100% FMAP Care Coordination Agreement (CCA) Overview

November 2, 2021

AHCCCS
Arizona Health Care Cost Containment System


100% FMAP Care Coordination

AHCCCS
Arizona Health Care Cost Containment System

100% FMAP

- The federal government is required to match state expenditures at the Federal Medical Assistance Percentage (FMAP) rate, which is 100% for state expenditures on behalf of AI/AN Medicaid beneficiaries for covered services “received through” an IHS facility whether operated by the Indian Health Service or by a Tribe or Tribal organization.
- If services are not “received through” an IHS/Tribal facility, the federal government will match the state’s payment for the services at the state’s regular FMAP rate.

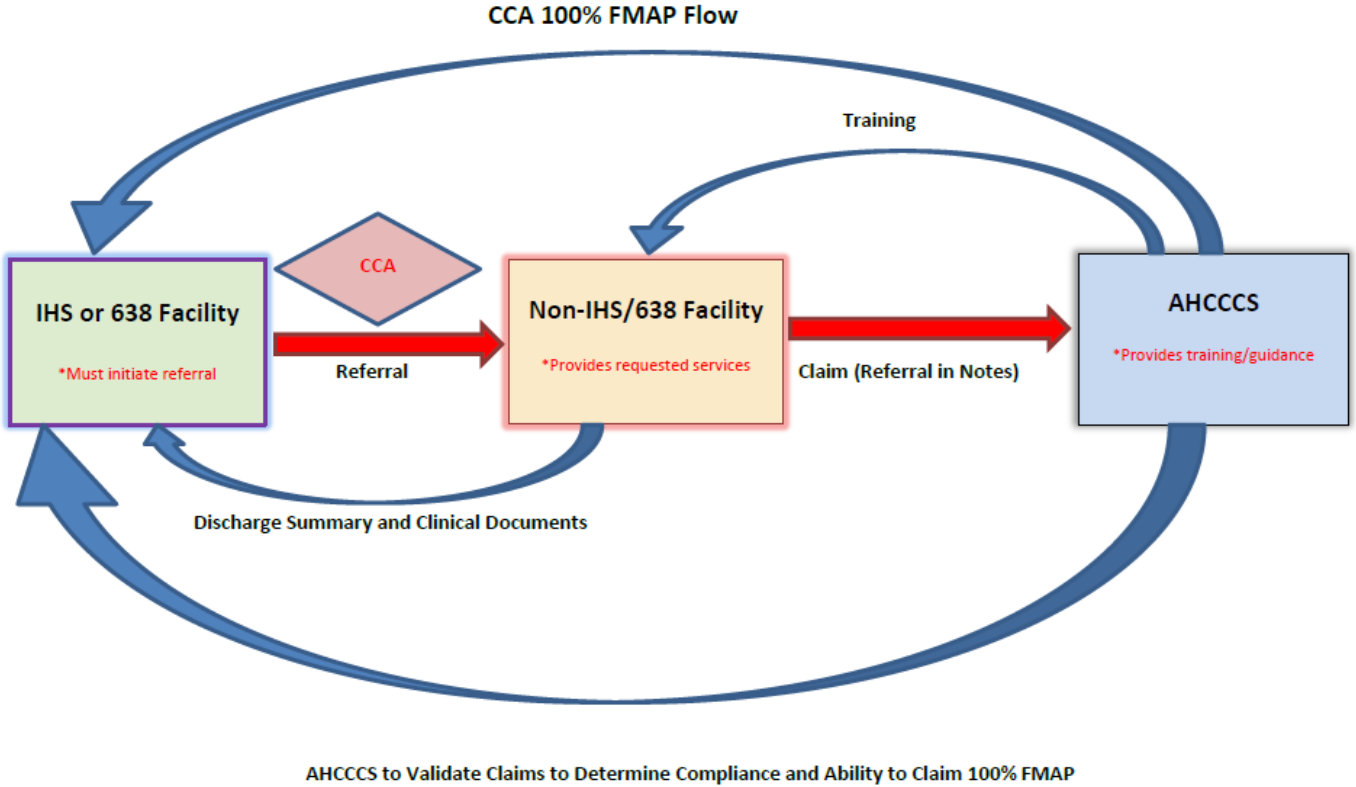
100% Federal Funding for Services Furnished via Care Coordination Agreements

- SHO Guidance 16-002, released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries
- Payment policy update is intended to help states, the IHS, and Tribes to improve delivery systems for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

CMS Re-Interpretation of “Received Through”

- Under re-interpretation, a service may be considered “received through” when an IHS/Tribal facility practitioner requests the service from a non-IHS/Tribal provider/facility, who is also a Medicaid provider, in accordance with a care coordination agreement.
- This revised policy interpretation is to enable IHS/Tribal facilities to expand the scope of services they are able to offer to their AI/AN patients while ensuring coordination of care in accordance with best medical practice standards.

