

Review of Tribal Premium Sponsorship

In Washington State

2015



A Collaboration of the American Indian Health Commission for Washington State

and the Washington State Health Benefit Exchange



The American Indian Health Commission (AIHC) for Washington State is a Tribally-driven non-profit organization with the mission of improving health outcomes for American Indians and Alaska Natives (AI/AN) through a health policy focus at the Washington State level. AIHC works on behalf of the 29

federally-recognized Indian Tribes and two Urban Indian Health Organizations



(UIHOs) in the state. In Washington, the AI/AN population continues to experience the poorest health outcomes and highest overall mortality rates than any other population. AIHC serves as a forum where a collective Tribal government voice is shaped on shared health disparity priorities. Tribes and UIHOs then work collaboratively with Washington State health leaders, the Governor's office and legislature to address these priorities. The Commission's policy work improves individual Indian access to state-funded health services, enhances reimbursement mechanisms for Tribal health programs to deliver their own culturally-appropriate care, and creates an avenue for Tribes and UIHOs to receive timely and relevant information for planning on state health regulations, policies, funding opportunities, and health-specific topics. By bringing state and Tribal partners together, specific health disparity priorities are addressed across multiple systems—pooling resources and expertise for greater health outcomes.



Photo by: Vicki Lowe, Jamestown S’Klallam Tribe

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American Indian Health Commission

Tribal Premium Sponsorship in Washington State

PURPOSE

The purpose of this report is to document findings from efforts completed by the AIHC to: 1) identify barriers that prevent Tribes from initiating a health insurance premium sponsorship program, 2) identify the issues that create challenges for Tribes managing a health insurance premium sponsorship program, 3) document current workflows and processes utilized in managing existing Tribal premium sponsorship programs, and 4) document recommendations for strategies to better support existing and potential future Tribal premium sponsorship programs.

APPROACH

The AIHC utilized a combination of activities to gather and document information.

- 1) In September of 2014, the AIHC facilitated 2 focus group meetings via webinar.
- 2) In October 2014 and January 2015, the AIHC met with Washington Health Benefit Exchange (HBE) staff to discuss barriers to Tribal premium sponsorship and identify potential solutions.
- 3) In February and March 2015, the AIHC conducted site visits to existing Tribal premium sponsorship programs.
- 4) In March 2015, the AIHC facilitated a Tribal Premium Sponsorship Roundtable with Tribes and the HBE.

SUMMARY OF RECOMMENDATIONS

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Recommendations to the Health Benefit Exchange

Technology

1. Provide effective group billing and group payment functionality
2. Assure that premium payments are received by carriers in a timely manner (why sponsor if beneficiaries do not get coverage?)
3. Provide more detailed information on plans to allow for meaningful comparisons of plan benefits and provider networks – current information makes all plans appear the same
4. Allow clients to be partnered with the Tribal organization rather than with an individual Tribal Assister; that is, allow all Tribal Assistors and other Tribal staff authorized to support the enrollment or sponsorship function in any given Tribal or Urban Indian Health Organization to have access to their clients, especially those who are sponsored
5. Create a sponsorship site or dashboard for each Tribe or urban Indian health organization that has a sponsorship program (similar to the dashboard used by administrators for employer sponsored groups)
 - a. All Tribal Assistors and other Tribal/Urban Indian Health Organization staff authorized to support the sponsorship function can access the site and the applications of all sponsored individuals
 - b. Lists all sponsored individuals
 - c. Shows Health Insurance Premium Tax Credits
 - d. Shows cost-sharing status
 - e. Allows all individuals eligible for the sponsorship program to create their own account and do the shopping
 - f. Shows all sponsored premiums due
 - g. Includes Washington Apple Health and Qualified Health Plans (to help manage churn)
 - h. Allows for group billing and group payments
 - i. Provides basic group-specific reports
6. Adequate Healthplanfinder support for families with American Indians/Alaska Natives and non-Natives – eliminate the need to manually separate applications
7. Provide information within Healthplanfinder to Tribes when individuals enrolled in the Tribe apply for coverage on their own (not through the Tribe's Assistors) – they may be eligible for premium sponsorship or other benefits
8. Offer "live chat" via Healthplanfinder in addition to telephone call center
9. Provide a process to enroll foster children who do not have a legal guardian
10. Allow Tribal Assistors to see insurance policy information and client ID number, so they can assist clients in accessing care

Policy

1. Include Tribal representation in interviewing and selecting for the Tribal Liaison position and drafting the job description

2. Include Tribes from the beginning in the development of system upgrades
3. Include Tribes from the beginning in policy issues – Tribal representations should make the determination whether a policy will affect Tribes or not; HBE may not have the background to make that determination
4. Reduce the wait time for call center support
5. Provide a separate call center number answered by representatives fully trained on American Indian/Alaska Native issues
6. Inform Tribal Assisters of changes in functionality before they take effect
7. Provide each Tribe a report on their Tribal members who have applications and coverage through the Healthplanfinder
8. Allow clients to be partnered with a Tribal organization (as opposed to an individual Tribal Assister) so that all Tribal Assisters employed by the same organization have access to all sponsored clients
9. Recognize Tribes as leaders in sponsorship and apply their recommendations
10. Reach out to Tribes not yet sponsoring
11. Provide funding and support for more Tribal Assister training and in-person meetings
12. Provide funding and support for educating Tribal Leaders on premium sponsorship programs
13. Ensure that carriers allow Tribal Assisters to verify coverage for their clients and address payment issues, especially for sponsored members – if the Tribe is paying premiums, they must have the ability to confirm coverage
14. Work with OIC to encourage improvement in carriers' provider networks
15. Allow purchasing plans through Healthplanfinder after 5:00pm

Recommendations to the American Indian Health Commission

1. Continue to provide key support, ongoing training and technical assistance that is culturally-competent
2. Facilitate sharing of Tribal premium sponsorship program best practices and policies
3. Facilitate in-person meetings for Tribal Assisters
4. Offer webinars on sponsorship
5. Keep the Health Benefit Exchange accountable
6. Help filter information (important/relevant to American Indians/Alaska Natives versus not important/relevant) and share it
7. Facilitate a meeting between insurance carriers and Tribal sponsors
8. Host more focus groups
9. Provide more training and technical assistance – topics to include:
 - a. Cost benefit analysis – how to determine the financial feasibility of sponsorship
 - b. Community member education
 - c. Tribal Leader information
 - d. Plan comparison and selection
 - e. Training on “who does what” between Health Benefit Exchange, Health Care Authority, Department of Social and Health Services
 - f. Best practices in Tribal premium sponsorship programs

FOCUS GROUP MEETINGS

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In September of 2014, the American Indian Health Commission hosted 2 focus group meetings via webinar. The webinar format was utilized to facilitate participation without the burden of travel, and to offer participants the ability to participate anonymously. The Non-Sponsoring Tribes meeting was held on September 3 and the Sponsoring Tribes meeting was held on September 4. Two representatives were invited from 8 Non-Sponsoring Tribes. Two representatives were invited from 14 Sponsoring Tribes.

The discussion for Non-Sponsoring Tribes was designed to:

- Understand what stage Tribes are in exploring whether to implement a premium sponsorship program
- Identify who are the decision-makers at the Tribe regarding whether to implement a premium sponsorship program
- Understand what actions and activities Tribes have engaged in as part of the decision-making process
- Identify internal, Tribe-specific obstacles or reasons why Tribes have not yet decided to sponsor
- Identify external obstacles or reasons why Tribes have not yet decided to sponsor
- Identify possible solutions to barriers to sponsorship
- Understand what information Tribes need to decide to sponsor
- Understand what the Health Benefit Exchange can do to assist Tribes in deciding to sponsor
- Understand what the American Indian Health Commission can do to assist Tribes in deciding to sponsor

The discussion for Sponsoring Tribes was designed to:

- Understand what factors helped these Tribes decide to implement a premium sponsorship program
- Identify important steps and pitfalls to avoid in the decision process
- Identify internal, Tribe-specific issues that cause difficulties in managing Tribal premium sponsorship programs
- Identify external issues that cause difficulties in managing Tribal premium sponsorship programs
- Identify Healthplanfinder software changes needed to better support Tribal premium sponsorship programs
- Identify possible solutions to issues that cause difficulties in managing Tribal premium sponsorship programs
- Understand what the Health Benefit Exchange can do to better support Tribal premium sponsorship programs

- Understand what the American Indian Health Commission can do to better support Tribal premium sponsorship programs

PARTICIPANTS

Ten participants from seven Non-Sponsoring Tribes attended the September 3 meeting. Fourteen participants from twelve Sponsoring Tribes attended the September 4 meeting. Participants included Tribal Health Directors, Tribal Benefits Program Managers and Tribal Assisters.

