

Covered California

Tribal Advisory Committee Meeting Agenda

MINUTES

**September 18, 2013
Sacramento, California**

<u>Call to Order</u>	Dr. Mark LeBeau called the meeting to order at 2:05pm.
<u>Roll Call</u>	<p>Northern Tribal Leadership Joleen Robles, Susanville Indian Rancheria Andrea Cazares-Diego, Greenville Rancheria</p> <p>Northern Tribal Health Programs Margaret Alspaugh, Greenville Rancheria (via conference call) <i>Kasey Lonbaken, Shingle Springs Band of Miwok Indians –Absent</i> Arvada Nelson, Quartz Valley Indian Reservation (alternate) Lona Marioneaux-Ibanitoru, Susanville Indian Rancheria (alternate)</p> <p>Northern Urban Indian Health Programs <i>Liz Hunt, Indian Health Center of Santa Clara Valley –Absent</i> <i>Britta Guerrero, Sacramento Native American Health Center –Absent</i></p> <p>Southern Tribal Leadership Mark Romero, Mesa Grande Band of Mission Indians –Absent Chris Devers, Pauma Band of Mission Indians –Absent</p> <p>Southern Tribal Health Programs Ronald Sisson, Santa Inez Tribal Health Clinic Jess Montoya, Riverside-San Bernardino County Indian Health, Inc. Romelle Majel-McCauley, Indian Health Council (alternate)</p> <p>Southern Urban Indian Health Programs Jennifer Ruiz, Fresno American Indian Health Project –Absent Scott Black, American Indian Health and Services</p> <p>Central East Tribal Leadership Brenda Adams, Shingle Springs Band of Miwok Indians –Absent Charlie Wright, Cortina Indian Rancheria –Absent Dale Delgado, Bishop Tribe –Absent</p> <p>Central East Tribal Health Programs Yolanda Latham, M.A.C.T. Health Board, Inc. –Absent Lisa Davies, Chapa De Indian Health Program, Inc. David Lent, Toiyabe Indian Health Project, Inc.</p> <p>Central West Tribal Leadership Vickey Macias, Cloverdale Rancheria Nelson Pinola, Manchester-Point Arena Band of Pomo Indians Silvia Burley, California Valley Miwok Tribe (alternate) –Absent</p> <p>Central West Tribal Health Programs Betty Arterberry, Sonoma County Indian Health Project –Absent Member, Tribe Non-Indigenous to California Jacquie Archambeau, Cherokee Nation –Absent</p>

	<p>Member, Non-Federally Recognized Tribe Charlene Storr, Tolowa Nation–Absent Marilyn Delgado, Nor-Rel-Muk Wintu Nation (alternate) –Absent Gloria Grimes, Calaveras Band of Mi-Wuk Indians (alternate) –Absent</p> <hr/> <p>Covered California Staff Present: Katie Ravel, Director of Program Policy Jessica Abernethy, Program Policy Manager Mary Watanabe, Community Relations Division Manager Darryl Lewis, Contract Monitoring and Operations Manager, Eligibility and Enrollment Andrea Rosen, Attorney III/ Plan Management Policy Natalia Chavez,</p> <p>CRIHB Staff Present: James Crouch, Executive Director Dr. Mark LeBeau, Health Policy Analyst/Executive Director Designee Virginia Hedrick, Associate Health Policy Analyst</p> <p>Jyl Marden, California Consortium for Urban Indian Health</p>
<u>Elections</u>	<p>On a motion duly made by/ Jess Montoya and seconded by/ David Lent the Advisory Workgroup move to elect Nelson Pinola as the Chairperson. Motion carries on consensus.</p>
<u>Agenda</u>	<p>Overview of Covered Calif. Tribal Community Mobilization Program</p> <p>Dr. Mark LeBeau, CRIHB Health Policy Analyst/Executive Director Designee, provided an overview of the Tribal Community Mobilization Grant. CRIHB is the awardee of the Covered California Tribal Community Mobilization Grant. Dr. LeBeau provided the advisory council with the six major tasks of the grant. These Tasks include:</p> <ul style="list-style-type: none"> • Task One: Working with Covered California, the Contractor shall develop a resource guide and brief report summarizing the applicable laws and regulations arising from the Affordable Care Act. • Task Two: Working with Covered California, the Contractor shall develop a comprehensive and regularly updated contact list of Tribal Leaders, Tribal health programs, urban Indian health programs, and other state based Tribal organizations. • Task Three: The Contractor shall, in collaboration with Covered California, research other state and federally facilitated exchanges’ decisions for implementing Tribal provisions of the Affordable Care Act and related laws, regulations, and implementing policies. The Contractor will create an ongoing and regularly updated matrix of AI/AN policy decisions made by other state and federally facilitated exchanges. • Task Four: The Contractor shall assist Covered California in the planning, organizing, and facilitating of annual Tribal consultation. • Task Five: The Contractor shall assist Covered California staff in the planning, organizing, and facilitating of Tribal Advisory Workgroup

