



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 6.31-P American Indian Health Program has been updated and is provided here for your review and approval.

| Reviewer | Date | Comment/Signature |
|-------------------|------------|--------------------------------|
| Doug Hayward | 8/31/20 | <i>[Handwritten signature]</i> |
| Dr. Tasinga | 8/26/2020 | <i>M Tasinga</i> |
| Alan Avery | 8/17/2020 | Approved by Email-Alan Avery |
| Robin Dow-Morales | 08/14/2020 | <i>Robin Dow Morales</i> |
| Deb Murr | 8/5/2020 | <i>Deborah (Murr) R</i> |

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



| | | | | | |
|--|------------------------------------|------|--|-------------------|--|
| KERN HEALTH SYSTEMS | | | | | |
| POLICY AND PROCEDURES | | | | | |
| SUBJECT: American Indian Health Programs | | | | POLICY #: 6.31-P | |
| DEPARTMENT: Claims | | | | | |
| Effective Date: 2018-03 | Review/Revised Date: 08/31/2020 | DMHC | | PAC | |
| | | DHCS | | QI/UM COMMITTEE | |
| | | BOD | | FINANCE COMMITTEE | |

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Operating Officer

Date _____

 Director of Claims

Date _____

 Chief Health Services Officer

Date _____

POLICY:

In compliance with The Department of Health Care Services (DHCS) All Plan Letter (APL) 17-020 and PPL20-005, Kern Health Systems (KHS) will make the necessary payments to American Indian Health Programs so that they receive the applicable Office of Management Budget (OMB) encounter rate published in the Federal Register by the Indian Health Service for the eligible services provided on or after January 1, 2018, for which, KHS holds responsibility for payment; as well as the Medi-Cal rate payment for non-medical transportation.

An Indian Health Care Provider (IHCP) is a health care program operated by the Indian Health Services (IHS), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1603).

DEFINITIONS:

| | |
|---|---|
| Eligible Services | The service types that apply to this reimbursement requirement are medical visits, ambulatory visits, mental health visits, and non-medical transport; and must be a covered benefit under KHS Contract with DHCS. Note that Non-Medical Transportation, Non-Emergency Medical Transportation and Pharmacy are covered outside the OMB encounter rate. Transports are paid according to Medi-Cal rates. |
| Medical Health Visit/Encounter | A medical visit is a face-to-face encounter occurring at a clinic or center between an American Indian Health Program recipient and physician, physician assistant, nurse practitioner, nurse midwife or visiting nurse. |
| Mental Health Visit/Encounter | A mental visit is a face-to-face encounter between an American Indian Health Program recipient and psychiatrist, clinical psychologist, clinical social worker, or other health professional for therapeutic mental health services. |
| Ambulatory Visit/Encounter | An ambulatory visit is a face-to-face encounter between an American Indian Health Program recipient and a health care professional other than a physician or mid-level practitioner. |
| American Indian Health Program Provider | The American Indian Health Program Provider must be identified by the DHCS, but does not need to be contracted |

PROCEDURES:

Where the OMB encounter rate applies, KHS will pay eligible services as follows:

- 1) For Medi-Cal beneficiaries with full Medicare coverage or Medicare Part B only, the required payment is the difference between the “Outpatient Per Visit Rate (Excluding Medicare)” listed in the Federal Register and 80 percent of the Medicare Federally Qualified Health Center (FQHC) prospective payment system (PPS) rate, as set forth in 42 USC 1395w-4(e)(6)(A)(ii). See Attachment 2 for the specific Dual rate.
- 2) For Medi-Cal beneficiaries that do not have Medicare Coverage or have Medicare Part A only, the required payment is the “Outpatient Per Visit Rate (Excluding Medicare)”. See Attachment 2 for the specific Non-Dual rate.

