IHS AND TRIBAL FACILITY CARE COORDINATION AGREEMENTS AND REFERRALS

OVERVIEW

On February 26, 2016, the Centers for Medicare and Medicaid Services (CMS) released State Health Official (SHO) letter #16-002 updating its policy as related to the federal funding available for Medicaid eligible American Indians/Alaska Natives (AI/AN) for services "received through" an Indian Health Service (IHS) or Tribal facility. As described in the SHO letter, care coordination agreements (CCA) between IHS/Tribal and non-Tribal facilities must be in place to qualify for the enhanced federal funding.

To be eligible for care coordination the service must meet federal requirements described in CMS SHO Letter #16-002. At a minimum care coordination must involve:

- The IHS/Tribal facility practitioner providing a request for specific services (by electronic or other verifiable means) and relevant information about his or her patient to the non-IHS/Tribal provider;
- The non-IHS/Tribal provider sending information about the care it provides to the patient, including the results of any screening, diagnostic or treatment procedures, to the IHS/Tribal facility practitioner;
- The IHS/Tribal facility practitioner continuing to assume responsibility for the patient's care by assessing the information received and taking appropriate action, including, when necessary, furnishing or requesting additional services; and
- The IHS/Tribal facility incorporating the patient's information in the medical record through the Health Information Exchange or other agreed-upon means [such as faxed/scanned documents scanned into the IHS/Tribal facility electronic health record]

Great Plains Area IHS facilities and Tribal facilities who are enrolled with South Dakota Medicaid are eligible to refer services to a non-IHS/tribal provider. These referred services are eligible for 100 percent Federal Medical Assistance Percentage (FMAP) when there is a fully executed care coordination agreement between the two entities. A referral is required for the enhanced FMAP, even if the services are exempt from requiring a referral under the care management program (Primary Care Provider Program and Health Home Program). The provider/specialty provider receiving the referral from the covered Great Plains Area IHS facility/Tribal facility must also comply with the Referral Records Requirement section of the Referral Provider Manual and the provisions of the signed care coordination agreement.

In order to receive services under a Care Coordination Agreement the recipient must be eligible for both Medicaid and IHS. The recipient must be enrolled in a federally recognized Tribe to be eligible for IHS services and have an established relationship with IHS. Established relationship is typically defined as having been seen by an IHS facility within the past 2 years.

South Dakota Medicaid providers interested in entering into a Care Coordination Agreement can contact Medical Services at DSS.Medicaid@state.sd.us or CCAReferral@state.sd.us.

Intergovernmental Personnel Act (IPA) Staffing Agreements

The State of South Dakota and Great Plains Area IHS created a partnership using IPA agreements that allows the sharing of staff between the two entities to help with care coordination, referrals, and meeting the requirements as defined in the CMS SHO Letter #16-002. For questions regarding the care coordination process, eligibility, or referrals email CCAReferral@state.sd.us.

ELIGIBLE SERVICES

Services eligible under a care coordination agreement include:

- Long term care facility services;
- Psychiatric Residential Treatment Facility (PRTF)
- Substance Use Disorder (SUD)
- Community Support Provider (CSP) agency services;
- Renal services;
- Necessary emergent and acute care;
- Neonatal Intensive Care Unit (NICU) stays; and
- Any service that the IHS/Tribal facility is authorized to provide according to IHS rules and is also covered under the South Dakota State Medicaid plan and is requested by an IHS/Tribal facility practitioner.

INELIGIBLE SERVICES

Services are considered to have not met the care coordination requirements for being "received through" an Indian Health Service (IHS) or Tribal facility in the following circumstances:

- A referral was not provided;
- There is no Care Coordination Agreement in place; or
- The referral was retroactive. Retroactive referrals for care management (Primary Care Provider and Health Home) recipients are considered to have met care coordination requirements.

Services that do not meet care coordination requirements are still reimbursable if they otherwise meet Medicaid coverage requirements outlined in the corresponding service manual.

DOCUMENTATION REQUIREMENTS

General referral documentation requirements are available in the South Dakota Medicaid Referral Provider Manual.

IHS/Tribal facility referrals must be renewed annually if applicable. Referrals must be documented in the IHS/Tribal facility and non-IHS/Tribal facility medical record. The referring IHS/Tribal facility provider

may specify the length of time a referral is valid. Referrals should document the IHS/Tribal facility provider making the referral.
Referrals for inpatient services can be included on the loop/segment of the claim or in the provider claims work que in the Medicaid Portal.