FINDINGS

Non-Sponsoring Tribes

At what stage of exploring whether to implement a premium sponsorship program are Tribes?

- Half of the Tribes represented know they want to implement a premium sponsorship program
- Half of the Tribes represented have not yet decided whether they want to implement a premium sponsorship program

Who are the decision-makers regarding whether to implement a premium sponsorship program?

- In most Tribes there appears to be a two-stage process of decision-making.
- Initially, the Health Director, Chief Financial Officer and some Tribal Council representatives engage in a fact-finding and feasibility assessment process. Most importantly, this stage involves determining whether a premium sponsorship program is financially feasible (assessment of premium costs, Contract Health Services potential savings, staffing costs, organizational capacity.) The initial stage also requires an analysis of the Tribal community's population, current healthcare coverage status, and potential sponsorship population eligibility criteria.
- Upon completion of a thorough feasibility study, details are presented to Tribal Council for their final decision.
- Tribal Assisters are not typically involved in the process to decide whether to implement a sponsorship program.
- For several Tribes (2 of the ones represented), the feasibility study process has been interrupted and/or delayed due to turnover in key staff (for example, Health Directors.)

What actions and activities have Tribes engaged in as part of the decision-making process?

- Represented Tribes reported very different activities to date:
 - Focus group participant is not aware whether the Tribe is considering sponsorship
 - Tribe is exploring self-insurance as an alternative to sponsorship
 - Tribe has held high-level meetings to discuss the possibility (involving CFO, Health Director, Tribal Council), but has not begun feasibility study
 - Tribe has created an informal task force
 - Tribe is actively conducting a cost benefit analysis
- All participants emphasized the importance of a cost benefit analysis; without it, Tribes cannot make the decision to sponsor. However, Tribes vary in their capacity to complete a cost benefit analysis and their organizational readiness to complete it:
 - Tribe in process of completing cost benefit analysis
 - Tribe is planning on completing cost benefit analysis
 - Other represented Tribes not sure whether they have the capacity to complete a cost benefit analysis

What internal, Tribe-specific obstacles or reasons have kept Tribes from reaching a decision whether to sponsor?

- The primary obstacle for Tribes to reach a decision to sponsor was obtaining accurate information to assess whether the Tribe can financially sustain a premium sponsorship program
- All participants identified difficulty in gathering accurate population data to complete a meaningful cost benefit analysis as being a significant barrier
- Having the capacity to conduct a meaningful cost benefit analysis was identified as a significant barrier; most Tribes stated they would require assistance in conducting a cost benefit analysis
- All participants identified concerns regarding the ability to design premium sponsorship eligibility criteria that would be fair to their Tribal community members; that is, how can a Tribe develop a premium sponsorship program that is financially sustainable and is not perceived to unfairly exclude a sector of the population?
- Organizational capacity to design, implement and manage a premium sponsorship program was also a concern for all represented Tribes; this reflects an understanding that a sponsorship program requires policies and procedures that are Tribe-specific, and requires additional staff to manage the program
- All participants identified concerns regarding a premium sponsorship causing loss of revenue to the Tribal clinic. That is, insurance coverage provides Tribal community members the option to choose care at a non-Tribal clinic; how can Tribes structure sponsorship programs in a manner that directs sponsored community members to utilize Tribal health services (and thus preserve Tribal clinic revenues?)

What external obstacles or reasons have kept Tribes from reaching a decision whether to sponsor?

- The administrative burden of having to issue individual premium payments for each sponsored person; that is, the inability to make one payment for the entire group of sponsored individuals was a major barrier
- Concerns over network adequacy are a significant obstacle; plans have limited networks, especially for specialty care; each plan has a different network; matching every sponsored individual to a plan that offers a network appropriate to the individual's unique medical needs represents a significant workload
- Provider shortages
- The highly publicized challenges with Healthplanfinder; including paid premiums not reaching carriers and causing a lack of coverage despite payment
- Healthplanfinder limitations, including the limitation that only one individual can be partnered with a client; for Tribal organizations, it is important for all Tribal Assisters to have access to the sponsored clients to facilitate program administration

What are some possible solutions to barriers to making the decision to sponsor?

- Provide group billing and group payment functionality
- Provide more details to properly compare plan benefits and networks – current information makes all plans appear the same
- Allow clients to be partnered to the organization rather than to the individual Tribal Assister; that is, allow all Tribal Assisters in an organization to have access to clients who are sponsored
- Create a Tribe-specific sponsorship dashboard or site for each Tribe
 - All of that Tribe's Tribal Assisters can access the site and all sponsored individuals
 - Lists all sponsored individuals
 - Shows HIPTC
 - Shows cost-sharing status
 - Allows Tribal community members who are eligible for sponsorship to create their own account and do the shopping
 - Shows all sponsored premiums due
 - Includes Washington Apple Health and Qualified Health Plans (to help manage churn)
 - Allows for group billing and group payments
 - Provides basic group-specific reports

What information do Tribes need to make a decision regarding whether to implement a premium sponsorship program?

- Tribal community demographics

- Tribal affiliation
- Income
- Employment status
- Health care insurance coverage status
- Address
- Sample Premium Sponsorship Program policies from other Tribes
 - What to do for individuals who are over income for HIPTC?
 - How to preserve clinic revenues?
 - What to do for individuals who live across borders? (For example, Canada, states bordering Washington, other counties within Washington)
 - How to structure sponsorship eligibility criteria? (Who is eligible for sponsorship? Enrolled Tribal members? Descendants? Non-Native family members? Direct care patients?)

Who needs this information?

- Health Director
- Tribal Council

What can the Health Benefit Exchange do to assist Tribes in deciding to sponsor?

- Create Tribe-specific premium sponsorship dashboards or sites for each sponsoring Tribe
- Provide a separate call center number answered by representatives fully trained on American Indian/Alaska Native issues
- Provide each Tribe a report on their Tribal members who have applications and coverage through the Healthplanfinder
- Provide more detailed information on plans to allow for meaningful comparisons of plan benefits and provider networks
- Allow clients to be partnered with a Tribal organization (as opposed to an individual Tribal Assister) so that all Tribal Assistants employed by the same organization have access to all sponsored clients
- Improve provider networks

What can the American Indian Health Commission can do to assist Tribes in deciding to sponsor?

- “AIHC has been a vital support to Tribes through Health Care Reform.”
- Continue to provide ongoing training and technical assistance that is culturally-competent

Of all the obstacles or reasons for not yet sponsoring which are the most important to resolve?

- Tribes need to complete cost benefit analyses
- Network adequacy must be improved
- Healthplanfinder glitches and bugs need to be resolved

Sponsoring Tribes

What factors helped these Tribes decide to implement a premium sponsorship program?

- The opportunity to save Contract Health Services funds
- The opportunity to generate revenue for the Tribal clinic
- Increasing access to specialty care
- Avoiding “Priority 1” (That is rationing care for CHS-eligible individuals to include only “Emergent or Acutely Urgent Care Services”, due to limited funding)
- Obtaining coverage for Tribal community members, who previously were not able to obtain coverage, due to pre-existing conditions
- Tribes that were already sponsoring Basic Health Plan, Medicare and/or other premiums were able to easily expand their existing program to include QHP sponsorship

What are important steps to take as part of the decision process?

- Complete a comprehensive cost benefit analysis
- Educate and inform community, staff and Tribal leaders
- Have a detailed plan before moving forward with your sponsorship program
- Make sure your sponsorship program policies work well with your CHS policies
- Make your policies clear and concise
- Involve Tribal Council at the very start of the process
- Secure Tribal Council buy-in and support
- Understand the plan coverage and provider network information to assure you select plans that match your community members’ needs
- Make sure the community understands premium sponsorship is designed to avoid “Priority 1” and ensure access to care year
 - Explain how it benefits each person and how it benefits the community

What are important pitfalls to avoid during the decision process?

- Don’t procrastinate – do your analysis, make your plan and go with it
- Don’t be pressured to start without proper infrastructure
- Make sure you have adequate staffing
- Don’t shortchange on educating your community
- Avoid listening to “nay-sayers”

- Don't focus on what you can't do – focus on what you can do
- Avoid policies that appear unfair or unequitable
- Don't make exceptions to your policies – develop your policies and apply them consistently

What internal, Tribe-specific issues cause difficulties in managing Tribal premium sponsorship programs?