CLAIMS PROCESSING

KHS will process claims which meet the criteria for reimbursement under the OMB encounter rate structure at the most current applicable rate for the services rendered. The OMB encounter rates are historically published with a retroactive effective date. KHS will pay the most current applicable payments during the calendar year for which the rate applies, and as an interim rate in a subsequent calendar year if an updated OMB rate has not been published. Plans shall ensure interim payments are reconciled to the applicable updated OMB rate for that calendar year in accordance with contractual prompt payment requirements. KHS will review and reconcile previous payments within 45 working days of the publication of the retroactive rate. Only one encounter rate payment per day, per category will be allowed.

For covered transportation, payment will be based on Medi-Cal rates and within time frames established in 42 CFR 447.45 and 447.46 (90% of all clean claims within 30 days of receipt and 99% of all clean claims within 90 days of receipt).

DELEGATED OVERSIGHT AND MONITORING

KHS is responsible for meeting the American Indian Service Programs reimbursement requirements, and will ensure that delegated entities and subcontractors comply with all applicable State and federal laws and regulations, contractual requirements, and other requirements set forth in DHCS guidance and All Plan Letters (APLs). KHS will communicate these requirements to all delegated entities and subcontractors in a timely manner to ensure compliance.

ATTACHMENTS:

- A: American Indian Health Program Rates
- B: List of American Indian Health Program Providers

Revision 2020-08: Revised to comply with PPL 20-005 by Chief of Health Services. **Revision 2018:** Policy created to comply with DHCS APL 17-020.

APL 17-020

Attachment #2: Rates for American Indian Health Program

Providers Last Updated: 4/20/2020

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| American Indian Health Program Rates | CY 2020 Rates |
|---|-----------------------------------|
| Dual Rate (Medi-Cal beneficiaries with full Medicare coverage or Medicare Part B only) ¹ | \$336.74 (CY 2019 \$313.07) |
| Non-Dual Rate (Medi-Cal beneficiaries that do not have Medicare Coverage or has Medicare Part A only) | \$479.00 (CY 2019 \$455) |

¹ To illustrate using the amounts applicable in 2020: The “Outpatient Per Visit Rate (Excluding Medicare)” is \$479.00. The 42 USC 1395w-4 Medicare PPS rate calculated using the Geographic Adjustment Factor (GAF) for Locality #75 (Rest of California) is equal to \$177.83, which is the product of base PPS rate of \$173.50 multiplied by the GAF of 1.025. The 80 percent multiplier reduces this PPS rate to \$142.26 (the 20 percent reduction accounts for any coinsurance requirements that would be covered by Medi-Cal for dual eligible beneficiaries.). Thus the required payment is \$336.74.

APL 17-020

Attachment #1 : List of American Indian Health Program Providers* Last Updated: 4-20-2020

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| NPI | LEGAL NAME | ADDRESS | CITY | COUNTY | EFFECTIVE DATE | DEACTIVATION DATE |
|------------|--|---------------------------------|-------------|-----------|----------------|-------------------|
| 1366519431 | MACT HEALTH BOARD, INC -JACKSON RANCHERIA HEALTH | 12140 NEW YORK RANCH RD | JACKSON | AMADOR | 09/01/2002 | |
| 1629130240 | FEATHER RIVER TRIBAL HEALTH | 2145 5TH AVE | OROVILLE | BUTTE | 09/01/2002 | |
| 1629130240 | FEATHER RIVER TRIBAL HEALTH | 2102 5TH AVE | OROVILLE | BUTTE | 1/17/2019 | |
| 1740634286 | NORTHERN VALLEY INDIAN HEALTH INC | 500 COHASSET RD STE 15 | CHICO | BUTTE | 05/16/2016 | |
| 1770859084 | NORTHERN VALLEY INDIAN HEALTH INCORPORATED | 1515 SPRINGFIELD DRIVE, STE 175 | CHICO | BUTTE | 12/11/2012 | |
| 1265567127 | NORTHERN VALLEY INDIAN HEALTH, INC | 845 W. EAST AVENUE | CHICO | BUTTE | 09/01/2002 | |
| 1346410255 | MACT HEALTH BOARD INC | 1113 HWY 49 | SAN ANDREAS | CALAVARES | 03/17/2009 | |
| 1366159431 | MACT HEALTH BOARD, INC | 1113A HWY 49 | SAN ANDREAS | CALAVARES | 05/05/2017 | |
| 1790778660 | COLUSA INDIAN COMMUNITY COLUSA INDIAN HEALTH CLN | 3710 HIGHWAY 45 | COLUSA | COLUSA | 08/09/2002 | |
| 1790778660 | COLUSA INDIAN COMMUNITY | 516 JAY STREET | COLUSA | COLUSA | 1/10/2019 | |
| 1790778660 | COLUSA INDIAN COMMUNITY COUN ‡ | 3720 HWY 45 | COLUSA | COLUSA | 3/15/2019 | |

