2014 COVERED CALIFORNIA TRIBAL CONSULTATION

SACRAMENTO, CA

JULY 17, 2014

ATTENDEES

California Tribal Leaders and Representatives
Covered California Senior Leadership Team
California Rural Indian Health Board
Covered California Tribal Advisory Workgroup

The 2014 Covered California Tribal Consultation Meeting was called to order by Dr. Mark LeBeau at 2:02 pm.

WELCOMING REMARKS/INTRODUCTIONS

Dr. Mark Lebeau, Executive Director of the California Rural Indian Health Board (CRIHB), welcomed California Tribal Leaders and the Covered California Senior Leadership Team to the 2014 Covered California Tribal Consultation.

COVERED CALIFORNIA EXECUTIVE UPDATE

Dr. Lebeau introduced Peter Lee, Executive Director of Covered California. Mr. Lee expressed that Covered California is not only about program enrollment but also making sure that people have access to the affordable healthcare they need. Mr. Lee recognizes that Tribes have been addressing these healthcare disparities for a long time. Mr. Lee reported that Covered California has had unprecedented enrollment numbers, which he attributes to having such an active engaged Tribal Advisory Workgroup and a partnership with the leadership at CRIHB. He thanked the Covered California Senior Leadership Team who helped Covered California create a model to help those who work within the tribal communities. Dr. LeBeau thanked Mr. Peter Lee for his opening remarks and for working with tribal representatives.

CALIFORNIA RURAL INDIAN HEALTH BOARD EXECUTIVE REPORT

Dr. Lebeau explained the mission of CRIHB and gave examples of the health-related technical assistance that is provided to CRIHB member clinics. He gave an update on CRIHB's activities since the implementation of the Covered California Program. In 2012, the Covered California Tribal Advisory Workgroup was established and the California Health Benefit Exchange adopted a Tribal Consultation Policy. Since 2012, there has been a tribal community mobilization effort that provided a program to engage all California leaders with a tribal consultation approach. Some of those efforts included outreach at two hundred events, creating a resource guide and tribal directory, assistance with the advisory workgroup, and coordination of the Tribal Consultation which had an attendance of over 80 tribal representatives. Education activities included creating a website dedicated to the Affordable Care Act specific to the American Indian and Alaska Native population, creation of educational materials, and

over ninety certified enrollment counselors were trained at tribal organizations. Dr. Lebeau outlined the four requests given to Covered California in the 2013 Tribal Consultation meeting: Support the definition of Indian bill, mandate that Qualified Health Plans offer contracts to Indian Health Programs, assist with the CALHEERS Tribal Medi-Cal Administrative Activities claiming processing, and continue the consultation process. Dr. Lebeau said Covered California has been open to receiving recommendations and incorporating tribal requests. Dr. Lebeau's expectation is that Covered California will continue to engage tribal representatives for issues that still need to be addressed.

TRIBAL ADVISORY WORKGROUP CHAIRPERSON REPORT

Dr. Lebeau introduced Yolanda Latham, Covered California Tribal Advisory Board Chair. Ms. Latham clarified her role as the facilitator of the workgroup. She reported that the Covered California Tribal Advisory Workgroup has provided a platform for tribal representatives to talk about health care with an opportunity to help American Indians and Alaska Natives who need affordable care. Ms. Latham informed the audience of what the workgroup is recommending and said that Covered California is giving feedback on how they intend to implement those recommendations. Minutes are available for anyone wanting to see how those recommendations are progressing. Ms. Latham informed the group to visit the Covered California and CRIHB websites for more information. Dr. Lebeau thanked Ms. Latham for her continued efforts.

COVERED CALIFORNIA 101

Dr. Lebeau introduced Virginia Hedrick, Associate Health Policy Analyst for CRIHB. Mrs. Hedrick started training with the a national workgroup and then began to be involved in the Affordable Care Act through funding from the California Endowment and the Indian Health Service. Mrs. Hedrick informed the audience of three Indian-specific unique provisions of the Affordable Care Act:

- No Health Care Expenses for Certain Income Levels
  - American Indians or Alaska Natives who are members of federally recognized tribes classified as 300% of the federal poverty level will not have co-pays or other costs if they obtain insurance through Covered California.
- Exemption From OpenEnrollment Periods
  - There will be one streamlined application that will be submitted by paper, online, or telephone that will enroll clients in Covered California or Medi-Cal. This allows American Indians and Alaska Natives of federally recognized tribes to enroll.
  - American Indians and Alaska Natives who are members of federally recognized tribes are entitled to change health plans once a month. They may also enroll at any time throughout the year.
- Indian Specific Provisions of Affordable Care Act
  - Exemption from penalty for failing to maintain minimum essential coverage.

