Tribal Care Coordination

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Tribal Care Coordination FMAP Background

In 2016, the Centers for Medicare and Medicaid Services (CMS) released State Health Official (SHO) letter #16-002 updating policy related to federal funding available for Medicaid eligible American Indians/Alaska Natives (AI/AN) for services "received through" an Indian Health Service (IHS) or Tribal facility, allowing care delivered under a care coordination agreement to qualify for 100% federal funding.

- Tribal Care Coordination legislation was passed in North Dakota in 2019 and amended in 2021.
- Section 50-24.1-40 of North Dakota Century Code requires 80% of savings generated by care coordination agreements to be directed to the Tribal Care Coordination Fund; the remaining 20% returns to the state general fund.

Tribal Care Coordination Savings Example

51% Federal 49% State

Under a **<u>care coordination agreement</u>** between the referring tribal health care organization and the non-tribal health care provider, traditional Medicaid FMAP is converted to 100% Federal Funding.

100% Federal

$49 is generated in savings due to conversion to 100% federal funding.

$49 Total State Savings

Savings is distributed under a **<u>tribal health care coordination fund agreement</u>** between ND Health and Human Services (HHS) and a tribal government:

$39.20 (80%) is allocated to the Tribal Care Coordination Fund.

$9.80 (20%) returns to the State General Fund.

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Direct Service & Self-Governance

Direct Service	Self-Governance
Tribes that either in whole or in part, receive primary health care directly from the Indian Health Service (IHS).	Tribes that negotiate with IHS and assume funding and control over programs, services, functions or activities or portions thereof, that IHS would otherwise provide.
Tribal care coordination agreements between Great Plains Indian Health Service and non-tribal healthcare providers. Tribes must authorize Great Plains IHS to enter into care coordination agreements on their behalf by either adding language to the fund agreement or by separate tribal resolution.	Tribal care coordination agreements are between the tribe and non-tribal healthcare providers.
• Turtle Mountain Band of Chippewa Indians • Sisseton-Wahpeton Oyate • Standing Rock Sioux Tribe	• Spirit Lake Nation • Mandan, Hidatsa and Arikara Nation (Three Affiliated Tribes)

Care Coordination & Tribal Health Care Coordination Fund Agreements

Care Coordination Agreements

Agreement between non-tribal provider and referring Tribal health care organization. Allows the state to convert regular FMAP into 100% federal funding and generate savings.

- Sanford and Great Plains Indian Health Service (2018)
- St. Alexius and Great Plains Indian Health Service (2018)
- Sanford and Mandan, Hidatsa and Arikara Nation (2021)

Tribal Health Care Coordination Agreement

Agreement between Tribe and ND HHS distributing 80% of savings into the Tribal Health Care Coordination Fund. Specifies the purposes that the funds can be used for, the requirement for annual reports and audit reports.

- Turtle Mountain Band of Chippewa Indians and ND HHS (2022)
- Mandan, Hidatsa and Arikara Nation and ND HHS (2024)
- Standing Rock Sioux Tribe and ND HHS (2024)

Tribal Health Care Coordination Fund

- The first distributions will be for claims from October 2022 through September 2024.
- Reports from tribes will be due every year by August 30 starting in 2025.
- Audits will be due every two years beginning in 2026.

Related Bills:
House Bill 1252 | Relating to Tribal Health Care Coordination Fund
House Bill 1461 | Relating to Tribal Health Care Coordination Fund

Tribes can use funding from the Tribal Health Care Coordination Fund for:

- Ten Essential Services of Public Health as defined by the Centers of Disease Control & Prevention
    1. Assess and monitor population health status, factors that influence health, and community needs and assets
    2. Investigate, diagnose, and address health problems and hazards affecting the population
    3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
    4. Strengthen, support, and mobilize communities and partnerships to improve health
    5. Create, champion, and implement policies, plans, and laws that impact health
    6. Utilize legal and regulatory actions designed to improve and protect the public's health
    7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
    8. Build and support a diverse and skilled public health workforce
    9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
    10. Build and maintain a strong organizational infrastructure for public health
- Development or enhancement of Community Health Representative (CHR) programs or services.

Note: No more than 50% of funds may be used for capital construction through June 30, 2025. Beginning July 1, 2025, no more than 35% of funds may be used for capital construction.

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Tribal Health Care Coordination Fund Claims through September 30, 2024

Tribal Nation	Mandan, Hidatsa and Arikara Nation	Turtle Mountain Band of Chippewa Indians	Standing Rock Sioux Tribe	Total
State Savings Generated through 9/30/2024	$176,731.09	$45,900.29	$378,503.28	$601,134.66
Tribal Health Care Fund (80%)	$141,384.87	$36,720.23	$302,802.62	$480,907.72
State General Fund (20%)	$35,346.22	$9,180.06	$75,700.66	$120,226.94

Notes:
1. Claiming for state savings is restricted to the time frame that the Centers for Medicare and Medicaid Services (CMS) allows for the financial reporting to be adjusted on the CMS-64 Report.
2. ND Medicaid is working with providers to analyze provider records of care coordination claims compared to those in the ND Medicaid data set.