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DMAP Policy and Planning Section

Authorized Signature

**Number:** DMAP- IM-10-107

**Issue Date:** 09/03/2010

**Topic:** Medical Benefits

**Subject:** Provider Announcement for IHS/Tribal-638 facilities: New fax sheet to ensure claims are paid

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP is posting the attached announcement for Indian Health Service and Tribal-638 facilities on the [OHP Provider Announcements](#) page. It describes a new form that these providers can use to add an HNA case descriptor to an OHP client record.

For additional staff information, link to CAF's IM, *New HNA Verification Process* at <http://www.dhs.state.or.us/policy/selfsufficiency/publications/ss-im-10-019.pdf>.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Provider Services		
<b>Phone:</b>	1-800-336-6016	<b>Fax:</b>	503-945-6873
<b>E-mail:</b>	dmap.providerservices@state.or.us		

# ***IHS/Tribal-638 Facilities***

## **New fax sheet to ensure claims are paid**

When a Native American applies for the Oregon Health Plan (OHP), and has provided proof of tribal membership or eligibility to use IHS/Tribal-638 facilities, an *HNA* case descriptor is placed in the client's record.

These clients have the right to:

- Exempt themselves from managed care enrollment, or
- Enroll in managed care and receive services from IHS/Tribal-638 facilities, regardless of the facility's participation status in managed care networks. These facilities are allowed to bill claims to DMAP for fee-for-service reimbursement.

### **New fax sheet to update HNA status**

We have created a fax cover sheet to use when a claim is denied because of managed care enrollment. The attached *Request to Add HNA Coding* cover sheet is to be used to:

- Ensure the *HNA* descriptor is added to the client's case record, and
- Back-date *HNA* eligibility to cover the claim date, using the earliest date of service.

Please allow two weeks before resubmitting your claim.

To save time, you may include a copy of the document meeting the following criteria:

OAR 410-141-0000: Proof of Native American and/or Alaska Native descent as evidenced by written identification that shows status as an "Indian" in accordance with the Indian Health Care Improvement Act (P.L. 94-437, as amended). This written proof supports his/her eligibility for services under programs of the Indian Health Service -- services provided by Indian Health Service facilities, tribal health clinics/programs or urban clinics. **Written proof** may be a tribal identification card, a certificate of degree of Indian blood, or a letter from the Indian Health Service verifying eligibility for health care through programs of the Indian Health Service.

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### **Questions?**

- If you have any questions about this announcement, please call the Provider Services Unit at 1-800-336-6016, Monday through Thursday, 7 a.m. to 4:30 p.m. and Fridays 10 a.m. to 4:30 p.m.



## FAX COVER SHEET Request to Add HNA Coding

<b>Attn. Load Code: VN</b>	
<b>Today's Date:</b>	<b>Sender:</b>
<b>To:</b> HSS1 Team OHP Processing Center (5503) PO Box 14520 Salem, OR 97309-5044	<b>Sender's Office Name:</b>
<b>OHP Phone No.:</b> 1-800-699-9075	<b>Sender's Fax No.:</b>
<b>OHP Fax No.:</b> 503-373-7493	<b>Total Pages:</b>
<b>Client Name:</b>	
<b>Date of Birth:</b>	
<b>Recipient ID:</b>	
<b>HNA Computer Coding Effective Date:</b>	Unless an exception is requested in the notes section (see below), DHS will not backdate the HNA effective date more than 18 months.

**Notes:**

**Confidentiality Notice:** The information contained in this facsimile may be confidential and legally privileged. It is intended **only** for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to the intended recipient – is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.