Mrs. Hedrick asked the audience if there were any questions. Maria Hunzeker, Executive Director of Feather River Tribal Health, Inc. had a question about cost sharing. She asked Virginia how coverage is explained to American Indians and how do they know that they will be treated. Ms. Hunzeker gave an

example of a patient enrolled in a Covered California Qualified Health Plan. This patient went to a hospital and did not receive proper treatment because of a breakdown in communication between multiple sources. Ms. Hunzeker stated that the federal government is supposed to inform the hospitals what benefits are covered. Katie Ravel, Director of Program Policy for Covered California, said that a situation like that can happen in the back end. Ms. Hunzeker asked what the patient is supposed to do in the interim while this issue is getting resolved. Ms. Ravel asked what plan the person in question had in what region to narrow down where the breakdown is happening. Ms. Hunzeker said that she would forward over the question with specific information to the Covered California team for analysis.

Mrs. Hedrick continued to say that the marketplace benefits package must offer similar benefits across each plan though the networks will change slightly. Mrs. Hedrick went over the Enhanced Silver Plan. The Enhanced Silver Plan is a plan that can have the value of a gold or platinum plan for those who are under 250% of the poverty level. Mrs. Hedrick explained that no one can tell a patient what plan is best for them. At an individual level, patients have to decide what makes sense for them. The network changes and they should have agency in what they are selecting.

Mrs. Hedrick said that the tribal exemption application can be accessed at healthcare.gov or www.crihb.org/aca. Some tribes in California offer healthcare to their members as long as the minimal insurance meets the requirements of the Affordable Care Act. Those members may not be subject to a tax penalty or be required to fill out an exemption application.

Mrs. Hedrick gave an update on outreach activities including hosting information tables at tribal events, presentations at tribal meetings, conferences, distribution of patient kiosks, creation of culturally appropriate media and training for providers and clinic staff.

COVERED CALIFORNIA PLANS UPDATE

Leah Morris, Senior Consultant of Plan Management for Covered California, provided a map of the 19 rating regions and the 11 Qualified Health Plans within those regions. Ms. Hunzeker asked which plan is in which region because they are not all available. Ms. Morris said that Covered California will have to look at Feather River Tribal Health specifically and see what Qualified Health Plans are in that region. Currently, Covered California is negotiating the renewal applications for the 2015 year. Covered California was scheduled to reveal the plans for 2015 on July 31, 2014. Additionally, Covered California has been evaluating how to renew their rate structures. Chris Devers of the Southern California Tribal Chairman's Association asked if HIPAA compliance is a component within the review process. Ms. Morris answered that it was added in this year's application because there were some compliance issues and a corrective plan of action was requested. Covered California wanted to see what securities were in place then those were taken to a compliance team to review that portion of the contract.

David Lent, Executive Director of Toiyabe Indian Health Project, Inc. asked if the California Health and Wellness Plan was an off-exchange plan. Mrs. Hedrick answered that it isn't a Covered California plan but another Medi-Cal managed plan.

Ron Sisson, Executive Director of Santa Ynez Tribal Health Clinic, asked what is mandated in the 2015 recertification of Covered California Qualified Health Plans Tribal Addendum. Ms. Morris clarified for Ron that Covered California does not mandate any type of particular type of provider, they do however provide the Tribal Addendum.

Ms. Yolanda Latham said in the case of Sonoma County Indian Health Project, the Qualified Health Plans refer a patient to see a specialist then the patient does not receive the care they need because the specialists are not part of the plan. Ms. Latham's concern is that people may need this care to survive and the counselors are selling Covered California saying it's safe but patients are not receiving the care. Leah Morris responded that they know that this is a learning process and Covered California is still trying to understand what the challenges are. Covered California has been meeting with Qualified Health Plans to verify their information and explain to them the nuances of taking care of the tribal community.

Darla Clark, Chief Operating Officer of Chapa De Indian Health Program, Inc. asked what if there are not enough providers in the area. If they do not have ample providers, why are they not being held accountable by Covered California so that they meet the requirements? Ms. Morris said that there are some challenges with access and referrals within tribal communities. Tribal communities have rights that need to be respected. The Tribal Advisory Workgroup will continue to raise issues that Covered California will discuss with the Qualified Health Plans.

