

The Centers for Medicare & Medicaid Services (CMS) recently updated its payment policy for services received by American Indian and Alaska Native (AI/AN) Medicaid beneficiaries through facilities of the Indian Health Service (IHS), including Tribal facilities. As a result, authorized services provided by a non-IHS/Tribal Medicaid provider to an AI/AN Medicaid beneficiary as a result of a referral from an IHS/Tribal facility practitioner, may now be eligible for the enhanced federal matching rate of 100 percent, provided that certain conditions are met. *See CMS SHO #16-002 (Feb. 26, 2016)* (“a service may be considered ‘received through’ an IHS/Tribal facility when an IHS/Tribal facility practitioner requests the service, for his or her patient, from a non-IHS/Tribal provider (outside of the IHS/Tribal facility), who is also a Medicaid provider, in accordance with a care coordination agreement . . .”). One of these conditions is that a written care coordination agreement (CCA) be executed between the IHS/Tribal facility and the non-IHS/Tribal provider, and that such CCA include, at a minimum, assurances that 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.

The Oklahoma Health Care Authority (OHCA) is aware that CCAs executed between IHS/Tribal facilities and non-IHS/Tribal providers before CMS released its updated payment policy may not contain all of the above-referenced assurances, and that certain IHS/Tribal facilities have asked OHCA for a template addendum that could be used to amend current CCAs to make them align with CMS’s February 26, 2016 letter. OHCA fully supports CMS’s reinterpretation, and believes it will likely improve health outcomes and strengthen continuation of care. However, whether any IHS/Tribal facility decides to execute a CCA that meets CMS’s requirements and what form that written CCA might take is within the exclusive discretion of the IHS/Tribal facility. OHCA cannot serve as legal counsel to any particular IHS/Tribal facility.

Nevertheless, in an effort to respond directly to IHS/Tribal facilities’ requests for sample language that would meet the new CMS care coordination requirements without changing other, material terms of previously executed CCAs, OHCA has created the attached template addendum. To reiterate, this template was created as a user-friendly resource for IHS/Tribal facilities seeking additional guidance and clarification, and can be adopted, modified, or wholly disregarded by IHS/Tribal facilities at their exclusive discretion. IHS/Tribal facilities and non-IHS/Tribal providers should consider consulting with counsel before entering into any binding agreements, including the template addendum.