**ACA Policy Subcommittee**

**October 22, 2015**

**Agenda**

1. Summary of Benefits and Coverage (SBC) documents for zero and limited cost-sharing plan variations – QHPs not issuing cards to enrollees that clearly state they have LCSP (CMS ACA Tribal Issue, Topic 6, Issue 2)
   1. On March 30 CCIIO put out a guidance document related to SBC which said they are updating the templates so that QHPs have to develop their SBCs 11/1/2015
   2. We should make request to CCIIO on the recommendations we made to them, that CCIIO go over each of them to make sure the templates are correct.
   3. We want to be involved and want CCIIO to give the QHP the language to put in their documents.
   4. IHS invited by CCIIO to speak with Insurers on some of these issues, on an internal call. It was requested that IHS ask CCIIO to extend invitation for the call to a tribal representative.
   5. Deadline for October, 2015
   6. Send a written summary to Kitty regarding this agenda item and ask for individuals to be present next week to discuss.
   7. Kitty was to set up call for end of August to discuss – nothing scheduled.
   8. Status?
2. AI/ANs QHP’s not providing clear information for LCSP – (CMS ACA Tribal Issue, Topic 6, Issue 1) which results in the patients being charged cost sharing, even with referrals (Determination & Notification)
   1. TTAG sent letter dated May 29, 2014 – The Summary of Benefits and Coverage and Uniform Glossary proposed rule (CMS-9938) addresses this issue. CMS reviewed the TTAG comments and the final rule was released in June 2015.CMS
   2. Pat Meisol is preparing a response regarding if Marketplace is using correct eligibility criteria on the operations side
   3. Plan has own rules and coverage – separate rules
   4. Access to care is issue
   5. CMS and CCIIO will follow up with Mr. Kevin Counihan concerning the possibility of a systems issue related to the designation of LCSP on the application.
   6. Even though in regulations, etc. it doesn’t seem to be in the computer system. We want someone to look at the system to see if it is assigning “03” code and that the QHP see the “03” and issue cards that it has LCSP on it. We came across this in the Data SC and the report that showed 4,000 people not in any cost sharing protections “02” and “03”. It is happening across the FFM. The data report was changed because they had suppressed one of those cells.
3. Referrals for Cost-sharing and Proper Payments (Billing & Payment Issue)
   1. Referral for cost sharing is not a preauthorization for services, the health plans seem to be adding a double layer.
   2. The risk issue on whether more AI are blowing the risk corridor is not feasible since we are such a small population. It is providing a risk adjustment payment to each health plan when they have someone in the ZCSP or LCSP. They get compensated for ones in those variations
   3. The issue is tied to payments – some QHPs are deducting cost sharing from payments, and using the referrals as an excuse to avoid proper payments.
   4. Two ways: 1) the blanket referral – QHP’s have talked to CMS and ask would we pay for a blanket referral; 2) how referrals once received are to be used
   5. Issuers have contacted CCIIO and ask for guidance on referral content from the ITU – before guidance is developed CCIIO will do Tribal Consultation
   6. TTAG requested that CMS simply reissue the existing guidance instead of developing new guidance.
   7. TTAG requested that CMS hold tribal consultation prior to responding to issuers in any way. Jeff Wu confirmed that CCIIO will be holding tribal consultation on this issue. All Tribes Call held on 8/19, session on 9/21 during NIHB conference.
   8. Status?
4. Qualified Health Plan payments (whether to ITU or not) for services provided to beneficiaries enrolled, are deducting the cost sharing amounts for those enrolled in both zero and limited cost sharing plans (Billing & Payment Issue)
   1. Patients are being charged cost sharing at the time of service even with a referral
   2. How do reimbursements get done?
   3. Complaint process?
5. 100% FMAP Expansion (CMS ACA Tribal Issue, Topic 27)
6. Marketplace Call Center (CMS ACA Tribal Issue, Topic 8)
   1. Scripts
   2. Training
