TRIBAL CONSULTATION

October 10, 2019

BLESSING

INTRODUCTIONS

WELCOME AND EXECUTIVE UPDATE

Peter V. Lee, Executive Director

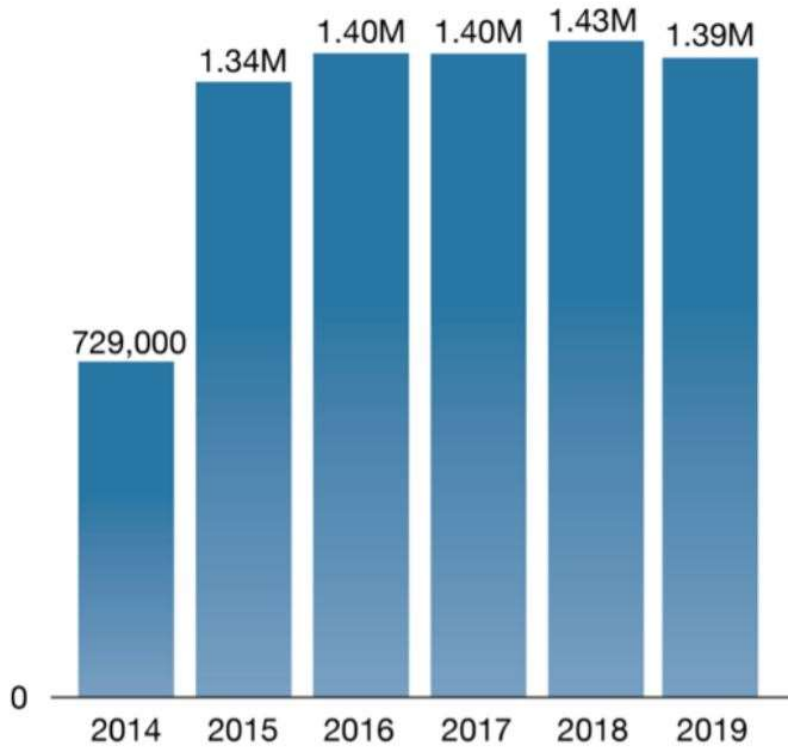
HEALTH INSURANCE MARKET UPDATES

More committed than ever

To our mission to increase the number of insured Californians, to improve health care quality, lower costs and reduce health care disparities across California

- More than 4 million people have been insured by Covered California since 2014
- More than 6 million people have been insured in the individual market both on and off-exchange
  - More than 3.8 million people are currently enrolled in Medi-Cal because the Affordable Care Act's expansion of Medicaid

Federal policy changes led to a year of uncertainty



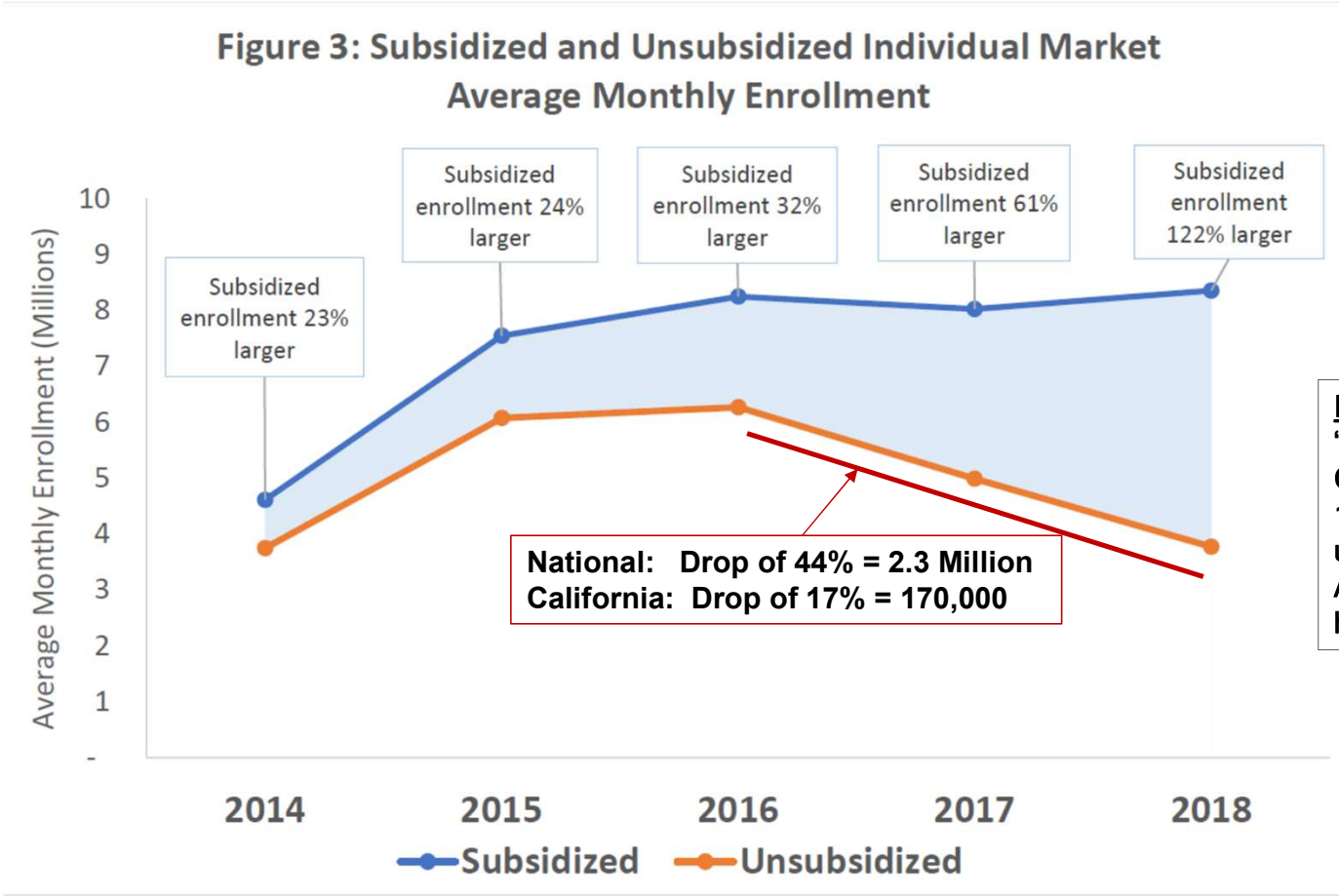
Enrollment numbers as of March 30 of each year.