‡ New

‡‡ Address Change/Correction

*Alphabetical by County

| NPI | LEGAL NAME | ADDRESS | CITY | COUNTY | EFFECTIVE DATE | DEACTIVATION DATE |
|------------|---------------------------------------|------------------------------|-----------------|-----------|----------------|-------------------|
| 1821440371 | UNITED INDIAN HEALTH SERVICES INC | 501 NORTH INDIAN RD | SMITH RIVER | DEL NORTE | 06/12/2017 | |
| 1043216021 | UNITED INDIAN HEALTH SERVICES INC | 1675 NORTHCREST DR | CRESCENT CITY | DEL NORTE | 09/01/2002 | |
| 1821440371 | UNITED INDIAN HEALTH SERVICES INC | 241 SALMON AVENUE | KLAMATH | DEL NORTE | 6/12/2017 | |
| 1245356674 | SHINGLE SPRINGS TRIBAL HEALTH PROGRAM | 4140 MOTHER LODE DR | SHINGLE SPRINGS | EL DORADO | 09/01/2002 | |
| 1275751257 | CENTRAL VALLEY INDIAN HEALTH INC | 2740 HERNDON | CLOVIS | FRESNO | 09/01/2002 | |
| 1235670787 | CENTRAL VALLEY INDIAN HEALTH INC | 255 W BULLARD AVENUE STE 109 | CLOVIS | FRESNO | 08/14/2017 | |
| 1902025059 | CENTRAL VALLEY INDIAN HEALTH-PRATHER | 29369 AUBERRY ROAD SUITE 102 | PRATHER | FRESNO | 09/01/2002 | |
| 1295752384 | NORTHERN VALLEY INDIAN HEALTH | 207 N. BUTTE STREET | WILLOWS | GLENN | 09/01/2002 | |
| 1386726032 | KARUK TRIBE | 325 ASIP ROAD | ORLEANS | HUMBOLDT | 09/01/2002 | |
| 1306904222 | K'IMA: W MEDICAL CENTER | POST OFFICE BOX 1288 | HOOPA | HUMBOLDT | 09/01/2002 | |
| 1497751572 | UNITED INDIAN HEALTH SVS EUREKA | 1600 WEEOT WAY | ARCATA | HUMBOLDT | 09/01/2002 | |
| 1497751572 | UNITED INDIAN HEALTH SVS | 3302 RENNER DR STE C | FORTUNA | HUMBOLDT | 09/01/2002 | |

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‡‡ Address Change/Correction

