



## American Indian Health Commission for Washington State

*“Improving Indian Health through Tribal-State Collaboration”*

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# Tribal Premium Sponsorship Program Policies and Procedures Checklist

**ABOUT THIS TEMPLATE POLICIES AND PROCEDURES CHECKLIST.** The American Indian Health Commission for Washington State (AIHC) developed the attached Tribal Premium Sponsorship Program (TPSP) Policies and Procedures Checklist to assist tribal and urban Indian health organizations in the formation and maintenance of a TPSP. The checklist is based on interviews with several Washington tribes and the Washington Health Benefit Exchange (WAHBE) sponsorship requirements.

**IMPORTANT NOTES.** This checklist is intended as a guide only for further developing TPSP Policies and Procedures. Since all Indian health care providers and tribal governments are unique in structure, tribal sponsorship program policies and procedures will vary greatly from program to program. Sponsorship programs should stay up-to-date with frequent changes in Washington Health Benefit Exchange policies as well as changes to federal and state laws and regulations regarding sponsorship. An organization should not adopt any provision that will be too burdensome for the organization to follow given its circumstances. A TPSP policy will not protect an organization from allegations of unfair practices if it is not followed. In some cases, failure to consistently follow a written policy may more likely result in community and council members finding unfair practices of the organization than if no written policy existed.

**This form should not be construed as legal advice.** Please contact an attorney for legal advice about your organization’s specific situation. This checklist should not be used “as is” but should be modified after careful consideration with your legal counsel and other individuals responsible for implementing the TPSP policies. Some tribal and urban organizations may need to include additional provisions not discussed in this checklist to comply with laws applicable to their organizations.

To assist in the process of determining which provisions to use, we have indicated the following:

- “SR” for those policies we strongly recommend (based on federal requirements and Washington Health Benefit Exchange Requirements)
- “R” for those policies we recommend
- “O” for those policies we consider optional

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# Tribal Premium Sponsorship Program Policies and Procedures Checklist

## INTRODUCTION AND PURPOSE

Under the Patient Protection and Affordable Care Act (ACA) of 2010, Indian tribes, tribal organizations, and urban Indian organizations have the ability to pay Qualified Health Plan premiums on behalf of their tribal members who are enrolled in Washington Healthplanfinder. See 45 C.F.R. 155.240(b). The State of Washington requires the Washington Health Benefit Exchange (WAHBE) Board to establish policies that permit Indian tribes, tribal organization, and urban Indian organizations to pay premiums on behalf of qualified enrollees. See RCW 43.71.030(3).

\_\_\_\_\_ Tribal Health Program established the Tribal Premium Sponsorship Program (TPSP) in \_\_\_\_\_ under Council Resolution # \_\_\_\_\_ to purchase health insurance for eligible, uninsured individuals under federal law and in accordance with \_\_\_\_\_ Tribal Health Program Policies and Procedures. The purpose of the program is to maximize the limited resources under the Contract Health Services Program (CHS) and to provide improved health care to its members. The \_\_\_\_\_ Department has the primary responsibility for the administration of the TPSP, including assessing eligibility and coordinating the purchase of appropriate health insurance coverage.

## 1. ELIGIBILITY FOR SPONSORSHIP PROGRAM

This section describes \_\_\_\_\_ TPSP *eligibility requirements* including:

- criteria by which an individual is determined to be eligible for the TPSP
- criteria by which an applicant is determined to be ineligible for TPSP

An applicant must meet the following requirements to be eligible for the TPSP:

1.1	<input type="checkbox"/>	Must be uninsured with no offer of employer sponsored health care and have exhausted all other resources (aside from CHS) such as Medicaid, employer sponsored health care, etc.	SR
1.2	<input type="checkbox"/>	Must be eligible for Contract Health Services (including proof of residence).	SR
1.3	<input type="checkbox"/>	Must file federal taxes or be willing to file during the next tax filing season. When married, clients are required to file IRS taxes jointly so as to maximize the amount of federal tax subsidy available to the enrollees in the household. See 42 U.S.C. § 18081(b)(3)(A).	SR
1.4	<input type="checkbox"/>	Must be eligible to purchase insurance through the Washington Healthplanfinder.	SR