2019

- Federal penalty zeroed out
  - Health plans increased their premium on average 8%
  - 23.8% drop in new consumer enrollment
  - Active renewals dipped by 2.5%
- Consumers bombarded with offers of unqualified coverage

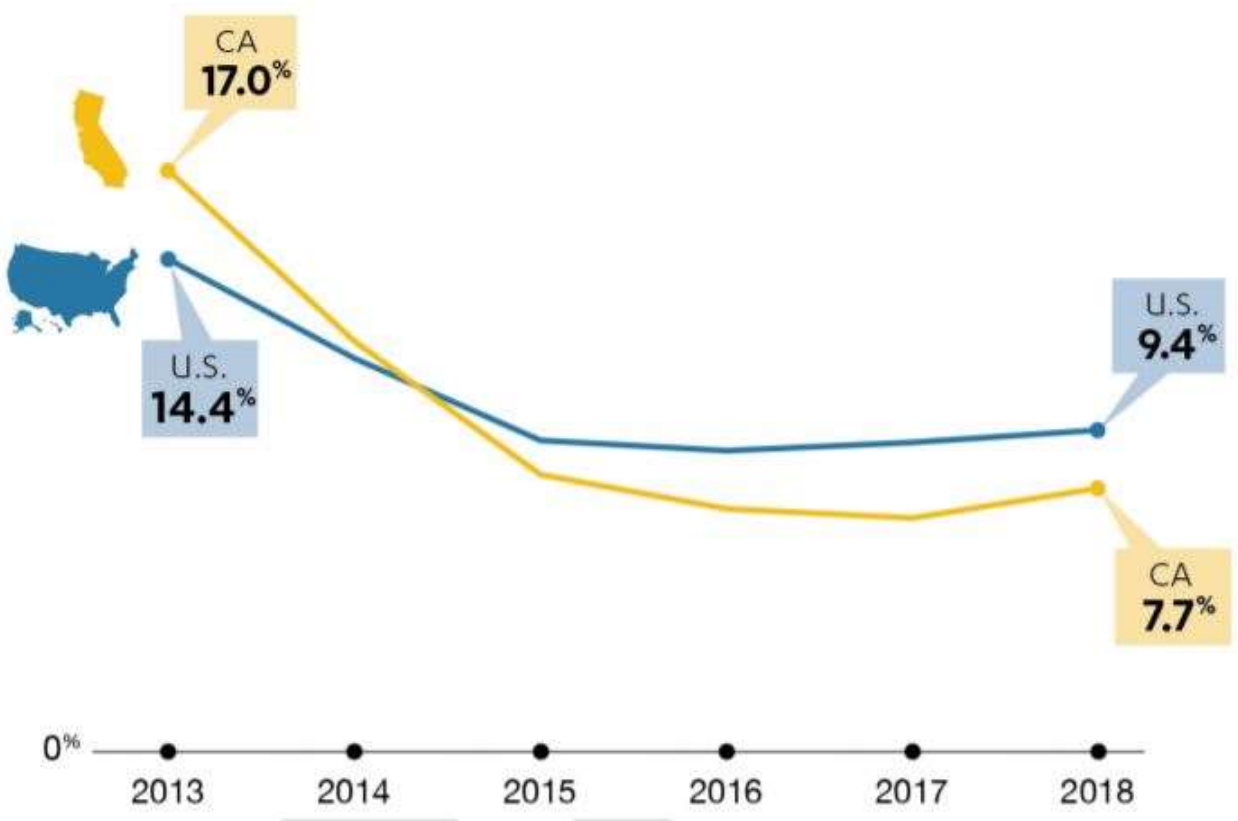
National Subsidized and Unsubsidized Individual Market Enrollment: 2014 - 2018

Source: CMS August 12, 2019 Trends in Subsidized and Unsubsidized Enrollment



IF nation had "only" dropped at California's rate, 1.5 million more unsubsidized Americans would have insurance

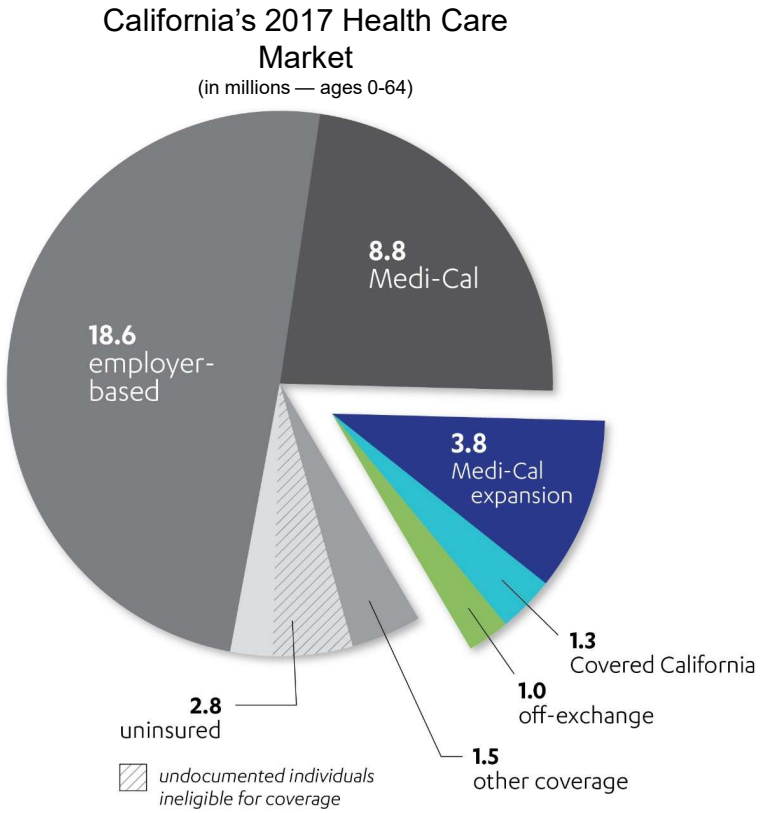
Comparing California's uninsured rate to the rest of the nation



Uninsured rate increased from 6.8% in 2017 to 7.7% in 2018

Californians Facing New Opportunities for Coverage

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.



