

Covered California 2014 Tribal Consultation

July 17, 2014



Welcoming Remarks and Introductions

Mark LeBeau, PhD
Executive Director, CRIHB





Mission of CRIHB

- **CRIHB** is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people, and their Tribal Governments.
- **We** are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian people of California.
- **CRIHB** does this by providing advocacy, shared resources, training and technical assistance that enhances the delivery of quality comprehensive health related services.



Covered California and Tribes

- Covered California established a Tribal Advisory Workgroup in October 2012.
- The California Health Benefit Exchange adopted a Tribal Consultation policy in November 2012.



Tribal Community Mobilization

- Covered California issued a competitive Request for Proposal February 2013.
- Grant was awarded to California Rural Indian Health Board, Inc. in June 2013.
 - Major tasks included of Resource Guide, Tribal Directory, Assistance with Advisory Workgroup, and coordination of Tribal Consultation.



Education Activities

- CRIHB was awarded an Outreach and Education grant to provide American Indian specific materials.
- Created a website dedicated to ACA in California (www.crihb.org/aca)
- CRIHB trained over 90 Certified Enrollment Counselors at Tribes and Tribal organizations.



Covered California Tribal Consultation

- Covered California hosted a Consultation on November 7, 2013.
- Over 80 Tribal representatives attended.
- Key Covered California leaders attended to address questions on the electronic CalHEERS system, identification of AI/AN, and other issues relative to AI/AN with Covered California.



CRIHB Tribal Consultation

- CRIHB hosted a meeting on November 6, 2013 with Tribal leaders regarding Covered California.
- Four requests to Covered California:
 - Support AI/AN Streamline Definition Bill
 - Mandate Qualified Health Plans offer contracts to Indian Health Programs
 - Assist in the CalHEERS Tribal MAA claiming processing
 - Continue Consultation Process



Questions?

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Covered California Executive Update

Peter V. Lee
Executive Director, Covered California



Vision

- improve the health of all Californians
- access affordable care
- provide quality care

Mission

- increase insured Californians
- improve health care quality
- lower costs
- reduce health disparities
- choice and value





Enrollment Numbers

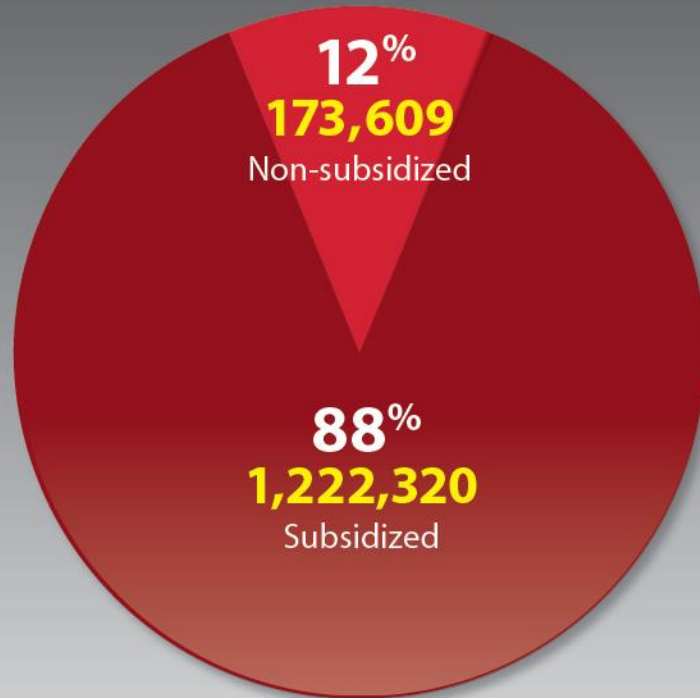
1,395,929

Californians have enrolled during the first open enrollment period.



