

REDDING RANCHERIA TRIBAL GOVERNMENT POLICIES

Chapter TP 9-600

Health Services Financing



February 15, 2022

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SECTION 1: PURPOSE

To ensure that programs and services are planned and delivered within the limits of available resources.

To maximize resource potential that is available for health services, health promotion, and wellness and preventive services.

To establish guidance for the allocation of third-party revenues.

SECTION 2: BACKGROUND AND INTENT

The nature of the Self-Governance Compact with the Indian Health Service and the uncertainties associated with federal appropriations and the availability of third-party payment for services requires that effective plans be in place to address contingencies. The Tribal Council has considered the need to ensure effective planning for the use of available resources to support the ongoing health program. The Tribal Council has established and sets forth in this policy the certain allocation guidance and reserve requirements, with the intent to provide long-term stability to the program and to assure continuity of services to the maximum extent possible.

SECTION 3: DEFINITIONS (Reserved)

SECTION 4: DELEGATED AUTHORITY (Reserved)

SECTION 5: AUTHORIZED PROGRAMS AND SERVICES (Reserved)

SECTION 6: OPERATIONAL APPROACH

The Executive Team shall establish such operating procedures and guidance as necessary to assure effective financial operations, including but not limited to:

- (a) Negotiation of the Funding Agreement with the Indian Health Service (“IHS”). The Tribe will assemble a team of individuals familiar with IHS budget and Redding Rancheria Health Program needs to negotiate with IHS for the annual federal funding to support the program including project base budget, tribal shares of Area and Headquarters funds and any competitive or other IHS-related funding (including CHEF, Contract Support Costs, and Section 105(l) Lease Funding) for which the Tribe is entitled.
- (b) Maximizing of Third-Party Revenues. The Tribe will assemble a team of individuals familiar with CMS, Medicare, Medicaid and other third-party revenues, including the Tribe’s entitlement to IHS/CMS encounter rates, the impact of tribal FQHC options and other CMS policies, reimbursements

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from the Veterans Administration under 25 U.S.C. § 1645(c), exhaustion of private insurance, benefit programs and other alternate resources, and the pursuit of subrogation and rights of reimbursement.

- (c) A program to apply for federal and state grants and other funding opportunities, both recurring and nonrecurring, and to address all elements of grant management and evaluation. Without limitation this shall include funding opportunities such as those made available to Tribal health programs to address the negative economic and health impacts of COVID-19, and funding available for expanded Native American Health programs such as behavioral health funding through SAMHSA.
- (d) A collection system which ensures that all services that qualify for reimbursement from third party resources will receive payment.
- (e) A budget and accounting system that will monitor program resources.
- (f) A cost accounting system designed to meet the unique needs of the health programs.
- (g) A resource allocation methodology to distribute collected revenue which supports Tribal priorities and identifies revenue with the service source.
- (h) Reserve accounts will be established to mitigate emergency situations and enable the Tribe to take advantage of opportunities that may develop.
- (i) Funds may be established to provide services to cover reimbursable costs of pharmacy for elderly patients and those with special situations who have no alternate resources. Such fund shall be allocated on a rationed basis, and limited to the approved budget.
- (j) Financial responsibility for health services provided shall be borne in the following order:
 - (1) Exhaustion of third party and non-IHS alternate resources.
 - (2) Grants and other funding sources for specific purposes.
 - (3) Indian Health Service funds (including CHEF) to the extent available and budgeted.
 - (4) The patient, in the case of services not authorized or budgeted within the direct or contract care program.

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- (5) Any patient co-pays.
 - (6) The Redding Rancheria shall bear no financial responsibility outside the amounts of federal, state and third-party resources available for the programs.
- (k) Resource Allocation and Budget Reserves
- (1) Collections shall be accounted for by department and source. The amounts collected, except for cost reimbursable or fee for service programs, shall be available for expenditure in the year following their receipt, after making provisions for established reserves and costs as follows:
 - (A) Reserve for emergencies of \$1,000,000 to be reserved at all times to ensure funds in the event of major federal budget reductions, failure of the U.S. Congress to approve a budget, unforeseen facility or equipment repair or replacement, or other unforeseen event which requires immediate resources. The reserve shall be a priority for all surplus revenue whenever the reserve balance is less than \$1,000,000.
 - (B) A reserve of \$5,000,000 shall be established and maintained for facility replacement or expansion. Ten percent of surplus collections will be credited to the reserve whenever its balance is less than \$5,000,000.
 - (C) A reserve shall be maintained equal to three future years of the net annual cost of the PRC Self-Funded Health Plan, which amount shall be established as planning targets by the Chief Executive Officer and reported to the Tribal Council.
 - (2) Budget allocations shall be provided for support services, wellness and preventive services and such other services as are authorized by the Tribal Council pursuant to budget.
 - (A) An amount may be authorized by the Tribal Council for the direct and indirect costs of preventive programs (such as Head Start). Such programs are intended to target special needs and preventive opportunities with specific segments of the population.

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- (B) Indirect charges shall be levied against actual program expenditures of the service components, at the time of expenditure, on the basis of the approved rate.

- (3) These allocations shall be revisited annually as a part of the review of this policy.

Legislative History:

Originally Adopted by Tribal Council Resolution #04-08-97-G, dated April 8, 1997.

Amended by Tribal Council Resolution #036-06-01-04, dated June 1, 2004.

Amended by Tribal Council Resolution #022-04-12-07 dated April 12, 2007.

Amended by Tribal Council Resolution #028-06-12-12, dated June 12, 2012.

Amended by Tribal Council Resolution #031-04-25-17, dated April 25, 2017.

Amended by Tribal Council Resolution #019-02-15-22, dated February 15, 2022.