- Community member hesitancy
- Community and some staff members' perception that "Obamacare" or Medicaid/Washington Apple Health are undesirable
- Not having sufficient staff to properly manage the program
- Not having sufficient staff training (including how to pick the best plan)
- Not coordinating well with all Tribal departments that are responsible for different functions within the sponsorship program
- Tribal staff not giving clients a consistent message
- Inadequate communication between sponsorship team, community members, Tribal leaders, management, Tribal staff

What are some possible solutions to issues that cause difficulties in managing Tribal premium sponsorship programs?

- Learn from other Tribes that are sponsoring (What works? What doesn't work? What policies are they using?)
- Carefully choose who you sign up first in coverage, so they can "cheerlead" and communicate positively with other community members
- Keep moving forward
- Target and reach out to individuals who have not applied for coverage
- Take time to research plans so you match the client to the plan that suits them best
- Make sure your Tribal Assistants are trusted community members

What are the main external issues that cause difficulties in managing Tribal premium sponsorship programs?

- Lack of group billing and group payment functionality
- Provider networks are different between Washington Apple Health and Qualified Health Plans – when clients "churn", they can no longer continue care with their established providers
- Healthplanfinder is down often and not working properly (errors, bugs, outages, limitations, doesn't allow Assistants to proceed with applications)
- Problems with premiums that are paid, but payment information does not go from Healthplanfinder to the insurance carrier – this results in clients not having coverage despite having paid

- Healthplanfinder and call center staff are not fully trained on American Indian/Alaska Native issues
- Long wait times for call center support
- Healthplanfinder does not adequately support American Indians and Alaska Natives being eligible to enroll in coverage outside open enrollment, without requiring a “qualifying event”
- Healthplanfinder’s limitation that only one individual can be partnered with a client; for Tribal organizations, it is important for all Tribal Assistants to have access to the sponsored clients to facilitate program administration
- Poor network adequacy for specialty care providers
- Limited access to Healthplanfinder for Tribes in rural areas where internet access is limited or sporadic

What Healthplanfinder and other changes would help resolve external issues that cause difficulties in managing Tribal premium sponsorship programs?

- A call center phone number designated for American Indian/Alaska Native clients
- Provide sponsorship functionality that supports the unique relationship between Tribes and their clients/community members
 - Group billing and group payment (for unlimited number of sponsored clients)
 - Partnering each sponsored client with all Tribal Assistants employed by the Tribal organization – not a single Tribal Assistant
- Health Benefit Exchange informing Tribal Assistants of changes in functionality before they take effect
- Fix the problem of insurance carriers not receiving information regarding clients who have enrolled in a plan and paid premiums – which results in no coverage
- Make Healthplanfinder functionality support families with American Indians/Alaska Natives and non-Natives – eliminate the need to manually separate applications
- Healthplanfinder provide information to Tribes regarding their Tribal members who apply for coverage on their own (not through their Tribe’s Assistants)
- Healthplanfinder offer “live chat” in addition to telephone call center
- Healthplanfinder offer alternate methods to pay for 1st month’s premium
- Provide a process to enroll foster children who do not have a legal guardian
- Healthplanfinder allow purchasing plans after 5:00pm
- Healthplanfinder allow Tribal Assistants to see insurance policy information and client ID number, so they can assist clients in accessing care

What can the Health Benefit Exchange do to better support Tribal premium sponsorship programs?

- Resolve payment problems
- Create a way for Tribal Assistants to work directly with insurance carriers on coverage and payment issues

- Provide more information to AIHC to offer more training
- Build functionality that supports sponsorship programs
- Designate a separate call center telephone number answered by staff who are fully trained in American Indian/Alaska Native issues
- Recognize tribes as leaders in sponsorship and apply their recommendations
- Reach out to Tribes not yet sponsoring
- Provide funding and support for more Tribal Assister training and in-person meetings
- Assist in educating Tribal leaders on premium sponsorship programs

What can the American Indian Health Commission do to better support Tribal premium sponsorship programs?

- Facilitate the resolution of payment problems
- Facilitate in-person meetings for Tribal Assisters
- Offer webinars on sponsorship
- Keep the Health Benefit Exchange accountable
- Help filter information (important/relevant to American Indians/Alaska Natives versus not important/relevant) and share it
- We rely on the Commission's support
- Facilitate a meeting between insurance carriers and Tribal sponsors
- Continue to provide key support, training and technical assistance
- Host more focus groups – this meeting was very helpful; I now realize that my Tribe is not the only one with these problems

What issues are most important to resolve first? What are the priority issues?

- Provide group billing and group payment functionality
- Call center – provide a designated telephone number for American Indian/Alaska Native clients staffed by representatives fully trained on AI/AN issues
- Assure that premium payments are received by carriers in a timely manner (why sponsor if beneficiaries do not get coverage?)
- Ability for Tribal Assisters to verify coverage with insurance carriers – if the Tribe is paying premiums, they must have the ability to confirm coverage

What else would help Tribes manage premium sponsorship programs?

- Training on “who does what” between Health Benefit Exchange, Health Care Authority, Department of Social and Health Services
- This focus group process was very helpful – provide more opportunities like this
- More collaborative meetings to share best practices
 - Sponsorship summit
 - Panel of Tribal sponsorship experts
 - Presentations on best practices, solutions, workarounds

AIHC-HBE MEETINGS TO DISCUSS BARRIERS TO TRIBAL PREMIUM SPONSORSHIP

AIHC-HBE MEETINGS TO DISCUSS BARRIERS TO TRIBAL PREMIUM SPONSORSHIP

On October 22, 2014, the AIHC Health Care Reform Consultant Team met with Sheryl Lowe, HBE Tribal Liaison, and Susanne Towill, HBE Senior Plan Manager, to discuss barriers to Tribal premium sponsorship. The AIHC Consultant Team provided an overview of:

- Tribal health program operations
- Tribal community characteristics
- Tribal operational issues related to Tribal premium sponsorship
- Healthplanfinder technical limitations
- Barriers to sponsorship identified to date

MEETING OUTCOMES

Healthplanfinder Limitations

Key Healthplanfinder barriers to managing Tribal premium sponsorship presented to Ms. Towill included:

- Healthplanfinder does not allow the “partnering” of a sponsored individual with a sponsoring organization. Individuals can only be “partnered” with an individual Tribal Assister. Because the premium sponsorship workflow usually requires various individuals and departments to handle the sponsored account, this limitation creates the need for inefficient workarounds and unnecessary added work.
- Healthplanfinder does not provide group billing for all sponsored individuals. This requires the Tribal Assister or Sponsorship Representative responsible for paying premiums to process multiple payments, with limited payment type options.
- Healthplanfinder does not provide a premium sponsorship program dashboard. Due to this limitation, the Tribal Assister or Sponsorship Representative that manages the program and/or processes payments must create external databases or spreadsheets to track the group of sponsored individuals. This represents a duplication of efforts and the need to re-key information that has already been entered in the Healthplanfinder. The functionality needed would likely mirror the dashboard used by administrators for employer sponsored groups.

Ms. Towill discussed the fact that any changes to the current functionality in Healthplanfinder would constitute new software design and development. The HBE does not have plans or funding to implement this type of system modifications, at this time. Ms. Towill documented the information provided and will submit it to inform future development

Solutions Created

Ms. Towill agreed to generate and send monthly reports of sponsored individuals to any Tribe that requests this assistance. Although the report is not a group bill, this workaround includes all the information needed for a group bill. Tribes were informed of this option, and many have been using it.

Additional Resources

Ms. Towill provided the names of two large non-Tribal premium sponsoring organizations in Washington State: Evergreen Health and Project Access. The AIHC Consultant Team has contacted these two organizations. Sample policies and procedures, forms, and other resources from these organizations will be included in the Tribal Premium Sponsorship Toolkit being developed by the AIHC.

SITE VISITS

SITE VISITS

PURPOSE

In February and March 2015, AIHC Consultant Team members visited 5 Tribes that are managing premium sponsorship programs. Tribes visited are: Jamestown S’Klallam, Lummi, Nisqually, Port Gamble S’Klallam, and Swinomish. The purpose of these visits was to: 1) document the workflow and processes each Tribe is using, and 2) to gather additional information regarding what is working well for these programs and what are the challenges.

APPROACH

The AIHC Consultant Team developed a set of data collection tools for the visits to assure a consistent approach: 1) Tribal Premium Sponsorship Process Interview Guide, and 2) Tribal Premium Sponsorship Best Practices Interview Guide (see Appendix.) Each of these tools included a list of questions to guide a conversation that would facilitate documentation of the Tribes’ premium sponsorship programs.

Tribes with existing sponsorship programs were invited to participate, explained the purpose of the visits, and encouraged to include any Tribal representative the Tribe deemed appropriate. One AIHC Consultant Team member traveled to each of the sites.