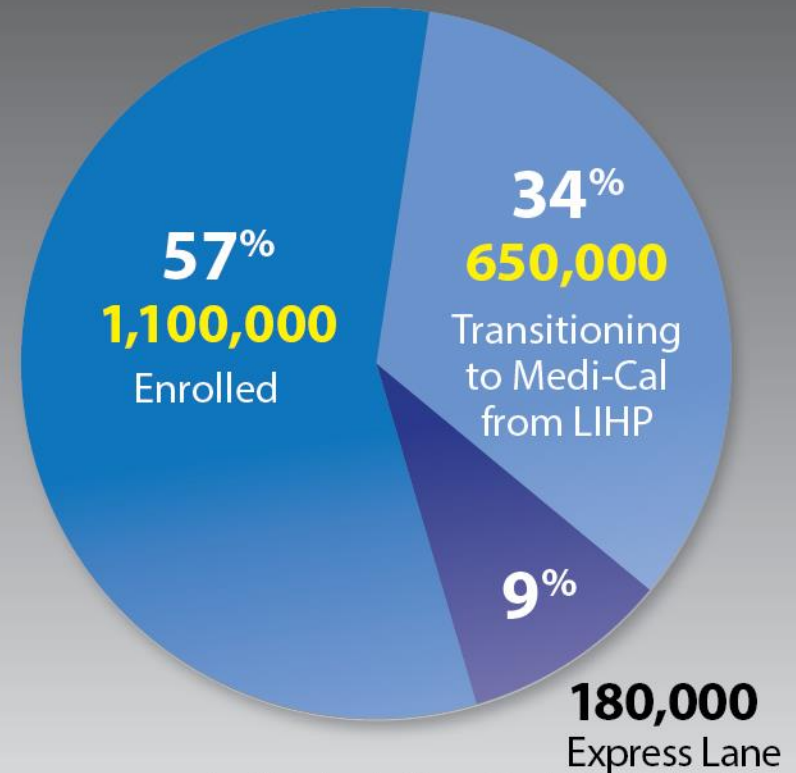
Enrollment Numbers

Covered California



Individuals Enrolled:
1,395,929

Medi-Cal



Individuals Enrolled:
1,930,000
Likely eligible* — **800,000**



Covered California's Commitment to Ongoing Tribal Consultation

- Annual Tribal Consultation
- Tribal Advisory Workgroup
- Tribal liaison available to answer questions year-round at:
TribalConsultation@covered.ca.gov
- Resources for Tribes and Tribal Health Programs:
<http://www.hbex.ca.gov/tribal-consultation/>



THANK YOU

To our Tribal Advisory Workgroup Members, CRIHB, CCUIH, and all Tribal leaders and representatives who have helped us build a strong and lasting partnership.

Covered California 101

Mark LeBeau, PhD, Executive Director, CRIHB
Virginia Q Hedrick, Associate Health Policy Analyst, CRIHB





Unique Provisions

- **No health care expenses for certain income levels.** American Indians or Alaska Natives who are members of federally recognized Tribes with a household income of less than about \$70,650 for a family of four – classified as 300% of the federal poverty level – will not have copays or other costs if they obtain insurance through Covered California.
 - *Consider Bronze plan - most affordable and no copays or other costs if health insurance is obtained through Covered CA.*
- **Exemption from open-enrollment periods.** American Indians and Alaska Natives who are members of federally recognized Tribes are also entitled to change health plans once a month through Covered California.

