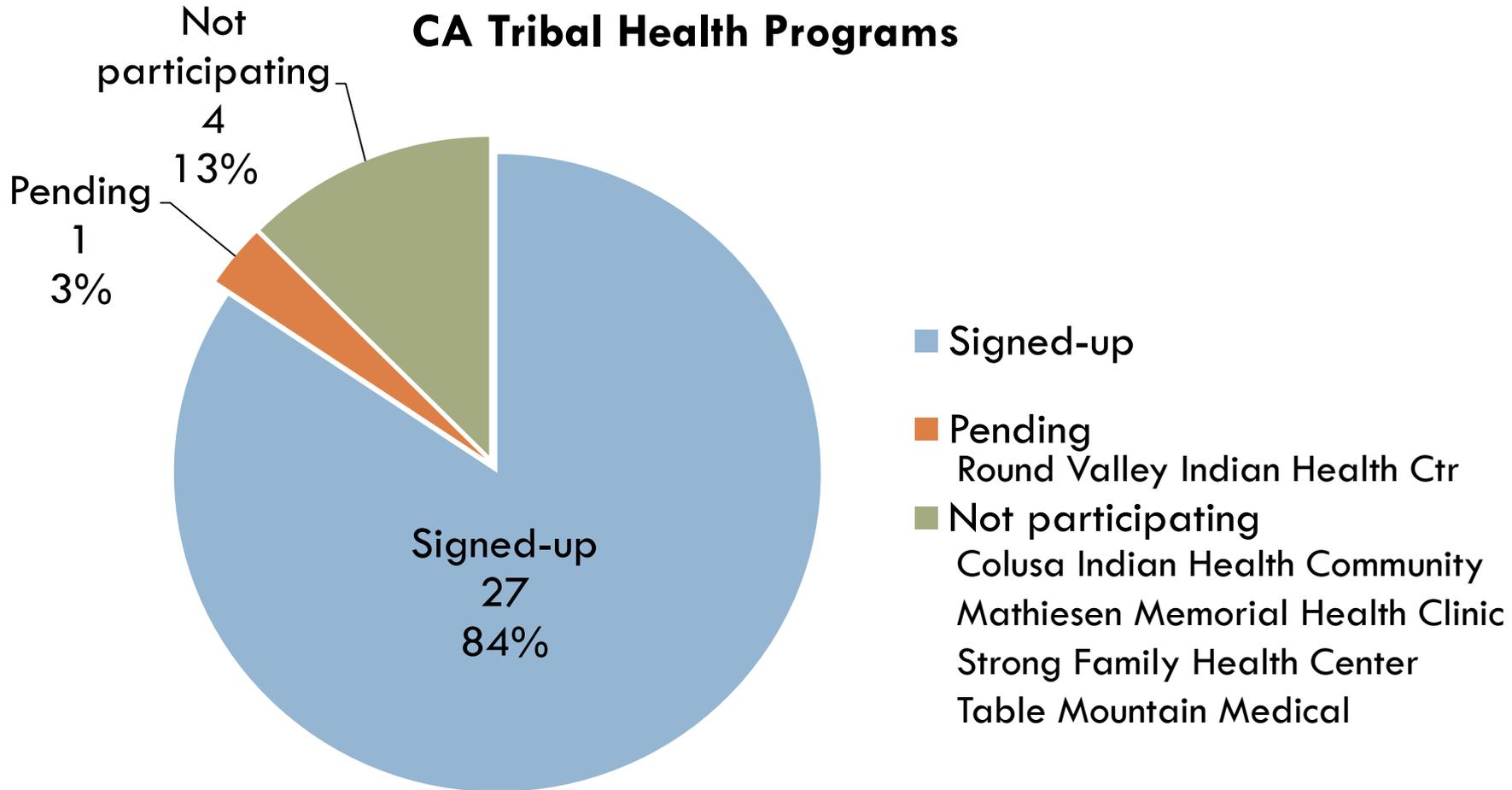
- Optional Benefit services only
- Targeted at IHS eligible adults who are uninsured or do not have coverage for optional benefits.*
- Types of coverage that *may* also be used in conjunction with CRIHB Options:
 - Medi-Cal
 - LIHP/Path2Health
 - CMSP
 - or other health insurance coverage as long as they do not have coverage for a service offered through CRIHB Options

