



Tribal Sponsorship's- Best Practices

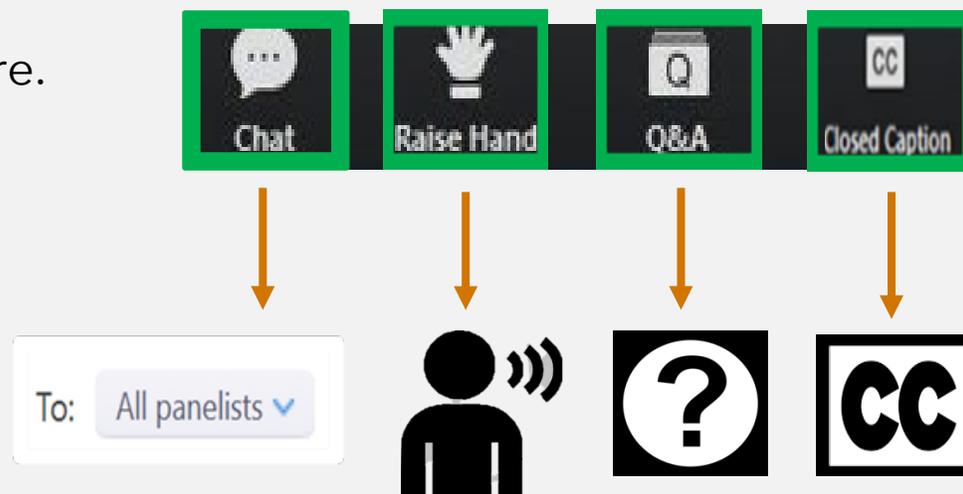
**TUESDAY, JULY 2, 2024
2-3 P.M. EASTERN TIME**

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ALL TRIBES WEBINAR ON
TRIBAL SPONSORSHIP
PROGRAMS -
BEST PRACTICES

National Indian
Health Board



TRIBAL SPONSORSHIP HEALTH INSURANCE PROGRAM

Tribes and Tribal organizations pay for health insurance premiums for American Indians and Alaska Natives.

- Tribal Sponsorship allows Tribes to increase third-party billing revenue and it provides positive returns on investments to increase services for citizens
- Tribes may start with a small group as a pilot program
- Tribes may enter into agreements to pay health insurance premiums for Tribal members



WHY TRIBAL SPONSORSHIP?

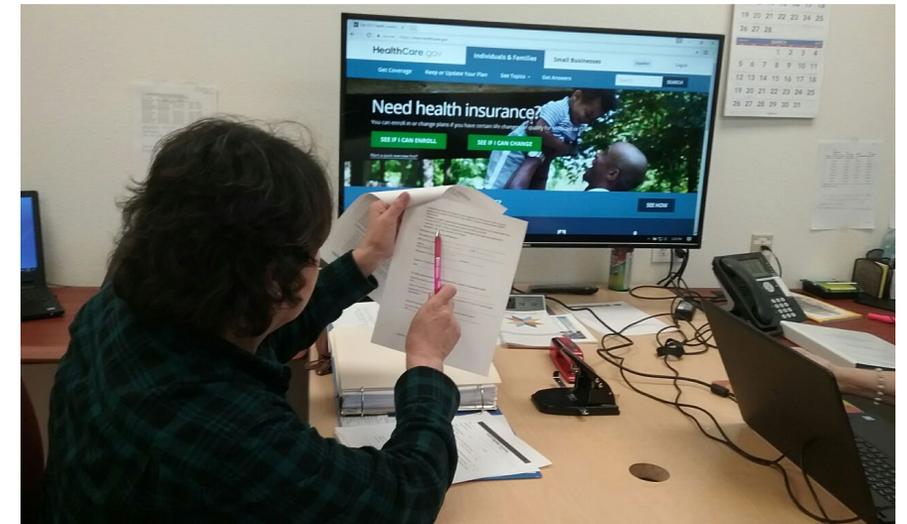
Aim to provide financial support to Tribal citizens who need assistance with purchasing health insurance coverage.