Table A: Indian-Specific Provisions of Affordable Care Act

	Exchange-related Provisions		IRS-related
	Special Enrollment Periods for AI/ANs	Cost-Sharing Protections for AI/ANs	Exemption from Penalty for Failing to Maintain Minimum Essential Coverage
Section of ACA	ACA § 1311(c)(6)(D)	ACA § 1402(d)(1) and (2)	ACA § 1501(b) creating IRC ^{ii} § 5000A(e)(3)
Section of federal law cited that defines eligibility for Indian-specific provision	Section 4 of IHCIA: “(D) special monthly enrollment periods for Indians (as defined in section 4 of the Indian Health Care Improvement Act).”	Section 4(d) of ISDEAA: ^{iii} “If an individual enrolled in any qualified health plan in the individual market through an Exchange is an Indian (as defined in section 4(d) of the Indian Self-Determination and Education Assistance Act (25 USC 450b(d)))...”	Section 45A(c)(6) of the IRC: “[A]ny applicable individual for any month during which the individual is a member of an Indian tribe (as defined in section 45A(c)(6))”
Lead implementing agency	Exchange (but with option of deferring to HHS for eligibility determinations)	Exchange (but with option of deferring to HHS for eligibility determinations)	Internal Revenue Service

^{[ii](#)} The Internal Revenue Code.

^{[iii](#)} The ISDEAA, Pub. L. 93-638.



Benefits

- A uniform benefits package will be offered at four metal tiers without discrimination against individuals because of their age, disability, pre-existing condition or expected length of life.
- The four metal tiers include: Bronze, Silver, Gold and Platinum.
- The higher the metal value, the higher the percentage of health care expenses paid by the health plan.



Tribal Exemption Application Forms

- Can be accessed through the www.HealthCare.gov website or www.crihb.org/aca



Activities

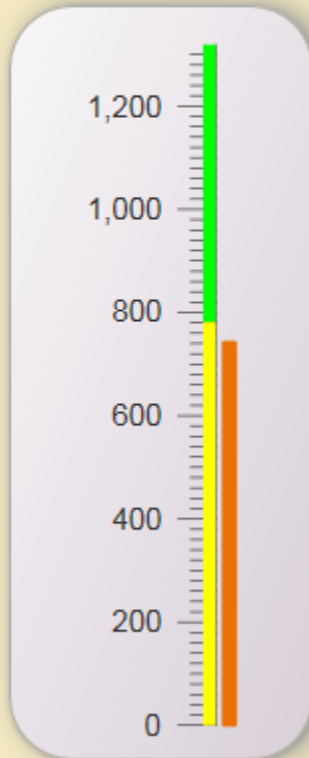
- Tabling at Tribal events throughout California
- Presentations at Tribal meetings and conferences
- Patient Kiosk
- Culturally appropriate print, media and display materials
- Training for providers, and clinic staff



Outreach

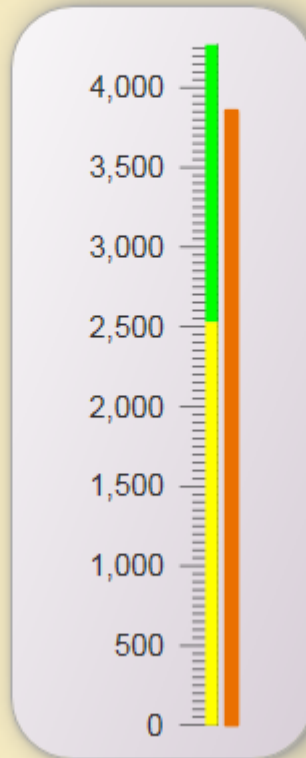
Education Activities

(Completed 743 of 1,319)



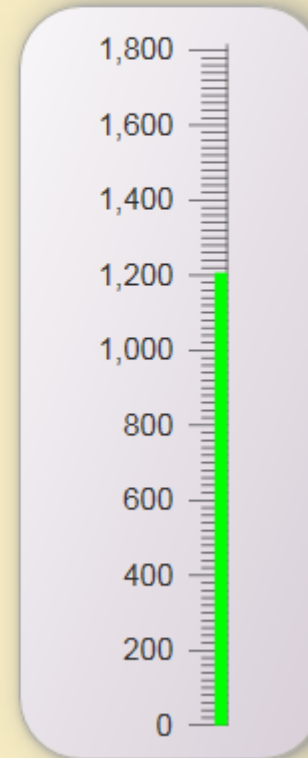
Outreach Activities

(Completed 3,858 of 4,270)



