**ACA Policy Subcommittee**

**December 10, 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 – No call was scheduled – referred to Pat Meisol at CCIIO who was not available on the 10/22 call. Have those templates been released?
   8. **Call was held December 3 with Lisa Wilson, et al, to discuss**
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.
   7. **Referred to Pat Meisol**.
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. CCIIO going over comments from the tribal consultation and they have been putting all that together – don’t know status of finalizing those – don’t know forum or how that information will be shared
   9. Kitty has ask Jeff where we are – Nov 5 TC and the TTAG mtg on 11-18
   10. FAQ was submitted to CCIIO Lisa Wilson on 12/8.
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?
   4. Melissa – issues with how these plans are limited – Hillary – Regulations or what – Need some accountability with Issuers
5. 100% FMAP Expansion (CMS ACA Tribal Issue, Topic 27)
   1. Kitty – We are in process of developing a state health official letter, but before we put more effort in that letter, we are going out with a white paper which will be on Medicaid.gov in expanding 100% FMAP – No date when the white paper will be released – SOON – Open for 3 week comment period – will hold ALL Tribes Call to walk through white paper – holding a call with State Medicaid Directors also
   2. Process:
      1. Propose white paper on Medicaid.gov
      2. Take Comments (Already received some)
      3. DHHS will draft SHD letter – will not go back out for Tribal Consultation
   3. Comment period ended 11/17
   4. Received 88 comments and posted on Medicaid.gov
6. 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 response to the report.
   6. Kitty – ASPE was on call and did a preliminary study on networking – Have her listen and hear your concerns about QHP contracting and if they could conduct additional study – Adele took information and forwarded to her supervisor to see if support for additional studies
   7. Deborah Hunter – ECP petition – rolling out in November – efforts to improve the contracting with issuers for Plan year 2017 – we are working closely with Raho, Sam, Doneg to ensure all IHCP are out there and are aware of the 30 day window – doing provider outreach planning right now – every week during 30 day period – will be working with them to identify IHCP that have already submitted their petitions and have not submitted yet. Mid November through Mid-December.
   8. Mim – one request was to for you to do a webinar for tribes – I spoke to those 3 earlier today where I do a demo of a web-based petition – finish in 2 days – clearance with OMB in 3 days – then can roll-out actual petition – will do screenshot webinar as well as other rollouts
   9. TSGAC is doing two case studies on Access to Specialty Care
7. 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.
   4. Rachel – Sara Spector will have something for us to look at soon – it is moving, but slowly. Kitty – It is going through the rulemaking process and is out of Sara and my control. Rachel – we are going to be seeing something soon – just can’t give a timeframe. Mim – Can we put her on the agenda for the TTAG meeting for an update? Rachel – It wouldn’t hurt for TTAG to say they support it. Mim – maybe talk to Vickie about it. Kitty – It is part of a larger regulatory rule
   5. Refer to Across State Borders Committee