Tribal Care Coordination in ND

(presented May 18, 2023)

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Limitations

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Overview of Tribal Care Coordination

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Billing Guidelines

From ND Medicaid

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Tribal Health Care Coordination Funds

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Limitations

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Limitations

ND State Medicaid Limitations

- CMS requirements
- Agreements between Tribes and Healthcare Providers
- What is required under North Dakota Century Code (50-24.1-40) for Tribal health care coordination agreements

ND Medicaid Progress and Plans

- Drafted and posted Agreement templates on our website here
- Drafted and posted Billing Guidance for care coordination services
- Established a process for submission and documentation of claims for "received through" services
- Developing annual reporting form and process for fund distribution
- Talking with stakeholders about care coordination
- Tracking signed Agreements

Overview of Tribal Care Coordination

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“Received Through” Services

Per State Health Official (SHO) Letter 2/26/16:

Federal government Federal Medical Assistance Percentage (FMAP) rate is 100% for state expenditures on behalf of AI/AN (ND) Medicaid beneficiaries for covered services “*received through*” an Indian Health Service facility whether operated by the IHS service or by a Tribe or Tribal organization (per section 4 of the IHCIA).

"Received Through" Services, cont'd

Per State Health Official (SHO) Letter 2/26/16:

"*Received Through*" services include:

Any services that the IHS/Tribal facility is authorized to provide according to IHS rules, that are also covered under the North Dakota approved Medicaid state plan.

AND

Services furnished by a non-IHS/Tribal provider at the request of an IHS/Tribal facility practitioner on behalf of their patient and the patient remains in the Tribal facility practitioner's care **in accordance with a written care coordination agreement**.

Requirements

Must be enrolled in ND State Medicaid as rendering providers:

IHS/Tribal facility practitioner

&

non-IHS/Tribal provider

Care must be provided pursuant to a written care coordination agreement between the IHS/Tribal facility and the non-IHS/Tribal provider, under which the IHS/Tribal facility practitioner remains responsible for overseeing their patient's care and the IHS/Tribal facility retains control of the patient's medical record.

Care Coordination Agreement

A template can be found here.

The Care Coordination Agreement is between the IHS/Tribal Facility and the non-IHS/Provider.

It describes responsibilities and defines terms.

Agreement intent:

> to ensure IHS/Tribal 638 practitioners will remain responsible for a patient who is a Medicaid-enrolled IHS/Tribal beneficiary and be able to coordinate and manage the care furnished to a patient of the 638/IHS facility upon a Request for Services.

Signed Care Coordination Agreements

Submit the following to ND Medicaid as they happen:

- ✓A copy of each fully signed and executed Care Coordination Agreement
- ✓Any changes to a Care Coordination Agreement
- ✓Resolutions of Agreement, if applicable

ND Medicaid keeps this documentation to support the 100% FMAP claiming.

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Minimum Care Coordination requirements

IHS/Tribal facility practitioner

Refers for service and information about their **established** patient to

non-IHS/Tribal provider

non-IHS/Tribal provider

Provides requested referred services to the patient as soon as feasible

patient

non-IHS/Tribal provider

Sends information about patient care provided within 30 days to

IHS/Tribal facility practitioner

IHS/Tribal facility practitioner

Continues to be responsible for the patient's care by assessing non-IHS/Tribal provider information and taking appropriate action, which can include further services

patient

IHS/Tribal facility practitioner

Adds patient's non-IHS/Tribal information to the patient's IHS/Tribal facility medical record

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Service Requests/Referrals

IHS/Tribal facility practitioner

Requests for service and information about their **established** patient to

non-IHS/Tribal provider

Requests should include:

- A clear description of the identity of the patient
- Specific requested service or services to diagnose or treat a patient for an identified episode of care
- The date of the request
- Any additional medical information necessary for provision of the requested service in accordance with the IHS/Tribal Practitioner's determination of the patient needs and course of care

The covered IHS/Tribal facility must maintain documentation of the request.

