



What's the Violation?

Health Insurance Issuer Scenarios Related to American Indian/Alaska Natives and Indian Health Care Providers in Washington State

Scenario 1

Small Village Tribal Health Clinic makes a purchase and referred care referral for their patient Jackie to Tranquility, an inpatient substance use disorder (SUD) treatment center that is a non-Tribal provider. Jackie is enrolled in Premier, a private health insurance carrier. Premier's contracted rate with Tranquility is \$250 per day. The patient responsibility is \$50.

Jackie receives an invoice from Tranquility for \$46,500

- \$1800 daily rate x 30 days = \$54,000
- Premier paid: \$6000 (\$200 x 30 days)
- Jackie's copay: \$1500 (\$50 x 30 days)
- Premier bills Jackie for \$46,500 (\$54,000 - \$7,500)

Scenario 2

Small Village Tribal Health Clinic has a primary care patient, David, who has been experiencing alcohol substance use disorder for the last ten years. David is enrolled in Marina Healthcare, a managed care organization (MCO) plan. On March 23rd, David says for the first time ever that he's ready for treatment. Jane, the Tribal assister for Small Village Tribal Health Clinic, finds a bed at a nearby facility, Tranquility. However, Tranquility tells Jane they are only accepting patients who enrolled in the Universal Healthcare MCO plan. Jane then tries to enroll David into Universal Healthcare. Jane finds out that she has to make sure there are no claims from Marina Healthcare for the month of March. She sees there are several claims. HCA tries to help but says that because there are outstanding Marina claims, David can't change his MCO plan until April 1. As a result, Jane is unable to change David's plan, and David must wait until April 1st. April 1st arrives, and Tranquility no longer has an available bed.

Jane looks at another facility called Harmony. Harmony only takes patients from Premier Health MCO. The facility says, "Don't worry, you can just pay cash instead."

David now changes his mind and no longer wants to go to treatment.

Scenario 3

Small Village Tribe operates Eagle Sound Lodge, a substance use disorder treatment center located in a rural area. Eagle Sound Lodge serves 2,000 AI/AN and non-American Indian/Alaska Native (AI/AN) patients and is the only SUD treatment center in the service area.

Recently, health insurance issuer, Premier, sent the Eagle Sound Lodge a letter denying a total of 10 claims based on the following factors:

1. Eagle Sound Lodge does not have a contract with Premier.
 2. Eagle Sound Lodge has providers that are licensed out-of-state but not in Washington.
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Scenario 4

Chelsea, a member of a Tribe located outside Washington State, is an enrollee of LifeSmart, a zero cost sharing QHP through the Washington Healthplanfinder. Chelsea's primary care provider is Small Village Tribal Health Clinic located in Washington State.

Small Village Tribal Health Clinic evaluates Chelsea and determines she needs to see a cardiologist for complications related to AFIB. Small Village Tribal Health Clinic makes a purchase and referred care referral to a cardiologist who is in Chelsea's QHP network.

LifeSmart sends Chelsea an explanation of benefits that indicated that Chelsea was responsible for 100% of the cost of her cardiologist visit because the referral came from Small Tribal Health Clinic, an out-of-network provider. LifeSmart further informs Chelsea that while her Small Village Tribal Health Clinic is out-of-network, there are several in-network IHCP providers she can choose from for future visits.

Scenario 5

Small Village Tribe has a Tribal health clinic with a legal agreement with the Indian Health Service. Under this agreement, the Tribe manages and delivers health care programs for their members in accordance with the Indian Self-Determination and Education Assistance Act.

The Small Village Tribal Health Clinic receives the following notice from Premier, health insurance issuer: "In order to have your provider remain on our online directory, you must complete a primary source verification via the credentialing process. Additionally, the National Committee for Quality Assurance (NCQA) also requires health plans to directly credential primary care providers. If your provider does not wish to continue credentialing with us, we will need to remove your provider from our directory and reassign any members to convert the provider from a primary care provider to a specialist."

Scenario 6

Small Village Tribal Health Clinic receives a notice from Premier health insurance issuer that Premier will not provide the clinic a contract because Premier requires the clinic's physicians to have hospital privileges. The clinic's physicians do not have hospital privileges. All the surrounding hospitals currently have hospitalists who admit patients in the hospital.
