

**STOCKBRIDGE-MUNSEE HEALTH & WELLNESS CENTER POLICY**

**Department:** Contract Health Services  
**Department Manager:** CHS Manager  
**Policy Title and #:** Premium Sponsorship Policy #202CHS0011  
**Effective:** 4-1-14  
**Review Date:** New  
**Supersedes:** None

<b>REVIEW/APPROVAL PROCESS</b>		
<b>LEGAL: 2-19-14</b>	<b>HEALTH BOARD: 3-24-14</b>	<b>TRIBAL COUNCIL: 4-1-14</b>

**Title: Tribal Premium Sponsorship Program through Contract Health Services**

**Purpose:** In order to maximize resources, the Stockbridge-Munsee Health and Wellness Center (SMHWC) has established a Tribal Premium Sponsorship Program (TPSP) where the SMHWC purchases health insurance for eligible, uninsured individuals as permitted under federal law and in accordance with SMHWC policies.

**Policy:** It is the policy of the SMHWC that Contract Health Service (CHS) funds will be used to purchase appropriate individual health insurance policies for eligible, uninsured individuals in accordance with the TPSP as established under SMHWC policies. The CHS Department has the primary responsibility for the administration of the TPSP, including assessing eligibility and coordinating the purchase of appropriate health insurance coverage.

**Eligibility for the TPSP:**

1. Individuals who meet the following requirements are eligible for enrollment in the TPSP by the SMHWC, when funding is available.
  - a. Be eligible for CHS under SMHWC Policy #202CHS0002; and
  - b. Not have insurance or alternate resources, other than CHS, that can pay for health care services received at a facility other than the SMHWC; and
  - c. Either (1) Meet the threshold level for claims or an expectation of claims of at least \$2,000 during a year; or (2) have a chronic health condition. A chronic health condition is defined as a prolonged illness that does not resolve spontaneously and rarely is cured completely.
2. Individuals, who become participants in the TPSP, have a continuing obligation to provide information requested by CHS staff in order to maintain eligibility for TPSP. Examples of such information required include:
  - a. Information required to complete an application to obtain health insurance through an exchange, including income and verification of income (such as a copy of current taxes or W-2 and 1099 forms).
  - b. Information necessary to respond to requests for information from Tribal Staff, State or Federal agencies.

3. The individual must designate the SMHWC's TPSP Specialist (or other CHS staff person as appropriate if there is no TPSP Specialist) to act as their authorized representative for purposes of the application to purchase health insurance.
4. Individuals must apply for alternate resources when such resources are identified as potentially being available and when requested by CHS in order to maintain eligibility.
5. Participants in the TPSP shall use the SMHWC for primary care needs in order to maintain eligibility for the TPSP.
6. Individuals who are identified as participants in the TPSP and fail to comply with their obligations under the TPSP (e.g., by failing to complete the TPSP application process or not using the SMHWC for primary care) will no longer be eligible for the TPSP.

### **General Statements:**

1. The Patient Protection and Affordable Care Act of 2010 created a new health insurance marketplace system for individual health insurance coverage. The law also authorized Indian tribes to purchase of health insurance for Indian Health Service beneficiaries using federal funds obtained through an Indian Self-Determination and Education Assistance Act compact.<sup>1</sup> Federal regulations are pending that may affect the TPSP and this policy, including definitions of who is considered an American Indian. The SMHWC reserves the right to modify the TPSP and this policy without notice to participants as necessary to comply with federal law.
2. For eligible individuals who are enrolled in an Indian tribe, the TPSP covers the purchase of a bronze option health plan in the marketplace.<sup>2</sup>
3. For any eligible individuals who are not enrolled Indians, CHS will assess the applicant's income and federal poverty level and determine the plan option that makes the best fiscal sense for the SMHWC. For such individuals, the TPSP may cover the purchase of a gold or silver option plan instead of a bronze level plan.
4. The TPSP does not cover the choice of a catastrophic program since subsidies are not available under this plan choice.
5. TPSP does not support changes in health plans, but on a case by case basis can approve one change in a calendar year.
  - a. American Indians do have the option to change plans once a month, but TPSP will not approve discretionary changes in plans without approval of the program.
  - b. Exercising a change is permitted, but tribal funds will not be approved for a second plan based on discretionary choice allowed under the law.
6. Referrals are required for all appointments outside of the SHMWC.
7. Patients must have a referral in order for prescriptions from an outside provider to be filled at the SMHWC pharmacy (see, SMHWC policy #202CHS0002).

