IHS CARE COORDINATION AGREEMENTS AND REFERRALS

OVERVIEW

Services referred by Great Plains Area IHS facility to a provider that has a fully executed care coordination agreement with Great Plains Area IHS facility are eligible for 100 percent Federal Medical Assistance Percentage (FMAP).

To qualify for the enhanced FMAP a referral must be made by a Great Plains Area IHS facility even if the services is exempt from requiring a referral under the care management program. The specialty provider/provider receiving the referral from Great Plains Area IHS facility must also comply with the Referral Records Requirement section of the Medicaid Referrals Manual and the provisions of the signed care coordination agreement.

Great Plains Area IHS facility are located in the following cities:
- Rosebud
- Sisseton
- Pine Ridge
- Eagle Butte
- Rapid City
- Ft Thompson
- Lower Brule
- Wagner

Community based providers such as hospital and long-term care facilities who have a signed Care Coordination Agreement with Great Plains Area IHS are able to participate in this process. Providers interested in getting a Care Coordination Agreement in place can contact Medical Services at DSS.Medicaid@state.sd.us

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.

ELIGIBLE SERVICES

Services subject to Care Coordination Agreements are services that are not available from the referring site including but are not limited to:

- Long term care facility services
- PRTF/SUD/CSP agency services
- Renal services
- Necessary emergent and acute care
- NICU stays
**INELIGIBLE SERVICES**

Services are considered to have not been provided under a care coordination agreement in the following circumstances:

- A referral was not provided, or no Care Coordination Agreement was in place.
- The service was provided prior to the IHS referral. IHS referrals cannot be retroactive or backdated.

**DOCUMENTATION REQUIREMENTS**

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

IHS referrals must be renewed annually. Referrals must be documented in the medical record. The referring provider may specify the time a referral is valid. Referrals should document both the IHS provider making the referral. Documentation of the referral must be contained in the PRTF/SNF/CSP medical records.

Referrals for in-patient services can be included on the loop/segment of the claim or in the provider claims work que in the Medicaid Portal.

Providers are required to share medical record updates back to the referring IHS provider within 30 days of providing services.

**CLAIM INSTRUCTIONS**

Claim instructions are available on our 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 nursing facility care.
• The Nursing Facility documents the referral from Dr. Smith in Jane’s medical record and provides 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 facility lists 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 and non-IHS provider allowing for 100% federal reimbursement for services provided to American Indian recipients at non-IHS providers.

2. “Federal Medical Assistance Percentage (FMAP)” - A calculation updated annually to determine the state vs federal payment for social services programs such as Medicaid.

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?

A recipient may be referred or transferred directly for services.

For patients that are referred for services, the IPA nurses are made aware of the individual, they review eligibility and follow up with the appropriate IHS service unit to get a referral.

For patients that transfer directly from an IHS service unit to a community-based setting the IPA nurses may not follow up these cases. The billing provider needs to make sure the NPI number
for the IHS service unit the patient is transferring 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 or sooner if the referral included an end date that is less than a year.

3. **Can a referral be dated retroactively?**

   No.

4. **For billing, how do I include the referring provider on the claim to receive 100% FMAP?**

   Provide the referring provider’s NPI number on the claim. The NPI number can be found on the referral sent to the facility from the IPA nurse.