CRIHB Care and CRIHB Options is the payer of last resort.*

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Participating Tribal Health Programs

Participation Status





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Covered Services

CRIHB Care & CRIHB Options

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What Services are Covered?*

Service performed “in-house”

CRIHB Care

- Primary Care Medical Services
and Optional Benefits

CRIHB Options

- Acupuncture
- Audiology
- Chiropractic Services
- Dental Services
- Optometry
- Podiatry Services
- Psychological Services
- Speech Therapy Services
- Telemedicine

Who can perform the Covered Services?

- Physicians (MD, DO) including Ophthalmologists
- Midlevel Providers (FNP, NP, PA, Certified Nurse Anesthetist, Certified Nurse Midwives)
- Licensed Counselors (LCSW)
- Psychologists (PhD, PsyD, EdD)
- Dentists (DDS, DMD)
- Dental Hygienists (RDH)
- Podiatrists (DPM)
- Chiropractors (DC)
- Acupuncturist (AC, OMD)
- Optometrist (OD)
- Speech Therapists (SP)

*One (1) visit per covered service per day. Visits with different type of provider on same day ok.

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High-Level Eligibility Screening

High-Level Eligibility Screening

- ✓ Must have this form on file for each client participating in program.
- ✓ Clinic Staff should be the only ones to fill this form out.
- ✓ Do not send this with any bills to TPA.
- ✓ Complete every 12 months
- ✓ Don't give to client to complete.

California Rural Indian Health Board CRIHB Care and CRIHB Options		rev. 9/04/13 **THP Staff Use Only**
Client High-Level Screening and Eligibility Form		
Section 1. Client Information		
Last Name:		First Name: MI
Date of Birth: MM/DD/YYYY	Last 4 digits of SSN: XXX-XX-XXXX	County of Residence: Other Names Used: Tribal Code/Affiliation:
Section 2. Verification of IHS, Age, and Income Eligibility		
2a) IHS eligible? (if YES, go to 2b. if NO, client does not qualify; go to 4a.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2b) Between the ages of 19-64? (if YES, go to 2c. if NO, client does not qualify; go to 4a.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2c) Has Full-Scope Medi-Cal or LIHP coverage? (if YES, go to 3a. if NO, go to 2d.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2d) Determine Family Income/Household Size (Enter income/household info to determine % FPL)		
i. Household Income: \$ _____ circle one: Per Month or Year (Attach proof of income or Attestation Form)		FPL = _____ %
ii. Number of family members in the household: _____		Use attached FPL Table
iii. At or below 133% FPL? (if YES, proceed to 2e. if NO, client does not qualify; go to 4a.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2e) Is eligible for LIHP/Path2Health coverage? (if YES, go to 2f. if NO, go to 3a.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2f) Please check one: <input type="checkbox"/> LIHP/Path2Health denial letter on file (go to 4b) <input type="checkbox"/> Referred to apply LIHP/Path2Health (go to 4d)		
Section 3. CRIHB Care & CRIHB Options Program Selection		
(only fill-out this section if NOT eligible for LIHP/Path2Health)		
	YES	NO
3a) Has Full-Scope or Pregnancy-related Medi-Cal & ages 21-64? (if NO, go to 3b.)	CRIHB Options go to 4c	go to 3b
3b) Has restricted or other type of Medi-Cal? (if NO, go to 3c.) (includes unmet share of cost)	CRIHB Care & CRIHB Options go to 4b	go to 3c
3c) Has "primary care" coverage only? (i.e. private insurance, CMSP, Medicare, LIHP, etc.) (if NO, go to 3d.)	CRIHB Options go to 4c	CRIHB Care & CRIHB Options go to 4b
3d) Has other health coverage? (if YES, check all that apply. if NO, go to 3e.) <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other Program _____	CRIHB Options go to 4c	go to 3e
3e) Uninsured? (if NO, must answer 3d.)	CRIHB Care & CRIHB Options go to 4b	go to 3d
Section 4. Program Eligibility Certification		
4a. <input type="checkbox"/> Not eligible for either program		
4b. <input type="checkbox"/> Eligible for CRIHB Care and CRIHB Options		Use Group Code= CC or CCC
4c. <input type="checkbox"/> Eligible for CRIHB Options Only		Use Group Code= CO or CCO
4d. <input type="checkbox"/> Eligible for CRIHB Care & CRIHB Options upon referral to LIHP/Path2Health		Use Group Code= CL or CCL
*CRIHB Care and CRIHB Options will exclude any services covered by any other form of health insurance		
If eligible, you must assign an 8 character benefit identification number as follows:		
IHS Tribe Code: _____	Last 4 digits of SSN: _____	First Initial Last Name: _____
<small>Becomes the first 3 digits</small>	<small>The next 4 digits</small>	<small>The last character</small>
This number becomes the client's benefit ID number: _____		
I certify the applicant meets both Indian Health Service eligibility requirements & the CRIHB Care or CRIHB Options income & family size eligibility criteria.		
X Staff Signature	Print Staff Name	/ / Date



