

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

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

Letter sent via email: marilyn.tavenner@cms.hhs.gov
Original USPS

December 19, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Request for Information on Contract Offers made by Issuers of Qualified Health Plans

Dear Administrator Tavenner:

On behalf of the Tribal Self-Governance Advisory Committee (TSGAC), and in conjunction with the Tribal Technical Advisory Group to CMS (TTAG), we would like to request information regarding the contract offers made by issuers of Qualified Health Plans (QHPs) to Indian Health Care Providers (IHCPs) in their service area. We are limiting this request to a select number of regions within a limited number of states.

TSGAC and TTAG members have heard a number of concerns about the lack of proactive action taken by QHP issuers with regard to contracting with IHCPs.¹ In order to gain a more comprehensive—and systematic—understanding of this issue, the TSGAC has requested that staff conduct a review of QHP contracting with IHCPs in a limited set of geographically disperse locations. The study design calls for accessing a limited set of information directly from I/T/Us and from QHP issuers (through the CMS Center for Consumer Information and Insurance Oversight (CCIIO)).

Over the past two months, tribal technical advisors held an in-person discussion and a conference call with Mr. Eugene Freund from CCIIO regarding the TSGAC study on Network Adequacy of QHPs in Indian Country. As promised in those discussions, this letter is a follow up wherein we are providing a list of specific states/regions for which we would like information on contract offers made by QHP issuers to IHCPs that are operating within the QHP's service area.

As you know, the CCIIO 2015 Issuer Letter (as well as the CCIIO 2014 Issuer Letter) has a set of requirements pertaining to Indian Health Care Providers and QHPs. The letter reads, in part:

“For benefit year 2015, we will utilize a general ECP enforcement guideline whereby if an application demonstrates that at least 30 percent of available ECPs in each plan's service area participate in the provider network, we will consider the issuer to have satisfied the regulatory standard. In addition, and as required for the prior year, we expect that the issuer offer contracts in good faith to:

¹ IHCPs also referred to as Indian Health Service, Indian Tribes, Tribal organizations, and urban Indian organizations providers, or I/T/Us.

- All available Indian health providers in the service area, to include the Indian Health Service, Indian Tribes, Tribal organizations, and urban Indian organizations, using the recommended model QHP Addendum for Indian health providers developed by CMS;...”²

The letter continues with the following:

“As part of the issuer’s QHP application, we expect that the issuer list the contract offers that it has extended to all available Indian health providers and at least one ECP in each ECP category in each county in the service area. To be offered in good faith, a contract should offer terms that a willing, similarly-situated, non-ECP provider would accept or has accepted. We would expect issuers to be able to provide verification of such offers if CMS chooses to verify the offers.”

Specifically, we are requesting the following information for each of the QHPs operating in the regions listed below:

- A copy of the list provided by the QHP issuers to CMS/CCIIO of the contract offers the QHP issuer extended to the IHCPs operating in the QHP’s service area, including:
 - Name of QHP issuer
 - Name of IHCP to whom contract offer was made
 - Indication of whether the QHP (Indian) Addendum was incorporated in the offer

We will compare the information gathered from the I/T/Us directly with the information provided by CMS/CCIIO (which was previously submitted by the QHP issuers to CMS/CCIIO). In addition, from discussions with IHCPs we will assess why an IHCP decided to contract or not contract with each QHP.

Our study will include the following specific regions:

1. State of Nevada: Zip code 89427 in Schurz, Nevada; 89406 in Fallon, Nevada; 89502 in Reno, Nevada; and 89460 in Gardnerville, Nevada
2. State of Maine: Zip code 04769 in Presque Isle, Maine; 04730 in Houlton, Maine; 04667 in Perry, Maine; 04668 in Princeton, Maine; and 04468 in Old Town, Maine.
3. State of Wisconsin: Zip code 54155 in Oneida, Wisconsin; 54520 in Crandon, Wisconsin; 5435 in Keshena, Wisconsin; and 53204 in Milwaukee, Wisconsin.
4. State of Oregon: Zip code 97761 in Warm Springs, Oregon; 97347 in Grand Ronde, Oregon; and 97801 in Pendleton, Oregon.
5. State of Oklahoma: Zip code 74820 in Ada, Oklahoma; 74884 in Wewoka, Oklahoma; and 74859 in Okemah, Oklahoma.

We appreciate your consideration of this request for information and look forward to sharing the results of our study with your office. We respectfully would like to have this information within the next 30 days, if possible.

² CMS / CCIIO, “2015 Letter to Issuers in the Federally-facilitated Marketplaces,” page 19.

Should you need additional information or have questions regarding the report, please contact either Chief Malerba at (860) 862-6192; or via email: lmalerba@moheganmail.com or Chairman Allen at (360) 681-4621 or email rallen@jamestownTribe.org. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe
Chairwoman, TSGAC

Sincerely,



W. Ron Allen, TTAG Co-Chair and
Chairman/CEO, Jamestown S'Klallam Tribe

cc: Kevin Counihan, Deputy Administrator and Director, CCIIO
Captain Eugene Freund, MD, MSPH, Medical Officer, CCIIO
Kitty Marx, Director of Tribal Affairs, CMS
Dr. Yvette Roubideaux, M.D., M.P.H. Acting Director, IHS
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