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Services not eligible for 100% FMAP

- Self-request for services by beneficiary
- Request for services from a non-IHS/Tribal provider. **Requests for services MUST come from an IHS/Tribal facility practitioner**
- Services provided that are not pursuant to the service request
- Services furnished prior to the request
- Services outside the provider's scope of practice
- Services not covered by the North Dakota-approved Medicaid State plan
- Services requested without an established patient-practitioner relationship (relationship may be established using telehealth)
- Services provided to an IHS/Tribal beneficiary not enrolled in Medicaid

Billing Guidelines

From ND Medicaid

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Care Coordination Billing Guidance

Exclusions:

- Non-Emergency Medical Transportation (NEMT)
- Targeted Case Management (TCM)

Other requirements:

- Primary Care Case Management (PCCM) Program referral requirements apply. *PCCM Program is ending on December 31, 2023.
- Service Authorization (SA) requirements apply. Please refer to specific service chapters or manuals as appropriate for more SA-related guidance in the General Provider Manual (https://www.hhs.nd.gov/sites/www/files/documents/general-information-medicaid-provider-manual.pdf)
- Non-Tribal 638/IHS providers will bill ND Medicaid their usual and customary charge for the service provided.

Non-IHS/Tribal Provider Medicaid billing

"Received through" services billed by non-IHS/Tribal 638 providers eligible for 100% FMAP must:

- Include the appropriate care coordination referral number
- Be submitted by the non-IHS/Tribal 638 provider to ND Medicaid

Detailed guidance available here.

ND Medicaid-assigned Tribal 638/IHS unit identifier numbers

Each Tribal 638/IHS unit will use their own identification number in the data element of each Tribal Care Coordination referral.

These numbers are the only way ND Medicaid can identify Tribal Care Coordination claims.

THREE AFFILIATED TRIBES	200CC
SPIRIT LAKE	300CC
UNITED TRIBES TECH COLLEGE	400CC
TRENTON	600CC
SISSETON WAHPETON	700CC
STANDING ROCK	800CC
TURTLE MOUNTAIN	900CC

Care Coordination Referral Number breakdown

10 digits/characters

- First 5 must be State-assigned Tribal 638/IHS unit identifier number (table on previous slide)
  - Will have a 3-digit numeric number designating the Tribe the referral is coming from
  - This will be followed by an alpha "CC" (example: "100CC")
- Last 5 digits of the referral number is a unique numeric identifier for each referral
  - Use EITHER the last 5 digits of the referral number generated from the Tribal 638/IHS Resource and Patient Management System (RPMS) (**Preferred**) (example: 00001)
  - OR use a unique number assigned to each referral
- Example: 100CC00001

Claim Filing Deadlines

- North Dakota Medicaid follows the timely filing requirements found at 42 Code of Federal Regulations (CFR) 447.45(d).

180 Days - Original Claim Submission

ND Medicaid must receive a provider's original Medicaid primary claim submission within 180 days from the date of service.

365 Days - Final Claim Submissions

Final submission of claims that will be considered for adjudication (including resubmitted claims) must occur within 365 days from the date of service. The complete policy is located here.

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Tribal Health Care Coordination Funds

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Required Agreements

- **Care Coordination Agreement**
  - between Tribal 638/IHS Facility and non-Tribal 638/IHS provider
- **Tribal Health Fund Agreement**
  - between HHS and a Tribe

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Tribal Health Fund Agreement

This is the agreement about how extra FMAP funding is handled and distributed.

The Tribal Health Fund Agreement is between the Tribe and ND Health and Human Services (HHS). A template can be found here.

It describes responsibilities and mirrors the requirements from North Dakota law at N.D.C.C. section 50-24.1-40.

Agreement intent:

> To put into writing the parties' responsibilities in compliance with the requirements of North Dakota law.

Agreements must be in place

- Prior to care coordination claim billing
  - Care Coordination Agreement (& resolution of agreement, if applicable)
- Prior to fund distributions
  - Tribal Health Fund Agreement

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Tribal Health Fund Agreement Responsibilities

HHS

HHS Tribal Health Fund Agreement Responsibilities

Distribute money annually from the Tribal health care coordination fund in proportion to the federal funding received from care coordination agreement requests for services originating within that Tribal nation.

HHS Tribal Health Fund Agreement Responsibilities

Distribution of Tribal health care coordination funds is dependent on

1) Submission of a timely annual report by the Tribe;
2) Submission of a timely audit report by the Tribe, at least every 2 years; and
3) Completion of annual and audit report reviews by HHS.

