



Origination	N/A	Owner	Deabra Hardrick-Crump: Director of Claims
Last Approved	N/A	Policy Area	Claims Management
Effective	Upon Approval	Applicability	Detroit Wayne Integrated Health Network
Last Revised	N/A		
Next Review	1 year after approval		

Native American/Alaskan Native Claims Coverage & Payment Policy

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN)...

PURPOSE

The purpose of this policy is:

1. To ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;
2. To raise the health status of Indians and urban Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives;
3. To ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities;
4. To increase the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service area is raised to at least the level of that of the general population;
5. To require that all actions under this chapter shall be carried out with active and meaningful consultation with Indian tribes and tribal organizations, and conference with urban Indian organizations, to implement this chapter and the national policy of Indian self-determination;

6. To ensure that the United States and Indian tribes work in a government-to-government relationship to ensure quality health care for all tribal members; and

7. To provide funding for programs and facilities operated by Indian tribes and tribal organizations in amounts that are not less than the amounts provided to programs and facilities operated directly by the Service.”

APPLICATION

1. The following groups are required to implement and adhere to this policy:
 - a. DWIHN Board,
 - b. DWIHN Staff including the following
 1. DWIHN PIHP Staff
 2. DWIHN Community Care Clinic Staff (Direct Care Staff)
 3. DWIHN Community Care Clinic Staff (DWIHN staff operating as a CCBHC)
 4. DWIHN Crisis Care Center Staff
 5. DWIHN Mobile Crisis Staff
 - c. Contractual Staff
 - d. Clinically Responsible Service Provider (CRSP) and their subcontractors
 - e. Specialty Providers
 - f. Crisis Services Vendors
 - g. Credentialing Verification Organization (CVO)
 - h. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
 - a. Adults
 - b. Children
 - c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
 - d. Serious Mental Illness (SMI),
 - e. Serious Emotional Disturbance (SED),
 - f. Substance Use Disorder (SUD)
 - g. Autism
 - h. Mild/Moderate levels of care
3. This policy impacts the following contracts/service lines:
 - a. Autism
 - b. Certified Behavioral Health Clinics

- c. General Fund
- d. Grants
- e. MI-HEALTH LINK
- f. Medicaid
- g. SUD

KEYWORDS

1. Accountable Community of Health or ACH has the meaning set forth in the Special Terms and Conditions for the Washington State Medicaid Transformation Project Section 1115(a) Medicaid Demonstration.
2. American Indian/Alaska Native or AI/AN means “Indian” as defined in 25 U.S. Code § 1603(13).
3. Community Health Aide Program or CHAP refers to that program authorized under 25 U.S. Code § 1616l.
4. Indian Health Care Provider or IHCP has the meaning set forth in 42 C.F.R. § 438.14(a).
5. Indian Health Service or IHS means the agency within the U.S. Department of Health and Human Services responsible for providing federal health services to AI/ANs.
6. Tribe means “Indian tribe” as defined in 25 U.S. Code § 1603(14).
7. Urban Indian Health Program or UIHP means an Urban Indian Organization as defined in 25 U.S. Code § 1603(29) that receives IHS funding to provide health care services to AI/ANs.

STANDARDS

1. DWIHN shall ensure AI/AN enrollees can see out-of-network IHCPs and that these IHCPs are adequately paid for services, either through negotiated rates, standard network rates, or a supplemental state payment.
2. The State must also contract with managed care organizations (MCOs) to ensure enough IHCPs are available to provide timely access to services.
3. Managed care contracts must allow AI/AN enrollees to receive covered services from IHCPs, even if the IHCP is not in the managed care plan's network.
 - a. **Provider network sufficiency:**
Contracts must require managed care entities to demonstrate they have a sufficient network of providers, including IHCPs, to ensure timely access to services for AI/AN enrollees.
 - b. **Network and non-network IHCPs:** IHCPs must be paid for services provided to eligible Indian enrollees.
 - c. **Payment rate:** Payment must be a negotiated rate between the managed care entity and the IHCP. If no rate is negotiated, the payment must be at least what the

managed care entity would pay a non-IHCP network provider.

- d. **Supplemental payments:** If a payment from a managed care entity is less than the amount the IHCP would have received under a fee-for-service (FFS) system, the state must make a supplemental payment to cover the difference.
- e. **Enrolled as FQHC:** If an Indian Health Care Provider (IHCP) is enrolled as a Federally Qualified Health Center (FQHC) but is not a network provider, it must be paid an amount equal to what the managed care entity would pay a non-IHCP FQHC, including any state supplemental payments.
- f. **Not enrolled as FQHC:** If an IHCP is not enrolled as an FQHC, it has the right to receive the applicable encounter rate published annually by the Indian Health Service. If there is no published encounter rate, it must be paid based on the State plan's FFS payment methodology.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)
3. 42 CFR 438.14

RELATED POLICIES AND PROCEDURES

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

INTERNAL

Approval Signatures

Step Description

Approver

Date

Unit Review and Approval

Brooke Blackwell: Vice
President Of Governmental
Affairs

Pending

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document