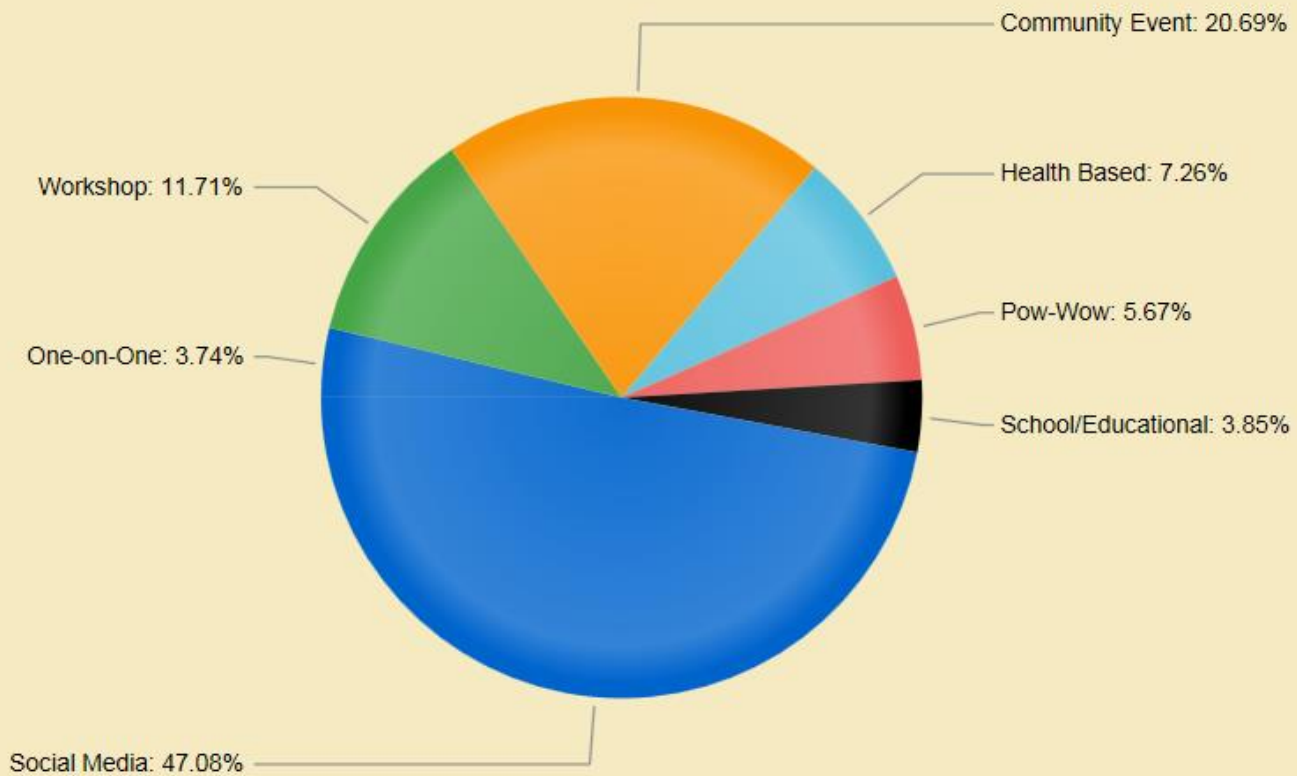
Referrals

(Total Referrals: 1,207) ⓘ



Outreach

Reach by Activity Type





Activities

- Resource Guide:
 - Develop a guide summarizing the applicable laws and regulations and how they impact American Indian/Alaska Natives.
- Directory:
 - Develop a comprehensive contact list of Tribes, Tribal health programs, urban Indian programs and other state based Tribal organizations.
- National Research:
 - Research and report about other State and Federally Facilitated Exchanges implementation of Tribal provisions.