	<p>meetings.</p> <ul style="list-style-type: none"> • Task Six: Ad Hoc Requests
<p>Discuss Qualified Health Plans & Tribal/Urban Indian Healthcare Providers</p>	<p>Dr. LeBeau opened the discussion on the Qualified Health Plans by discussing the Indian Addendum. He explained that he performed a National scan of exchanges requiring QHP to contract with I/T/U, he found that the state of Washington is requiring QHP contract with I/T/U. He discussed the complexity of this requirement, and the understanding that Covered California is tasked with implementing a huge health care marketplace.</p> <p>Covered California staff, Andrea Rosen, Health Plan Management, presented the Advisory Council with an update on Qualified Health Plan contracting. She informed the Advisory Council that there has been a high level awareness of contracting with Indian Health Programs. The bidding process has closed, however QHP are in an ongoing contracting process. Covered California is currently performing a microanalysis of where the Plans are contracting.</p> <ul style="list-style-type: none"> • All Tribal and Urban Indian clinics are ECPs. Per the list of clinics provided by CRIHB and CCUIH, there are 55 clinics in California listed in the Solicitation Bidder’s Library. Tribal leaders stressed the importance of using common terms to describe, American Indian and Alaska Native tribes and tribal organizations. The Workgroup suggested counting Indian Health Programs; instead of clinics and their satellites individually. • As of September 2013, 33 have negotiated contracts among four of the 12 Covered California Qualified Health Plans. The solicitation process is closed. • In September, Covered California distributed a letter to plans that provided information on Tribal and Urban Indian ECP providers, and encouraged QHPs to contact the various clinics and discuss contracting. Additionally, Covered California attached the CMS Addendum information to ensure QHPs understand that reference information. • Covered California invited CRIHB and CCUIH to attend a QHP forum in Southern California to discuss a variety of provider issues, including Grace Period, Provider Network Adequacy, Essential Community Providers and physician/hospital notification, and education on Covered California. It was noted that it may be helpful to host a forum specifically with QHP and IHP. Virginia Hedrick added that this kind of forum was held in Oregon, and was found to be helpful to the QHP. • Covered California does not get involved with QHP contracting process; it is a private party transaction. They can provide pressure on the QHP to contract, and but cannot engage in the contracting process. • In August 2012, Covered California presented its final ECP policy to the Board; specifically, the policy included and listed 638 Tribal Health Programs and Title V Urban Indian clinics in the definition of ECP. Additionally: <ul style="list-style-type: none"> ○ The Board adopted the staff recommendation that Qualified Health Plans (QHP) show that their Essential Community Provider network is reasonably distributed throughout the region where the low-income population is located with a balance of hospital and non-hospital providers and includes at least one ECP hospital per region.

	<ul style="list-style-type: none"> ○ The Board also adopted the policy that each QHP issuer is required to demonstrate contracts with at least 15% of available 340B providers in each geographic region it serves, AND that ECP Networks must demonstrate distribution of a broad range of providers reasonably distributed throughout the region AND include at least one ECP hospital. ○ The Board did not adopt a policy requiring that QHPs contract with specific types of ECP providers <p>The Advisory Committee encouraged Covered California to understand that IHPs are not equivalent to community health clinics or other such organization. The difference between community health clinics and IHPs is Tribal Sovereignty. The Advisory Workgroup committee engaged in discussion on the political status of Indian Health Programs; and noted the success of Washington state in requiring QHP contract with IHP.</p> <p>It was shared that there is gap in providers in Riverside San Bernardino, Ms. Rosen referred to table of current contracts, and confirmed that there are no contracts with IHP in those counties. Ms. Rosen recommended following up with Mr. Montoya on resolving the issue.</p> <p>Tribal leaders stressed the importance of using common terms to describe, American Indian and Alaska Native tribes and tribal organizations. Ms. Rosen agreed to request the contract information from the QHP on their network providers and identifying IHP.</p>
<p>Review Covered Calif. Website & Materials: AIAN Specific</p>	<p>Mary Watanabe presented the Advisory Workgroup with screenshots of a proposed tribal page on the Covered California webpage. She requested the Tribal Advisory Workgroup provide feedback on appropriate content for this page. The webpage will be for IHP, tribes, as well as consumers. It was recommended that this webpage include the list of IHPs that contracted with QHPs.</p>
<p>Discuss Indian Patient Attestation Process</p>	<p>Darryl Lewis presented the Advisory Workgroup with an overview of the American Indian Alaska Native specific questions. He provided screenshots of the paper application. He noted there is a specific question that asks the consumer if they are member of a Federally Recognized tribe; and if they indicate yes, he directs the consumer to complete "Attachment A" which includes specific AIAN income questions. There was discussion on highlighting the Federally Recognized question to ensure it is not overlooked. It was recommended that this question not be included in the race category; as it is a distinct political status.</p> <p>The Workgroup advised Covered California to be with wording when determining AIAN status. Current language on the slide reads as if Covered California is recognition entity; Dr. LeBeau suggested alternate wording and will send it directly to Mr. Lewis.</p>
<p>Indian Outreach & Education: Rural and Urban</p>	<p><i>This item was not discussed.</i></p>

Covered Calif. Annual Tribal Consultation Meeting.	Virginia Hedrick presented the draft agenda discussion points; she requested the Advisory Workgroup direct questions or concerns regarding the proposed talking points directly to her.
<u>ADJOURN</u>	Nelson Pinola adjourned the meeting at 4:15pm.