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<sup>1</sup> See, 25 USC 1642. Additionally, the value of any payments for health insurance coverage for tribal members (as well as spouses or dependents of tribal members) are not included in gross income for tax purposes per 26 USC 139D.

<sup>2</sup> Per 45 CFR 155.350 (b), an Indian who receives items or services furnished through Indian health providers, which includes direct care services at the SMHWC or as provided through a CHS referral (in accordance with Section 1402 (d)(2) of the Patient Protection and Affordable Care Act), is exempt from cost-sharing in relation to such services regardless of income.

8. CHS will normally purchase individual health insurance coverage, but reserves the right to review whether a family coverage may be more cost-effective in some circumstances on a case by case basis.

**Procedure:**

1. CHS will review insurance status of individuals applying for CHS referrals.
2. When an individual has insurance coverage through the Stockbridge-Munsee Community's self-insured plan, then CHS will notify a Mohican Nation Insurance (MNI) representative of the pending referral prior to authorization in accordance with CHS policies, so as to ensure all appropriate coordination of insurance coverage with MNI. Referrals for individuals with all other insurance coverage will be handled in accordance with CHS policies.
3. For uninsured individuals, CHS will assess the eligibility for participation in the TPSP based on policy requirements prior to authorizing referrals unless the patient requires immediate care.
  - a. For CHS-eligible individuals who are enrolled in a federally recognized tribe, insurance can be purchased on a monthly basis.<sup>3</sup>
  - b. For CHS-eligible individuals who are first and second line descendants of the Stockbridge-Munsee Community, but not a member of a federally recognized tribe, insurance coverage is purchased on an annual basis.
  - c. For individuals eligible for annual enrollment, CHS staff will work with the individual to determine whether they qualify for a special enrollment period when there is a triggering event (e.g., a birth, adoption, marriage, or the loss of prior coverage such as through the loss of employment). If eligible for special enrollment, the individual will be enrolled during the special enrollment period.
  - d. CHS staff will maintain a list of people who can be enrolled on an annual basis throughout the year and, if still eligible and if appropriate, move forward to purchase coverage for them during the next open enrollment.
4. When it is determined appropriate to purchase a health insurance plan for an individual under the TPSP, then CHS will work with the individual to apply for and purchase a health insurance plan through a health insurance Exchange. (See, Appendix A - TPSP Flow Chart, for process).
  - a. CHS will have eligible individuals sign a written document designating the SMHWC's TPSP Specialist (or other CHS staff person as appropriate if there is no TPSP Specialist) to act as their authorized representative. This document will authorize CHS staff to provide assistance with the application, view an individual's information and act on the individual's behalf on matters related to the application, including getting information about the application and signing it on the individual's behalf.
  - b. Eligible individuals will also provide CHS staff with such other information as required to complete an application to purchase health insurance through an Exchange.

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<sup>3</sup> See, 45 CFR 155.430 (d)(8).

5. When insurance is purchased through the TPSP, CHS will pay the premiums for eligible individual's health insurance using CHS funds in accordance with applicable tribal policies.
6. If a participant becomes ineligible for the TPSP, the TPSP Specialist will send a letter notifying the participant regarding the loss of eligibility as well as coverage termination date. The TPSP will also take such actions as necessary with the insurer to end payment of insurance premiums for the individual.