Non-IHS/Tribal providers are required to share medical record updates back to the referring IHS/Tribal facility provider within 30 days of providing services. Non-IHS/Tribal providers must be able to demonstrate records were sent back to IHS/Tribal facility such as certified mail, fax transmittal receipts, electronic medical record tracking, or email records. Acceptable documentation may include proof of mailing, securely emailing, or faxing records, or documentation that otherwise demonstrates records were sent back as agreed upon in the care coordination agreement.

Failure to retain documentation of a valid referral or demonstrating records were returned to IHS may result in recoupment of funds or reduction in the shared savings payment if a participating shared savings provider.

CLAIM INSTRUCTIONS

Claim instructions are available on the provider manual webpage. Examples of listing the referring provider on a claim are provided below.

CMS 1500 Example

- Dr. Smith (Example Servicing NPI: 111111111) works at Pine Ridge IHS Hospital (Example Billing NPI: 222222222) and makes a referral for John Doe to receive PRTF services.
- The PRTF documents the referral from Dr. Smith in John Doe's medical record and provides medical records and updates to Dr. Smith as required under the Care Coordination Agreement.
- The PRTF bills for services provided to John Doe to Medicaid. The PRTF lists the billing NPI for Dr. Smith in box 17 and 17b on the claim form.

UB-04 Example

- Dr. Smith (Example Servicing NPI: 111111111) works at Pine Ridge IHS Hospital (Example Billing NPI: 222222222) and makes a referral for Jane Doe to receive nursingfacility care.
- The Nursing Facility documents the referral from Dr. Smith in Jane's medical record andprovides medical records and updates to Dr. Smith as required under the Care Coordination Agreement.
- The Nursing Facility bills for services provided to Jane to Medicaid. The nursing facilitylists the billing NPI for Dr. Smith in box 78 on the claim form.

DEFINITIONS

1. "Care Coordination Agreement (CCA)" - Agreement between Great Plains Indian Health Service or Tribal facility and non-IHS provider allowing for 100 percent federal reimbursement for services provided to Medicaid eligible American Indian recipients at non-IHS providers.

2. "Federal Medical Assistance Percentage (FMAP)"-the amount of Federal share of state expenditures for Medicaid services.

3. "Psychiatric Residential Treatment Facility (PRTF)" - A non-hospital psychiatric facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.

4. "Intergovernmental Personnel Act (IPA)" – An exchange of skilled personnel between government and non-government institutions allowing State staff to work within IHS facilities.

5. "Community Support Provider (CSP)"- A community-based provider who provides services to individuals with developmental disabilities though a Home and Community Based Services waiver program.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. How is a referral initiated?

IHS/Tribal facility may refer or transfer a recipient to anon-IHS/Tribal provider or facility for services.

Medicaid IPA nurses can also assist providers in obtaining an IHS/Tribal facility referral for individuals admitted to a hospital, nursing facility, psychiatric residential treatment facility, or for any other eligible service. It is important to notify the IPA nurses as soon as possible for individuals that may be eligible. IPA nurses will review eligibility and follow up with the appropriate IHS service unit or tribal facility to get a referral**.** IPA nurses can be contacted at CCAReferral@state.sd.us

The billing provider needs to make sure the NPI number for the referring IHS service unit or tribal facility the patient is referred from is included as the referring provider on the claim.

2. **How often does a referral need to be renewed?**

   Referrals must be renewed at least annually as applicable or sooner if the referral included an end date that is less than a year.

3. **Can a referral be retroactive?**

   Referrals must meet the requirements of this manual. Generally, this requires obtaining a referral prior to rendering a medical service or prior to discharge from an inpatient hospital facility. For care management program (Primary Care Provider Program and Health Home Program) recipients, a referral for a medical service or an inpatient hospital admission may be retroactive at the provider's discretion in accordance with the Referral Provider Manual. Referrals for nursing facility services or psychiatric residential treatment facility services cannot be retroactive but can be obtained while the services are being rendered.

4. **How do I list the referring provider on a claim?**

   Providers should list the referring provider's NPI number on the claim. If the IPA nurse assists with the referral, the NPI number can be found on the referral sent to the facility from the IPA nurse. Refer to the Claim Instructions section of this manual for more information.

5. **If a person discharges and readmits to the same facility within the one-year time frame of the original referral, is a new referral needed?**

   Yes, a new referral is required if the services are considered a new admission or required to be billed as a separate admission.