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# Tribal Advisory Workgroup

March 7, 2013



# January Board Updates

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- Received conditional certification from the federal government to operate as a state-based Exchange starting January 1, 2014.
- Received Level II Establishment Grant of \$674 million from the federal government to fund Covered California operations through 2014.
- Released Request for Proposal for \$43 million in community outreach and education grants for community-based organizations.

# February Board Actions

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- Became the first state-based exchange in the nation to require Qualified Health Plans sold through Covered California to offer standardized benefits for each of the metal tier plans as well as catastrophic plans for those under age 30.
- Launched new consumer website at [coveredca.com](http://coveredca.com) in 13 languages. Within the website is a calculator to allow people to estimate what they would pay for coverage.
- The Board authorized staff to move forward with a development of a “bridge” Qualified Health Plan. Contingent on federal approval, this Qualified Health Plan will allow individuals and families transitioning from Medicaid or Children’s Health Insurance Program coverage to a commercial Qualified Health Plan offered through Covered California to stay with the same plan and provider network.



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# Eligibility and Enrollment

Thien Lam

Deputy Director of Eligibility & Enrollment



# Agenda Topics

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- Special Considerations
- Federal Definition of “ American Indian”
- Application Data Elements
- Verification Process
- Making Premiums Payments on Behalf of AI/AN Population
- Soliciting Advisory Group’s Feedback

# Special Considerations

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## Special Consideration for the Federally-Recognized American Indian/Alaska Native (AI/AN) Population :

- **Special Cost-Sharing\* Provisions**

- All AI/AN's with incomes between up to 300% of federal poverty level who purchase insurance through Covered California are exempt from cost-sharing no matter where or how they receive their care.
- All AI/AN's regardless of income level are exempt from cost-sharing when they receive care through the Indian Health Service (IHS), a tribe or tribal organizations or an urban Indian organization or through contracted health services.
- Health and Human Services is tasked with paying health plans the amount necessary to offset the increased actuarial value due to these cost-sharing exemptions

- **Flexibility**

- Can enroll in Covered California at anytime (can enroll outside of the standard open enrollment period)
- May enroll in one Covered California Plan and change to another Covered California Plan one time per month

- \*Cost - Sharing includes co-payments/co-insurance, deductibles or similar charges (does not include premiums)



# Federal Definition of “American Indian”

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- Health and Human Services received comments regarding the use of the federal definition of “American Indian” with the IHS or Medicaid, Children’s Health Insurance Program (CHIP) definitions
- Covered California asked for clarification from the Center for Consumer Information and Insurance Oversight (CCIIO), regarding the use of the Medicaid or IHS “Indian” definition
- CCIIO’s response:
  - Follow current federal guidance on this issue even while the tribes are advocating change at the federal level
  - Congressional legislative action is required to align the current definitions

# Application Data Elements

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**Application Data Elements designed specifically for the California-based application to identify AI/AN applicants**

- **Is this person a member of a Federally-recognized Indian Tribe?**
  - Optional – Yes/No question
- **To which state does this tribe belong to?**
  - Optional – Drop Down Menu
- **What is the name of the tribe?**
  - Optional – Drop Down Menu derived after applicant selects which state their tribe is from





# Verification Process

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## American Indian / Alaska Native Status Verification Process

- Self-attestation that an individual is of Federally-recognized AI/AN status is provided by the applicant during the application process
- Attestation should be verified by any electronic data sources, if available
  - No electronic data sources are currently available or identifiable as a feasible option to use at this time
  - A paper verification process will be used until an electronic data source becomes available identified and determined to be a feasible source



# Verification Process

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Federal Regulations require Covered California to accept documentation that meet the standards for acceptable documentation provided in the Social Security Act. Such documents are issued by a federally-recognized Indian tribes, including:

- Tribal enrollment card or
- Certificate of degree of Indian blood (CDIB) Bureau of Indian Affairs.

Applicants may submit documents online, by fax, or by mail as verification.



# Making Premiums Payments on Behalf of AI/AN Population

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- Federal Regulations allow Indian tribes, tribal organizations, or urban Indian organizations to pay premiums on behalf of qualified AI/AN Individuals
  - Payments made on behalf of qualified individuals would be made directly to plans
  - Plans must know consumers who demonstrated AI/AN federal status
    - Ideas on approach to establish premium payments
    - What is ideal and feasible for 2014?

# Soliciting Advisory Group's Feedback

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- Any suggested data elements for the single streamline application?
- Verification process input:
  - Provide recommendations of known electronic data sources to consider
  - Suggestions regarding the paper verification process
- Premium Payment Options:
  - Suggestions regarding the process to pay premiums for qualified individuals

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Questions/Comments?