Activities

- Tribal Consultation:
 - Assist Covered California in the planning, organizing, and facilitating of annual Tribal Consultation.
- Tribal Advisory Workgroup:
 - Assist Covered California staff in the planning, organizing and facilitating the Tribal Advisory Workgroup.



Questions?

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Qualified Health Plan Update

Leah C. Morris, RN, FNP, MPH
Senior Consultant, Plan Management
July 17, 2014





19 Rating Regions



Region 1 Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, & Tuolumne.

Region 2 Napa, Sonoma, Solano, & Marin.

Region 3 Sacramento, Placer, El Dorado, & Yolo.

Region 4 San Francisco.

Region 5 Contra Costa.

Region 6 Alameda.

Region 7 Santa Clara.

Region 8 San Mateo.

Region 9 Santa Cruz, Monterey, & San Benito.

Region 10 San Joaquin, Stanislaus, Merced, Mariposa, & Tulare.

Region 11 Madera, Fresno, & Kings.

Region 12 San Luis Obispo, Santa Barbara, & Ventura.

Region 13 Mono, Inyo, & Imperial.

Region 14 Kern.

Region 15 shall consist of the ZIP Codes in Los Angeles County starting with 906 to 912, inclusive, 915, 917, 918, & 935.

Region 16 shall consist of the ZIP Codes in Los Angeles County other than those identified in subparagraph (xv).

Region 17 San Bernardino & Riverside.

Region 18 Orange.

Region 19 San Diego.



19 Rating Regions



QHP

Region

Anthem	1*, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
Blue Shield	1*, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
Chinese Community Health Plan	4, 8**
Contra Costa Health Plan	5
Health Net	4, 5, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19
Kaiser Health Plan	1*, 2, 3, 4, 5, 6, 7, 8, 10*, 11, 12*, 13*, 14, 15, 16, 17, 18, 19
L.A. Care Health Plan	15, 16
Molina Healthcare	15, 16, 17, 19
Sharp Health Plan	19
Valley Health Plan	7
Western Health Advantage	2, 3

*specific areas only

**northern area only



2014 Health Plan Booklet



**Health
Insurance
Companies
for 2014**

**Making the
Individual Market
in California
Affordable**

Pricing Region 3

Sacramento, Placer,
El Dorado, Yolo

Number of subsidy-eligible individuals:
126,000

Health Insurance Plans available:

- Anthem – PPO, HMO
- Blue Shield – PPO
- Kaiser Permanente – HMO
- Western Health Advantage – HMO





2014 - 11 Qualified Health Plans





2015 Plan Year Recertification and New Entrant Certification

- Covered California Qualified Health Plan (QHP) contracts require annual “recertification” of QHPs. The first ever recertification process was outlined and put into regulations in early 2014.
- The guiding principles of **stability, predictability and consistency** were emphasized throughout the development of the Recertification and New Entrant Certification regulations and at related Board meetings.
- Previously adopted Board policies remained in effect for purposes of 2015 recertification or new entrant certification.
- Carriers seeking recertification were required to submit renewal applications June 2, 2014.
- New entrant applications were allowed for either Medi-Cal Managed Care plans or newly licensed carriers. New entrant applications were also due June 2, 2014.