\_\_\_\_\_ Tribal Health Program Policies and Procedures

Page 2 of 8

Last Updated: \_\_\_\_\_

Approved by: \_\_\_\_\_

1.5	<input type="checkbox"/>	Must accept and enroll in the _____ plan selected by the TPSP. (NOTE: WE RECOMMEND THAT YOU CHOOSE THE BRONZE PLAN WHICH HAS THE HIGHEST COST SHARING AND THE LOWEST PREMIUM BECAUSE THAT IS GENERALLY MORE COST EFFECTIVE TO THE TPSP. HOWEVER, YOU SHOULD CHOOSE THE PLAN THAT MAKES THE MOST SENSE FOR YOUR PROGRAM).	R
1.6	<input type="checkbox"/>	Must have _____ percentage of their sponsored insurance premium paid for by Advanced Premium Tax Credits. OR ALTERNATIVE LANGUAGE- The applicant's household income is at or below _____% of the Federal Poverty Level. Exception will be made to this requirement for high cost/chronic care individuals where it would be cost effective.	O
1.7	<input type="checkbox"/>	Family members of enrollees MAY on a case-by-case basis also be sponsored so long as they meet the following requirements:  NOTE: LIST OUT YOUR PROGRAM REQUIREMENTS	O
1.8	<input type="checkbox"/>	Must meet all applicable requirements in these policies.	SR

## 2. ENROLLEE TERMS OF PARTICIPATION

This section describes \_\_\_\_\_ TPSP *terms of participation* including conditions under which TPSP can pay health insurance premiums for eligible individuals.

An applicant must comply with the following requirements to participate in the TPSP:

2.1	<input type="checkbox"/>	At time of enrollment in TPSP, provide up-to-date information and documentation about income and other eligibility criteria, as requested by the _____ Tribal Health Program.	SR
2.2		Immediately inform the Tribal Assister and/or other TPSP staff when circumstances change that could possibly affect eligibility. Such change in circumstances can include change in income, marital status, household composition, residency, and insurance coverage through an alternate resource.  Report changes within _____ days of the change in circumstances. Delay in providing the information can result in loss of eligibility for the TPSP.	
2.3	<input type="checkbox"/>	Allow Washington Healthplanfinder to share all enrollee communications with the TPSP's Washington Healthplanfinder Certified Tribal Assister.	SR
2.4	<input type="checkbox"/>	Allow insurance carrier to share all enrollee communications relevant to enrollee's participation in the TPSP with Tribal Assister and/or other TPSP staff and sign written agreement to do so.	SR
2.5	<input type="checkbox"/>	Agree to apply full tax credit to premium and sign over refunds for premium payments to the TPSP (or other designated payee).	SR
2.6	<input type="checkbox"/>	Agree to provide copy of the current insurance card for sponsored coverage.	SR
2.7	<input type="checkbox"/>	Fully cooperate with Tribal Assister (or other designated staff member) including the following:	SR