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# Plan Management

**Pam Powers**  
Manager, Plan Management

# Agenda Topics

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- **Special Rules**
- **Essential Community Providers**
- **Contracting with Tribal/UI Health Clinics**
- **Preliminary Overview of Contracting by Counties**

# Special Rules For Indians

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## COVERED CA PLANS SHALL:

- I. Cover items or services furnished through Indian Health Providers to Indians with no cost-sharing. *\_\_ACA Section 1402(d)(2).*
  - II. Provide monthly special enrollment periods for Indians enrolled through the Exchange.
  - III. Comply with Indian Health Care Improvement Act Sections 206 (25 U.S.C. 1621e) and 408 (25 U.S.C. 1647a).
  - IV. Not impose any cost-sharing on Indians under three hundred percent (300%) of federal poverty level.
- Individual Mandate to maintain minimum essential coverage does not apply. *\_\_Section 5000A(e)(3)*



# Essential Community Providers

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- Tribal Health and Urban Indian Health Centers; some are designated as Federally Qualified Health Centers (FQHC).
- 340Bs also include Tribal Health and Urban Indian Health Centers.
- Federally designated 638 Tribal Health Programs and Title V Urban Indian Health Programs have been listed by Covered California for inclusion in the ECP networks.
- All of these designations qualify them as Essential Community Providers (ECP) for meeting the QHP requirements.

# Contracting with Tribal/UI Health Clinics

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- Covered CA encourages Issuers to contract with Tribal/Urban Indian clinics.
- Stronger preference is given to Issuers who contract with these entities in their service areas, where one is available.
- This is only one of the factors that will affect the overall decision.

# Preliminary Overview of Counties

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## More outreach will be encouraged in these areas:\*

- Los Angeles
- Santa Clara
- San Bernardino
- San Diego
- Riverside
- Alameda
- San Francisco

*\*based on review of partial list of bidders*



# Next Steps

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- Guidance and advice requests from Advisory Group
- Discussion
- Contact:  
[QHP@HBEX.CA.GOV](mailto:QHP@HBEX.CA.GOV)

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# Outreach & Marketing

**Oscar Hidalgo**

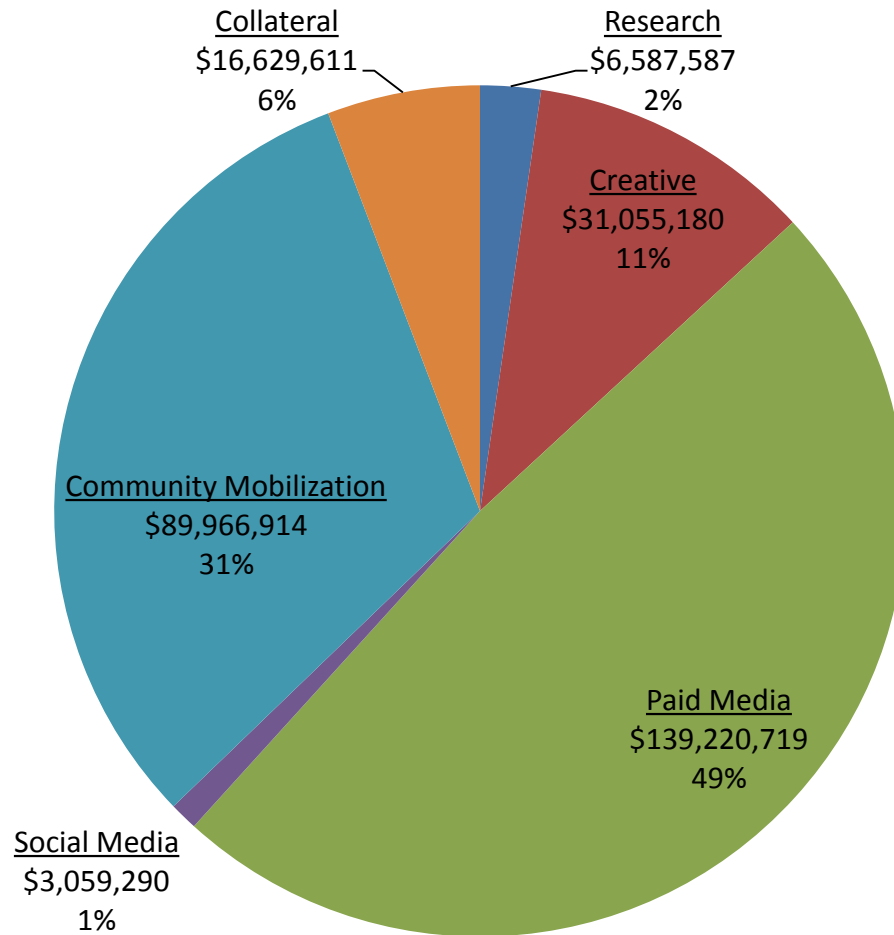
Director of Communications & Public Relations