- As of June 2018, Covered California had approximately 1.3 million members who have active health insurance. California has also enrolled nearly 4 million more into Medi-Cal.
- Consumers in the individual market (off-exchange) can get identical price and benefits as Covered California enrollees.
- From 2013 to 2017, the U.S. Census Bureau states California cut its uninsured rate by 58 percent. Accounting for those ineligible because of their immigration status, California's eligible uninsured population is 1 million.

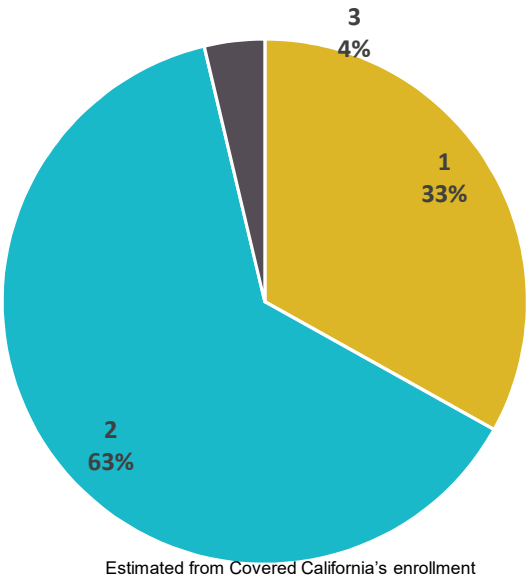
COVERED CALIFORNIA

California administrative data sources are used for enrollment totals when possible. All other enrollment estimates are from the 2017 American Community Survey. The total enrollment population sums to more than California's total population as some Californians were covered by more than one type of insurance during the same year.

Health Insurance is "Sticky"

- Each year, approximately 37% of the Covered California individual market turns over.
- Of the 37% of consumers who leave Covered California, approximately 90% transition to another source of coverage.
- An estimated 11% purchase of consumers who leave Covered California purchase individual coverage off the exchange. In 2017, unsubsidized silver enrollees were encouraged by Covered California to enroll off-exchange because of the surcharge due to lack of CSR funding.

California's Health Care Coverage Transitions:
Current Source of Coverage for Disenrolled Members
(2018 Survey)



Thirty-Seven percent of the Covered California individual market turns over each year.

Estimated from Covered California's enrollment data and March 2018 Member Survey (n=1,283).

Survey Responses of Disenrolled Members

Current Coverage for Disenroled Members	Verified Survey Disenrolled Members (n=1,283)
Employer-sponsored insurance	43%
Medi-Cal	27%
Off-exchange plan	11%
Plan from another source	3%
Medicare	3%
Military coverage	1%
Coverage source unknown	1%
Uninsured	10%
Insurance status unknown	1%
Total	100%

Ensuring access to a competitive marketplace in 2020

> The overall story is a good one for consumers across California
>
> Peter V Lee

0.8% Statewide Average Increase

- More than **75%** of consumers will either be able to pay less or see no change in their premiums if they switch plans.
- If consumers change to the lowest-priced plan at the same metal tier, the weighted average change would be a decrease of **-9.0%**

5 Year Average Rate Change

Before shopping and not counting subsidy

	PLAN YEAR					5-Year Average
	2016	2017	2018	2019	2020	
Weighted Average Increase	4.0%	13.2%	12.5%*	8.7%	**0.8%**	**7.8%**
Lowest-Priced Bronze (unweighted)	3.3%	3.9%	11.8%	10.2%	**5.7%**	**7.0%**
Lowest-Priced Silver (unweighted)	1.5%	8.1%	9.2%*	5.2%	**4.0%**	**5.6%**
If a consumer switches to the lowest-priced plan in the same tier	-4.5%	-1.2%	3.3%	-0.7%	**-9.0%**	**-2.4%**

* The 2018 weighted average has been adjusted to remove the cost-sharing reduction surcharge applied in 2018, since unsubsidized or off-exchange enrollees do not incur the surcharge, and tax credits help defray the costs of rate increases for those eligible for subsidies.

AMERICAN INDIAN / ALASKA NATIVE ENROLLMENT UPDATE

AMERICAN INDIAN/ALASKA NATIVE ENROLLMENT PER ISSUER

2019 AI/AN Enrollment (Active or Pending Status) as of 07/01/19

Issuer	# of Individuals
Anthem Blue Cross	555
Blue Shield	1,801
Chinese Community Health Plan	5
Health Net	296
Kaiser	1,826
LA Care	44
Molina Health Care	99
Oscar Health Plan	102
SHARP Health Plan	46
Valley Health	11
Western Health	44
Grand Total	**4,829**

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Pricing Region	# of Individuals
Northern Counties	814
North Bay	304
Sacramento Valley	530
San Francisco County	88
Contra Costs County	121
Alameda County	155
Santa Clara County	75
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Inland Empire	426
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Provider	Regions Served
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Blue Shield of California	1*, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
Chinese Community Health Plan	4, 8**
Contra Costa Health Plan	5
Health Net	4, 5, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19
Kaiser Permanente	1*, 2, 3, 4, 5, 6, 7, 8, 10*, 11, 12*, 13*, 14, 15, 16, 17, 18, 19
L.A.Care Health Plan	15, 16
Molina Healthcare	15, 16, 17, 19
Sharp Health Plan	19
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* specific areas only
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Regions
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17 - Inland Empire
18 - Orange County
19 - San Diego County

