Center for Medicare & Medicaid Services Tribal Technical Advisory Group (TTAG)

California Representatives

<u>Primary Representatives</u>
Mark LeBeau, Ph.D., Executive Director
California Rural Indian Health Board, Inc.

Inder Wadhwa, Executive Director
Northern Valley Indian Health, Inc.

<u>Federal Technical Representative</u>
Toni Johnson, Business Office Coordinator/PRC Officer
California Area Indian Health Service

Background

The Tribal Technical Advisory Group (TTAG) is a group of appointed representatives from the 12 areas of Indian Health Service (IHS).

Centers for Medicare & Medicaid Services (CMS) established TTAG in 2004 to seek input and advice on policies and strategies to increase American Indian/Alaska Native (AI/AN) access to CMS programs.

Strategic Plan

TTAG adopted a strategic plan that sets out three targets:

a) establishing and improving access to CMS funded long term care services;

b) implementing strategies to increase AI/AN enrollment in CMS programs; and

c) identifying current and future administrative, regulatory, and legislative policies that affect AI/AN beneficiaries and providers

Working with the Center for Consumer Information and Insurance Oversight (CCIIO)

Over the course of 2015, TTAG has met repeatedly with CMS on issues of importance to Indian Country. At all TTAG/CMS meetings, TTAG wants to ensure that there are high level federal officials meeting with Tribal representatives.

The Center for Consumer Information and Insurance Oversight (CCIIO) has become a primary entity in the work with the I/T/U system and implementing Affordable Care Act provisions related to private health insurance and marketplaces.

Meeting with CCIIO Marketplace Senior Advisor

TTAG met with Lisa Wilson, Senior Advisor of the CCIIO Marketplace, on marketplace issues.

TTAG commented on outstanding issues, including challenges with referrals, limited cost sharing, accessing more comprehensive AIAN Federally Facilitated Marketplace (FFM) enrollment data, etc.

TTAG Data Committee has requested
1) data for a full year, not just 4 months
2) information on tribal member enrollment in health plans without AI/AN cost sharing (zero or limited)
3) validation of tribal enrollment to ensure access to AI/AN protections

Meeting with CCIIO Policy Analyst

TTAG met with Pat Meisol, Policy Analyst of CCIIO Payment Policy and Financial Management Group on Referrals from ITUs to QHPs.

TTAG asked her to explain what requirement was given to each of the health plans re AIAN summary of benefits and coverage. Did the QHPs comply? TTAG has repeatedly asked to be involved on this issue, but the request has not been honored.

During the July TTAG Meeting, CCIIO staff stated that they were working on a response to TTAG's May 2015 17-page letter on all of the cost sharing variation issues, but as of November 18 TTAG has not received a response.

TTAG again asked for a status update in November.

Meeting with CCIIO Medical Officer

TTAG met with Eugene Freund, Medical Officer, CCIIO Exchange Policy and Operations Group on QHP status.

TTAG informed him that QHP's are dropping out of the FFM and in some states the issuers are discontinuing plans that have broader networks and are moving individuals to plans with much narrower networks, because of cost.

He was asked to address this issue.

Meeting with CCIIO Technical Director

TTAG met with Deborah Hunter, Technical Director, CCIIO, Health Insurance Exchanges Group on Essential Community Providers issues.

TTAG informed her of the concern that Indian health care providers and ECPs will have a window of 30 days to update or correct their information and update 5 pieces of information OR CMS will drop them from the list for 2017.

TTAG expressed concern that 30 days is not enough time. Before they would drop anyone, CMS has agreed to provide a list so that Tribal providers will be notified.

Meeting with CMS Center for Medicaid and CHIP Services

TTAG met with Timothy Hill, Deputy Director for the Center for Medicaid and CHIP Services within CMS on system issues.

TTAG informed him of its concern about on-going systemic and operational issues, especially given that the open enrollment period is on-going for AI/ANs.

TTAG informed him that Indian Country has been having several issues in the marketplace with people qualifying for Medicaid expansion. It took anywhere from 2 months to 10 months to get off the Marketplace and qualify for Medicaid. Also, in the process of signing people up in the Marketplace, TTAG is in need of information clearly communicated from CMS on the FFM enrollment website showing a summary of benefits including cost sharing reductions for AI/ANs.

Meeting with CMS Division of State Demonstrations and Waivers

TTAG met with Lane Terwilliger, Technical Director, Division of State Demonstrations and Waivers of CMS on Medicaid Demonstration Waivers.

TTAG recommended that the same transparency and Tribal consultation that we receive on 1115 waivers apply to the other waivers.

TTAG is concerned about mandatory auto enrollment for managed care.

TTAG wants to discuss the difficulties that Tribes have interacting with managed care systems and is still going to push for that meeting.

TTAG Data Committee

The TTAG Data Committee oversees a CMS project to provide tribal leaders, CMS, and other Native organizations information on AI/AN coverage, health status, service utilization, and reimbursement to inform policies, programs, and regulations related to Medicaid, Medicare, and marketplace enrollment.

Data is needed to identify issues and understand the allocation of resources.

TTAG Data Requests Include…

Medicaid: The Division of Tribal Affairs has been working to secure access to the Medicaid Analytic eXtract (MAX) data files. This involves a number of steps. While data access codes were provided to two analysts, a third needs this access. In addition, CMS needs to assign proper job codes to the data analysts. If other issues need to be addressed, TTAG would like to identify and resolve them as soon as possible in order to obtain data access.

Medicare: TTAG would like to prioritize obtaining updated Medicare data. For example, TTAG would like to evaluate issues related to hospital readmission by AI/AN, using the MEDPAR data, given reimbursement is influenced by readmission rates.

TTAG is also focused on obtaining information on AI/AN enrollment in the FFM to monitor implementation of ACA protections for tribal members.