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|------------|---|---------------------------------|-------------------|-----------|----------------|-------------------|
| 1497751572 | UNITED INDIAN HEALTH SVS | HWY 96 | WEITCHPEC | HUMBOLDT | 09/01/2002 | |
| 1265719918 | DHHS PHS IHS PHOENIX AREA | 401 PICACHO RD | WINTERHAVEN | IMPERIAL | 11/17/2011 | |
| 1659433191 | TOIYABE INDIAN HLTH PROJ - BISHOP CLINIC | 250 N SEE VEE LANE | BISHOP | INYO | 11/01/1991 | |
| 1205950888 | TOIYABE INDIAN HLTH PROJ - LONE PINE CLINIC | 1150 GOODWIN RD | LONE PINE | INYO | 01/15/2008 | |
| 1215157375 | CENTRAL VLY INDIAN HLT TACHI MEDICAL CENTER | 16835 ALKALI DR STE M | LEMOORE | KINGS | 09/01/2002 | |
| 1215327804 | LAKE COUNTY TRIBAL HEALTH CONSORTIUM INC | 359 LAKEPORT BLVD | LAKEPORT | LAKE | 04/23/2015 | |
| 1881697381 | LAKE COUNTY TRIBAL HLTH | 925 BEVINS COURT | LAKEPORT | LAKE | 09/01/2002 | |
| 1770564049 | LASSEN INDIAN HEALTH CTR | 795 JOAQUIN ST | SUSANVILLE | LASSEN | 09/01/2002 | |
| 1932329091 | NORTH FORK INDIAN & COMM | 32938 ROAD 222, STE 2 | NORTH FORK | MADERA | 09/01/2002 | |
| 1366519431 | MACT HEALTH BOARD, INC MARIPOSA INDIAN HLTH CLN | 5192 HOSPITAL ROAD | MARIPOSA | MARIPOSA | 09/01/2002 | |
| 1003826009 | CONSOLIDATED TRIBAL HEALTH PROJECT | 6991 N. STATE STREET | REDWOOD VALLEY | MENDOCINO | 09/01/2002 | |
| 1669532750 | ROUND VALLEY INDIAN HLTH | CORNER HWY 162 AND BIGGAR LN | COVELO | MENDOCINO | 09/01/2002 | |

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|------------|---|-------------------------------|--------------|-----------|----------------|-------------------|
| 1891762985 | PIT RIVER HEALTH SVS | 150 BIA ROUTE 76 | ALTURAS | MODOC | 09/01/2002 | |
| 1891762985 | PIT RIVER HEALTH SVS BEHAVIORAL HEALTH AND OUTREACH ‡ | 701 N MAIN ST 2E | ALTURAS | MODOC | 7/3/2019 | |
| 1093931107 | WARNER MOUNTAIN INDIAN HEALTH CLINIC | FT BIDWELL INDIAN RESERVATION | FORT BIDWELL | MODOC | 03/03/2003 | |
| 1225331515 | TOIYABE INDIAN HLTH PROJECT | 73 CAMP ANTELOPE RD | COLEVILLE | MONO | 09/08/2014 | |
| 1922138841 | CHAPA-DE INDIAN HEALTH PROGRAM INC | 1350 E. MAIN ST. | GRASS VALLEY | NEVADA | 09/01/2002 | |
| 1114057163 | CHAPA-DE INDIAN HEALTH PROGRAM | 11670 ATWOOD ROAD | AUBURN | PLACER | 09/01/2002 | |
| 1326031881 | GREENVILLE RANCHERIA | 410 MAIN STREET | GREENVILLE | PLUMAS | 09/01/2002 | |
| 1619377942 | DHEW IND HTLH SV HLTH SVS & MNTL HLTH ADM | 9010 MAGNOLIA AVE | RIVERSIDE | RIVERSIDE | 09/11/2014 | |
| 1639222144 | RIVERSIDE-SAN BERNARDINO | 39100 CONTRERAS RD STE F | ANZA | RIVERSIDE | 02/01/2017 | |
| 1437202124 | RIVERSIDE-SAN BERNARDINO | 66735 MARTINEZ RD | THERMAL | RIVERSIDE | 02/01/2017 | |
| 1639222144 | RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH INC | 12784 PECHANGA RD | TEMECULA | RIVERSIDE | 02/01/2017 | |
| 1639222144 | RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH INC | 607 DONNA WAY | SAN JACINTO | RIVERSIDE | 02/01/2017 | |

