

**REDDING RANCHERIA
TRIBAL GOVERNMENT POLICIES**

Chapter TP 7-700

Member Health Care Safety Net



September 20, 2022

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SECTION 1: PURPOSE

The purpose of the Member Health Care Programs are to ensure that all members of the Redding Rancheria and their spouses, domestic partners, and dependents have broad access to the highest quality of medical and other health care, to ensure that health status of the membership is elevated to the highest possible level. The program is also to support and protect self-sufficiency and tribal self-determination by ensuring that members have protection from the financial burden of uninsured costs of necessary medical care.

The program is deemed necessary by the Rancheria to curb historic patterns with regard to medical care, and to ensure the future success of the tribe. The program serves a core and essential government function of the Rancheria and transcends individual financial need. The assistance provided under this program, like the federal Indian Healthcare Improvement Act, is designed to satisfy an overall long-range need of the community and not merely an individual short-term need of the recipient.

SECTION 2: BACKGROUND AND INTENT

(a) Addressing Tribal Needs and Goals

The members of the Redding Rancheria are eligible for health care services financed by the United States Government through the Indian Health Service and Contract Health Service. The services are required pursuant to the Indian Health Care Improvement Act, which declares, under federal and Congressional policy that:

- (1) “The provision of health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”;
- (2) “A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services”; and
- (3) “That it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians...and to provide all resources necessary to effect that policy”.

25 U.S.C. Sections 1601 and 1602.

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This program is intended to provide members with the level of care and services they are entitled to under the above federal and Congressional policies but which are being denied due to federal budget shortfalls. Program benefits all provided by the Rancheria under an express reservation of its right to seek reimbursement from the federal government and/or future budget increases to reflect the federal government's failure to meet its responsibilities and obligations identified in 25 U.S.C. Sections 1601 and 1602.

At this time, certain basic medical, dental and vision care are available to Rancheria members through the Indian Health Service-funded clinic. Members are eligible to receive these services at no charge. However, the federal government provides only a portion of the amount needed to finance necessary services. Therefore, services offered by the clinic are rationed. Necessary medical services not offered by the clinic should be paid from Contract Health Service funds. However, due to inadequate financing these services are also rationed and currently available to finance only "urgent and emergent" health care needs. Even though members are eligible to receive a full complement of health services, rationing leaves many needed services underfinanced.

The members of the Tribe appropriate resources through each year's budget to ensure that adequate amounts are available to provide member health care as called for by the above tribal, federal and Congressional policies.

These programs are intended to provide financial support for necessary medical care that is not already available from other sources. The Tribe can ensure that maximum benefit is derived from its own dollars through design of programs that augment and complement other available programs. Accordingly, the program relies on coordination with existing sources of health care financing to ensure efficient use of the program's resources. The program is intended to augment and support health care available through the Indian Health Service, Medicare and Medicaid, but in no way intended to supplant or replace such care or to relieve the federal government of its obligations.

Efforts are also made to maximize benefits available through member employers. The program coordinates with benefits available to members who are employees of the Rancheria, and assists members employed elsewhere with the portions of coverage not provided their employer, such as financing dependent coverage that may be available through their employer plan.

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(b) Coverage under the Redding Rancheria General Welfare Ordinance

This program and its associated benefits are authorized pursuant to the Redding Rancheria General Welfare Ordinance and Chapter TP 1-1100 of the Redding Rancheria Tribal Governmental Policies, as the same may be amended from time to time, and shall be administered in accordance and compliance therewith. Program benefits are intended to constitute Indian tribal general welfare benefits excluded from taxable income under Internal Revenue Code Section 139E. Program benefits modeled after the IRS "safe harbor" rules are also intended to qualify for tax free treatment under IRS Revenue Procedure 2014-35 and Notice 2015-34, as the same may be amended, which are looked to as good faith guidance by the Tribe in applying Code Section 139E pending the issuance of final regulations thereunder. All assistance provided in accordance with this policy is intended to qualify for favorable tax treatment to the fullest extent permitted at law.

The provisions of Chapter TP1-1100 of the Redding Rancheria Tribal Governmental Policies are hereby incorporated by reference and shall apply to the implementation and benefits authorized by this policy.

SECTION 3: DEFINITIONS

As used within this chapter, the following terms shall mean:

- (a) Administrator: The Chief Executive Officer of the Redding Rancheria or authorized designee.
- (b) Chief Executive Officer (CEO): The Chief Executive Officer of the Redding Rancheria.
- (c) Tribe: The Redding Rancheria, a federally recognized Native American tribe, in Redding, California.
- (d) Tribal Court: The Redding Rancheria Tribal Court.
- (e) Health Care: Necessary medical, dental vision and other services for which Federal Indian Health Service resources may be utilized, including alternative medical practices, and other services that contribute to improved health status.
- (f) Clinic: Redding Rancheria Indian Health Clinic.
- (g) Outside Providers: Health care providers other than the Clinic.