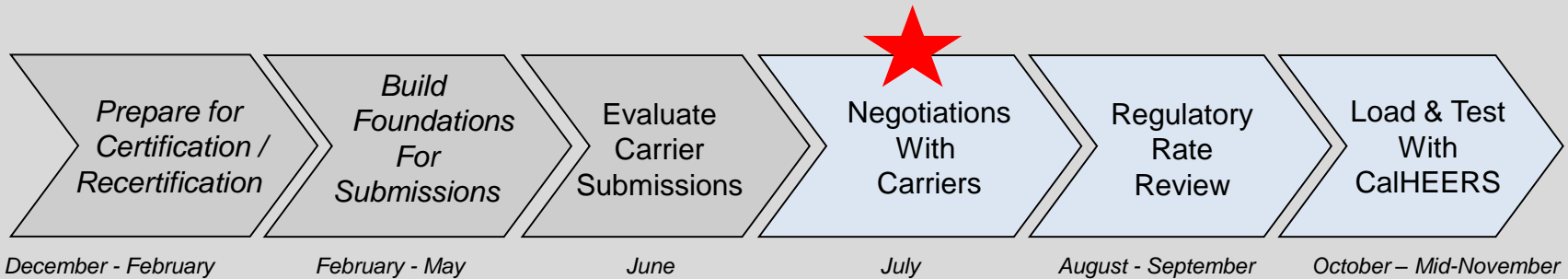


QHP 2015 Plan Year Recertification & Certification Timeline

Activity	Date
Carrier Applications Due to Covered California	June 2
QHP and Dental Applications Evaluated	June 2 – June 31
Negotiation with Renewing and New Entrant Carriers (QHP, Dental)	July 7 – 18
Preliminary Certification and Public Announcement - 2015 QHP Contracts Drafted	July 31
Reasonableness Rate Review by Regulators - 2015 QHP Contracts Signed	August – September
Final Certifications Awarded to Renewing and New Entrants	September 30
Signed Contract Amendments for 2015	October
CalHEERS Loading and Testing	October 1 – November 14
2015 Plan Year Open Enrollment	Nov 15 – Feb 15



2015 Plan Year Recertification and New Entrant Certification Status



Dates:

December - February

February - May

June

July

August - September

October – Mid-November

Key Activities

<ul style="list-style-type: none"> Conduct Project Chartering activities Draft and file regulations Conduct 2013 Feedback Interviews Prioritize model contract compliance requirements Set policies for new / renewal carriers 	<ul style="list-style-type: none"> Distribute, receive and summarize Letters of Intent Draft applications & distribute Craft Applicant Guidelines & distribute Finalize Plan Designs Prepare teams, process for applications review Onboard BlueCrane for analytic support Prepare day-by-day calendar for June, July Prepare tools for Phase 3 Analyses 	<ul style="list-style-type: none"> Review Renewal Applications Review New Entrant Applications Conducting Portfolio Analysis Conducting Network Analysis Conduct Actuarial rates review Reviewing enrollment projections Share outputs with Leadership Team 	<ul style="list-style-type: none"> Meetings between CC leadership team and QHP & Dental carriers Resubmission of carrier data as appropriate Draft 2015 contract / amendments Preliminary Certification 	<ul style="list-style-type: none"> Carriers submit rates via SERFF for approval Receive carrier rate changes if regulator requires Finalize 2015 contracts in preparation for final rates Upon approval, CalHEERS testing begins 	<ul style="list-style-type: none"> Carriers work with CalHEERS for testing and uploading of rates, etc. Open Enrollment 11/15 – 2/15
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Note: Completed Activities & Phases are in italics or in gray shade

Progress Bar



2015 Plan Year Recertification and New Entrant Certification

What we can report as of July 17, 2014:

- Contra Costa Health Plan decided not to seek recertification due to federal regulations requiring insurers to sell the same products on and off Exchanges, at the same price.
- Contra Costa Health Plan has about 1,200 members among more than 1.3 million consumers who enrolled through Covered CA
- We appreciate Contra Costa Health Plan's partnership and passion. They offered localized high-touch health care as well as operating as a bridge for MediCal enrollees in their community who transitioned to Covered California enrollment.