\_\_\_\_\_ Tribal Health Program Policies and Procedures

Page 3 of 8

Last Updated: \_\_\_\_\_

Approved by: \_\_\_\_\_

		<ul style="list-style-type: none"> <li>• Timely respond to requests for information from tribal staff, state, or federal agencies; and</li> <li>• Report problems/issues with provider access, coverage of services, and/or QHP payments</li> </ul>	
2.8	<input type="checkbox"/>	Apply for alternate resources when such resources are identified as potentially being available and when requested by TPSP and/or CHS staff in order to maintain eligibility. See 42 C.F.R. 136.61.	SR
2.9	<input type="checkbox"/>	Obtain referrals from the Tribal Health Program to access all items and services from providers outside the _____ Tribal Health Program.	SR
2.10	<input type="checkbox"/>	Use _____ Tribal Health Program for primary care.	R
2.11	<input type="checkbox"/>	Fill all prescriptions including those written by outside providers at the _____ Tribal Health Program pharmacy (see policy #CHS _____).	O
2.12	<input type="checkbox"/>	<p>Understand and agree to the following terms and conditions:</p> <ol style="list-style-type: none"> <li>Payment of premiums is dependent upon compliance with sponsorship terms and conditions. Failure to comply with obligations of TPSP may result in loss of eligibility for the TPSP;</li> <li>The _____ Tribal Health Program reserves the right to modify the TPSP and this policy without notice to the participants as necessary;</li> <li>Payment of premiums is dependent upon whether _____ Tribal Health Program has sufficient authorized tribal funding;</li> <li>Once enrolled in coverage through the _____ TPSP, enrollees may not change health plans. Enrollees may request approval from the TPSP to change plans if there is a compelling reason. These requests will be considered on a case-by-case basis. Enrollees who change plans without TPSP approval will be disqualified from the program and will be responsible for paying premiums effective the date of change; and</li> <li>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.</li> </ol>	SR SR SR SR SR O

### 3. EXAMPLE SPONSORSHIP ENROLLMENT PROCESS

3.1	<input type="checkbox"/>	Eligible individuals provide <u>INSERT POSITION TITLE</u> information requested by the TPSP. Such information shall include the following: (LIST OUT THE DOCUMENTS THE TPSP REQUIRES –SEE SAMPLE CHECKLIST AT <a href="http://www.wahbexchange.org/new-customers/application-support/enrollment-for-individuals-families/">http://www.wahbexchange.org/new-customers/application-support/enrollment-for-individuals-families/</a> ).	SR
3.2	<input type="checkbox"/>	Tribal Assister reviews insurance status of individuals applying for the TPSP including whether the applicant is eligible for alternate resources and meets other TPSP eligibility requirements.	SR

3.3	<input type="checkbox"/>	Applicant agrees to partner with Tribal Assister in Washington Healthplanfinder to allow the Tribal Assister to provide assistance with the application, view an individual's information, verify tribal enrollment, and sign the application on the individual's behalf.	SR
3.4	<input type="checkbox"/>	The Tribal Assister (or other designated staff member) completes the Washington Healthplanfinder application to assess eligibility for participation in the TPSP. (Washington Healthplanfinder automatically determines the advanced premium tax credit and remaining monthly premium based on the information entered).	SR
3.5	<input type="checkbox"/>	If enrollee meets eligibility requirements for TPSP, the Tribal Assister (or other designated staff member) explains the TPSP and reviews the applicable policies and procedures with the enrollee	SR
3.6	<input type="checkbox"/>	Tribal Assister selects a plan, enters the TPSP address for billing (so TPSP receives invoice), and informs the enrollee when coverage begins.	SR
3.7	<input type="checkbox"/>	Enrollee signs all necessary paperwork for TPSP enrollment. This paperwork includes, but is not limited to, the following forms: a. Release of Information for the Insurance Carrier b. Agreement to follow all TPSP Policies and Procedures	SR
3.8	<input type="checkbox"/>	TPSP informs the WAHBE that enrollee is now sponsored.	SR
3.9	<input type="checkbox"/>	TPSP receives invoice and/or report from carrier.	SR
3.10	<input type="checkbox"/>	Tribal Assister reviews invoice for accuracy.	SR
3.11	<input type="checkbox"/>	Tribal Assister pays invoice or forwards to tribal staff responsible for payment in accordance with tribal policies, carrier requirements, and the following WAHBE requirements: a. TPSP will pay the full invoice amount (for all household members seeking coverage through a single application). For example, if three members in a family enroll together in a qualified health plan, TPSP needs to cover all enrollees in that household. If the TPSP wants to sponsor one member of a household, this household member will need to complete a separate application seeking coverage only for him/herself; AND b. TPSP will cover the entire premium after any eligible health insurance premium tax credit has been applied. No partial payments will be made.	SR
3.12	<input type="checkbox"/>	Per WAHBE requirements, the eligible individual will be enrolled for at least six (6) months unless there is a shortfall in program funding or the individual does not comply with the TPSP Policies and Procedures.	SR
3.13	<input type="checkbox"/>	If a participant becomes ineligible for the TPSP, the Tribal Assister (or other designated staff member) will send a letter notifying the participant regarding the loss of eligibility as well as the date for the end of coverage at least fifteen (15) business days before the next payment is due (as required by WAHBE). The TPSP will also take such actions as necessary with the insurer to end payment of insurance premiums for the individual.	SR