HHS Tribal Health Fund Agreement Responsibilities

- If an audit or review finds a Tribal government used fund distributions for a purpose inconsistent with law and the agreement, HHS must withhold future distributions to that Tribal government in an amount equal to the improperly used funds.

- If an audit or review finds fund distributions have been used consistent with law and the agreement, HHS must distribute funds appropriately.

Tribal Health Fund Agreement Responsibilities

Tribe

Tribe Tribal Health Fund Agreement Responsibilities

1) Use funding for purposes related to:
   - The ten essential services of public health (Centers for Disease Control and Prevention (CDC); and
   - The development or enhancement of community health representative programs or services.

2) Send HHS annual reports detailing the use of distributed funds

3) Conduct an audit and send HHS an audit report detailing the use of distributed funds every 2 years.
   - The audit must be done by an independent licensed Certified Public Accountant (CPA). Distributed funding may be used to pay for the audit report. The Tribe may conduct audits more often than every 2 years.

Tribe Tribal Health Fund Agreement Responsibilities

Ensure that no more than 50% of funds are used for capital construction thru June 30, 2025. Beginning July 1, 2025, no more than 35% of these funds may be used for capital construction.

Tribal care coordination funds

50-24.1-40. Medical assistance - Tribal health care coordination agreements - Continuing appropriation - Report to legislative management.

1. As used in this section:
   a. "Care coordination agreement" means an agreement between a health care provider and tribal health care organization which will result in one hundred percent federal funding for eligible medical assistance provided to an American Indian.
   b. "Tribal health care organization" means Indian health services or a tribal entity providing health care under the federal Indian Self-Determination and Education Assistance Act of 1975 [Pub. L. 93-638; 88 Stat. 2203; 25 U.S.C. 5301 et seq.].
2. The department shall facilitate care coordination agreements. Of any federal funding received in excess of the state's regular share of federal medical assistance funding which results from care coordination agreements, the department shall deposit eighty percent in the tribal health care coordination fund and twenty percent in the general fund.

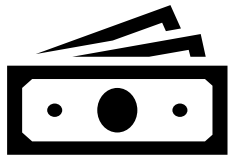
North Dakota Century Code section 50-24.1-40 (67th Legislative Assembly), House Bill 1407
https://ndlegis.gov/assembly/67-2021/regular/bill-index/bi1407.html?bill_year=2021&bill_number=1407

Of federal funding which exceeds the state's regular share of FMAP,

- 80% goes to the Tribal health care coordination fund
- 20% goes to the state's general fund

Example showing 100% Federal Medical Assistance Percentage (FMAP) distribution

In this example, we'll look at a $100 Medicaid payment for a claim filed by a non-IHS/Tribal provider through a Care Coordination Agreement.



$100
payment

	"Regular" FMAP – approx. 52%	Care Coordination "received through" Service – 100% FMAP
Federal Share	$52	$100
State Share	$48	
Distribution amount		$48
		80% to Tribal Care Coordination Fund 20% to State general fund

$38.40

$11.60

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Process

Agreements signed

- Care coordination agreement between Tribe & Provider
- Fund Agreement between Tribe & HHS

Care Coordination billing

- Billing by non-Tribal provider
- Funds distributed 80% to Tribal health care coordination fund and 20% to State general fund

Reporting

- Annual report submitted by Tribe
- Reviewed by State
- Biannual Tribe audit report submitted from independent CPA

Distribution

- Funds spent per agreed purposes are distributed annually by HHS
- Inappropriately spent funds withheld

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Process, cont'd

Every two years both Tribe and HHS report to the Legislature

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Process first year will be reversed

Reporting

- Annual report submitted by Tribe
- Reviewed by State
- Biannual Tribe audit report submitted from independent CPA

Initial Distribution

- Will take place prior to reporting as without distribution there is nothing to report

Resources

- State Health Officer Letter, #16-002 – Federal Funding for Services "Received Through an IHS-Tribal Facility
- ND Care Coordination Agreement Template
- ND HHS – Tribal Entity Agreement for Tribal Health Fund
- ND HHS – Tribal 638-IHS Care Coordination Billing Guidelines
- North Dakota Century Code section 50-24.1-40