2015 Plan Year Recertification and New Entrant Certification

Essential Community Provider Policy

- Affordable Care Act required all Qualified Health Plans (QHPs) to include “essential community providers...to serve predominately low income, medically underserved individuals”. ECPs were noted to include 340B providers.
- In August 2012, the Covered California Board adopted its final ECP policy, which specifically listed the Tribal Health Programs and the Urban Indian clinics in the definition of an ECP. Other providers also were included as ECPs.
- The policy further required QHPs to demonstrate:
 - Contracts with at least 15% of available 340B providers in each geographic region served,
 - AND that ECP networks must demonstrate contracts with a broad range of providers reasonably distributed throughout the region
 - AND that ECP networks must include at least one ECP hospital



2015 Plan Year Recertification and New Entrant Certification

Essential Community Provider Policy – differs from the Federally Facilitated Marketplace Policy

- On March 14, 2014 the Center For Medicare and Medicaid, Center for Consumer Information & Insurance Oversight (CCIIO) issued a guidance letter to the Federally Facilitated Marketplaces (FFM).
 - California is not an FFM, we are a state Exchange. CCIIO's guidance does not apply to state Exchanges but we do take it as informing policy and have looked closely to the ECP Guidelines.
 - California's ECP policy currently stands for Plan Year 2015 recertification
 - Revisions to the ECP policy would be considered for Plan Year 2016. Stakeholders are encouraged to share their thoughts at Board meetings starting in the Fall this year.
- California's ECP policy specifically describes the requirement that ECP networks must include a broad range of providers (a mix of providers) reasonably distributed throughout the region.



American Indian Providers - Essential Community Providers

Covered California support of QHP contracting with American Indian providers:

- Identified all Indian/Tribal/Urban (I/T/U) clinics as Essential Community Providers and including a list in the 2012 solicitation materials.
- Distributed information to all QHPs to identify California I/T/U clinic locations and the name of the primary clinic contact.
- Provided QHPs with the CMS Tribal Addendum and CMS Explanatory Document , encouraging QHPs to review and include the Addendum in any I/T/U provider contracts.
- Invited CRIHB and CCUIH to a September meeting with all Covered California health plans to discuss a variety of provider issues including: Grace Period, Provider Network Adequacy, and Essential Community Providers.
- On June 26, 2014 Covered California posted a refreshed list of ECP providers for the QHPs to use in contracting efforts. I/T/U clinics are identified on this updated ECP resource list.
 - <http://hbex.coveredca.com/stakeholders/plan-management>



American Indian and Alaska Native Provider Contracting Support

To continue to support contracting success among I/T/U clinics and QHPs:

- Today, Covered California will distribute an updated list of health plan contracting contacts to allow clinics to approach plans directly.
- Today distribute an extract of the I/T/U clinics off the recently posted ECP list to allow I/T/U clinics an opportunity to review their information as posted and ask for corrections or updates as appropriate.
- Add the Addendum for Indian Health Care Providers into the **2015** QHP Contract for use with I/T/U provider contracting.
- Continue to work with the Tribal Advisory Workgroups to clarify out-of-network requirements as they might apply to American Indians who enroll in a Covered California health plan.

Eligibility and Enrollment Updates

Darryl Lewis
Manager, Contracts Monitoring and Operations





Eligibility and Enrollment Updates

Outstanding Issues	Update
<p>Enrolling Mixed-Families into Covered California</p> <p>Families who have both federally-recognized Indian members and non-federally recognized family members will soon be able to enroll using the same application and will receive the appropriate health plan and APTC/CSR options for each family member.</p>	<p>This functionality has been prioritized by Covered California and CalHEERS and will go into design this week</p> <p>The estimated implementation date is still TBD, but will be determined once the design process is complete.</p>
<p>Verification of Federally-Recognized Status</p> <p>The Tribal Advisory Workgroup suggested Covered California use the Federal Register list to verify federally-recognized status instead of the Bureau of Indian Affairs list of Tribes.</p>	<p>Covered California is developing a job aid for Service Center representatives to use the Federal Register list for verification purposes.</p>