CURRENT MIXED AMERICAN INDIAN/ALASKA NATIVE HOUSEHOLDS

Households with Members in Covered CA and Medi-Cal

1,029

Issuer	# of Individuals
Anthem Blue Cross	332
Blue Shield	980
Chinese Community Health Plan	0
Health Net	160
Kaiser	919
LA Care	41
Molina Health Care	60
Oscar Health Plan	46
SHARP Health Plan	31
Valley Health	10
Western Health	31
Grand Total	**2,610**

*2019 Enrollment Active or Pending for Consumers indicating they are a member of AI/AN Tribe and are in a mixed AI/AN household (AI/AN and Non-AI/AN as of October 2019)

California State Affordability Initiatives

State and federal updates

California Affordability Programs

In late June, the Governor signed the state's fiscal year 2019-20 budget which:

- Establishes a state subsidy program providing premium subsidies over the next three years for eligible individuals with incomes at or below 138 percent of the Federal Poverty Level (FPL) and above 200 and at or below 600 percent of the FPL.
- Establishes a California individual mandate and penalty starting in 2020 that closely mirrors the federal structure that was in place prior to the penalty being "zeroed out" by Congress.
- Expands state-only, full-scope Medi-Cal to individuals between 19 and 25 years old regardless of immigration status.

Improving affordability for Californians

California's Health Care Affordability Programs

- Only state affordability program in the country helping middle income individuals and families pay for health coverage
- Consumers who earn up to 600% of Federal Poverty Level or incomes of $75,000 for individuals and $150,000 for families of four
- State Individual Mandate and Penalty goes into effect January 1, 2020

Improving affordability

California's Health Care Affordability Programs
Effective January 1, 2020

State Subsidy

- New financial help for individuals up **to 138% and between 200-600%** Federal Poverty Level (FPL)
- Extends eligibility for financial help to nearly million Californians, including AI/AN consumers
- Covered California administers program

State Individual Mandate and Penalty

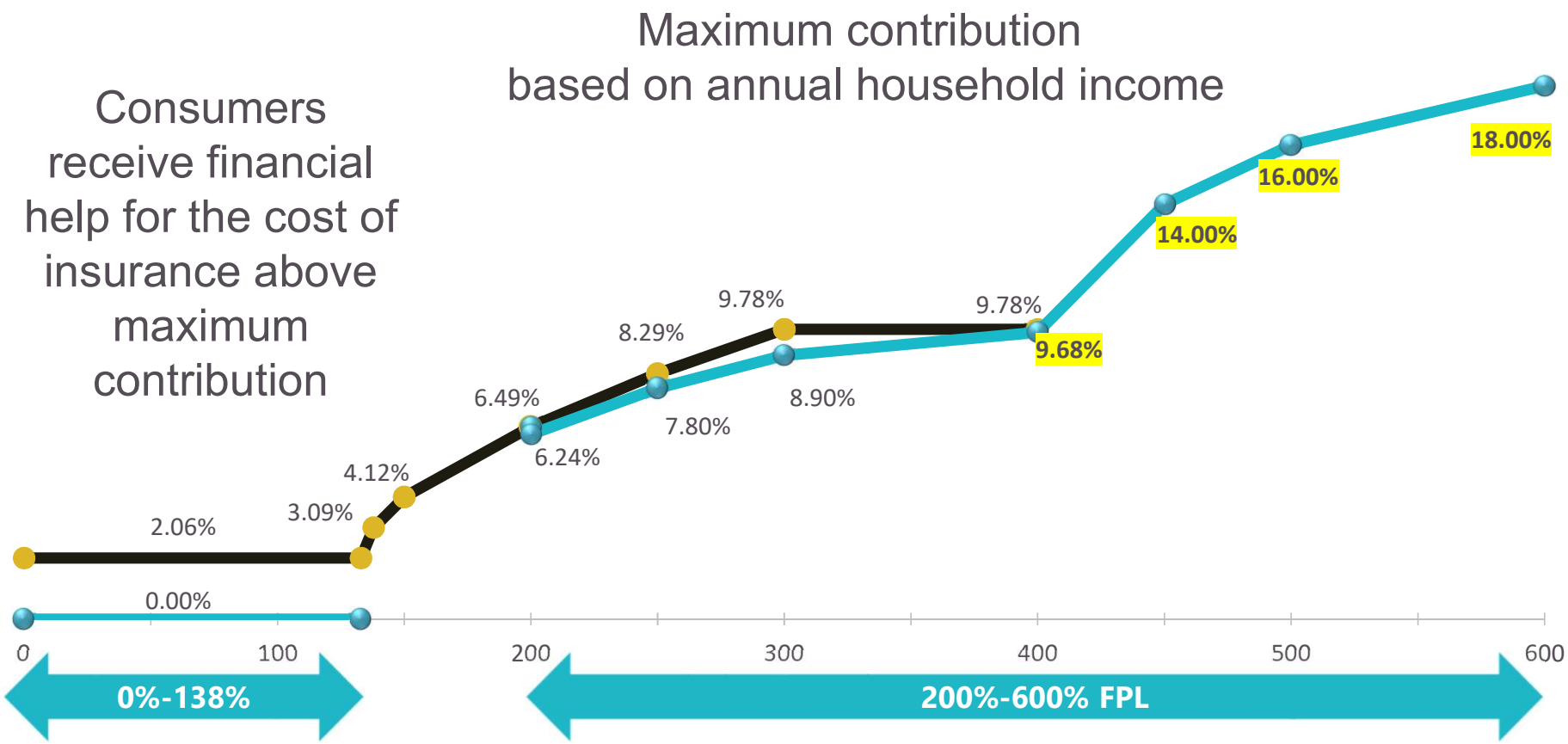
- Requires Californians to enroll in minimum essential coverage, receive an exemption or pay a penalty.
- Penalty is greater of **$695** per adult (**$347** per child) or **2.5%** of annual household income
- Franchise Tax Board implements and collects penalties
- **AI/AN CONSUMERS ARE EXEMPT**