CRIHB CARE AND CRIHB OPTIONS

IHS ELIGIBILITY CRITERIA

Eligible Group	Federal Regulation & References
Member of a Federally Recognized Tribe and their minor children	42 CFR Part 136 25 USC 1603(13) List of Federally Recognized Tribes, Federal Register Notice 8/10/2012: https://www.federalregister.gov/articles/2012/08/10/2012-19588/indian-entities-recognized-and-eligible-to-receive-services-from-the-bureau-of-indian-affairs
Descendent of Indian residing in California on June 1, 1852, if such descendent is: <ul style="list-style-type: none"> • A member of community served by a local program of the Service, and • Recognized as Indian by the community in which the descendent lives. <p style="text-align: center;"><i>Must reside in California</i></p>	25 USC 1679(a)(2) Indian Health Care Improvement Act
Holds interest in public domain, national forest, or reservation allotments in California <p style="text-align: center;"><i>Must reside in California</i></p>	25 USC 1679(a)(3) Indian Health Care Improvement Act
Any Indian of California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat 619) and any descendent of such Indian <p style="text-align: center;"><i>Must reside in California</i></p>	25 USC 1679(a)(4) Indian Health Care Improvement Act
Non-Indian woman pregnant with an eligible Indians child <ul style="list-style-type: none"> • Through post partum period, generally 6 weeks after delivery <p style="text-align: center;"><i>Limited to pregnancy related services</i></p>	25 USC 1680c(d)(3) 42 CFR Part 136
Non-Indian member of an eligible Indian's household when medical officer determines care is necessary to control an acute infectious disease or public hazard	25 USC 1680c(d)(2) 42 CFR Part 136

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Claims Submission

CRIBB Care and CRIBB Options

Billing

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THP provides covered service to eligible client (retro. April 5, 2013)

CRIBB via HDFMC issues checks to THP
• 10 days

TPA paid THPs on 9/13

CRIBB Pays HDFMC
5 days

CRIBB paid TPA on 9/5

CRIBB bills THP monthly for Administration Fee. THP pays CRIBB within 30 days.

State pays CRIBB
• 30 days

THP submits claim to CRIBB/HDFMC via Office Ally
• HIPAA 837-I
• UB-04
• Payer ID: CRIBB
• Within 60 days

CRIBB bills CMS via State
• Quarterly
• 60 days to submit

CRIBB submitted Q3 report on 7/18

State paid CRIBB on 8/28

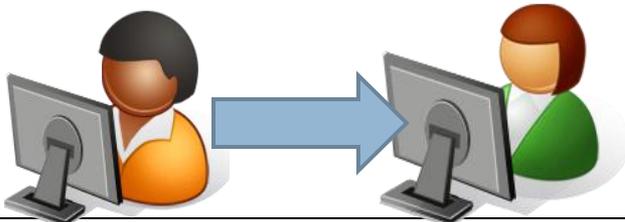
3-Ways for Claim Submission

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1. Clearinghouse to Clearinghouse

Send claims via your current Clearinghouse to Office Ally Clearinghouse

Emdeon, Dentrix/E-Services, Infindi, ClaimRemedi, Tesia are CONNECTED



2. Online

Office Ally Online Portal (need login/password)