Eligibility and Enrollment Updates

Outstanding Issues	Update
<p>Verification Notice Language</p> <p>Covered California collaborated with CRIHB to fix the confusing language in the notices that were sent to American Indian applicants asking for additional verification information when they had already provided sufficient verification.</p>	<p>This fix has been approved by CalHEERS for design. Covered California will start working with CalHEERS on updating notices soon.</p>
<p>Tribal Dropdown List in CalHEERS Application</p> <p>The Tribal Advisory Workgroup requested that Covered California update the dropdown Tribe menu to include:</p> <ul style="list-style-type: none"> • “Tribe not listed” for Tribes not identified in the CalHEERS system • Pauma Band of Mission Indians 	<p>A change request has been submitted to CalHEERS for the dropdown menu to include an option for “Tribe not listed,” in case a federally recognized Tribe is not in the menu.</p> <p>The Pauma Band of Mission Indians has been added to the Tribal dropdown menu</p>

American Indian Enrollment Data

Jessica Abernethy
Manager, Program Policy





Introduction to American Indian Open Enrollment Data

- Data collection period: October 1, 2013 – April 15, 2014
- Does not include Medi-Cal enrollment data.
- Data does not consider enrollee's effectuation in a health plan, which requires the payment of premiums.



Race Reported During Open Enrollment

RACE	SUBSIDIZED		UNSUBSIDIZED	
	Count	Percentage	Count	Percentage
American Indian and/or Alaska Native*	4,023	1%	345	0%
Asian Indian	22,715	3%	3,889	3%
Black or African American	26,875	3%	4,935	4%
Chinese	69,406	9%	6,113	5%
Filipino	24,848	3%	3,936	3%
Guamanian or Chamorro	351	0%	60	0%
Japanese	6,497	1%	1,239	1%
Korean	36,643	5%	2,804	2%
Mixed Race	65,725	8%	15,304	12%
Native Hawaiian	237	0%	45	0%
Other	85,839	11%	9,151	7%
Other Asian	14,126	2%	1,715	1%
Other Pacific Islander	1,622	0%	202	0%
Samoan	275	0%	62	0%
Vietnamese	35,542	5%	2,584	2%
White	384,493	49%	75,729	59%
Grand Total	779,217	100%	128,113	100%

*Data generated from optional race question in application; does not include non-respondents.



Income Category by Service Channel

INCOME CATEGORY*	Self-Serve (Online and paper application)	Certified Insurance Agent	Certified Enrollment Counselors	County Eligibility Workers	Plan-Based Enrollers	Service Center Representative
Covered CA - AI/AN Cost Sharing Waiver (100-300 FPL)	1,883	671	242	19	29	347
Covered CA - AI/AN Limited Cost Sharing (No income submitted)	858	184	42	<10	<10	91
Total	2742 = 62%	855 = 20%	284 = 6%			438 = 10%

*Data generated from mandatory demographic question in application.

*Data does not show a grand total row in order to preserve enrollee anonymity for cells less than 10.



Additional Enrollment Data Resources

Under the Resources Tab



Continuing Data Research

- We will continue to release additional data tables on our Data and Research webpage. Stay tuned for more data.
- Data and Research webpage:
<http://hbex.coveredca.com/data-research/>

Tribal Sponsorship

Katie Ravel
Director, Program Policy





Tribal Premium Sponsorship

- Tribal Premium Sponsorship is an option under the Affordable Care Act that allows Tribes and Tribal organizations to pay for, or “sponsor” their members’ health insurance premiums for Covered California.
- Tribes that want to sponsor their members’ premiums can begin to do so at any time by making premium payments directly to the health plan(s) their members choose. Health plans are required by law to accept such payments.
- Covered California’s Tribal Premium Sponsorship page is on its Tribal Consultation website: <http://hbex.coveredca.com/tribal-consultation/>
- If you are currently paying premiums for your members in Covered California and are experiencing difficulties or have questions, you can request assistance from Covered California by emailing TribalConsultation@covered.ca.gov.

www.CoveredCA.com

(800) 300-1506



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