7. Network Adequacy for I/T/Us (CMS ACA Tribal Issue, Topic 5, Issue 1 & 2)
   1. 2016 Issuer Letter requires state based exchanges to follow same guidance as in 2015 Issuer Letter
   2. TSGAC I/T/U Study Update
   3. CMS DTA will organize a webinar for Insurers (no date as of yet): 1) Educate about Indian Addendum; 2) Section 206, and 3) Referrals being applied correctly – IHS will help organize for AI/AN contracting issues – The subcommittee requested that a tribal representative be allowed to participate in the webinar along with CMS, IHS, and issuer representatives – CMS will pass along the request.
   4. This was discussed at the June 3 CCIIO workgroup meeting
   5. Requested feedback on the TSGAC Study at the upcoming TTAG meeting. CCIIO says the study serves for a model to frame the discussion and what are the markers we are going to be looking for in SBM and FFM and working with the QHP’s and going forward. We don’t want Access to Care issues, it is a great resource. Discussion on how do we use this going forward, and what action items need to be implemented. TTAG will send a letter endorsing the report and asking for a response? Nancy will talk with Gene about doing a verbal report/response to the report.
8. Simplify the Family Plan and Provisions for Indians (CMS ACA Tribal Issue, Topic 24)
   1. Under current rules, everyone in a family plan gets the same cost sharing as the person with the least generous CSR.
   2. This has to be changed for fairness, currently it penalizes the AI/AN in the family because each family plan has an OOP limit, families have two OOP limits to satisfy
   3. CMS DTA will f/u with Nancy and Pat Meisol
   4. Potential Agenda Item for CCIIO Workgroup
   5. CCIIO reported that Ms. Meisol will be available at June 25 meeting to further discuss. Pat was not on the call. CMS CCIIO is hoping they can move forward and get a final determination. Pat was on a previous call and they are aware of this issue and there are other family members that have different cost-sharing and it is a larger issue. It might require a change in regulation or if there is a way to make an exception for AI/AN.
   6. Pat was at TTAG and will take this issue back and respond. Pull the two sets of comments that TTAG made and send to Pat – benefit payment parameter rule.
9. Electronic Verification Process of Indian Status for AI/AN (CMS ACA Tribal Issue, Topic 2 & 3; Issue 1 & 2)
   1. Marketplace Application and Exemption Application utilize Indian Status for SEP and cost sharing
      1. Indian Exemption certification process should qualify people for Indian status in the application process – vice versa - Application process should accept letter granting the Indian status for the exemption as proof of Indian status
      2. Request capability be added to “Build List”
      3. CCIIO will follow up with Ms. Jackie Roache concerning the possible use of ECNs on the FFM application to prove tribal membership.
      4. If you have an ECN you can use that letter as proof of Indian for Marketplace eligibility, and you don’t have to verify it again.
   2. Electronic Verification of Indian Status
   3. TTAG recommends that CMS utilize the HIS Active User Database for electronic verification of eligibility for the tribal exemptions
   4. Because ECN numbers do not differentiate between tribal membership and ITU eligible status, can the HIS Active User Database now be used to verify exemption eligibility and issue ECNs through the Marketplace?
10. Data Metrics for AI/AN enrollment in Marketplace and Medicaid (CMS ACA Tribal Issues, Topic 9) – Priority and co-sponsored with Data Subcommittee
    1. Received a report and have tracked what elements we have received and what elements we haven’t received
    2. The data shows 24,000 in ZCSP and 4,000 in LCSP
11. Out of State Enrollment in Medicaid/Across State Borders (CMS ACA Tracking Chart, Topic 19)
    1. TTAG requested CMCS to examine whether students attending out of state Indian boarding schools could be treated as residents of the state where the boarding school is located for purposes of Medicaid.
    2. DTA and the TTAG Across State Borders subcommittee has met with the CMCS staff. TTAG submitted recommendations to CMS.
    3. TTAG recommendations being considered as CMS develops guidance.