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|------------|---|--------------------------|---------------|----------------|----------------|-------------------|
| 1437202124 | RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH INC | 11555 1/2 POTRERO | BANNING | RIVERSIDE | 02/01/2017 | |
| 1174676670 | RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH INC | 11980 MOUNT VERNON AVE | GRAND TERRACE | SAN BERNARDINO | 02/01/2017 | |
| 1174676670 | RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH INC | 170 YUCCA AVE | BARSTOW | SAN BERNARDINO | 02/01/2017 | |
| 1861449522 | INDIAN HEALTH COUNCIL | 50100 GOLSH RD | VALLEY CENTER | SAN DIEGO | 1/1/2019 | |
| 1861449522 | INDIAN HEALTH COUNCIL ‡ | 110 1/2 SCHOOL HOUSE CAN | SANTA YSABEL | SAN DIEGO | 4/2/2019 | |
| 1346247947 | SOUTHERN INDIAN HEALTH COUNCIL | 4058 WILLOWS RD | ALPINE | SAN DIEGO | 09/01/2002 | |
| 1922090885 | SOUTHERN INDIAN HEALTH COUNCIL | 36350 CHURCH RD | CAMPO | SAN DIEGO | 09/01/2002 | |
| 1427197078 | SYCUAN TRIBAL GOVERNMENT | 5442 SYCAUN RD | EL CAJON | SAN DIEGO | 06/24/2015 | |
| 1992779417 | SANTA YNEZ TRIBAL HEALTH CLINIC | 90 VIA JUANA RD | SANTA YNEZ | SANTA BARBARA | 01/01/2014 | |
| 1891762985 | PIT RIVER HEALTH SVS | 36977 PARK AVENUE | BURNEY | SHASTA | 09/01/2002 | |
| 1891762985 | PIT RIVER HEALTH SERVICE, INC ‡ | 37403 TORONTO AVE | BURNEY | SHASTA | 7/3/2019 | |
| 1164807533 | REDDING RANCHERIA | 3184 CHURN CREEK | REDDING | SHASTA | 07/30/2015 | |

‡ New

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|------------|----------------------------------|----------------------|------------|----------|----------------|-------------------|
| 1104859354 | REDDING RANCHERIA HEALTH SERVICE | 1441 LIBERTY ST | REDDING | SHASTA | 09/01/2002 | |
| 1730279423 | KARUK TRIBE | 1519 S OREGON ST | YREKA | SISKIYOU | 09/01/2002 | |
| 1730279423 | KARUK TRIBE | 1515 S OREGON ST | YREKA | SISKIYOU | 02/27/2017 | |
| 1952483406 | KARUK TRIBE OF CALIF | 64236 SECOND AVENUE | HAPPY CAMP | SISKIYOU | 09/01/2002 | |
| 1306062419 | QUARTZ VALLEY INDIAN RSV | 9024 SNIKTAW ROAD | FORT JONES | SISKIYOU | 02/11/2008 | |
| 1306062419 | QUARTZ VALLEY INDIAN RSV | 237 BUTTE STREET | FORT JONES | SISKIYOU | 8/16/2016 | |
| 1306062419 | QUARTZ VALLEY INDIAN RSV | 220 COLLIER WAY | ETNA | SISKIYOU | 8/16/2016 | |
| 1306062419 | QUARTZ VALLEY INDIAN RSV | 400 HOWELL AVE | ETNA | SISKIYOU | 8/16/2016 | |
| 1306062419 | QUARTZ VALLEY INDIAN RSV | 11501 MATTHEWS ST | FORT JONES | SISKIYOU | 3/21/2016 | |
| 1265457980 | SONOMA CO INDIAN HEALTH PROJECT | 144 STONY POINT ROAD | SANTA ROSA | SONOMA | 09/01/2002 | |
| 1588826374 | FEATHER RIVER TRIBAL HEALTH INC | 555 W ONSTOTT RD | YUBA CITY | SUTTER | 09/01/2002 | |
| 1164780573 | GREENVILLE RANCHERIA | 343 OAK STREET | RED BLUFF | TEHAMA | 03/13/2013 | |