FINDINGS

Policies, Procedures and Forms

All 5 Tribes that participated agreed to share their premium sponsorship program’s policies, procedures, and forms.

What is Working Well

- Medicaid Expansion has:
 - Significantly reduced the number of uninsured community members
 - Increased community members’ access to specialty care
 - Reduced the number of Basic Health Plan or other commercial insurance policy sponsorship expenses for Tribes that were previously sponsoring
 - Increased Tribal health services revenues
 - Reduced Contract Health Services expenses

- It is very helpful when the Tribal Assistors and/or Sponsorship Representatives can access the clinic's electronic health record to look up and/or update information
- "We have found one QHP plan that has a good provider network, good premium and good benefit package. Sponsoring premiums for only one plan makes it more efficient to manage our program."
- Requiring all patients who wish to receive care from the Tribe's clinic to be screened for insurance eligibility, as a condition for receiving care
- The local pharmacy does a good job of contacting the Tribe if a community member needs prescriptions and is uninsured
- It is very beneficial to the sponsored member that we are able to assess each individual's unique needs, and purchase the plan that is best suited to their needs
- The Tribe's Human Resources Department does a good job of informing the Health Department when Tribal members acquire or lose employer sponsored insurance
- The Tribe initiated a "Got Insurance?" campaign that is working well for bringing community members in to get screened
- The Tribe focused on implementing quality assurance measures to encourage community members to choose the Tribe's clinic (use of the Tribe's clinic is not a requirement for sponsorship, so sponsored members have a choice to be seen elsewhere)
- To kick off the sponsorship program, the Tribe conducted quality assurance chart audits of all patient charts, which included a review of clinical care and insurance coverage
- Group billing/premium aggregation is not important to Tribes that sponsor all members on the same plan

What is Not Working Well

- It is difficult to get community members to come in and get screened and/or set up for sponsorship
- Need more resources for outreach
- A laptop with wireless internet access would be helpful to screen and enroll community members in their homes, or at community events
- It is difficult to keep up to date on sponsored individuals who acquire other insurance or have life changes that affect eligibility
- Group billing/premium aggregation is critical to Tribes that sponsor each member on the plan that is best suited to the individual member, and therefore need to make payments to several carriers
- Having different processes at the Medical Clinic and the Behavioral Health Services creates challenges for community members and the Tribe's ability to achieve sponsorship goals
- Sponsorship programs that are reactive rather than proactive are not as effective in achieving goals. That is, programs that only screen for eligibility when community

members access care fail to insure many uninsured community members and lose out on third party income. Outreach is essential

- Keeping up with life changes that affect eligibility is very challenging and time consuming
- Premium sponsorship demands a lot of staff time

Tips for Other Tribes

- Secure the support of Tribal Leadership at the very beginning
 - “It gives you the backup you need, when community members grumble.”
- Start by identifying your possible premium sponsorship client load
 - Who may be eligible?
 - How many individuals?
 - How can you engage them in the program?
- Carefully develop and define your eligibility criteria early on
 - Develop policies and procedures that are clear and consistent with your CHS policies and procedures
- Access outside resources and experts that can help you develop and/or refine your program
- Make sure quality improvement is in place so your sponsored members chose to and are happy to receive care from your health programs
- Provide thorough training for all CHS staff, referral coordinators, and others who will be working on insurance-related issues
 - Understanding No Cost-Sharing Provisions is very important for preserving CHS funding
- Inform and educate your community members on health insurance issues

TRIBAL PREMIUM SPONSORSHIP ROUNDTABLE

TRIBAL PREMIUM SPONSORSHIP ROUNDTABLE

PURPOSE

On March 24, 2015, the AIHC facilitated a Tribal Premium Sponsorship Roundtable at the HBE's offices in Olympia. The purpose of the meeting was to: 1) share information on what is working well and what is not working for Tribes managing premium sponsorship programs and Tribes and Urban Indian Health Organizations exploring the possibility, and 2) provide a forum for Tribes and Urban Indian Health Organizations to speak directly with Washington Health Benefit Exchange staff regarding what is needed to better support premium sponsorship.

PARTICIPANTS

Twenty Tribal representatives attended the meeting in person and 28 attended via webinar. Participants included 3 Tribal elected officials and 3 AIHC Executive Committee members. HBE representatives in attendance included: Sheryl Lowe, Tribal Liaison; Kerry Terrullo, Navigator Program Specialist; Susanne Towill, Senior Plan Manager; Dustin Arnette, Senior Policy Analyst.

KEY ISSUES DISCUSSED

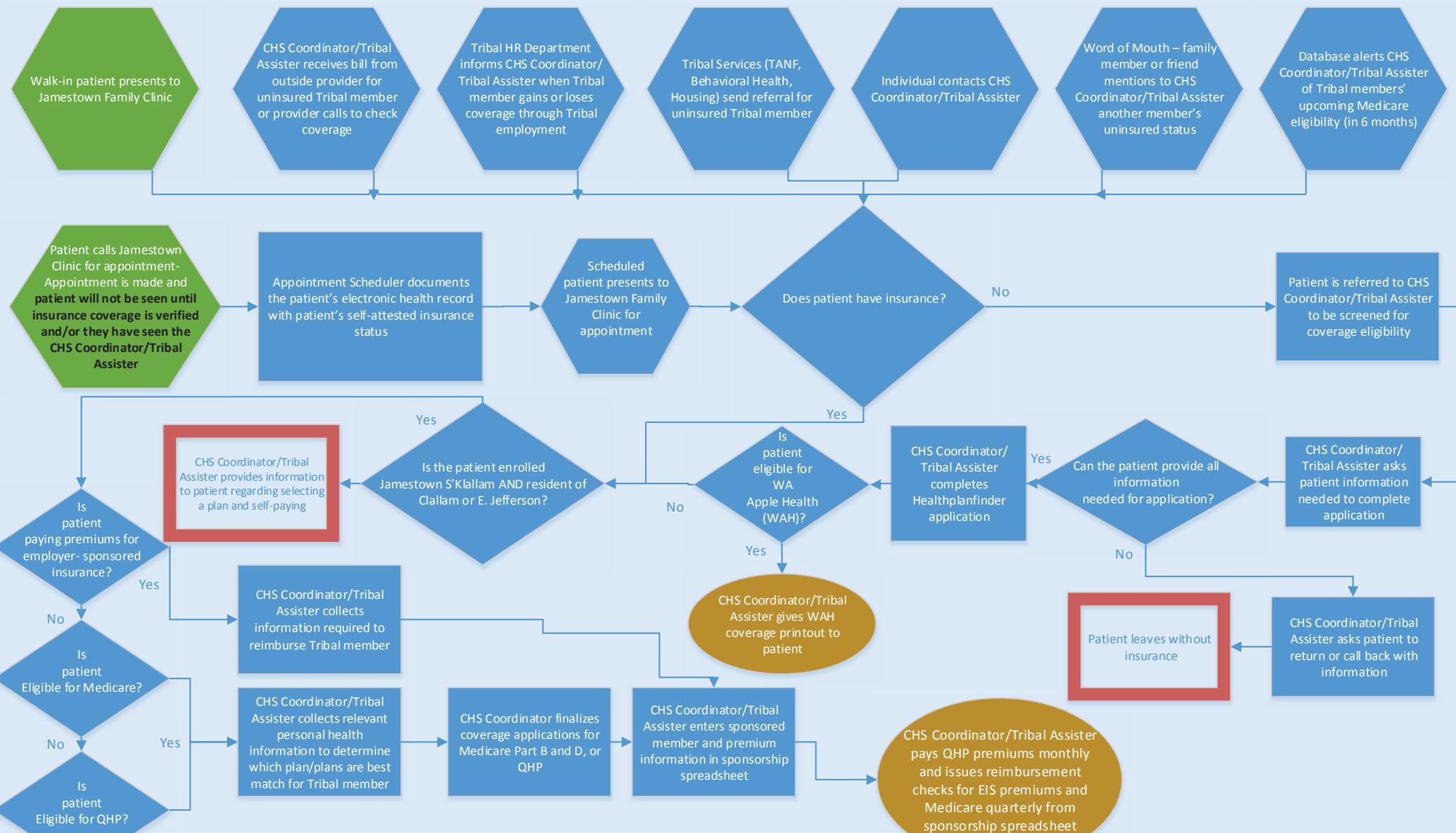
- Tribal representatives must be involved in the hiring and selection of the Tribal Liaison position
- Tribal representatives must be involved in the drafting of the Tribal Liaison position description
- Wait times for the call center are too long and causing individuals to go without coverage
- Call center staff needs more training on provisions for American Indians and Alaska Natives
- Some Tribal premium sponsorship programs include not only QHPs, but also Medicare Part A and B and Tribal member employees' share of employer sponsored insurance premiums
- Tribes are very concerned of designing their premium sponsorship programs to be fair and equitable; some Tribal community members perceive Medicaid/Washington Apple Health to be inferior coverage to QHPs
- Network adequacy is a significant problem, especially in rural areas