New 2020 FPL chart for the state subsidy program

FEDERAL POVERTY LEVEL FOR 2020										
		SILVER 94 (100%-150%)		SILVER 87 (>150%-200%)	SILVER 73 (>200%-250%)					
	% OF FPL	100%	150%	200%	250%	300%	400%	450%	500%	600%
HOUSEHOLD SIZE	1	$12,490	$18,735	$24,980	$31,225	$37,470	$49,960	$56,205	$62,450	$74,940
	2	$16,910	$25,365	$33,820	$42,275	$50,730	$67,640	$76,095	$84,550	$101,460
	3	$21,330	$31,995	$42,660	$53,325	$63,990	$85,320	$95,985	$106,650	$127,980
	4	$25,750	$38,625	$51,500	$64,375	$77,250	$103,000	$115,875	$128,750	$154,500
	5	$30,170	$45,255	$60,340	$75,425	$90,510	$120,680	$135,765	$150,850	$181,020
	6	$34,590	$51,885	$69,180	$86,475	$103,770	$138,360	$155,655	$172,950	$207,540
	7	$39,010	$58,515	$78,020	$97,525	$117,030	$156,040	$175,545	$195,050	$234,060
	8	$43,430	$65,145	$86,860	$108,575	$130,290	$173,720	$195,435	$217,150	$260,580
	additional person add	$4,420	$6,630	$8,840	$11,050	$13,260	$17,680	$19,890	$22,100	$26,520

What consumers pay before subsidy kicks in

Consumers receive financial help for the cost of insurance above maximum contribution



California subsidy scenario

Erin and Francis 62 years old Live in a high cost region Income: $72,000 425% FPL *Based on the second-lowest Silver (SLS) plan offered in Oakland, CA.*		Affordable Care Act Baseline	New California State-Based Subsidies
	Monthly Premium (SLS)	$2,414	$2,414
	Net Premium	$2,414	$714
	Net Premium Income Share	40.3%	11.9%
	Federal Premium Subsidy	$0	$0
	New California Premium Subsidy	$0	$1,700
	Silver Plan Medical Deductible – (family)	$5,000 NO deductible for out-patient care	$5,000 NO deductible for out-patient care

Understanding the cost of not having Minimal Essential Coverage

Family members who are not AI/AN will be subject to the penalty even if the rest of the household is exempt.

A minimum of $695 per adult ($347 per child)

OR

2.5% of the annual household income, **whichever is greater**

**For example, a family of five could pay up to $16,980 in yearly penalty

2020 Projections of Who Benefits—AI/AN Consumers Will Benefit Depending on Income

922,000

Individuals estimated eligible to receive a state subsidy

235,000

are middle-income Californians who don't receive federal financial help

$172

per household per month average state subsidy for middle-income Californians earning 400-600% FPL

229,000

new enrollments projected due to lower premium, new subsidy and the mandate/penalty

42,000

projected new consumers enrolling off-exchange directly with carriers

DISCUSSION

TRIBAL CONSULTATION 2019
PLAN MANAGEMENT UPDATE

James DeBenedetti, Director
Plan Management Division

AMERICAN INDIAN/ALASKA NATIVE ELIGIBILITY: ZERO COST SHARE PLANS

- AI/AN applicants are eligible for a **zero cost sharing** qualified health plan (QHP) if the applicants:
  - Meet the eligibility requirements for APTC (Advance Premium Tax Credit) and CSR (Cost Sharing Reduction)
  - Are expected to have a household income that does not exceed 300 percent of the federal poverty level (FPL) for the benefit year for which coverage is requested
  - Are a member of a federally recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Zero Cost Sharing plans, the QHP issuer must eliminate any cost sharing.
- AI/AN enrollees can only access these benefits if enrolled in a Zero Cost Sharing plan through Covered California.

AMERICAN INIDIAN/ALASKA NATIVE ELIGIBILITY: LIMITED COST SHARE PLANS

- AI/AN applicants are eligible for **Limited Cost Sharing** plans at every metal level if the applicants:
  - Household income exceeds 300 percent of the FPL for the benefit year for which coverage is requested, or income is not reported
  - Are a member of a federally recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Limited Cost Sharing plan, the QHP issuer must:
  - Eliminate any cost sharing under the plan for the services or supplies received directly from an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through Purchased Referred Care
  - Apply standard cost sharing for the QHP's provider network outside of Indian and Tribal providers
- AI/AN enrollees can only access these benefits if enrolled in a Limited Cost Sharing plan through Covered California.

AMERICAN INDIAN/ALASKAN NATIVE PROGRAM ELIGIBILITY

PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL FOR 2019

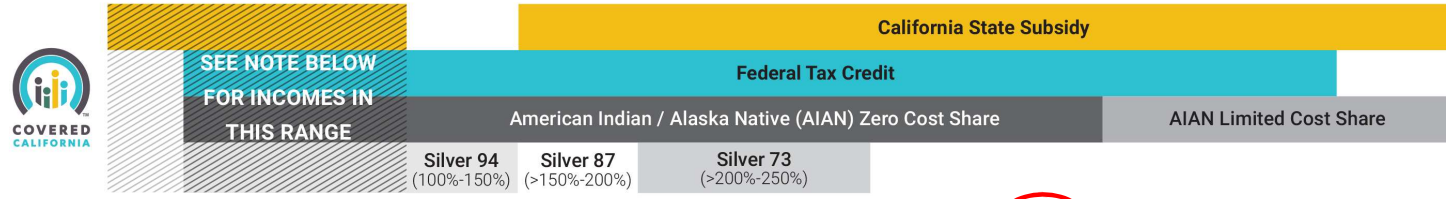
Medi-Cal and Covered California have various programs with overlapping income limits.

