

National Indian Health Board



HHS and CMS National Health Insurance Marketplace Tribal Consultation Call

Tuesday, March 19, 2013

DRAFT NOTES

AGENDA

Welcome and Opening Remarks:

Secretary Kathleen Sebelius, U.S. Department of Health and Human Services

- We understand the real need for Tribal consultation with health exchanges
 - These are conversations that will continue to ensure open lines of communication; next Tribal consultations will be HHS regional consultations
- Opening of marketplace is only one step—we need to get people enrolled in order to fully implement ACA
 - This is ours and yours responsibility to perform outreach/education about the importance of enrolling/participating on the exchanges

Federally-Facilitated and State Partnership Marketplace Overview and Update

Gary Cohen, Deputy Administrator and Director, Centers for Consumer Information and Insurance Oversight (CCIIO)

Update:

- We have finalized most of the rules—essential health benefits (EHB), market reforms, and payment notices, including the three R's (reinsurance, risk adjustment, risk corridors)
- We are focusing now on operations: building the infrastructure to certify qualified health plans (QHPs)
- The data service hub is nearly complete and the testing is underway to verify consumer verification
- Consumer assistance operations is 80% complete; testing will begin soon

State Landscape for Health Insurance Marketplaces:

- 24 states and D.C. have been conditionally approved for state/partnership exchanges
- For states with FFEs, they will continue their regulatory roles
- After 2015, states can continue to apply for state/partnership exchanges

Timeline for 2013:

- February-majority of rules have been finalized
- March 28 through April-health plans will begin to submit QHP submissions
 - HHS and states will review applications to ensure they meet EHB and actuary benchmarks
- Spring-single streamline application will be finalized and utilized by FFE
 - States can use this model or develop an alternate approved by HHS Secretary
- June-call center launched
- July-consumer training assistance will begin
 - in person, navigator, application counselor, interest/brokers—they all help someone get access to health coverage
- August-web portal will be loaded/tested
- October-open enrollment begins
- January 1, 2014-health coverage begins

*Overall, we are making great progress to meet the January 1, 2014 deadline!

3 topics of Discussion: Eligibility, Tribal Sponsorship, and QHP Indian Addendum

1. Eligibility

- Single streamline application is being streamlined by CMS; will include Medicaid eligibility
- Electronic data by the Bureau of Indian Affairs (BIA) & Indian Health Service (IHS)- does not contain info necessarily to verify AI/AN; therefore we cannot approve national data source to determine AI/AN for verification

- As a result, a paper document process will be used-will still allow AI/AN to upload documents onto exchanges
- HHS will continue to explore options for electronic verification for AI/AN in the future

2. Tribal Sponsorship

- FFE will not establish the process to facilitate Tribal sponsorship for Oct. 1, 2013; there is not enough time to establish an aggregated payment system on FFE
- Tribes can still work with issuers to pay premiums
- States establishing their own state exchanges can still have Tribal sponsorship on their state exchanges
- FFE will look to ways for Tribal sponsorship in the future

3. QHP Tribal Addendum

- Being finalized; we want to highlight key federal provisions for AI/AN and to form relationships with issuers and providers

Outreach and Enrollment

Kelly Dinicola, Senior Technical Advisor, Office of Communications, CMS

- Developing outreach/education material with Native images and ensuring they are culturally appropriate
- Reaching out to national Tribal organizations and Tribes for input
- Partnership collaboration

Tribal Leader Discussion

Q: Will there be a fix to the definition of Indian?

A: Yes. As Secretary Sebelius stated in her official statement at the HHS Budget Consultation, there will be a legislative fix to the definition of Indian. We support the Medicaid/IHS definition. We will provide technical assistance to Congress to make this change.

Closing Remarks

Office of Intergovernmental and External Affairs

Thank you for your continuous work. We look forward to having further consultations.