Current Tribal Premium Sponsorship Program Workflows/Process Maps

WORKFLOW PROCESS MAPPING

Findings

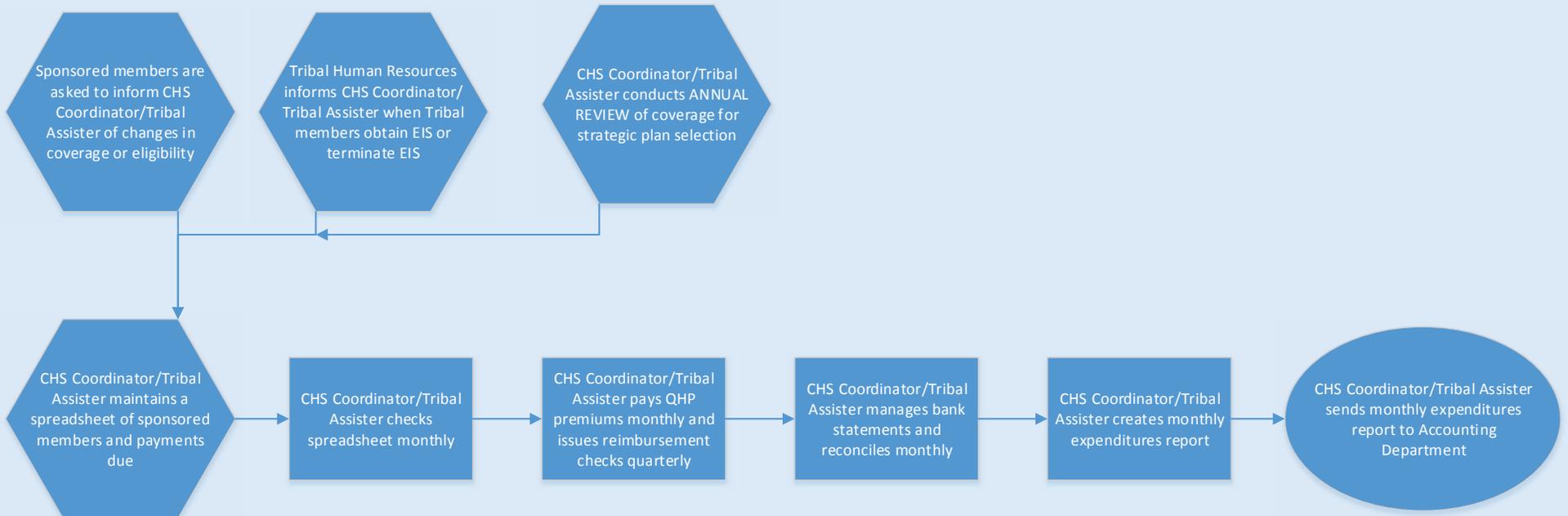
- Workflows that require Tribal members to be screened for and enrolled in coverage prior to receiving care are more successful at reducing the rate of uninsured.
- Workflows that involve a broad range of Tribal services (not just Medical Clinic, but also Tribal TANF, Behavioral Health, Dental Clinic, WIC, etc.) in screening and enrolling Tribal members in coverage are more successful at reducing the rate of uninsured.
- Workflows that include processes for various Tribal services and Tribal Human Resources to inform the Tribal Premium Sponsorship Program when a Tribal member has acquired or lost coverage (through employment or other) are more successful at reducing the rate of uninsured and reducing the incidence of the Sponsorship Program paying for redundant coverage.
- Workflows that co-locate Tribal Assistants at Tribal services Front Desk locations and incorporate screening and enrollment in coverage into the “checking in for services” process are more successful at reducing the rate of uninsured.
- Workflows that combine the Tribal Assistant and Premium Sponsorship Representative functions, so enrollment in coverage and payment can occur at the same time, are more efficient.



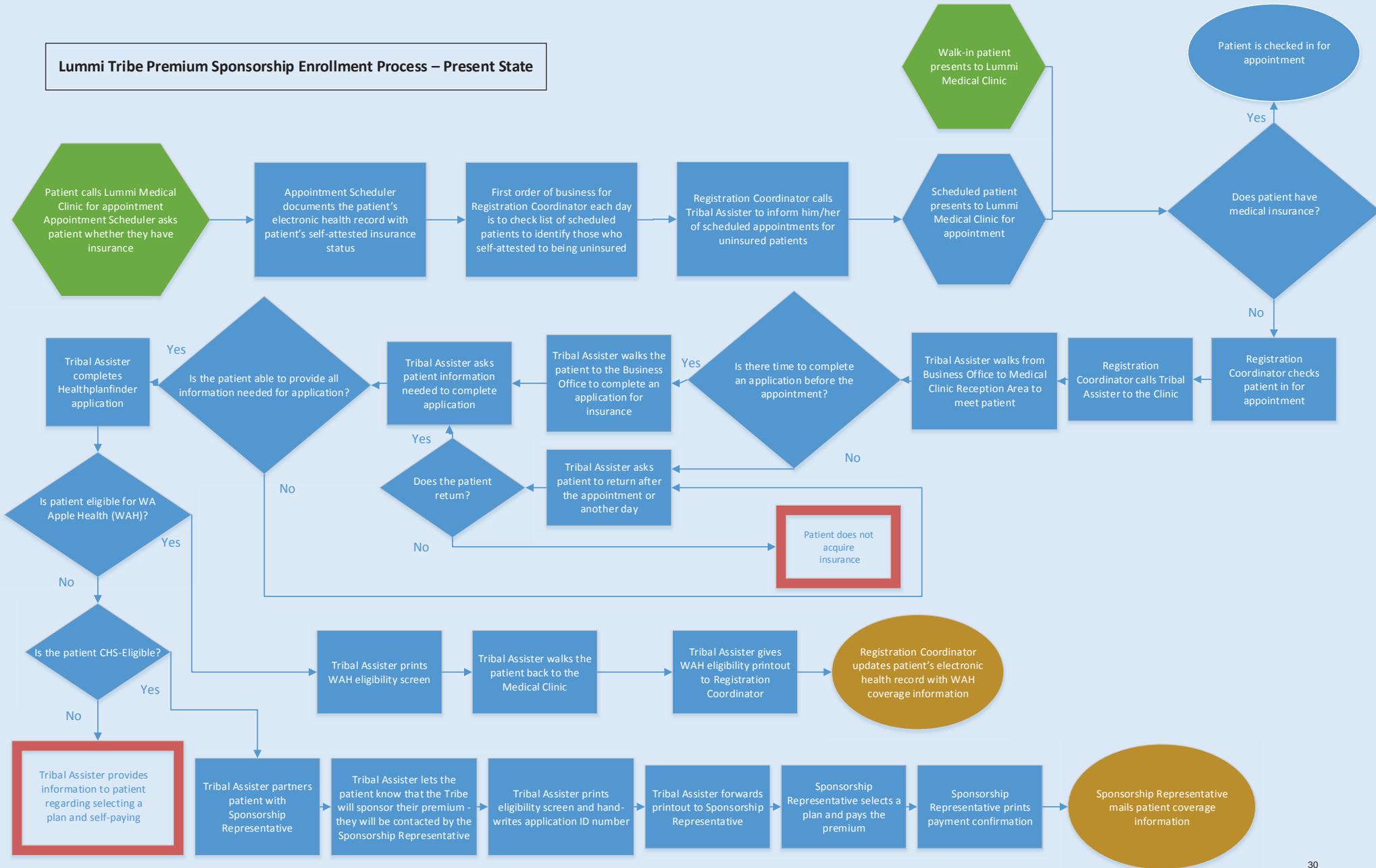
Jamestown S'Klallam Tribe Premium Sponsorship Enrollment Process – Present State

Jamestown S’Klallam Tribe Premium Sponsorship Maintenance Process – Present State