Allows you to manually enter claims online



3. Directly

Sign up to have Office Ally become your clearinghouse



Billing Rate and Administration Fees

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- **All CRIHB Care & CRIHB Options Claims:** IHS/MOA rate of \$330 from uncompensated care fund
- **CRIHB Administrative Fee Per Claim** to Tribal Health Program (\$49.50). To be billed monthly to program.
- **Admin CRIHB Fee includes:** CRIHB Staff, Fees for Third-Party Admin., and State of CA personnel costs (to stay budget neutral)

Claims Submission Status

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June

Tribal Health Program	# of Claims Received	# of Claims Denied	# of Claims Approved
Indian Health Council	41	3	38
Sonoma County Indian Health Project	99	19	80
United Indian Health Services	81	2	77
Total	221	24	195

July

Tribal Health Program	# of Claims Received	# of Claims Denied	# of Claims Approved
Indian Health Council	49	12	37
Sycuan Medical/Dental Center	3	0	3
Tule River Indian Health Center	10	0	10
United Indian Health Services	71	1	70
Total	133	13	120

CRIHB Monthly Invoice Status

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June

Tribal Health Program	# of Claims Approved	Admin Fee	Invoice Amount
Indian Health Council	38	\$49.50	\$1,881.00
Sonoma County Indian Health Project	80	\$49.50	\$3,960.00
United Indian Health Services	79	\$49.50	\$3,910.50
Total	195		\$9,751.50

July

Tribal Health Program	# of Claims Approved	Admin Fee	Invoice Amount
Indian Health Council	37	\$49.50	\$1,831.50
Sycuan Medical/Dental Center	3	\$49.50	\$148.50
Tule River Indian Health Center	10	\$49.50	\$495.00
United Indian Health Services	70	\$49.50	\$3,465.00
Total	120		\$5,940.00

