

Tribal Care Coordination FAQ

Q: Why are there different agreements?

A: IHS and Tribal Health Programs can sign Care Coordination Agreements with non-Tribal healthcare providers which allows for care coordination referrals and claims to begin.

The Tribal Fund Agreement is what allows HHS to make distributions to the Tribe. If your Tribe is a direct-service Tribe, you may need to have a resolution of agreement with an IHS-signed agreement or you can add language to the Tribal Fund Agreement indicating agreement with the IHS-signed Care Coordination Agreement.

Q: How far back can care coordination claims be adjusted to include CC identification numbers?

A: So long as the original primary claim submission was within 180 days from the date of service, claims may be adjusted for final submission within 365 days from the date of service per the timely filing policy.

This policy is based on amendments to administrative rule [N.D. Admin Code 75-02-05-04\(6\)](#) which became effective January 1, 2022.

Q: Why do claims have to be identified with a Tribe-specific identifier?

A: These identifier numbers are the only way ND Medicaid can separate care coordination claims (eligible for 100% FMAP) from non-eligible claims.

Q: When does my Tribe have to submit the Annual Reporting Form?

A: The form will be due by the end of August each year. However, for a Tribe's first distribution, there will not be anything to report and so a reporting form is not due until the second year that a Tribe has care coordination claims AND a signed Fund Agreement with HHS.

Q: Can my Tribe use Tribal Health Fund distribution dollars to pay for the independent licensed Certified Public Accountant's (CPA) audit every two years?

A: Yes! There is a place to list that expenditure on the Annual Reporting Form.

Q: Does HHS have a specific form that the independent licensed CPA is supposed to use for the audit?

A: No, HHS does not have a form for this.

Q: Does my Tribe need to give a copy of any signed Care Coordination agreements with non-Tribal providers to HHS?

A: Yes, HHS is tracking the agreements, and this helps us keep track of participating non-Tribal providers for claims purposes as well. Please provide any changes to agreements to HHS as they occur.

Q: If my Tribe is a direct-service Tribe do we have to sign a separate agreement because IHS has signed a care coordination agreement with a non-Tribal provider?

A: Not necessarily. Your Tribe can issue a separate resolution or similar type of acknowledgement or agreement to the IHS-signed care coordination agreement(s). Or your Tribe's Fund Agreement can include language indicating your Tribe's acknowledgement of/agreement with the IHS-signed care coordination agreement – for this option your Tribe would only sign one Agreement, the Fund Agreement.

Created: August 4, 2023

Last updated: August 4, 2023