MONTHLY PROCESS

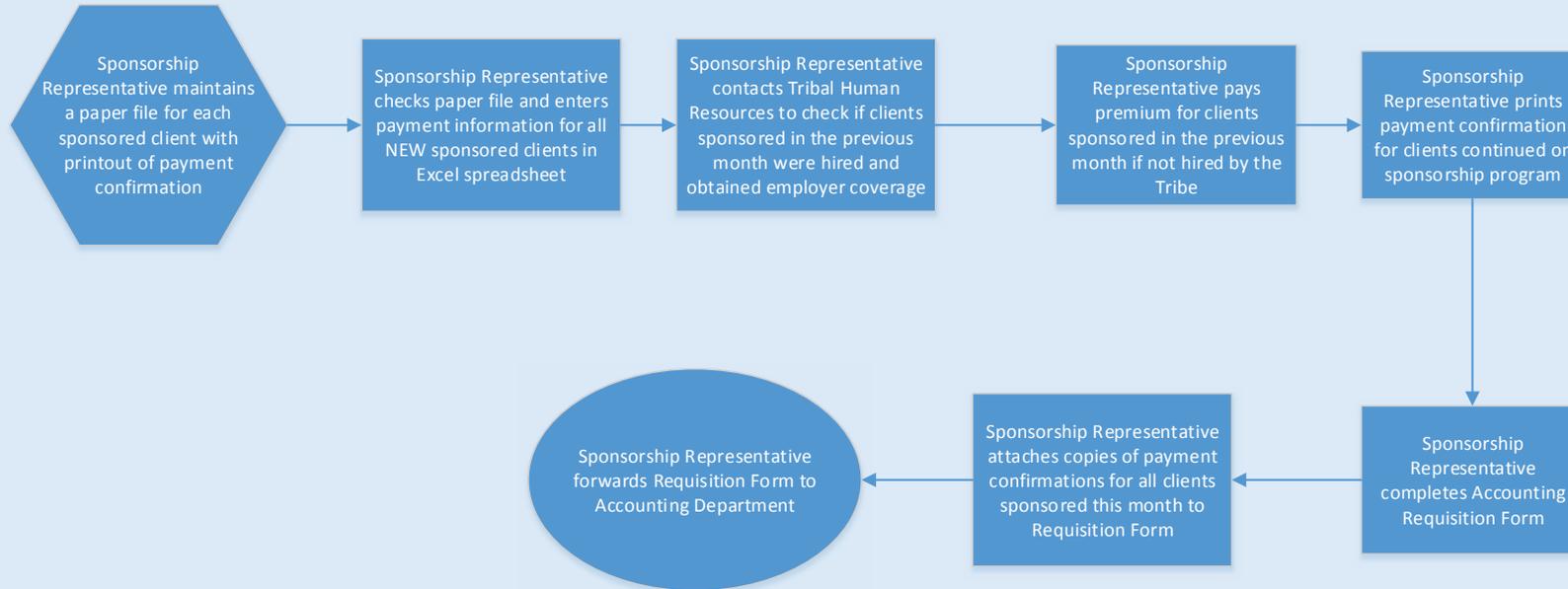


Lummi Tribe Premium Sponsorship Enrollment Process – Present State

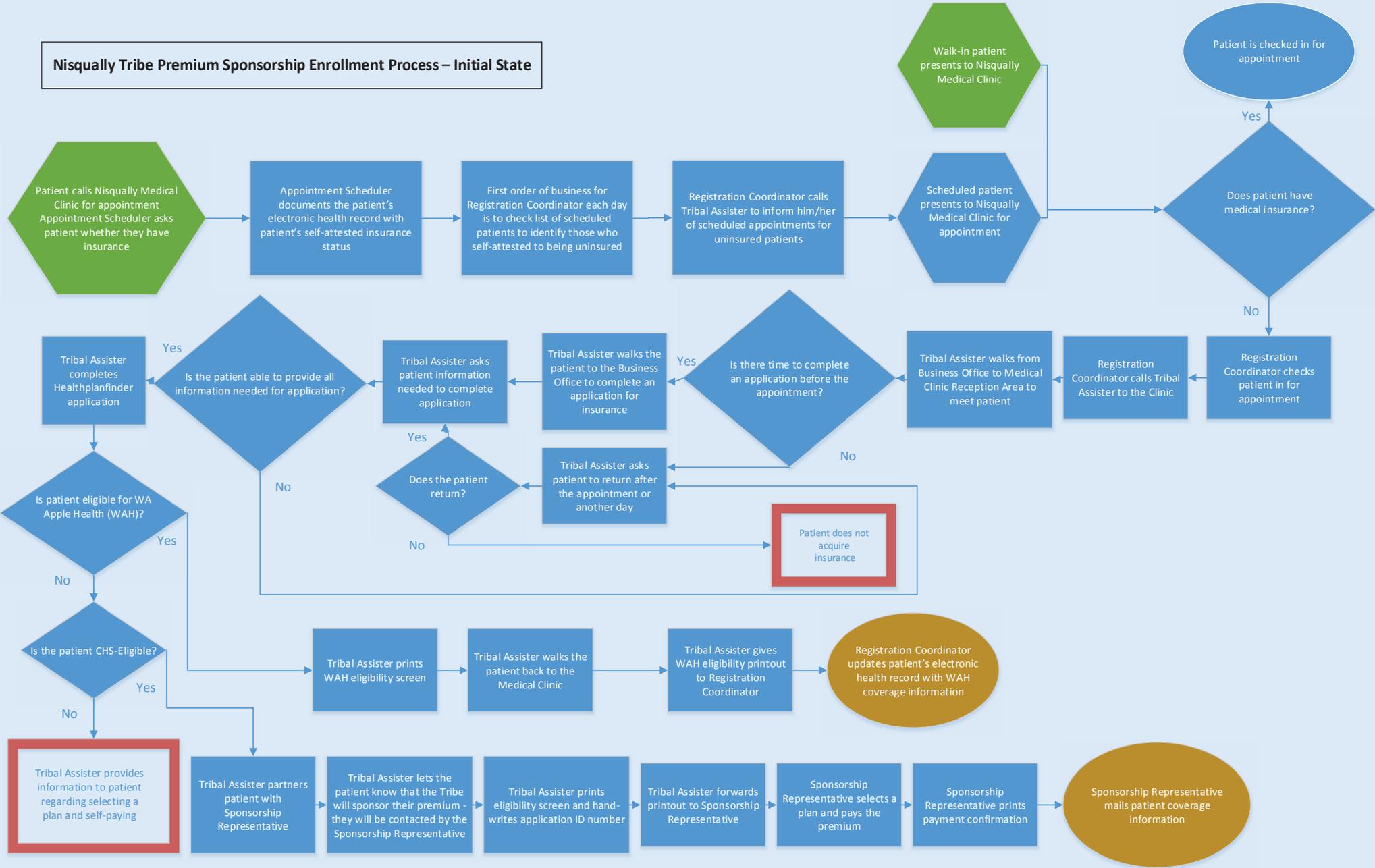


Lummi Tribe Premium Sponsorship Maintenance Process – Present State

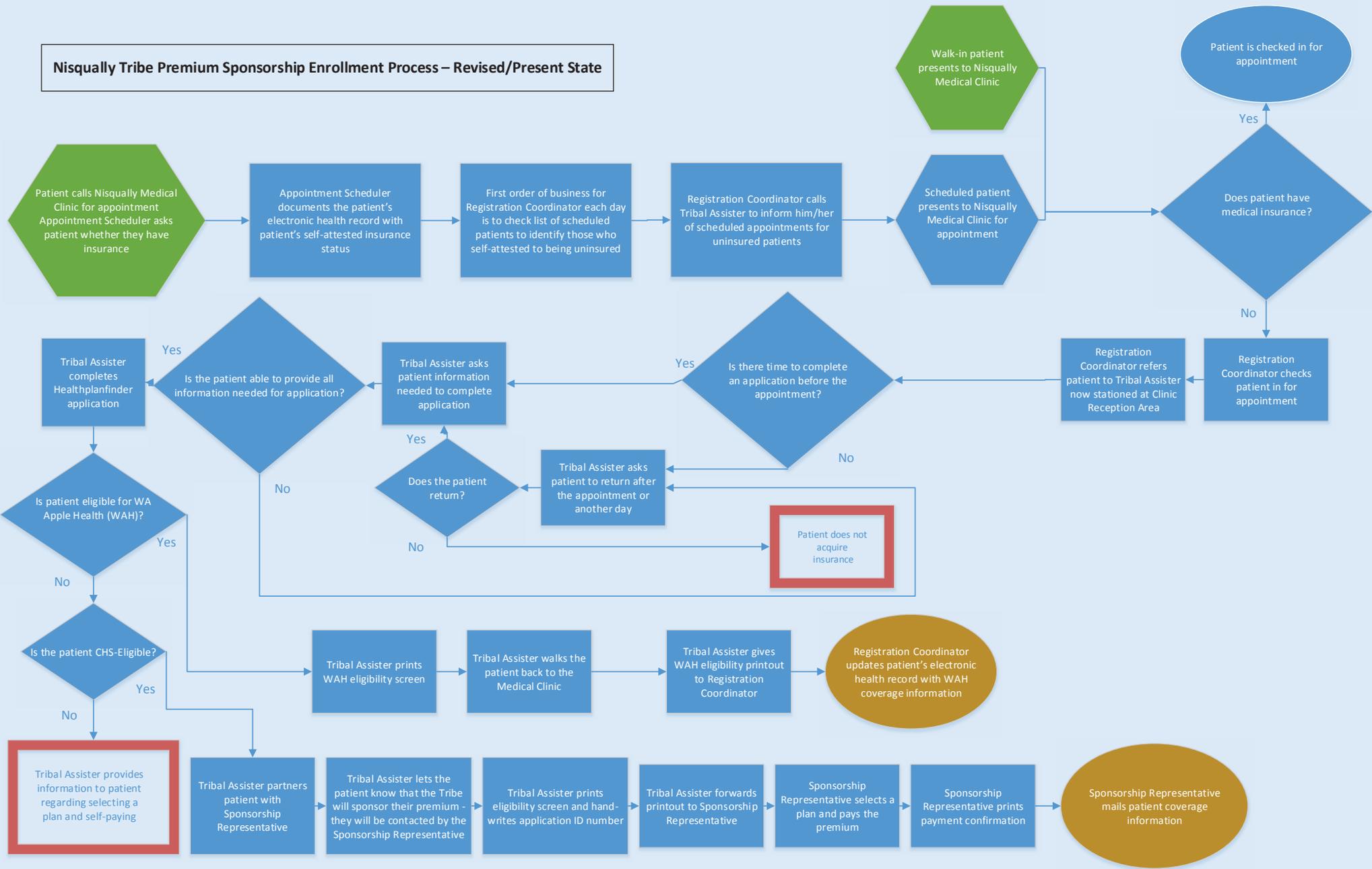