Process Flow





What do Providers Need to Know?

What do Providers Need to do?

- To participate, there are certain things that both the IHS/638 Tribal Facilities and the Non-IHS/Tribal facility (providers) must do.
  - The IHS/Tribal Facility and the non-IHS/Tribal Provider (FFS Provider) must coordinate and sign a Care Coordination Agreement (CCA).
  - The Non-IHS/Tribal Facility, when submitting claims, must include the Care Coordination Agreement (CCA) Referral Number.

CCA Minimum Requirements

- Both referring and servicing facility must be a registered AHCCCS provider
- Valid Care Coordination Agreement (CCA) in place, with billing option defined
- Must be an established relationship between the member and the referring IHS/638 provider
- Valid referral process in place
- The IHS/638 facility continues to assume responsibility for the member

Required Elements

Per the State Health Official Letter, care coordination will involve:

- The IHS/Tribal facility providing a request for specific services and relevant information about the 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 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
- The IHS/Tribal facility incorporating the patient's information in the medical record through the Health Information Exchange or other agreed-upon means.



Provider Enrollment

How can a Provider Enroll?

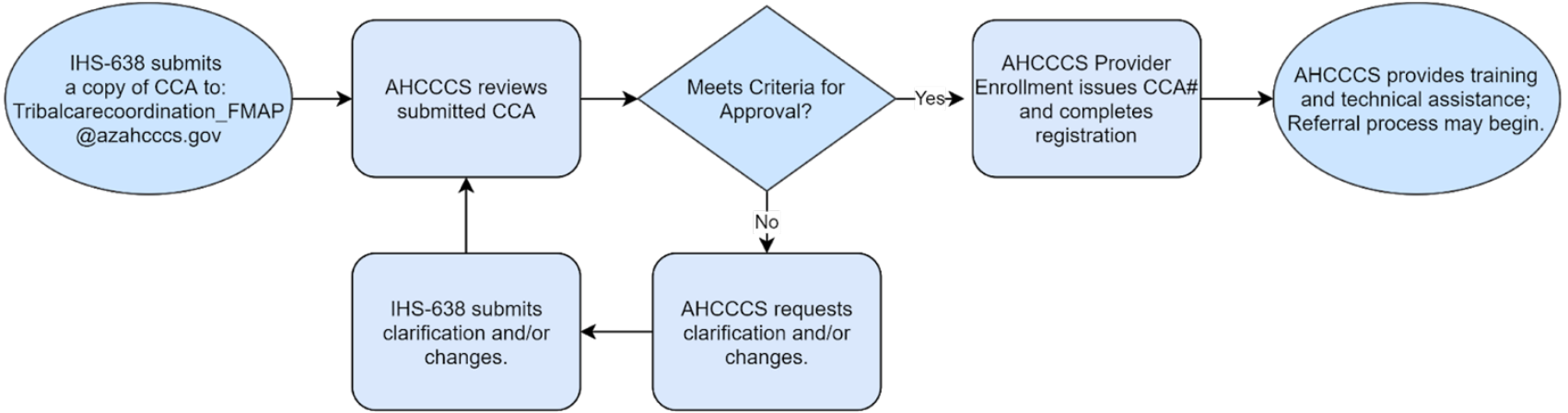
- Once the IHS/638 facility and the non-IHS/638 facility enter into a CCA, the IHS/638 facility should email the signed CCA to AHCCCS at: Tribalcarecoordination_FMAP@azahcccs.gov
- DFSM will take up to 3 business days to review the submitted CCA, to ensure it has all the required elements.
  - If something is missing and clarification is needed, it will be sent back to the providers.
  - If the CCA is complete, it will be sent to the Provider Enrollment unit (PE) for review. Provider Enrollment may take up to 5 business days to process the request.

Provider Enrollment Steps

- Once the registration process has been completed by Provider Enrollment, the IHS/638 facility will receive notification.
  - The IHS/638 facility may now begin to send referrals to the non-IHS/638 facility.
- Provider Enrollment can be reached by email at:

  prnotice@azahcccs.gov

Onboarding Flow Chart



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Referrals

Referrals

- Once the CCA has been received by AHCCCS and the IHS/638 facility has received notification from DFSM that it has been processed, the IHS/638 facility may begin to send referrals to the non-IHS/638 provider with whom the CCA was established.
- AHCCCS has a referral template available for provider usage.
- The following slides show the referral template.

Referrals

1. The IHS/Tribal facility (“the referring provider”) shall have an active Care Coordination Agreement (“CCA”) in effect with a non-IHS/Tribal facility or practitioner (“the receiving provider”) delineating the relationship and agreements between the entities prior to initiating the referral.