Ms. Morris reported that Contra Costa County will no longer be participating on the exchange or off exchange. They felt it didn't fit with their mission and consequently twelve hundred members will be affected. A list of Tribal and Urban Indian Health Programs was distributed to the group. Ms. Morris informed the audience if anything needs correcting to let them know. Ms. Morris said that Qualified Health Plans have asked the tribes? The tribal health programs? to work with them directly and Covered California offered to work with them as well. The Tribal Advisory Workgroup will be working with Covered California and Feather River Tribal Health to educate all parties and resolve the issue for the patient that Maria Hunzeker referred to.

Michael Thom, Vice-Chairman of the Karuk Tribe, asked who the contact person is to update the Tribal and Urban Indian Health Program list on IHS.gov. Ms. Morris said to contact Mrs. Virginia Hedrick at CRIHB or Ms. Katie Ravel at Covered California.

Ms. Morris said that Covered California will be adding the Indian Addendum in the contract for Qualified Health Plans for 2015. Ms. Morris asked that if the tribal clinics are reaching out to the Qualified Health Plans to let Covered California know what plan you reached out to, the date and the person you spoke with. That way Covered California can contact the Qualified Health Plan and speak with them specifically.

Jess Montoya, CEO of Riverside-San Bernardino County Indian Health, Inc. had a question on Qualified Health Plans and what is mandated in the contract. Mr. Montoya referred to the July 16th document and to page 37 in the presentation. Mr. Montoya said that California's interpretation is that it is not a Federally Facilitated Marketplace but a State Exchange. Covered California doesn't see the CMS language as a requirement, but as a guideline. He said that Covered California is distributing this

information and he assumed the Board had approved for it to be distributed. The state has its own program and 50% Essential Community Providers have to be community clinics and nowhere does it say that QHPsare required to contract with tribal clinics. He added that in Covered California's documentation it is interpreted that business will continue as usual and QHPs will not contract with tribal clinics.

Ms. Morris answered that Covered California is not making it mandatory to contract with tribal clinics and encouraged the tribal leadership to come to the table at the 2016 Tribal Consultation. Mr. Montoya responded that we have been bringing this up year after year and now we need to look at it in 2016? Mr. Montoya said that tribal representatives have been providing input and have relayed how important this is to Tribal clinics. Mr. Montoya reports that he's confident that the information has been shared clearly, and further suggested that tribal leaders use the legislative or legal process to get something done. Dr. Lebeau concurred with Mr. Montoya that this is a critical issue and asked if there were anyone in the room opposed. Chris Devers and his associate were the only ones opposed. They said it was because they didn't have enough information to make an informed decision. Many tribal representatives in the room supported Mr. Montoya's decision to handle this with legislation so that Covered California can do all it can to mandate that the Qualified Health Programs offer contracts to the Indian Health Clinics.

David Lent, Executive Director Toiyabe Indian Health Project asked if other states have done this. Dr. Lebeau replied yes, in other states contracts are offered to Indian health clinics but not in California. Dr.Lebeau repeated that 99% percent of the tribal representatives in the room are behind Mr. Montoya's position.

AMERICAN INDIAN/ALASKA NATIVE VERIFICATION PROCESSES

Darryl Lewis, Manager of Contracts Monitoring and Operations at Covered California, provided information on eligibility and enrollment updates. Mr. Lewis updated the group on enrolling mixed families into Covered California on one application and will give providers a more specific date for implementation.

The Tribal Advisory Workgroup suggested using the Federal Register list of federally recognized tribesCovered California is developing a job aid for Service Center representatives to use the Federal Register list for verification purposes. Covered California identified language regarding the verification notices as being inconsistent for tribes. Covered California worked with CRIHB so that it is less confusing and Covered California has several notice issues they are working to fix. Tribal members are able to send their Certificate Degree of Indian Blood (CDIB) or any other document that is accepted by Covered California.

Mr. Chris Devers said that there was a discussion about this in the last meeting. Mr. Devers had made a presentation to Tribal Chairs in Southern California and there was a lot of concern on eligibility through enrollment with a CDIB card. The Bureau may provide documentation but it doesn't mean that all American Indians can enroll. Is Covered California amenable to each of the State Federally Recognized Tribes requiring a tribal application to make sure that they are a tribal member? Darryl Lewis said that

he will use the Federal Register list to verify an individual and see if they can bring it back to the individual tribes. On the application the people are attesting they are who they say they. That is the verification process.

