

ADDENDUM TO CARE COORDINATION AGREEMENT

This Addendum supplements the Care Coordination Agreement executed by [IHS/Tribal Facility] and [non-IHS/Tribal Provider] on [Date], hereinafter referred to as “Initial CCA,” and runs concurrently with the terms of the Initial CCA. The terms of the Initial CCA apply to this Addendum, including, but not limited to, terms governing the Initial CCA’s beginning date and expiration date, as well as applicable methods of amendment, extension, renewal, and termination, unless explicitly contradicted by language in this Addendum, in which case the language of this Addendum controls.

ADDENDUM PROVISIONS

1. By this Addendum, the [IHS/Tribal Facility] and [non-IHS/Tribal Provider] agree that any and all requests of services by a [IHS/Tribal Facility] practitioner (hereinafter referred to as, “Referring Practitioner”), for his or her patient, from [non-IHS/Tribal Provider], shall involve:
 - a. The Referring Practitioner providing a request for specific services (by electronic or other verifiable means) and relevant information about his or her patient to [non-IHS/Tribal Provider];
 - b. [Non-IHS/Tribal Provider] sending information about the care he or she provides to the patient, including the results of any screening, diagnostic or treatment procedures, to the Referring Practitioner;
 - c. The Referring Practitioner 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
 - d. [IHS/Tribal Facility] incorporating the patient’s information in the medical record through the Health Information Exchange [or other agreed-upon means, as stipulated below].

2. Each party to this Addendum expressly represents and warrants that it has the right, power, and authority to enter into this agreement, and that it will, in good faith, take all reasonable steps to meet its responsibilities as established by this Addendum.

[IHS/Tribal Facility]

[Date]

[Non-IHS/Tribal Provider]

[Date]