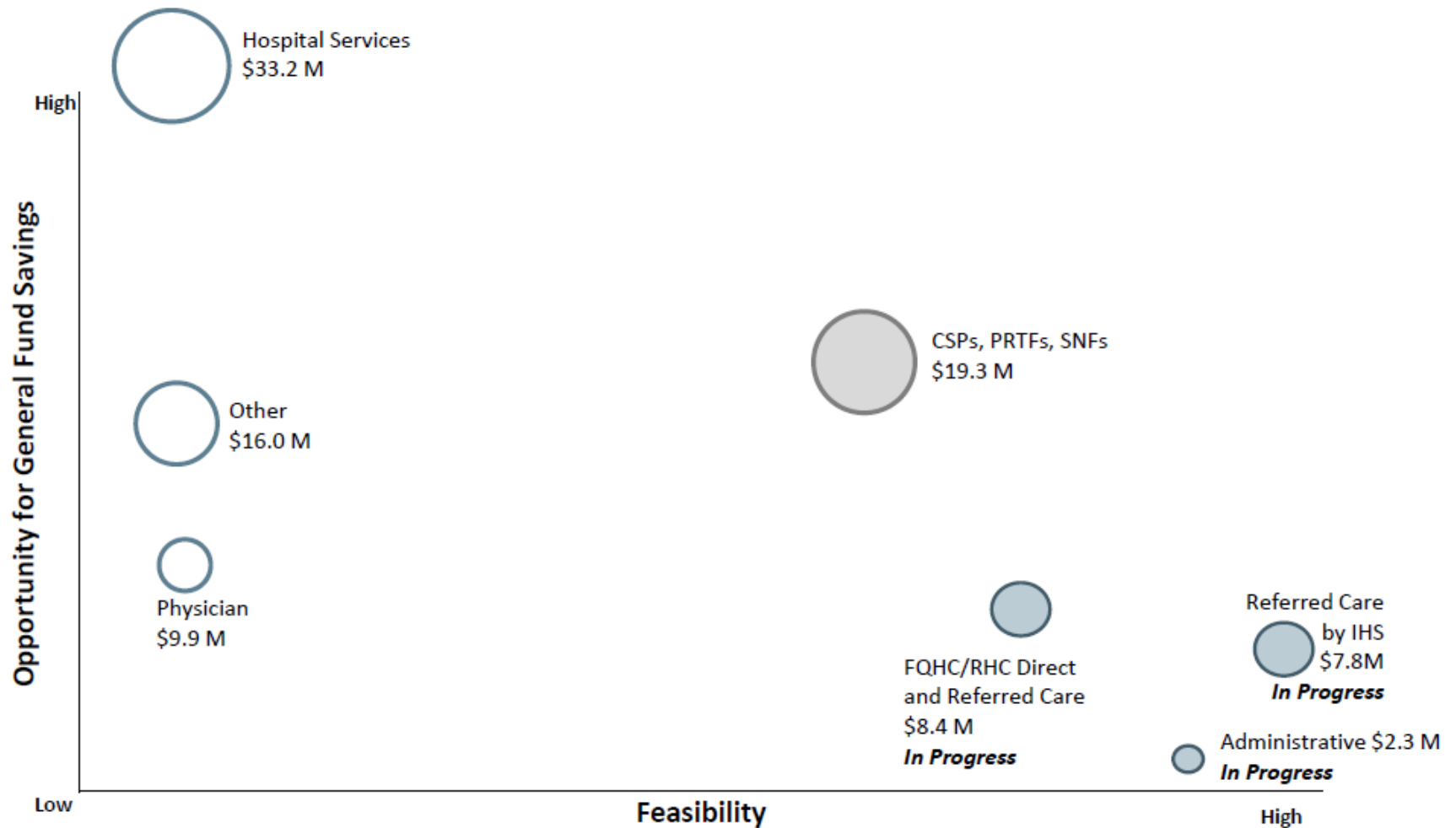# 100% FMAP Feasibility Matrix

## Requirements for 100% FMAP:

1. IHS Referral for Services
2. Medical Records Shared
3. Signed Care Coordination Agreement
4. Participation must be voluntary

| Service Category | SFY17 General Funds (in millions) | SFY17 Medicaid Recipients | SFY17 Providers | Current IHS Referral Status | Medical Record with IHS Status | State Authorization |
|---|---|---|---|---|---|---|
| Administrative | $2.3 | **Ancillary to IHS Services** | | | Not Applicable | None |
| Referred Care by IHS | $7.8 | 6,500 | 18 | **Directly Referred by IHS.** | Medical Records Shared with IHS | None |
| FQHC/RHC Direct and Referred | $8.4 | 12,500 | 20 | **Not referred.** Patient's primary care is from FQHC/RHC. | None | None |
| Nursing Facility, Community Support Provider (CSP), Psychiatric Residential Treatment Facility (PRTF) | $19.3 | 201 | 20 | **Not referred**. CSP services do not require a referring provider. | Not Shared | State team reviews placement. |
| | | 221 | 5 | **Not referred**. PRTF services require a referral; referring provider is not typically IHS. | | |
| | | 700 | 24 | **Not referred**. SNF services require an attending physician but not a referring provider. Attending provider is not typically IHS. | | |
| Hospital Services | $33.2 | 4,800 | 100 | **Not referred**. Patient does not originate at IHS. | Not Shared | None |
| Physician | $9.9 | 32,500 | 1,000 | **Not referred**. Patient does not originate at IHS or service does not require referral. | Not Shared | None |
| Other (Dental, Vision, Medicare Premiums, etc.) | $16.0 | 26,000 | 700 | **Not referred**. Services do not require a referral. Patient does not originate at IHS. | Not Shared | None |