One tribal leader explained that just because you get a CDIB card doesn't mean that you are enrolled in a Tribe. Ms. Katie Ravel from Covered California said that at the tribal level, Covered California has no other data source.

Andrea Cazares-Diego from Greenville Rancheria said that Covered California is going through a directory that doesn't even have all the tribes. Ms. Cazares-Diego said that Covered California needs to look at the tribes and ask them. Covered California is looking in the wrong place for accurate information. Yolanda Latham added that the electronic database is not complete. Some tribes keep their information private for historical reasons.

Danielle Brewster from Redding Women's Health said that it was her understanding that eligibility of an American Indian could be of direct descent or a member of a federally recognized tribe. Mrs. Virginia Hedrick clarified that eligibility with direct descent was originally in the curriculum provided for Covered California Certified Enrollment Counselors but that it was incorrect.

Mr. Chris Devers asked if the certification process will be discussed at the next Tribal Advisory Workgroup? An audience member responded that as of yet there has been no meeting scheduled.

Mr. David Lent made a comment that Covered California has yet to determine the definition of American Indian.

AMERICAN INDIAN/ALASKA NATIVE ENROLLMENT DATA

Jessica Abernethy, Manager of Program Policy from Covered California, presented on current enrollment data. She clarified that the data doesn't include people enrolled in Medi Cal, only if they are enrolled in a plan. Ms. Abernathy gave an overview of race reported during open enrollment and why the numbers may be skewed. Possible reasons include the fact that it is an optional question and people may claim a different race. Ms. Yolanda Latham was concerned that four thousand is a relatively low number.

Dr. LeBeau recommended that Covered California go back to the application system. He said that as we continue to improve Covered California, we need to make sure that the system is working for all Californians as well as all Native people. Ms. Abernathy said that Covered California cannot make the race question mandatory and apologized that the data didn't show the full picture.

One of the tribal representatives was a Covered California Enrollment Counselor and informed the group that out of eight people not one person was enrolled because the website crashed. He said that they ended up having to use paper and people just walked away from it angry. Now they are getting penalized because they couldn't finish in time. Ms. Katie Ravel said that in the next enrollment period they will have a better estimate of how many people can get through the system. Ms. Antoinette

Medina of CRIHB said that CALHEERS is about 3-4 months behind. People are scared they are going to lose their coverage. CALHEERS workers weren't trained and there are instances of double applications.

Veronica asked if Covered California included exemption numbers and would the Native numbers go up if they were included? Ms. Abernathy answered that Covered California does not have access to that information. Ms. Abernathy said that they may be able to provide funding so that CRIHB can do outreach, documentation, and prioritization of issues and continue their work instead of taking a wait and see attitude. Ms. Abernathy felt that as time goes on people will sign up.

Mr. Chris Devers asked why would any Native fill out paperwork if they could just go to their tribe? "If I'm exempt, I'm exempt." There is a disconnect there and some clarification needs to be provided.

TRIBAL SPONSORSHIP

Ms. Katie Ravel spoke about Tribal Premium Sponsorship. She is not aware of any tribes doing a tribal sponsorship webpage but would like to know if anyone starts a program. Dr. LeBeau said that the Affordable Care Act allows tribal clinics to capture high-cost patient populations and may have the potential to cover costs for ambulance or helicopter flights in rural parts of California. Ms. Ravel asked the audience to consider sponsorship and asked if they are willing to pay a premium for the value that it will bring to their clinic.

In closing, Dr. LeBeau gave a summary of notes he took throughout the meeting.

- Indian Health Clinic Referred Care – When an American Indian is referred through the system and the hospital does not fall on the QHP list, the cost is on the federal Secretary of Health and Human Services Department. Someone in Covered California must assist with CMS and HHS to ensure that the costs do not fall on the American Indian clinics. This is a trust responsibility by the Federal government. This could be an communication? issue between HHS and the tribes.
- How will the system verify who is American Indian? It should be left to the tribes to decide. There are over one hundred tribal entities that have their own "database" and not the Bureau of Indian Affairs. The BIA cannot tell a tribe who they can say is in their tribe or not.

Dr. LeBeau ended the session by making an acknowledgement to Mr. David Panish and gave him recognition for the work he contributed to the State Legislature's Health Committee.