**Sarah Soto-Taylor**

Deputy Director of Stakeholder Engagement



# Marketing Budget



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# I. Messaging

# Messaging Architecture

BIG IDEAL	<p>The Marketplace believes California would be a better place if everybody believed that investing in their health was a good deal.</p>					
MAIN MESSAGE	<p>Taking care of your health has always been important, but it hasn't always been worthwhile – not affordable and not easy. Covered California is changing all that by providing a simple and easy destination to access first-rate plans from companies you trust. Covered California is the only place where you can get financial help from the federal government to lower your cost of insurance. Whether you are looking for general check-ups, care for an existing condition or protection from an unforeseen event, there is a worthwhile plan for you and your family. It's not just about the law; it's about your peace of mind.</p>					
SEG	Just Getting Started	Working Families	Independent and Connected	Calculated Risk Takers	At Risk and Aging	Aging and Denied
SEGMENT MESSAGE	<p>Protect your health for much less than you'd expect.</p>	<p>The pride of protecting what's most important to you – your family.</p>	<p>A full life requires a protection plan.</p>	<p>We hope you never need it, but it's good to know you have it.</p>	<p>The healthcare you've been waiting (and waiting and waiting) for is here.</p>	<p>A major improvement to the options you had.</p>
SUPPORT POINTS	<ul style="list-style-type: none"> <li>• Huge subsidies</li> <li>• Many will pay \$0 premium</li> <li>• Covers reproductive services</li> </ul>	<ul style="list-style-type: none"> <li>• Financial help provided based on income level</li> <li>• First-rate care</li> <li>• Simple to use</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to access</li> <li>• First-rate care</li> <li>• Compare private plans</li> </ul>	<ul style="list-style-type: none"> <li>• Simple to use</li> <li>• Accessible online, but live people are available</li> <li>• Even if you think you don't need it</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be dropped or denied coverage – even for pre-existing conditions</li> <li>• Healthcare for all</li> <li>• Historic, fundamental change</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be dropped or denied coverage – even for pre-existing conditions</li> <li>• The government has leveled the playing field</li> <li>• Compare private plans</li> </ul>





# Feedback Requested

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- **What are the Key Messages for the Indian Community?**
- **Affordability Desire for Care: What Are We Missing?**
- **What are the Best Channels?**
  - DVDs- Videos
  - Radio Stations
  - TV Stations
  - Community Newsletters
- **Who Are The Most Credible Spokespersons For This Audience?**
- **Are There Appropriate Celebrity Spokespersons?**
- **What Are We Missing?**

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## II. Web Presence & Social Media



# Now online



www.CoveredCA.com



facebook



COVERED CALIFORNIA

# www.CoveredCA.com

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- Easy to understand, basic information
- Fact Sheet for American Indian Community
- Cost Calculator provides estimate on federal assistance possible to households, based on income and numbers in household.
- Reaction to Web site? Other Ideas to Enhance It?

# Fact Sheet

## American Indian and Alaska natives

### FACT SHEET



The Affordable Care Act includes a number of provisions that are specific to American Indians and Alaska Natives. This document addresses provisions in the federal law specific to American Indians' and Alaska Natives' enrollment in health plans offered by Covered California.™

### Special benefits for eligible members of tribes

Eligible American Indians and Alaska Natives are able to enroll in health insurance through Covered California and receive certain benefits, including:

- **No health care expenses for certain income levels.** American Indians with a household income of less than about \$66,000 for a family of four – classified as 300 percent of the federal poverty level – will not have copays or other costs if they obtain insurance through Covered California.
- **No health care costs for medical care**



health services. This provision applies regardless of household income

that most taxpayers over the age of 18 maintain health care coverage

# Social Media 2013 Phased Approach

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Conversation research shows that consumers are uneducated about California's adoption of the Affordable Care Act, and the only people talking in social spaces are reporters and politicians who are sharing opinion or general news, not facts about Covered California. Because of this, we have developed a phased approach for social media. Phases Two and Three are under development at this time and will be informed by additional research being conducted right now along with conversation data gathered during Phase One. The Phases are as follows:

- **Phase One: Education & Content Development**
  - January – April
- **Phase Two: Program Amplification & Storytelling**
  - May – August
- **Phase Three: Enrollment & Event Activation**
  - September – December



# Covered California Audience Segments

	139 – 199%	200 – 400%	400%+
18 - 24	Just Getting Started	Independent & Connected	Calculated Risk Takers
25 - 34	Determined Families		
35 - 44		Eager & Aging	Stability Seekers
45 - 64			



# Discussion

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- What Are Top Five Ways To Reach Your Audience?
- Dos and Don'ts To Reach Your Audience
  - No Mailings
  - Use Video
  - Spokespersons?
  - What Events Can We Attend?
  - Other?



# Outreach and Education Grant Program Timeline

Date	Activity
January 25, 2013	Release of Outreach and Education Grant Program Application
February 6, 2013	Grant Application Bidder's Conference
March 4, 2013	Grant Application Responses Due
→ April 26, 2013	Notice of Intent to Award
May – August 2013	Grantee Training
May 24, 2013	Cycle 2 Grant Application Release
TBD	Cycle 2 Grant Application Conference
June 24, 2013	Cycle 2 Grant Application Responses Due
July 15, 2013	Cycle 2 Notice of Intent to Award



# Tribal Advisory Workgroup

## Feedback Requested

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- Feedback on the Grant Program process?
- Key events that should be incorporated into work plans.
- Sample collateral materials that work in the community.
  - Can we leverage any of the materials?

# Public Comment

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## Questions and Comments

Submit written comments/suggestions to:  
[tribalconsultation@hbex.ca.gov](mailto:tribalconsultation@hbex.ca.gov)