MONTHLY PROCESS



Nisqually Tribe Premium Sponsorship Enrollment Process – Initial State

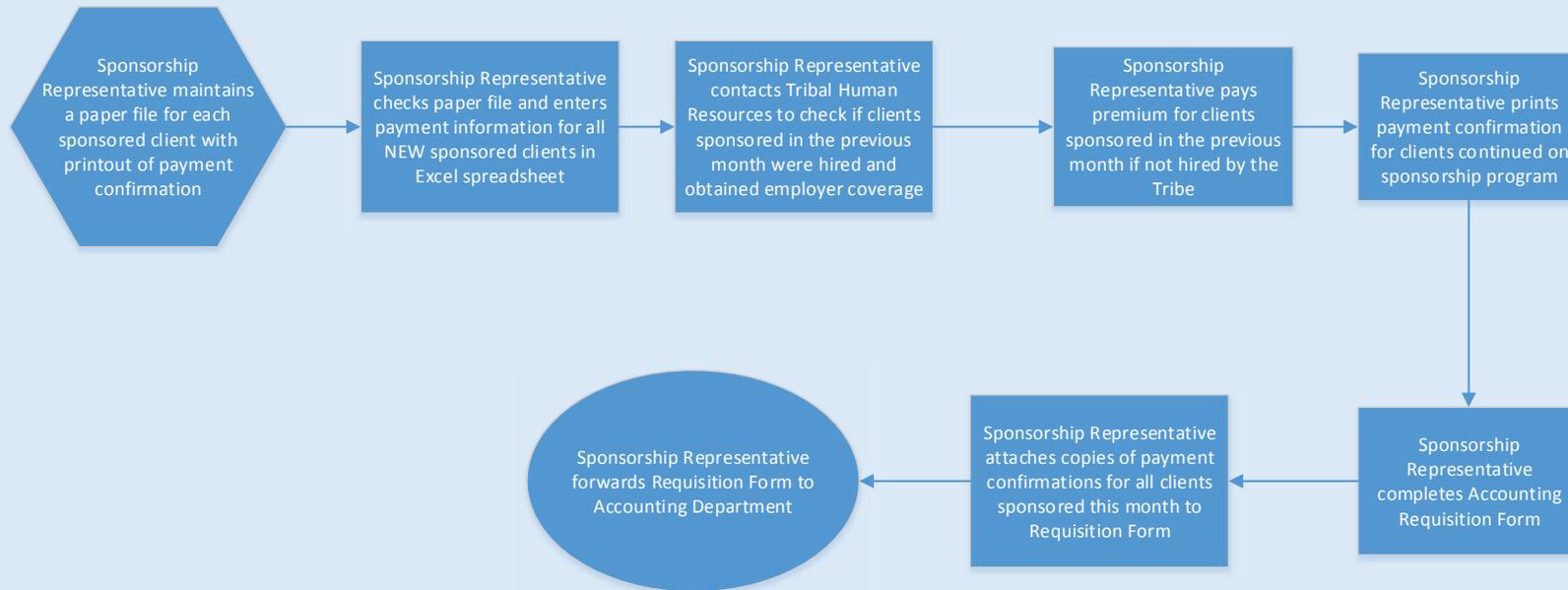


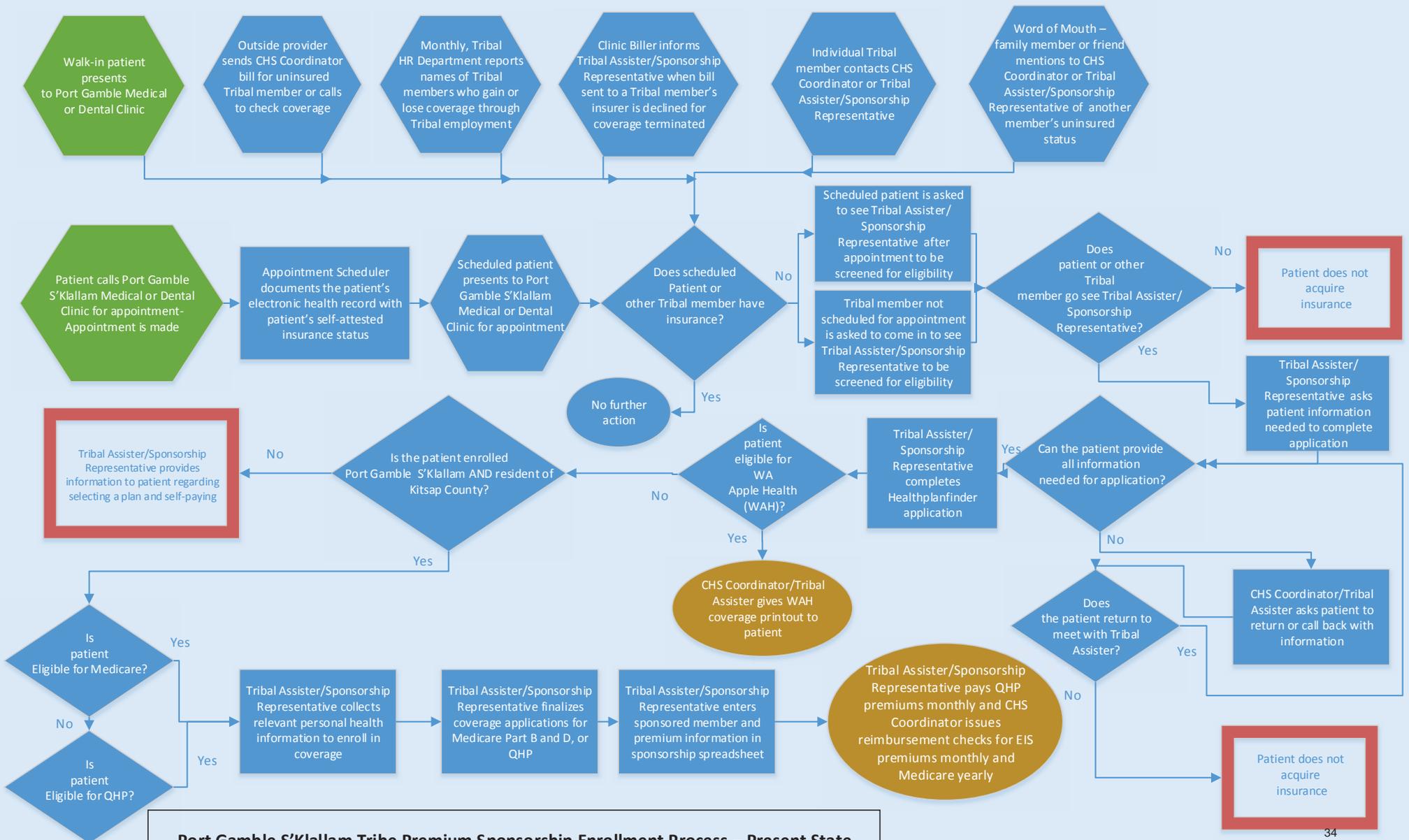
Nisqually Tribe Premium Sponsorship Enrollment Process – Revised/Present State