#### 4. EXAMPLE SPONSORSHIP ACCOUNTING AND RECORDKEEPING PROCESS

4.1	<input type="checkbox"/>	<p>TPSP <u>INSERT POSITION TITLE</u> maintains a digital file folder for each sponsored enrollee. This digital folder can be used to include information such as</p> <ul style="list-style-type: none"> <li>• screenshot of the HPF enrollment confirmation number</li> <li>• tribal verification documents</li> <li>• front and back copy of insurance card</li> <li>• payment form and premium payment information</li> <li>• correspondence with carrier and WAHBE</li> <li>• release of information</li> <li>• signed enrollee terms of participation</li> </ul>	SR
4.2	<input type="checkbox"/>	<p>TPSP <u>INSERT POSITION TITLE</u> creates and maintains a master sponsorship enrollee list which includes</p> <ul style="list-style-type: none"> <li>• Enrollee name</li> <li>• Date of Birth</li> <li>• Application Id</li> <li>• Insurance identification number</li> <li>• Insurance Carrier</li> <li>• Full Premium prior to APTC</li> <li>• Premium after APTC applied</li> <li>• Date of enrollment</li> <li>• Date of end of coverage</li> <li>• Eligibility for limited cost sharing or zero cost sharing</li> <li>• Other</li> </ul>	SR
4.3	<input type="checkbox"/>	<p>TPSP receives invoice from the carrier and reviews for accuracy</p> <ul style="list-style-type: none"> <li>• Are all enrollees listed?</li> <li>• Is each enrollee's premium listed accurately on the invoice?</li> </ul>	SR
4.4	<input type="checkbox"/>	<p>TPSP verifies the enrollees' continued eligibility for sponsorship.</p> <ul style="list-style-type: none"> <li>• Has enrollee become eligible for alternative coverage? TPSP <u>INSERT POSITION TITLE</u> contacts Tribal Human Resources to check if clients sponsored in the previous month were hired and obtained employer coverage.</li> <li>• Does enrollee still meet all residency requirements?</li> <li>• Have any other circumstances changed that would affect the enrollee's eligibility for the TPSP?</li> <li>• Are there any other changes that would affect the enrollee's premium amount?</li> </ul>	SR
4.5	<input type="checkbox"/>	<p>TPSP <u>INSERT POSITION TITLE</u> completes accounting requisition forms, keeps a copy, and forwards payment authorization to the appropriate department.</p>	SR

