North Dakota Department of Human Services
Interim Tribal and State Relations Committee
Representative Marvin Nelson, Chairman
September 26, 2016

Chairman Nelson and members of the Tribal and State Relations Committee, I am Maggie Anderson, Executive Director, of the Department of Human Services (Department). I appear before you to provide information on Medicaid funding for services provided to tribal members.

On February 26, 2016 the Centers for Medicare and Medicaid Services (CMS) issued policy guidance entitled: ***Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives***.

IHS/Tribal facilities may enter into care coordination agreements with non-IHS/Tribal providers to furnish certain services for their patients who are American Indian (AI)/Alaskan Native (AN) Medicaid beneficiaries, and the amounts paid by the state for services requested by facility practitioners in accordance with those agreements would be eligible for the enhanced federal matching authorized under section 1905(b) of the Social Security Act at a rate of 100 percent.

At a minimum, **care coordination** will involve:
(1) 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;
(2) 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;

(3) The IHS/Tribal facility practitioner continuing to assume responsibility for the patient's care by assessing the information and taking appropriate action, including, when necessary, furnishing or requesting additional services; and
(4) The IHS/Tribal facility incorporating the patient's information in the medical record through the Health Information Exchange or other agreed-upon means.

To ensure accountability for program expenditures, in states where IHS/Tribal facilities elect to implement the policy described in this letter, the Medicaid agency will need to establish a process for documenting claims for expenditures for items or services "received through" an IHS/Tribal facility.

The documentation must be sufficient to establish that:
(1) The item or service was furnished to an AI/AN patient of an IHS/Tribal facility practitioner pursuant to a request for services from the practitioner;
(2) The requested service was within the scope of a written care coordination agreement under which the IHS/Tribal facility practitioner maintains responsibility for the patient's care;
(3) The rate of payment is authorized under the state plan and is consistent with the requirements set forth in this letter; and
(4) There is no duplicate billing by both the facility and the provider for the same service to the same beneficiary.

February 2016 Federal Guidance:
https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf

I would be happy to address any questions that you may have.