‡ New

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|------------|--|-----------------------------|-------------|----------|----------------|-------------------|
| 1568455053 | GREENVILLE RANCHERIA TRIBAL HEALTH PROGRAM | 1425 MONTGOMERY ROAD | RED BLUFF | TEHAMA | 09/01/2002 | |
| 1588799449 | NORTHERN VALLEY INDIAN HEALTH, INC | 2500 NORTH MAIN ST | RED BLUFF | TEHAMA | 11/04/2004 | |
| 1679988950 | ROLLING HILLS CLINIC | 2540 SISTER MARY COLUMBA DR | RED BLUFF | TEHAMA | 03/18/2015 | |
| 1992012306 | ROLLING HILLS CLINIC | 740 SOLANO ST | CORNING | TEHAMA | 03/18/2011 | |
| 1992012306 | ROLLING HILLS CLINIC | 617 FIG LANE | CORNING | TEHAMA | 12/7/2018 | |
| 1992012306 | ROLLING HILLS CLINIC | 615 FIG LANE | CORNING | TEHAMA | 12/7/2018 | |
| 1992012306 | ROLLING HILLS CLINIC | 225 JACKSON ST | RED BLUFF | TEHAMA | 9/26/2018 | |
| 1992012306 | ROLLING HILLS CLINIC | 706 PEACH ST | CORNING | TEHAMA | 12/10/2018 | |
| 1386164580 | REDDING RANCHERIA | 31660 HWY 3 | WEAVERVILLE | TRINITY | 8/15/2017 | |
| 1972586972 | TULE RIVER INDIAN HEALTH | MOUNTAIN RD 137 | PORTERVILLE | TULARE | 09/01/2002 | |
| 1366519431 | MACT HEALTH BOARD, INC | 13975 MONO WAY STE G & I | SONORA | TUOLUMNE | 09/01/2002 | |
| 1255595484 | MATHIESEN MEMORIAL HEALTH CLINIC | 18144 SECO ST | JAMESTOWN | TUOLUMNE | 10/09/2008 | |

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|------------|--|----------------------------|---------------|--------------------|----------------|-------------------|
| 1124286885 | TUOLUMNE ME-WUK INDIAN HEALTH | 22044 CEDAR RD RD | SONORA | TUOLUMNE | 08/19/2008 | |
| 1124286885 | TUOLUMNE ME-WUK INDIAN HLTH ‡ | 19969 GREENLY RD, STE D | SONORA | TUOLUMNE | 2/7/2020 | |
| 1619952397 | TUOLUMNE ME-WUK INDIAN HEALTH CENTER, INC | 18800 CHERRY VALLEY BLVD. | TUOLUMNE | TUOLUMNE | 12/21/2005 | |
| 1619952397 | TUOLUMNE ME-WUK INDIAN HEALTH CENTER, INC | 18451 CARTER ST | TUOLUMNE | TUOLUMNE | 10/30/2018 | |
| 1619952397 | TUOLUMNE ME-WUK INDIAN HLTH ‡ | 18670 CARTER ST | TUOLUMNE | TUOLUMNE | 2/7/2020 | |
| 1619952397 | TUOLUMNE ME-WUK INDIAN HEALTH CENTER, INC | 17555 TUOLUMNE RD | TUOLUMNE | TUOLUMNE | 10/30/2018 | |
| 1881960128 | NORTHERN VALLEY INDIAN HEALTH, INC | 175 WEST COURT STREET | WOODLAND | YOLO | 07/02/2012 | |
| 1851678585 | DHHS IHS PHOENIX AREA | 12033 AGENCY RD | PARKER | OUT OF STATE AZ | 02/26/2013 | |
| 1306897962 | FORT MOJAVE INDIAN TRIBE | 1607 PLANTATION RD | MOHAVE VALLEY | OUT OF STATE AZ | 08/23/2010 | |
| 1396778379 | WASHOE TRIBE OF NV & CA | 1559 WATASHEAMU RD | GARDNERVILLE | OUT OF STATE NV | 09/01/2002 | |
| 1750338646 | YERINGTON PAIUTE TRIBAL COUNCIL | 171 CAMPBELL LANE | YERINGTON | OUT OF STATE NV | 10/29/2012 | |

‡ New

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