## 5. SPONSORSHIP PROGRAM STAFF ADMINISTRATIVE RESPONSIBILITIES

5.1	<input type="checkbox"/>	<p>The TPSP <u>INSERT POSITION TITLE</u> responsible for the following supervision/administrative responsibilities is _____.</p> <ul style="list-style-type: none"> <li>a. Ensuring ongoing compliance with WAHBE sponsorship requirements</li> <li>b. Ensuring at least one staff member is a certified Washington Healthplanfinder Tribal Assister</li> <li>c. Ensuring TPSP coordination with appropriate departments (social services, etc.)</li> <li>d. Providing on-going financial assessment of sponsorship program</li> <li>e. Providing on-going assessment of program effectiveness in meeting the health needs of community</li> <li>f. Creating long-term improvement plans and objectives for the sponsorship program</li> <li>g. Providing staff training on sponsorship policies and procedures</li> <li>h. Preparing operational sponsorship program budget</li> <li>i. Establishing and monitoring a fair and equitable TPSP Appeals process (can refer to a process already in place)</li> </ul>	SR
5.2	<input type="checkbox"/>	<p>The TPSP position responsible for completing and submitting the following information to the WAHBE is <u>INSERT POSITION TITLE</u>.</p> <ul style="list-style-type: none"> <li>a. TPSP contact information</li> <li>b. List of currently sponsored individuals (if existing sponsor)</li> <li>c. Conditions of program participation (if any)</li> </ul>	SR
5.3	<input type="checkbox"/>	<p>The TPSP position responsible for overall supervision/administration of sponsorship funds account (identify location, amount, and type of fund) is <u>INSERT POSITION TITLE</u>. Such responsibilities shall include implementation of appropriate financial controls consistent with tribal government/organizational requirements.</p>	SR
5.4	<input type="checkbox"/>	<p>The TPSP position responsible for development and implementation of policies and procedures will be <u>INSERT POSITION TITLE</u>. Regular review and revision of policies will be conducted at least annually. <u>INSERT POSITION TITLE</u> will regularly attend and/or review Washington Healthplanfinder Sponsorship updates and stay current with any changes to federal and state regulations regarding sponsorship. Additional materials and training can be accessed for free through the American Indian Health Commission for Washington State.</p>	SR
5.5	<input type="checkbox"/>	<p>TPSP staff will adhere to all _____ Tribal Health Program policies regarding protecting and securing protected health information when fulfilling TPSP responsibilities. This policy applies both during and after employment.</p>	SR

## 6. CONFLICT OF INTEREST

6.1	<input type="checkbox"/>	As required by the Washington Health Benefit Exchange, if the TPSP receives any compensation, directly, or indirectly, from a health insurance issuer for enrolling individuals in insurance coverage, then the Sponsor Organization must disclose that fact to the Exchange and the sponsored individuals at the time of enrollment.	SR
		ALTERNATIVE LANGUAGE: The TPSP will not receive any compensation, directly, or indirectly, from a health insurance issuer for enrolling individuals in insurance coverage. In the event that the TPSP does receive such compensation, then the TPSP shall disclose that fact to the Exchange and the sponsored individuals at the time of enrollment.	SR

## 7. WASHINGTON HEALTHPLANFINDER REGISTRATION PROCESS AND PAYMENT REQUIREMENTS

7.1	<input type="checkbox"/>	The TPSP will comply with the Washington Health Benefit Exchange requirements for participation. See Appendix 8.9.	SR
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## 8. APPENDIX

8.1	<input type="checkbox"/>	TPSP Screening Tool
8.2	<input type="checkbox"/>	TPSP Enrollee Agreement
8.3	<input type="checkbox"/>	TPSP Residency Notice Letter
8.4	<input type="checkbox"/>	TPSP Request for Additional Information Letter
8.5	<input type="checkbox"/>	TPSP Notice of Potential Loss of Coverage Letter
8.6	<input type="checkbox"/>	TPSP Notice of Loss of Coverage Letter
8.7	<input type="checkbox"/>	Excel Master List for Enrollees
8.8	<input type="checkbox"/>	Business Associate Agreement
8.9	<input type="checkbox"/>	Council Resolution(s) Adopting Tribal Sponsorship Program
8.10	<input type="checkbox"/>	Provider Guidance: AI/AN Cost Sharing Protections
8.11	<input type="checkbox"/>	WAHBE Premium Sponsorship Program Requirements