THP Reimbursement Status

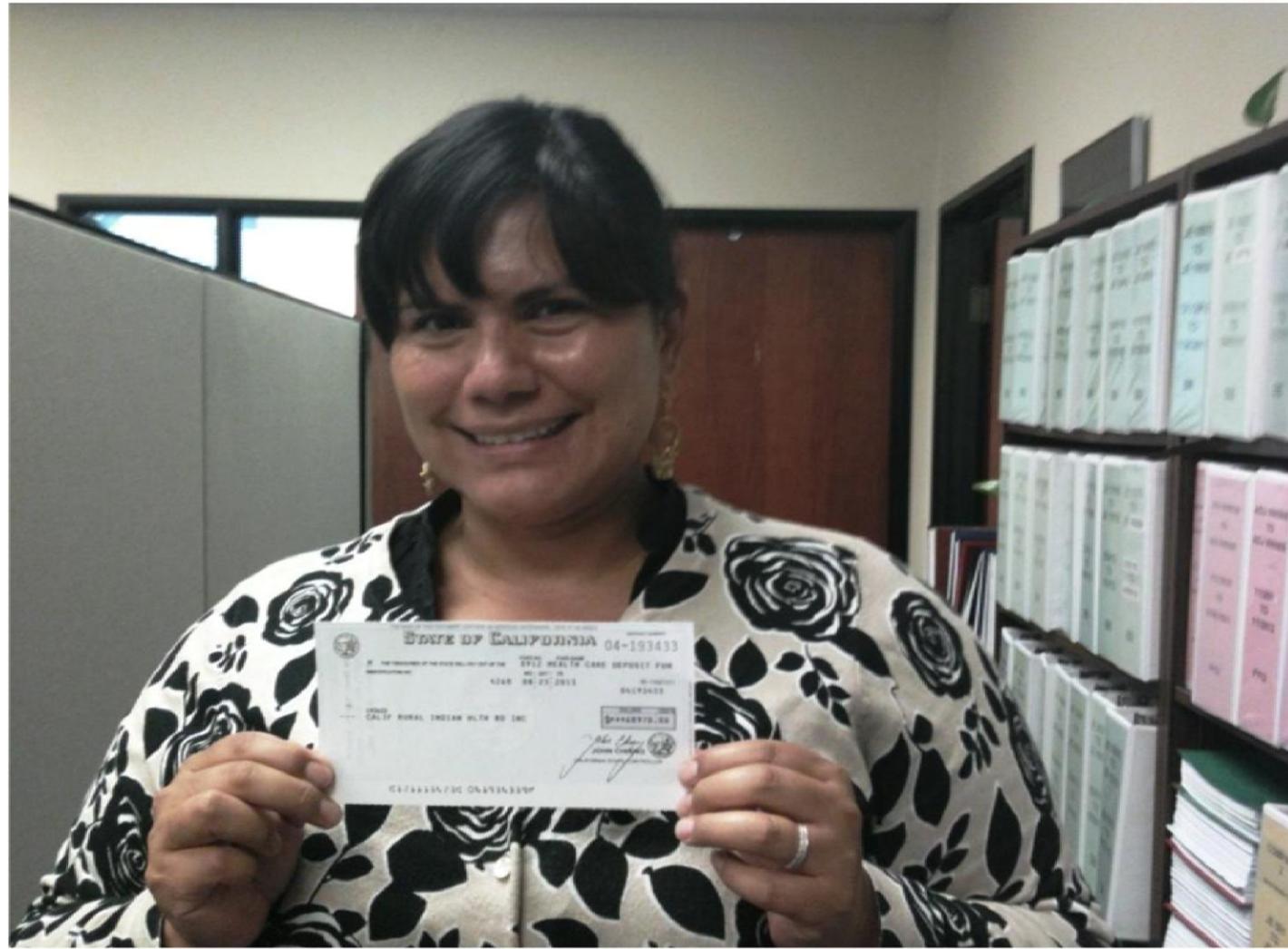
19

June: 3rd Quarter

Tribal Health Program	# of Claims Approved	IHS/MOA Rate	Invoice Amount
Indian Health Council	38	\$330.00	\$12,540.00
Sonoma County Indian Health Project	80	\$330.00	\$26,400.00
United Indian Health Services	77	\$330.00	\$25,410.00
Total	195		\$64,350.00

Payment Received from State

20



Claims Submission “Uh-ohs”

22

- What slowed us down:
 - ▣ Payer ID: CRIHB was not listed on published Office Ally’s payer list
 - ▣ Not all clearinghouses talk to each other for free: Emdeon and Dentrix/E-Services is Live!
 - ▣ Dental procedure codes on UB-04 not accepted. Use “03” code and Revenue Code
 - ▣ THPs normally use ADA forms and not UB-04 to submit dental claims
 - ▣ Group codes: 2-digits vs 3-digits & RPMS compatibility
 - ▣ Several changes to Client High-Level Eligibility & Screening Form based on THP use



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Program Support

Provider Tool kit-Available Online

<http://www.crihb.org/health-resources/crihb-care-crihb-options/forms-tools-crihb-care.html>

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Tribal Health Program Tool-Kit

CRIHB Care and CRIHB Options
California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd Fl.
Sacramento, CA 95841
(916) 929-9761
crihbcare@crihb.org
www.crihb.org

Includes:

- ☑ Client High-Level Screening and Eligibility
- ☑ Benefit ID Number Instructions
- ☑ IHS Eligible Criteria
- ☑ Income Declaration
- ☑ Eligibility Decision Tree
- ☑ Tribal Affiliation Codes
- ☑ Medi-Cal Client Eligibility by Aid Codes
- ☑ Service Codes
- ☑ Sample UB-04 Claim forms
- ☑ Program Policies

CRIHB Care & CRIHB Options Training Webinars

25

- #1. Program Overview

- Date: May 15/16

- 53 participants

- #2. Eligibility, Screening & Claims

- Date: June 7

- 51 participants

- #3. Eligibility, Screening & Claims Update

- Date: August 16

- 47 participants

- #4. Sharing of Best Practices - Client Eligibility and Processes

- Date: August 27

- 28 participants

Technical Assistance & Support

26

- Telephone calls
- Emails
- On-site visits: Toiyabe Indian Health Project, Sonoma County Indian Health Project, Shingle Springs Tribal Health Program
- Partnership with Toni Johnson at IHS: RPMS Users
- Communication with Infinedi and Dentrix
- Weekly conference calls with Third Party Administrator