		PREMIUM ASSISTANCE									
		AMERICAN INDIAN / ALASKA NATIVE PLANS									
		ENHANCED SILVER PLANS (100%-250%)									
		SILVER 94 (100%-150%)			SILVER 87 (>150%-200%)		SILVER 73 (>200%-250%)				
	% OF FPL	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%
HOUSEHOLD SIZE	1	$12,140	$16,754	$18,210	$24,280	$25,859	$30,350	$32,293	$36,420	$39,091	$48,560
	2	$16,460	$22,715	$24,690	$32,920	$35,060	$41,150	$43,784	$49,380	$53,002	$65,840
	3	$20,780	$28,677	$31,170	$41,560	$44,262	$51,950	$55,275	$62,340	$66,912	$83,120
	4	$25,100	$34,638	$37,650	$50,200	$53,463	$62,750	$66,766	$75,300	$80,822	$100,400
	5	$29,420	$40,600	$44,130	$58,840	$62,665	$73,550	$78,258	$88,260	$94,733	$117,680
	6	$33,740	$46,562	$50,610	$67,480	$71,867	$84,350	$89,749	$101,220	$108,643	$134,960
	7	$38,060	$52,523	$57,090	$76,120	$81,068	$95,150	$101,240	$114,180	$122,554	$152,240
	8	$42,380	$58,485	$63,570	$84,760	$90,270	$105,950	$112,731	$127,140	$136,464	$169,520
	each additional person, add	$4,320	$5,962	$6,480	$8,640	$9,202	$10,800	$11,492	$12,960	$13,911	$17,280
		MEDI-CAL FOR ADULTS				MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)					
		MEDI-CAL FOR KIDS (0-18 yrs.)							COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM		

AMERICAN INDIAN/ALASKAN NATIVE PROGRAM ELIGIBILITY

Program Eligibility by Federal Poverty Level-2020 Plan Year

Note overlapping programs by income level



Household Size	% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%	600%
	1	$0	$12,490	$17,237	$18,735	$24,980	$26,604	$31,225	$33,224	$37,470	$40,218	$49,960	$74,940
	2	$0	$16,910	$23,336	$25,365	$33,820	$36,019	$42,275	$44,981	$50,730	$54,451	$67,640	$101,460
	3	$0	$21,330	$29,436	$31,995	$42,660	$45,433	$53,325	$56,738	$63,990	$68,683	$85,320	$127,980
	4	$0	$25,750	$35,535	$38,625	$51,500	$54,848	$64,375	$68,495	$77,250	$82,915	$103,000	$154,500
	5	$0	$30,170	$41,635	$45,255	$60,340	$64,263	$75,425	$80,253	$90,510	$97,148	$120,680	$181,020
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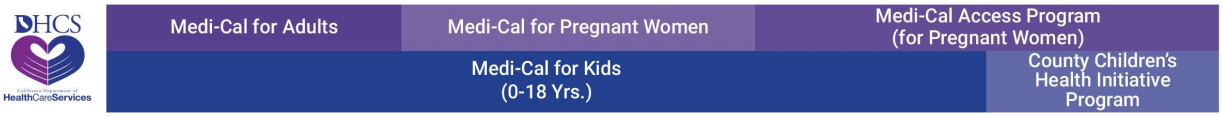
	8	$0	$43,430	$59,934	$65,145	$86,860	$92,506	$108,575	$115,524	$130,290	$139,845	$173,720	$260,580
	add'l, add	$0	$4,420	$6,100	$6,630	$8,840	$9,415	$11,050	$11,758	$13,260	$14,233	$17,680	$26,520



AMERICAN INDINA/ALASKA NATIVE BENEFIT EXAMPLE

The following is an example of the differences in cost sharing between a Silver 70 standard plan, a Zero Cost Share AI/AN plan and a Limited Cost Share AI/AN plan for some covered services.

	Silver 70 Standard Plan	Zero Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan	Silver 70 Limited Cost Share AI/AN Plan if Member Goes to an AI/AN Provider*
Primary Care Visit	$40	$0	$40	$0
Specialist Visit	$80	$0	$80	$0
Laboratory Tests	$40	$0	$40	$0
Urgent Care Visit	$40	$0	$40	$0

*Indian Health Service (IHS), an Indian tribe, Tribal Organization, Urban Indian Organization, or receives a referral to a QHP provider from an IHS clinic.

AMERICAN INDIAN/ALASKA NATIVE QUALIFIED HEALTH PLAN (QHP) REQUIREMENTS

- Covered California requires QHP issuers to offer the lowest cost AI/AN Zero Cost Share plan variation in the standard set of plans for each product (HMO, PPO, EPO).

- The QHP issuer may not offer the Zero Cost Share AI/AN plan variation at the higher metal levels within the set of plans for each product .
  - For example, if a QHP offers a PPO product for Platinum, Gold, Silver and Bronze metal tiers, the QHP must offer a Bronze AI/AN Zero cost share plan because it's the lowest cost premium.

AMERICAN INDIAN/ALASKA NATIVE QUALIFIED HEALTH PLAN (QHP) ISSUER REQUIREMENTS

- QHP issuers offering additional plans, that do not include a Bronze plan, must offer the AI/AN Zero Cost Share plan variation at the lowest cost.

- If a QHP issuer offers a HMO product for Platinum, Gold and Silver metal tiers, the QHP issuer must offer a Silver AI/AN Zero Cost Share plan because it's the lowest cost premium.

- QHP issuers are required to offer Limited Cost Share plans at all metal levels for all product types.