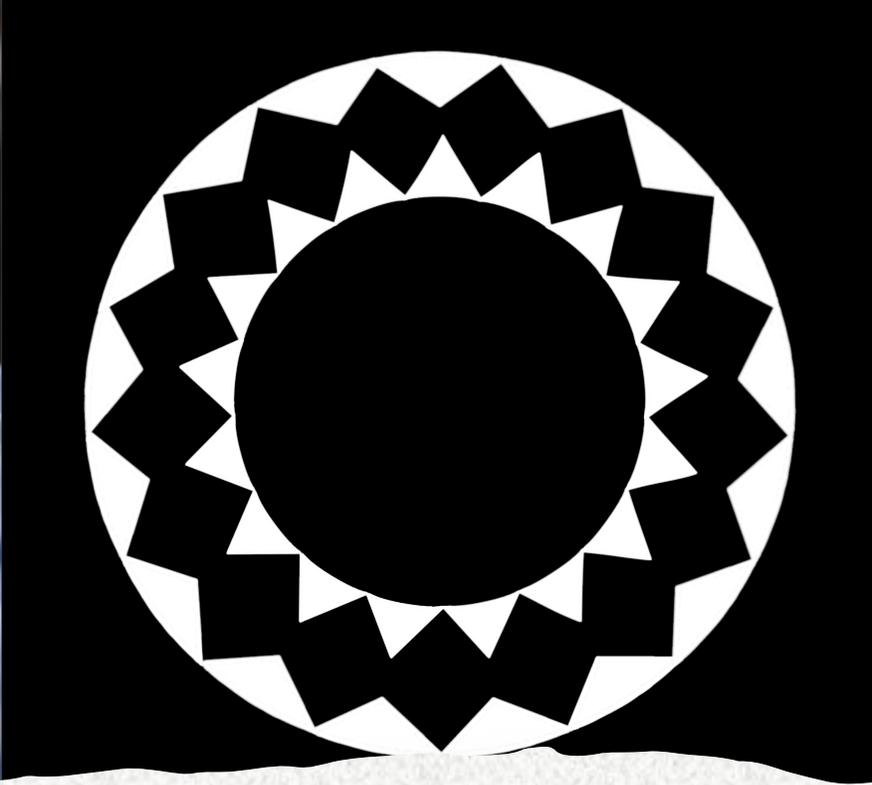
- High-cost patients being referred out for higher and specialty care
- High-cost pharmacy patients
- Patients who don't have Medicare part A, B or D
- Patients who are eligible for Marketplace plans



BENEFITS OF TRIBAL SPONSORSHIP

- Access to specialty care
- Preserves Purchase Referred Care funds
- Decrease uninsured patients
- Revenue generated by Tribal sponsorship:
 - Purchase high-cost equipment or hire additional staff
 - Provides additional resources to expand programs
 - Allows Tribes to provide specialty services within their facility
 - Increase Tribal citizen's access to health care and health insurance





Tuba City Regional
Health Care Corporation

Tribal Sponsorship Program

Tuba City Regional Health Care Corporation Tribal Sponsorship Pilot Programs

MEDICARE PART D START UP:

November 2015:

Planning Processes Began CEO (Lynette Bonar) announced Medicare Part D Tribal Sponsorship Program from her tour at a facility in Alaska, who participates in the Medicare Part D program.

End of November 2015:

TCRHCC TEAM Site Visit Meeting with Chickasaw I.H.S facility in Oklahoma and discussed the Medicare Part D Sponsorship program.

Departments involved: PBC, Pharmacy, Finance, CEO & CQO.

MEDICARE PART D PLANNING PROCESS:

Months of meeting and planning and organizing the whole Sponsorship program steps had to be in place:

- ✓ Proposal (cost and Rx clients)
- ✓ Brochures created
- ✓ Medicare Part D Enrollee job description
- ✓ MOU (Memorandum of Understanding) for Corporation (Legal)
- ✓ MOA (Memorandum of Agreement) with the client (Legal)
- ✓ Policy (Medicare Part D Program)
- ✓ Creditable Coverage Letter for Medicare
- ✓ PBC office and expense for set up
- ✓ Medicare Part D process flow
- ✓ Legal review of all documents

MEDICARE PART D PATIENT CONTACT TO ENROLLMENT:

- MOU/MOA, brochure and I.H.S creditable coverage letter sent to selected individual
- Client returns with signed MOU/MOA and creditable coverage letter
- Medicare Part D Enrollee educate in Navajo/English on the Sponsorship Program of what it all entails to the client
- Medicare Part D Enrollee will proceed with enrollment online using the Medicare.gov link
- Scripts are not entered at time of enrollment using only one Part D plan (w/gap coverage) currently using Silverscript.

CONTINUE OF ENROLLMENT PROCESS:

- To allow enrollment "loss of coverage" is selected
- Return address on application will be Tuba City Regional's address to track all incoming mail to avoid loss of contact
- Folder created with checklist (template) of doc's received, dated and filed
- MOU/MOA signed by CEO before mailing (Part D Plan)
- Invoice is received after enrollment and premium paid yearly not monthly Medicare Part ID Enrollee will track payments, date of enrollment and renewal

Tribal Sponsorship: Medicare Part D

- Go live 2018 to current
- Total enrolled in 2018 to 2024 (746) enrollment increasing by the month
- Total revenue: 2018 to 2024 (Next slide)
- Revenue gained, if no Part D revenue is lost
- Patient/s w/ Rx high cost, Oncology, Infusion, referrals from providers and pharmacy
- Patients are prescreened for alternate resources before going forth with the sponsorship program
- 746 patients on limited income and not able to afford part D coverage

