

# ForwardHealth **UPDATE**

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## **EXPANDING TRIBAL FEDERALLY QUALIFIED HEALTH CENTER SHARED SAVINGS**

ForwardHealth will offer a new savings opportunity for Tribal federally qualified health centers (FQHCs) that have signed care coordination agreements with providers rendering referred services for Medicaid-eligible Native Americans or Alaska Natives.

### **Tribal Shared Savings Overview**

Tribal Shared Savings is a Wisconsin Department of Health Services (DHS) initiative that is estimated to save Wisconsin's Medicaid budget about \$11 million per year. Tribes will receive 90% of the savings from each claim to deliver high-quality health care. For example, these funds may be used to expand services, hire additional practitioners, and update technology infrastructure.

Tribal Shared Savings applies to billable Medicaid services provided to Native American or Alaskan Tribal members referred to providers outside of Tribal facilities by Tribal FQHCs.

## **AFFECTED PROGRAMS**

BadgerCare Plus, Medicaid

## **TO**

Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

## **QUICK LINKS**

[Tribal Federally Qualified Health Center Online Handbook](#)

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The information provided in this ForwardHealth Update is published in accordance with Indian Health Service 42 C.F.R. Part 136.

This initiative expands the 2021–2023 Wisconsin Biennial Budget provision for these services.

## **Outside Provider Claims**

Outside provider claims can now get 100% Federal Medical Assistance Percentage (FMAP) if the provider has a signed care coordination agreement with the referring Tribal FQHC.

Previously, when Tribal members received services from outside providers, those claims would only receive the standard FMAP.

## **100% Federal Medical Assistance Percentage Claim Criteria**

To make sure a claim qualifies for 100% FMAP, Tribal organization services must be:

- Provided to Medicaid-eligible Native Americans or Alaska Natives.
- Authorized according to Indian Health Service rules (including long-term care services).
- Performed by a contractual agent through a signed care coordination agreement.

The partnering provider must submit the referred claim by including the Tribal FQHC's National Provider Identifier or Medicaid Provider ID in the Referring Provider or Referral Number fields.

The Tribal facility practitioner remains responsible for overseeing their patients' care, and the Tribal facility remains in control of their patients' medical records.

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## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).