COVERAGE FOR OUT-OF-NETWORK SERVICES

- The requirement for a QHP issuer to offer Zero Cost Share or Limited Cost Share benefits applies to “covered services” under the plan.
- QHP issuers are not required to offer Zero Cost Share or Limited Cost Share benefits for services received by out-of-network providers.
- American Indian/ Alaska Native enrollees would be responsible for 100% of the cost of services received from out-of-network providers when enrolled in a plan with a closed provider network.
- Closed provider networks include:
  - Health Maintenance Organizations (HMO)
  - Exclusive Provider Organizations (EPO)

UPDATE ON AMERICAN INDIAN ALASKA NATIVE ENROLLMENT

James DeBenedetti, Director
Plan Management Division

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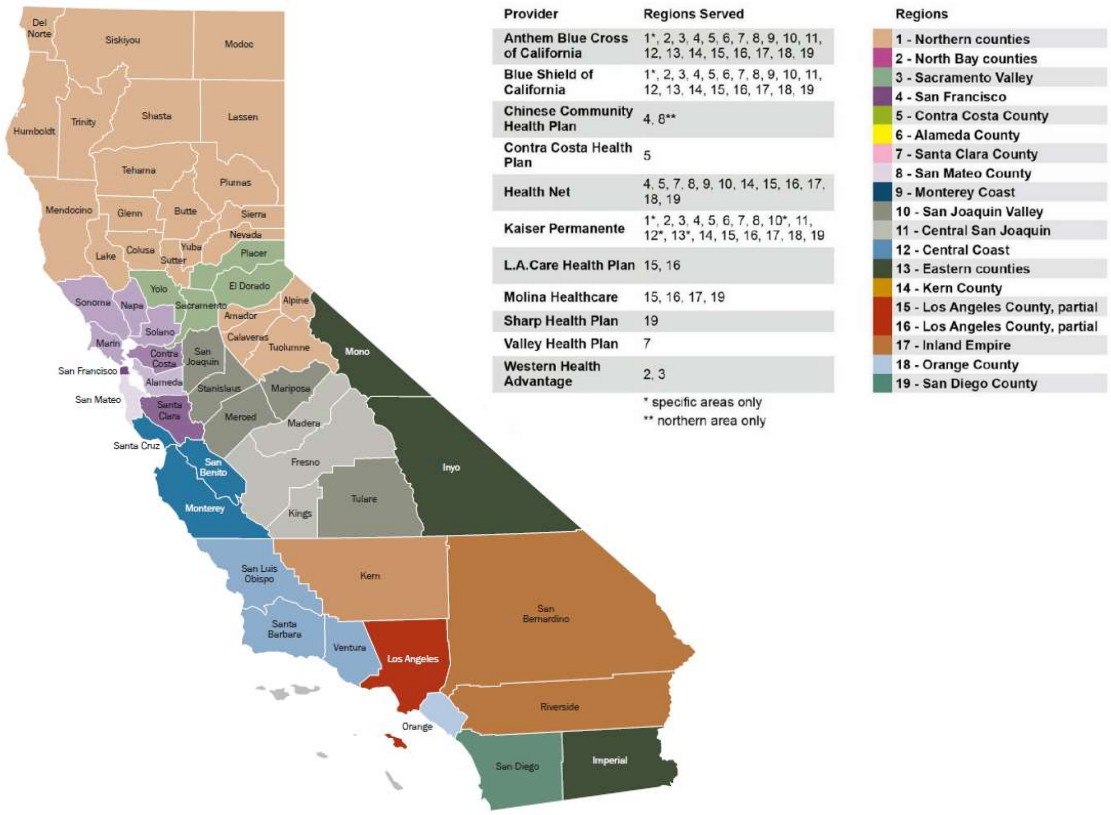

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19 - San Diego County

CURRENT MIXED AMERICAN INDIAN/ALASKA NATIVE HOUSEHOLDS

Mixed Households
1,029

Issuer	# of Individuals
Anthem Blue Cross	332
Blue Shield	980
Chinese Community Health Plan	0
Health Net	160
Kaiser	919
LA Care	41
Molina Health Care	60
Oscar Health Plan	46
SHARP Health Plan	31
Valley Health	10
Western Health	31
Grand Total	**2,610**

*2019 Enrollment Active or Pending for Consumers indicating they are a member of AI/AN Tribe and are in a mixed AI/AN household (AI/AN and Non-AI/AN as of October 2019)

AMERICAN INDIAN/ALASKA NATIVE SPECIFIC EOCs AND SBCs

- QHP issuers provide Evidence of Coverage (EOC) and Summary of Benefits and Coverage (SBC) for each metal tier by product type

CCHP $0 Cost Share HMO AI-AN

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 1/1/2017

Coverage for: Individual and Family | **Plan Type: HMO**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cchphealthplan.com or by calling 1-888-681-3888.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	$0	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st).See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	This plan has no out-of-pocket limit.	Not applicable because there is no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits
Does this plan use a network of providers?	Yes. For a list of in-network providers, see www.cchphealthplan.com or call 1-888-681-3888	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	Yes. You do need a referral to see a specialist.	This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5 or 6. See your policy or plan document for additional information about excluded services."

Questions: Call 1-888-681-3888 or visit us at www.cchphealthplan.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cchphhealthplan.com or call 1-888-681-3888 to request a copy.

1 of 8

TRIBAL CLINIC REFERRALS BACKGROUND AND UPDATE

James DeBenedetti, Director
Plan Management Division

BACKGROUND

- At the last Tribal Consultation Meeting in 2018, Covered California agreed to further investigate possible gaps in the process by which American Indian/Alaska Native (AI/AN) enrollees are referred by Indian Health Clinics to Qualified Health Plan (QHP) providers for covered health care services.

IDENTIFIED CHALLENGES

- More information and assistance with Indian Health Clinic referrals to QHP issuers is needed.
- Indian Health Clinic referrals vary and QHP issuers need specified information to process referrals.
- There is not a standard process flow for referrals between all QHP issuers.
- Process is needed to obtain refund for any incorrect charges for health care services.

AMERICAN INDIAN/ALASKAN NATIVE ZERO-COST AND LIMITED-COST SHARING PLANS

- **Zero-cost sharing plans:** If below 300 percent federal poverty level (FPL), consumer is eligible for AI/AN plan that is not subject to deductible, coinsurance and cost sharing. Does not need a referral from an Indian Health Clinic.
- **Limited-cost sharing plans:** If above 300 percent FPL, consumer is not subject to deductible, coinsurance and cost sharing if receiving health care services from an Indian Health Clinic or with a referral to a QHP provider from an Indian Health Clinic.

WORK IN PROGRESS

- Reaching out to several QHP issuers
  - Gathering information on the current status of Indian Health Clinic referrals and their internal processes
  - Shared draft Indian Health Clinic referral form template for review and feedback

- We would also like your feedback on the draft referral form template.