1. The treating IHS/Tribal facility practitioner must initiate the referral, and shall fully complete each section of the referral form including:
   a. A narrative describing the purpose of the referral and the specific services requested,
   b. Listing any comorbid conditions or past medical history that may impact care, and
   c. Attaching any pertinent medical documentation for review.
   d. It is imperative that the CCA number (issued by AHCCCS) be listed in the appropriate section at the top of the form.

Referrals

3. The referring provider shall then submit the referral to the receiving provider by electronic or other verifiable means.
4. The receiving provider shall provide the requested services to the patient.
5. Once the requested services are provided, the receiving provider must return the patient discharge summary, results of any screening, diagnostic or treatment procedures, and any other pertinent medical information to the referring provider by agreed upon means (e.g., health information exchange (HIE), fax, etc.) and timeframes.
6. The referring provider shall continue to assume responsibility for the patient's care by assessing the information provided and taking appropriate action, including, when necessary, furnishing or requesting additional services.
7. The referring provider shall incorporate the patient's information in the medical record through the Health Information Exchange or other agreed-upon means.

Referral Template

Care Coordination Agreement (CCA) Referral – Medical Services Request to Non-IHS/638 Provider

Inpatient ◉ Outpatient ○ **Referral Date**: _____ **Referred To:** _____ **Address:** _____ **Phone No.:** _____ **CCA Referral No.:** C C A _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **ATTN Receiving Provider – you MUST return patient discharge summary, results of any screening, diagnostic or treatment procedures and any other pertinent medical information to the referring provider.**	Patient ID Card Image Here **Patient Name**: _____ **DOB:** _____ **AHCCCS ID No.** _____ **Medical Record No.** _____
Purpose of Referral (describe): Specialty Care not available at TCRHCC ☐ Emergent Care ☐ Continuity of Care ☐ Follow-Up ☐	

Referral Template

Pertinent Medical History, Comorbid Conditions (describe):

Attachments: Consult Report ☐ Health Summary ☐ Progress Notes ☐ History & Physical ☐ EKG ☐ X-Rays ☐
Prenatal Record ☐ Recent Lab Results ☐ Other ☐ _____

Diagnostic Category: (check appropriate boxes)

☐ Cardiovascular Disorder	☐ Gastrointestinal Disorder	☐ Male Genital Disorder	☐ Neurological Disorder
☐ Cerebrovascular Disorder	☐ Hematological Disorder	☐ Mental Disorder	☐ Other Perinatal Condition
☐ Congenital Anomalies	☐ Infectious and Parasitic Disease	☐ Musculoskeletal and Connective Tissue Disorder	☐ Other Vascular Disorder
☐ Endocrine, Nutritional Metabolic and Immunological Disorders	☐ Injuries and Poisoning	☐ Neoplasm	☐ Otolaryngological Disorder
☐ Female Breast/Genital Disorder	☐ Obstetrical Care	☐ Nephrological and Urological Disorder	☐ Respiratory Disorder
	☐ Ophthalmologic Disorders		☐ Other: _____ _____

Procedure Category: (check appropriate boxes) ☐ Evaluation and Management ☐ Diagnostic Imaging ☐ Surgery

☐ Anesthesia ☐ Radiology ☐ Pathology and Laboratory ☐ Medicine

Referral Template

Referred by IHS/Tribal Provider:

_____	_____	_____
Signature	Printed Name	Date

Received by Non-IHS/Tribal Provider:

_____	_____	_____
Signature	Printed Name	Date




Claims Submission and Verification Process

CCA Number in Claims

Instructions for use of the CCA Number for Claims

The Care Coordination Agreement (CCA) Referral Number is a combination of the CCA ID and Referral Number.

- AHCCCS will assign the CCA ID number after receipt of the Care Coordination Agreement executed between the IHS/638 facility and the non-IHS/638 facility.
- AHCCCS assigns the first 7-digits, and the IHS/638 facility is responsible for creating and assigning a 7 digit referral number to allow tracking of individual referrals for specific services.
- Example: **CCA123456****10000001**
    - The CCA Referral Number consists of: **6 digit IHS/638 provider ID**, plus **1 digit sequence number**, plus **7 digit referral number**.