Participation Survey – 33 Responses

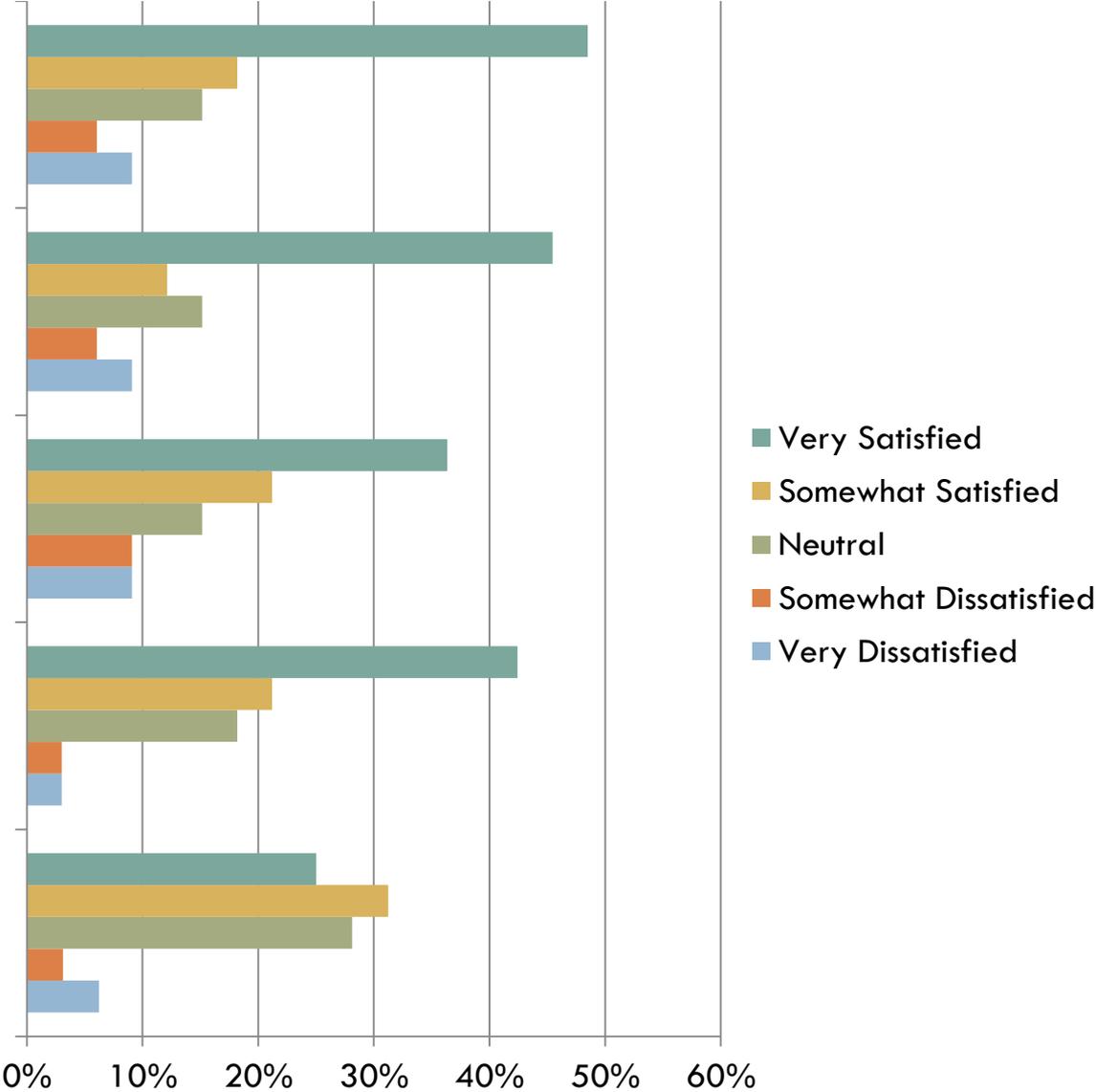
The CRIHB Care/Options staff have communicated and kept you informed throughout your tribal health program's participation.