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- (h) Pre-approved health care: Use of outside providers that has been authorized by referral from the Clinic.

Other terms utilized herein shall have the same meaning as defined within the General Welfare Ordinance.

SECTION 4: DELEGATED AUTHORITY

The Chief Executive Officer (CEO) is hereby delegated all administrative authority to carry out the day-to-day operations of the program, in accordance with General Welfare Implementing Policies – Chapter TP 1-1100 of the Redding Rancheria Tribal Government Policies.

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES

There is hereby authorized the Redding Rancheria Tribal Member “Health Care Safety Net” Program.

Program expenditures are authorized to provide basic medical coverage for members of the Redding Rancheria based on the most cost efficient program available, as determined by the Administrator, taking into account all aspects of costs and benefits, including:

- (a) Acquiring and purchasing special insurance coverage or making self-insurance available to members, spouses, domestic partners, and dependents through available group plans and/or state sponsored or private networks, or Redding Rancheria sponsored self-insurance plans.
- (b) Where members are employed by the Redding Rancheria or other employers and have employee group coverage, financing or reimbursing the actual cost of coverage for members and members’ spouses, domestic partners, and dependents under those plans.
- (c) Reimbursing the cost of Medicare and other Medicare supplemental care coverage for members of the Tribe, their spouses, domestic partners and/or dependents who are Medicare-eligible. Supplemental coverage will be provided through a privately purchased plan or the Tribal self-funded plan authorized pursuant to Chapter TP 9-800, whichever the member chooses.

SECTION 6: ELIGIBILITY

All enrolled members of the Redding Rancheria shall be eligible to participate in the Health Care Safety Net Program under the terms below.

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- (a) As outlined in Section 5, spouses, domestic partners, and dependents of members are eligible if they meet the requirements of the insurance product provided to the member.
- (b) Medicare-eligible members, spouses, domestic partners and/or dependents shall be required to enroll in Medicare Parts A and B as their primary medical coverage.
- (c) Members who leave employment with Redding Rancheria and elect to continue their employee coverage under the federal COBRA laws may have such coverage financed through the Health Care Safety Net Program for a period not to exceed 18 months.
- (d) Non-Member spouses (legally married), who are enrolled in the Tribal Member self-insurance program or receiving reimbursement for Medicare or other insurance costs at the time the Tribal Member's death, shall be eligible for continued coverage if they were married to the Tribal Member for at least 25 years. This continued coverage can continue for the life of the surviving spouse, but shall not continue if they remarry.
- (e) Non-Member spouses and Domestic Partners, who are enrolled in the Tribal Member self-insurance program at the time of the Tribal Member's death, shall be allowed to remain on the self-insurance plan for a period not to exceed one year.

SECTION 7: PROGRAM REQUIREMENTS

- (a) Use of alternate resources: In order to obtain benefits under this program, if insurance is not available, members must avail themselves of other available resources, through the Redding Rancheria Indian Health Clinic (Clinic). Screening for alternate resources in the case of Medi-Cal will be accomplished by the Clinic except when the member is determined to have requirements for Level One Contract Health Service Care.
- (b) In the event that a member who is dependent on Contract Health Service is determined to require Level One Contract Health Service Care, the formal screening for Medi-Cal eligibility will be required in order to ensure eligibility for IHS Contract Health Services and the Indian Health Service Catastrophic Health Emergency Fund.
- (c) Pre-approval of Health Care: To be eligible for payment of services to be provided by outside providers under (a) above, members shall be required to obtain referral from the Tribal Clinic. Further referrals from the outside provider for further treatment must be approved and referred by the Tribal

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Clinic, at which time the program will allocate resources to complete the approved treatment plan. Outside referrals will be reviewed by the Medical or Dental department to ensure that treatment falls within CHS Level II or other authorized services as provided within this policy.

- (d) In order to conserve resources, every effort will be made to utilize Outside Providers who have entered into discounted fee arrangements with the Tribal Clinic.
- (e) Controls: Direct payment to vendors and/or providers shall be utilized whenever feasible. In cases where reimbursement or other payments must be made directly to the member, the member shall be required to provide receipts and other evidence of qualifying payments and expenditures as may be requested by the Administrator to ensure program compliance.

Legislative History:

Originally Adopted by Tribal Council Resolution #080-12-11-07, dated December 11, 2007.

Amended by Tribal Council Resolution #061-08-05-08, dated August 5, 2008.

Amended by Tribal Council Resolution #011-01-24-12, dated January 24, 2012.

Amended by Tribal Council Resolution #020-04-17-12, dated April 17, 2012.

Amended by Tribal Council Resolution #084-12-08-15, dated December 8, 2015.

Amended by Tribal Council Resolution #053-09-05-17, dated September 5, 2017.

Amended by Tribal Council Resolution #095-09-20-22 dated September 20, 2022.