



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Indian Health Liaison				POLICY #: 19.22-P	
DEPARTMENT: Population Health Management					
Effective Date: 11/01/2022	Review/Revised Date: 02/22/2024	DMHC	<input type="checkbox"/>	PAC	<input type="checkbox"/>
		DHCS	<input checked="" type="checkbox"/>	EQIHE COMMITTEE	<input type="checkbox"/>
		BOD	<input type="checkbox"/>	FINANCE COMMITTEE	<input type="checkbox"/>

Date _____
Emily Duran, Chief Executive Officer

Date _____
Chief Operating Officer

Date _____
Chief Medical Officer

Date _____
Senior Director of Provider Network

Date _____
Director of Population Health Management

Date _____
Director of Claims

Date _____
Director of Utilization Management

Date _____
Director of Enhanced Care Management

Date _____
Director of Community Supports Services

Date _____
Director of Behavioral Health

POLICY:

- A. An American Indian Member's status as a Member is voluntary and that an American Indian Member cannot be required to enroll in a Medi-Cal managed care plan and has the right to access Indian Health Service (his) Programs, choose an Indian Health Service Facility within Contractor’s Provider Network as a Primary Care Physician (PCP), and disenroll from Contractor at any time, without cause.

- B. For American Indian members that voluntarily enroll into Kern Health System (KHS) there will be a designated Case Management Liaison dedicated to working with each IHS Facility in the KHS Service Area that will be responsible for coordinating referrals and working with KHS finance department to coordinate payment for services provided to Indian Members who are qualified to receive services from an IHS Facility.
 - 1. The liaison will ensure Members have timely access to IHS Providers within its Network, where available, and out of network when no in network services are available as required by 42 USC section 1396j, and Section 5006 of Title V of the American Recovery and Reinvestment Act of 2009 (42 U.S.C. § 1396o(a)).
 - 2. IHS Providers, whether in the Network or Out-of-Network, can provide referrals directly to Network Providers without requiring a referral from a Network PCP or Prior Authorization in accordance with 42 CFR section 438.14(b).

- C. KHS shall ensure that Members can choose Traditional and Safety-Net Providers as their PCP, and that American Indian Members may choose an IHS Provider within the KHS Network as their PCP.

- D. The KHS Indian Health Liaison will assist members with coordination to programs, and community-based and care coordination services as necessary. Examples of programs include but are not limited to:
 - 1. ECM services
 - 2. SUD services
 - 3. Behavioral health
 - 4. Coordination with similar programs of the federal government, and voluntary agencies.

- E. The KHS Liaison shall provide assistance in the promotion of provision of services for preventive health care, health education, nutrition, and family planning access.

- F. For updated information, education and resources, the KHS Liaison and management will refer to the following resource Indian Health Program,
<https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>

DEFINITIONS

American Indian	American Indian means a Member who meets the criteria for an “Indian” under 42 Code of Federal Regulations (CFR) section 438.14(a).
-----------------	---

<p>American Indian Health Service Facilities</p>	<p>American Indian Health Service Facilities means facilities operated with funds from the Indian Health Service under the Indian Self-Determination Act and the Indian Health Care Improvement Act, in order to provide services to the eligible American Indians within a specified geographic area pursuant to 22 California Code of Regulations (CCR) section 55000 et seq. American Indian Health Services Facilities includes “Indian health care providers” as defined in 42 CFR section 438.14(a)</p>
<p>Funded Indian Health Programs</p>	<p>In accordance with HEALTH AND SAFETY CODE SECTION 124590. These programs include, but are not limited to, the following:</p> <ul style="list-style-type: none"> A. Rural health services. B. Mental health services. C. Developmental disability programs. D. Maternal and child health programs. E. Alcoholism programs. F. Programs for the aging. G. Environmental health programs.
<p>Indian Enrollee</p>	<p>Indian Enrollee — An Enrollee who is an Indian (as defined at 25 United States Code (USC) 1603(13), 1603(28), or 1679(a)), or who has been determined eligible as an Indian, under 42 CFR 136.12.) This includes an enrollee is a member of a Federally recognized tribe; resides in an urban center and meets one or more of four criteria including: is member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 12 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member; is an Eskimo or Aleut or other Alaska Native; is considered by the Secretary of the Interior to be an Indian for any purpose; or is determined to be an Indian under regulations issued by the Secretary; is considered by the Secretary of the Interior to be an Indian for any purpose; or is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian Health Services, including as a California Indian, Eskimo, Aleut, or other Alaska Native Enrollee.</p> <p>1.59. Indian Health Care Provider – A health care program operated by the Indian Health Services (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1603)</p>
<p>Indian Health Network</p>	<p>Indian Health Network: The Contractor shall permit Indian Enrollees eligible to receive services from an Indian Health Care Provider to choose an Indian Health Care Provider as a PCP if the Indian Health Care Provider has capacity to provide such services regardless of whether the Indian Health Care Provider is in or out of network.</p>

REFERENCES:

Revision 2023-10: Updates recommended by Director of Claims and approved by PHM Director to remove sections regarding claims process due to existing policy, 6.31-P. **2023-01:** Approval received on 1/26/2023 per 2024 Contract Readiness artifact R.0144. Policy was renumbered to PHM, previously 3.11-c. **2022-11:** New policy developed by the UM Department.

1. <https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>
2. APL 21-008
3. APL 17-020
4. <https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>
5. <https://www.ihs.gov/>