Nisqually Tribe Premium Sponsorship Maintenance Process – Present State

MONTHLY PROCESS

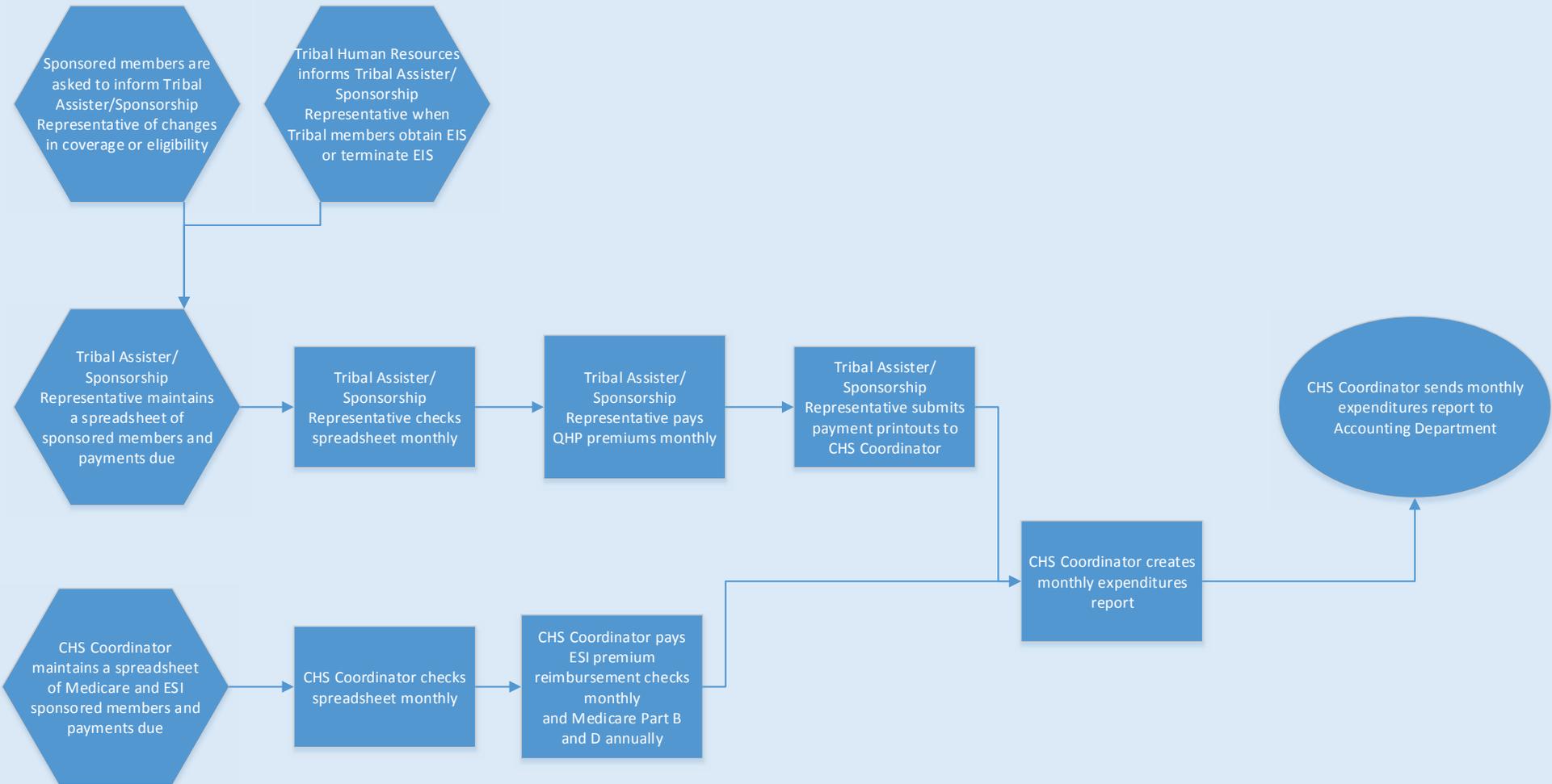




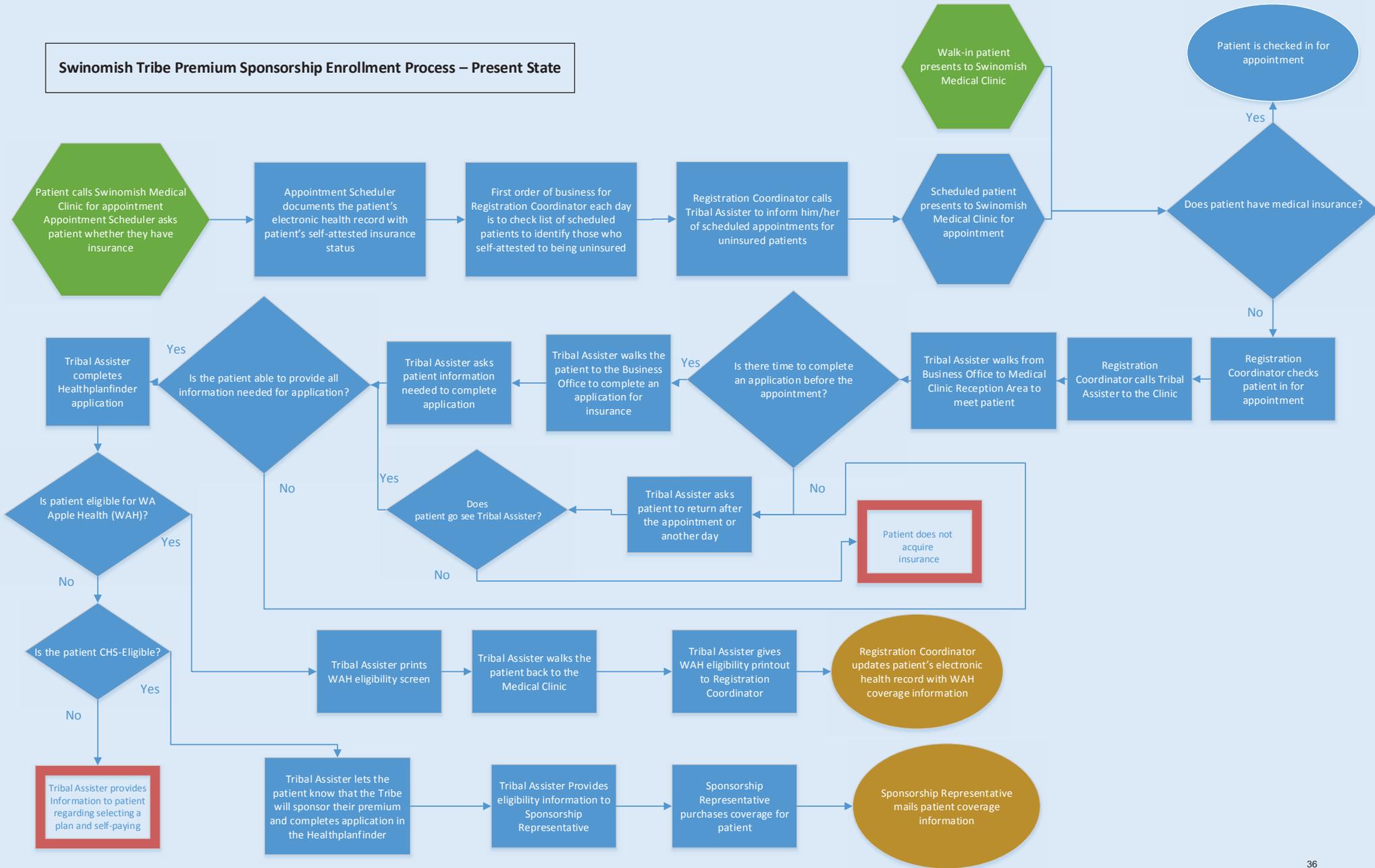
Port Gamble S'Klallam Tribe Premium Sponsorship Enrollment Process – Present State

Port Gamble S’Klallam Tribe Premium Sponsorship Maintenance Process – Present State

MONTHLY PROCESS



Swinomish Tribe Premium Sponsorship Enrollment Process – Present State



Swinomish Tribe Premium Sponsorship Maintenance Process – Present State

MONTHLY PROCESS