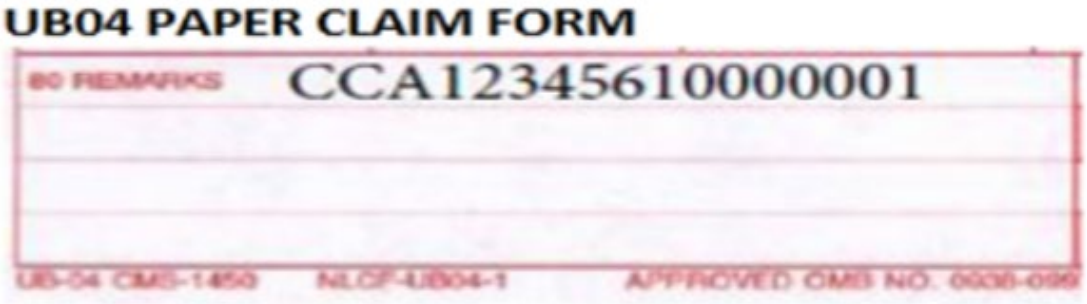
CCA Number in Claims

The CCA Referral Number should be indicated on all CCA claims as follows:

Loop	Element	Description	ID	Min Max	Use	Loop Rep	Values	AHCCCS 837 Usage/Expected Value
2300	NTE	Claim Note		1	S			
	NTE02	Claim Note Text	AN	1-80	R			Expect Care Coordination Agreement (CCA) Referral Number: Providers with a care coordination agreement referral from an IHS/638 provider must include the CCA Referral Number (Example: CCA12345610000001) provided by the IHS /638 provider.

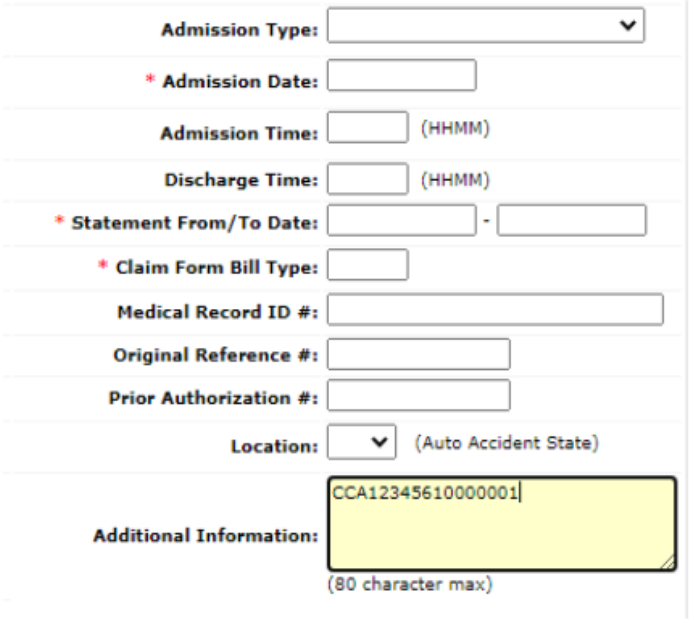
UB-04 Claim Form CCA Example

- On the UB-04 Claim Form, providers should enter the Care Coordination Agreement (CCA) Referral Number under Field 80, Remarks.

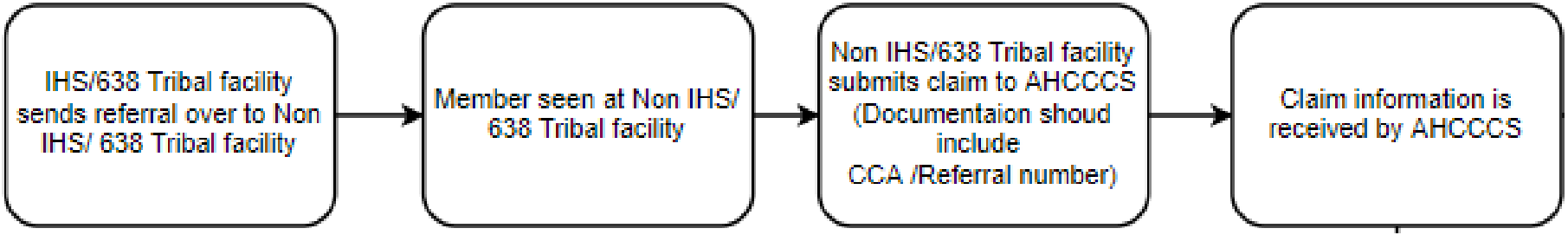


AHCCCS Online Claim Form CCA Example

- When entering a claim using the AHCCCS Online Provider Portal, the Care Coordination Agreement (CCA) Referral Number should be entered under Additional Information.



Claims Process Flow



Claim does not meet 100% FMAP?

- Clean claims which are submitted by the provider and then approved/paid by AHCCCS but which are missing FMAP components such as the CCA and/or the referral number will still pay appropriately.
  - The DFSM Audit team will capture these claims and alert the appropriate provider to educate.
- Unclean claims will deny as appropriate independent of the 100% FMAP requirements.

Questions?

tribalcarecoordination_fmap@azahcccs.gov

Thank You.