How satisfied are you with the level of outreach provided by the CRIHB Care/Options staff?

How satisfied were you with the ability of the CRIHB Care/Options staff to address your questions or issues?

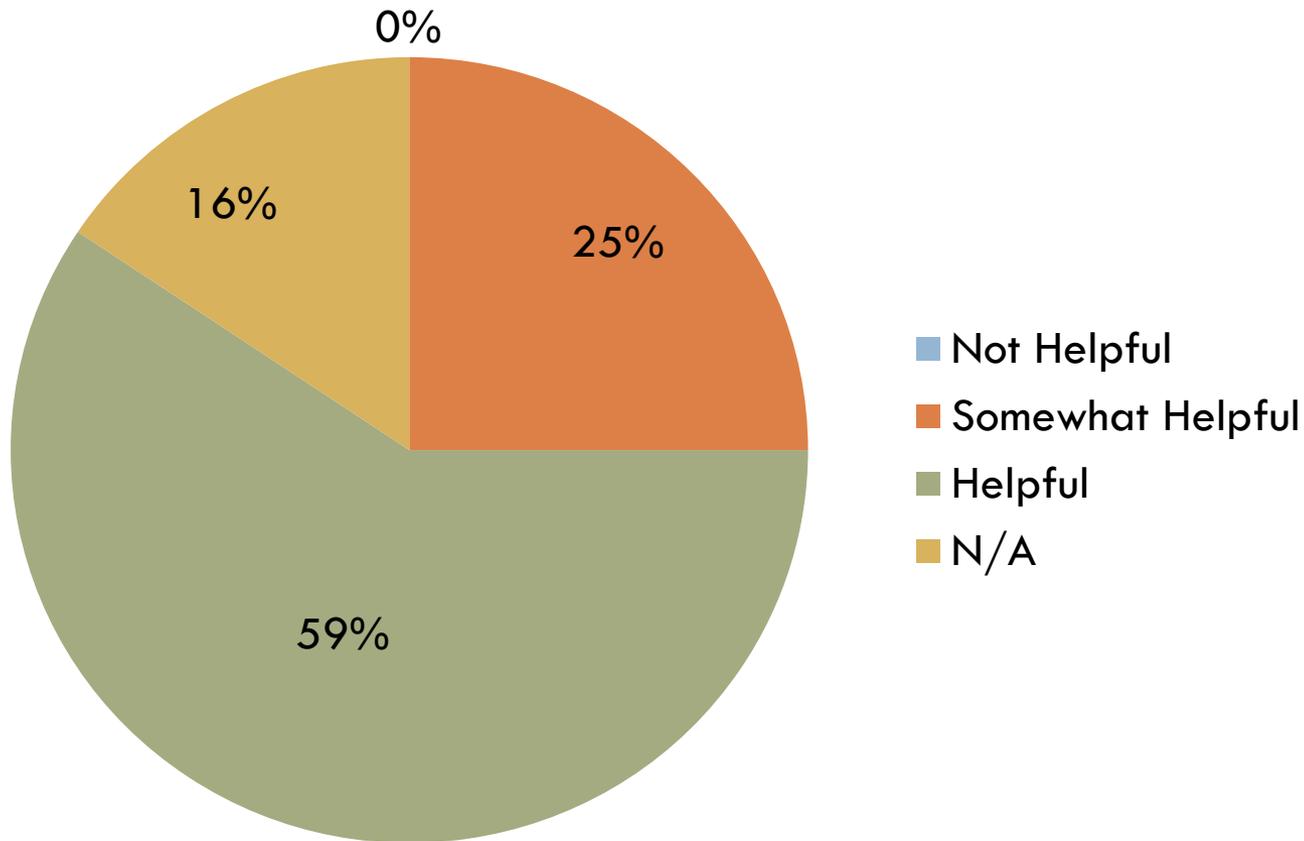
How satisfied were you with the timeliness the CRIHB Care/Options staff responded to your inquires?

How satisfied were you with the quality of technical assistance support you received during your most recent encounter with a CRIHB Care/Options staff member?