Medicare Part D Yearly Totals:

Medicare Part D Yearly Totals:					
Year	Total Prem. Paid	Total Billed	Out of Pocket	Returned Revenue	Total Enrolled
2018/ 2019	\$115,720.60	\$1,989,282.20	\$593,758.02	\$1,357,469.70	302
2020	\$232,815.21	\$2,340,842.63	\$413,421.56	\$1,784,741.05	117
2021	\$237,108.28	\$2,428,224.21	\$608,798.18	\$1,771,928.08	140
2022	\$261,710.10	\$3,095,450.21	\$725,626.03	\$2,348,422.45	92
2023	\$276,638.00	\$3,309,657.89	\$839,783.18	\$2,528,766.53	77
2024					
2025					
2026					
2027					
2028					
2029					
2030					
2031					
2032					
2033					
Total:	\$1,123,992.19	\$13,163,457.14	\$3,181,386.97	\$9,791,327.81	728

CHALLENGES!:

- Patients changing their address from Tuba City mailing address to their own (loss of contact)
- Part D plan not recognizing the I.H.S. Creditable Coverage Letter (re-mailing)
- Mail crossing plan stating loss of coverage or terming coverage when has been made (work with Finance to provide proof of payment to reinstate)
- Patients not signing forms on timely manner to avoid loss of coverage or to avoid penalty cost
- Patients changing plans from traditional Medicare to HMO plan on a daily basis, rechecking coverage and cancelling MOU's and recouping payments
- Daily filing and sorting of mail from Part D EOB's and setting time aside to conduct interviews and new enrollment
- Number of clients are growing each day to 3 or 4 enrollments



Tribal Sponsorship: Marketplace

- Go live 2021
- Total enrolled 2021 to 2024 (62) enrollment increasing by the month
- Total revenue: 2021 to 2024 (See table next slide)
- Revenue gained, if non coverage lost revenue for TCRHCC
- Bronze plan (high deductible- low premium)
- 26 Speciality Care (Oncology patients) enrolled due to serious health issues and needing outside services for care PRC referrals
- 34 high Rx cost
- Affordable Care Act (Marketplace)
- Clients with high medical costs (Oncology, Infusion, PRC referrals, RX cost)
- Same process as the Part D Sponsorship Program
- Premiums will be different with each client depending on their income
- Clients will have no other insurance and prescreened for all state programs before qualifying for Marketplace enrollment

Marketplace Yearly Totals:

Marketplace Sponsorship Yearly Totals									
Year	Premium	Billed Amt	Allowed	Deductible	Co-pay	Co-Insur	Ret Rev	Timely	Other Facility
2021	\$10,740.28	\$808,525.47	\$313,706.09	\$2,715.51	\$40.00	\$0.00	\$312,620.68	\$1,101.33	\$66,527.47
2022	\$39,046.72	\$565,147.32	\$225,872.44	\$8,339.33	\$0.00	\$1,200.00	\$328,775.71	\$1,150.00	\$240,762.22
2023	\$105,465.49	\$643,732.06	\$139,865.72	\$11,781.11	\$724.17	\$1,556.23	\$135,058.94		\$251,399.37
2024									
2025									
2026									
2027									
2028									
2029									
2030									
2031									
2032									
TOTALS:	\$155,252.49	\$2,017,404.85	\$679,444.25	\$22,835.95	\$764.17	\$2,756.23	\$776,455.33	\$2,251.33	\$558,689.06

Marketplace Challenges:

- Patients changing their address from Tuba City mailing address to their own (loss of contact)
- Mail crossing over/ invoice not received stating loss of coverage or terming of coverage when payment has been made (work with Finance to provide proof of payment to reinstate)
- Daily filing and sorting of mail BCBS EOB's and setting time aside to conduct interviews and new enrollment
- Patients disenrolling without notice and recouping of funds to Finance
- Outside referrals need prior authorization by provider for services to be rendered off the reservation
- New third-party payor implemented for better tracking of invoices and payments to avoid loss of coverage

Number of clients are growing each day to 1 or 2 enrollments

Sponsorship Gain

- Increase revenue to build more services on the reservation
- Patients have more benefits for their health coverage on/off the reservation
- Less PRC funds utilized
- Patients do not have to travel far from home when they are not feeling well
- True story: One patient needing serious medical attention, enrolling into Marketplace has helped her with services off the reservation, since TCRHCC was not able to assist with care "PRIORITY", BCBS has paid for the services rendered.
- There are other patients that needed high cost meds costing 20,000.00 range where Part D sponsorship has helped with payment and out of pocket was low on their end which was not billed to the patient.
- All sponsorship patients have serious health issues, where sponsorship has really helped with cost

LET'S CONNECT

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Always eager to connect and uplift your input.



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QUESTIONS?

