

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 926 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

Submitted via <http://www.regulations.gov>.

May 13, 2014

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9943-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Comments on Patient Protection and Affordable Care Act; Third Party Payment of Qualified Health Care Premiums, CMS-9943-IFO

I write on behalf of the Tribal Technical Advisory Group (TTAG) of the Centers for Medicare & Medicaid Services (CMS) to comment on CMS-9943-IFO, Patient Protection and Affordable Care Act; Third Party Payment of Qualified Health Care Premiums (the “Interim Final Rule”).

The TTAG advises CMS on Indian health policy issues involving Medicare, Medicaid, the Children’s Health Insurance Program, and any other health care program funded (in whole or in part) by CMS. In particular, the TTAG focuses on providing policy advice to CMS regarding improving the availability of health care services to American Indians and Alaska Natives (AI/ANs) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations (referred to as Indian Health Care Providers or I/T/Us).

We strongly support the provisions in the Interim Final Rule requiring Qualified Health Plans (QHPs) and Stand Alone Dental Plans (SADPs) to accept third party premium and cost-sharing payments from Indian tribes. As noted in the Interim Final Rule:

...section 1312 of the Affordable Care Act, section 402 of the Indian Health Care Improvement Act, and 45 CFR 155.240(b) provides that Exchanges may permit Indian tribes, tribal organizations, and urban Indian organizations to pay aggregated QHP premiums on behalf of qualified individuals, subject to terms and conditions determined by the Exchange. In the past, a number of tribes have provided premium assistance to tribal members eligible to enroll in the Medicare Part D program. These arrangements have resulted in an increase in the number of tribal members enrolled in Medicare Part D. Building from that experience, these same arrangements are being replicated by tribes and tribal organizations in providing premium assistance to qualified

individuals for QHPs in the Exchanges. Under these arrangements tribes aggregate premium payments to issuers and reduce their administrative costs.”

79 Fed. Reg. 15240, 15242 (March 19, 2014). We believe it is important that tribes and tribal organizations be able to continue to pay aggregated QHP premiums for QHPs in the Exchanges. Tribes and tribal organizations have been relying on the ability to do so since the Final Exchange Establishment rules were issued in March of 2012. 77 Fed. Reg. 18310 (March 27, 2012). The Final Exchange Establishment rules specifically allow for the payment of premiums by tribes, tribal organization, and urban Indian organizations. 45 CFR § 155.240(b). This Interim Final Rule is still necessary, however, to ensure that tribes, tribal organization, and urban Indian organizations will not face continued problems by requiring QHPs to accept these payments, and providing for civil penalties if the QHPs reject these payments.

Accordingly, we wish to indicate our strong support for the following provisions of the Interim Final Rule:

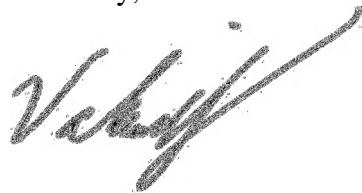
- The added requirement on QHPs in 45 CFR § 156.1250 that reads as follows:

“*§ 156.1250 Acceptance of certain third party payments.* Issuers offering individual market QHPs, including stand-alone dental plans, must accept premium and cost-sharing payments from the following third-party entities on behalf of plan enrollees: (a) Ryan White HIV/AIDS Program under title XXVI of the Public Health Service Act; (b) Indian tribes, tribal organizations or urban Indian organizations; and (c) State and Federal Government programs.”
- The strengthened enforcement provision in § 156.805 which would now include that failure to comply with the requirement to accept third party payments in accordance with § 156.1250 could constitute a violation of § 156.805(a)(1) as “substantial noncompliance with [an] Exchange standard[.]”

CONCLUSION

The TTAG appreciates the opportunity to comment on the Interim Final Rule, and looks forward to a continued open dialogue with CMS and CCIIO through tribal consultation on the important issues discussed above.

Sincerely,



Valerie Davidson
Chair, TTAG

Cc: Acting Director, CCIIO
Cindy Mann, Director, Center for Medicaid and Children Services
Kitty Marx, Director, CMS Division of Trial Affairs
Dr. Yvette Roubideaux, Director, IHS
Stacy Bohlen, Executive Director, NIHB
Lisa Wilson, CCIIO
Nancy Goetschius, CCIIO