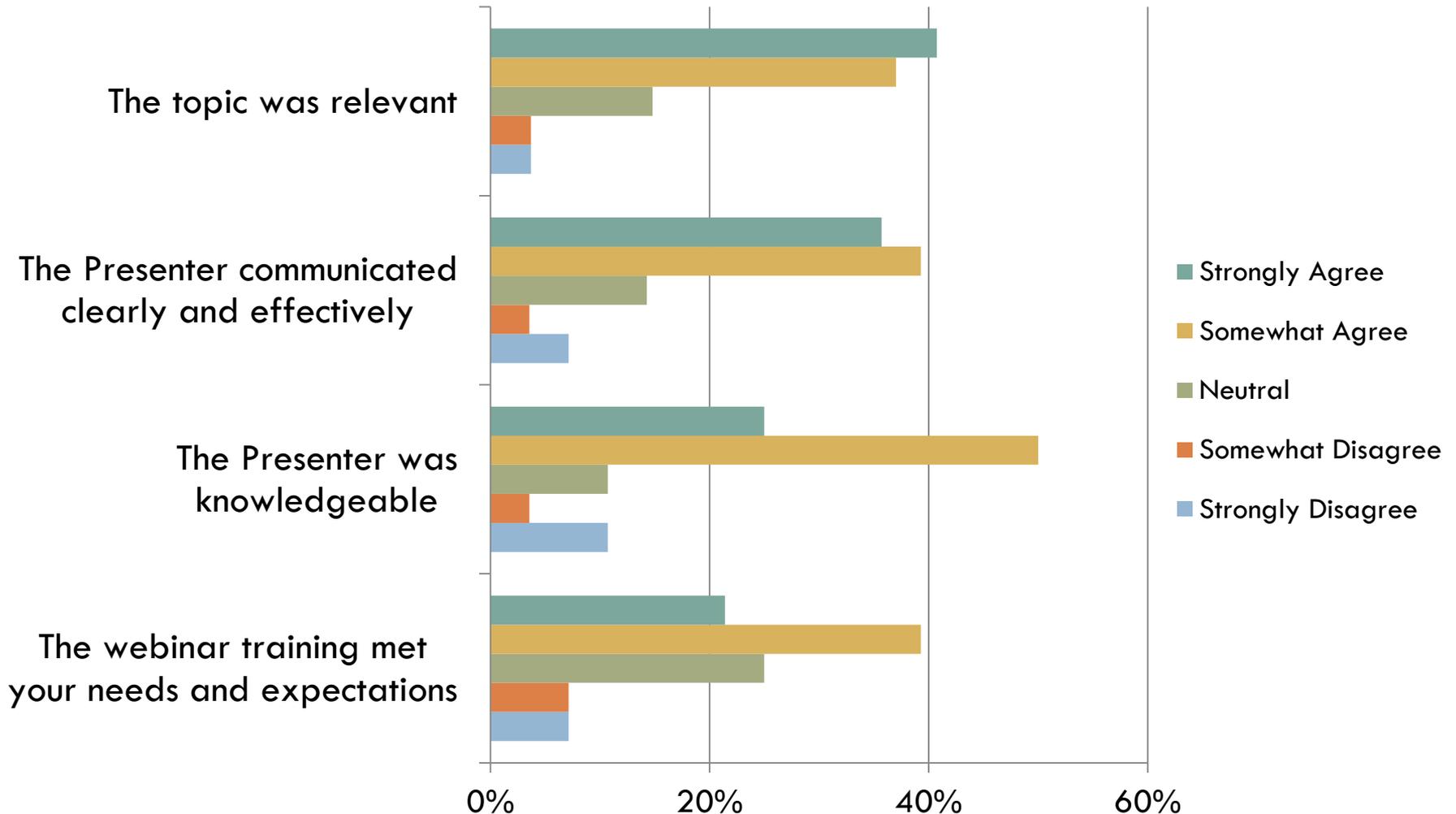
How helpful is the CRIHB Care/Options Monthly Program Update?

28



Please describe your experience with the CRIHB Care/Options webinar trainings

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Next Steps

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- Outreach to Billing staff to encourage billing and provide technical assistance
- Increase internal staffing billing expertise: HSD staff enrolling in billing certificate program

Need more information?

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