PROPOSED NEXT STEPS

- Review, edit and finalize Indian Health Clinic suggested referral form template. The final document will be posted on the Covered California website with use instructions.

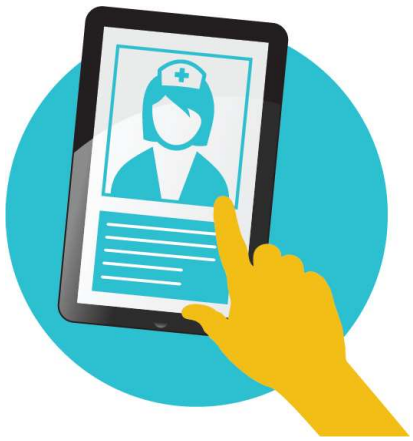
  - What other means should Covered California use to share materials and information with AI/AN consumers and providers?

RURAL ACCESS CONCERNS

James DeBenedetti, Director
Plan Management Division

BENEFIT COVERAGES

- Telehealth
  - Covered California does not standardize cost-sharing or requirements for telehealth, but all health plans are encouraged to offer it as a mode of care delivery.
  - All QHP issuers offer some telehealth services in 2019; however, the type of telehealth service offered varies by plan, ranging from nurse advice lines to specialty services.
  - Covered California is working to gather more data on plan-specific telehealth benefits that can be shared with consumers.
- Transportation
  - Covered California is working to develop plan-specific information on transportation benefits that can be shared with consumers.



OPIOID TREATMENT & PREVENTION

James DeBenedetti, Director
Plan Management Division

SMART CARE CALIFORNIA

- Covered California contractually requires all of its QHPs to participate in Smart Care California.
- Smart Care is a public-private partnership working to promote safe, affordable care in California, including a focus on opioid safety and lowering opioid overdose deaths.
  - Developed a check-list of health plan and purchaser approaches to curb the opioid epidemic based on the most up-to-date, available evidence http://www.iha.org/sites/default/files/files/page/pdf_healthplansopioidchecklist.pdf
  - For example:
    - Removing prior authorization for physical therapy for back pain
    - Offer or support specific programs that help providers safely manage patients on high opioid doses
    - Increase access to behavioral health services for patients with chronic pain
    - Remove authorization requirements and copays for Naloxone

SMART CARE: COVERED CALIFORNIA QHP RESULTS

- 2019 survey results highlights:
  - 100% of QHPs have removed authorization for initiating and maintaining buprenorphine for addiction
  - 100% of QHPs implement quantity limits for new starts of opioid medications
  - 64% of QHPs have increased access to behavioral health services for patients with chronic pain
- The full report can be viewed at https://www.iha.org/our-work/insights/smart-care-california

SMART CARE CALIFORNIA
Less Waste. Less Harm. Better Care.

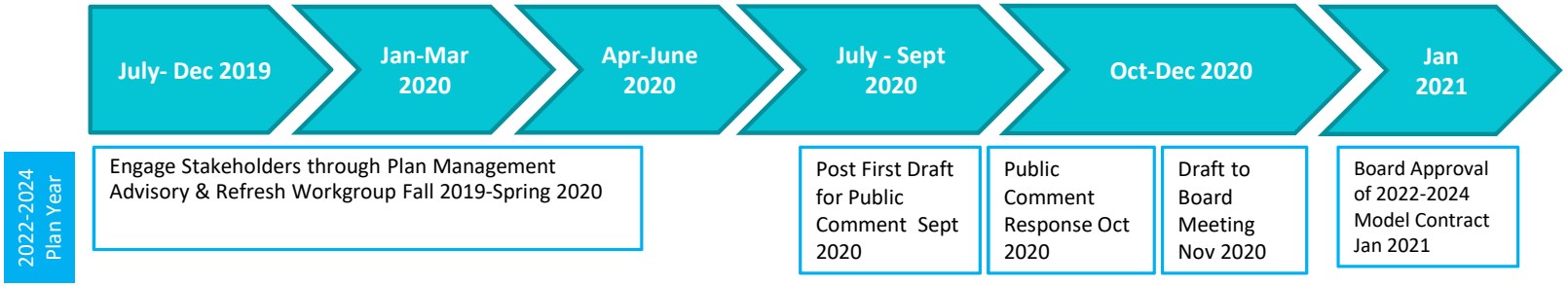
QHP ISSUER MODEL CONTRACT EXTENSION

James DeBenedetti, Director
Plan Management Division

QHP ISSUER MODEL CONTRACT REFRESH 2022-2024

- Covered California is in the process of significantly refreshing its Qualified Health Plan (QHP) contract requirements related to Quality, Network Management, and Delivery System Standards.
- The QHP model contract refresh originally slated for 2021-2023 will be extended to 2022-2024.
- QHP Certification Application during 2020 for 2021 plan year will be a continuation of the current 2017-2020 contract.
- Additional time is needed to ensure:
  - Active, informed stakeholder engagement in the development of new QHP Issuer contract requirements
  - Increased engagement and alignment with other large purchasers in California on quality metrics and other contract requirements: CalPERS, Medi-Cal, and DHCS

2022-2024 MODEL CONTRACT DEVELOPMENT TIMEFRAME



QHP ISSUER MODEL CONTRACT ATTACHMENT 7

- 2017-2019 Attachment 7: Quality, Network Management, Delivery System Standards and Improvement Strategy

  - Article 1 Improving Care, Promoting Better Health and Lowering Costs
  - Article 2 Provision and Use of Data and Information for Quality of Care
  - Article 3 Reducing Health Disparities and Ensuring Health Equity
  - Article 4 Promoting Development and Use of Effective Care Models
  - Article 5 Hospital Quality
  - Article 6 Population Health: Preventive Health, Wellness, and At-Risk Enrollee Support
  - Article 7 Patient-Centered Information and Support
  - Article 8 Payment Incentives to Promote Higher Value Care
  - Article 9 Accreditation

ATTACHMENT 7 REFRESH WORKGROUP

- Monthly meetings with diverse stakeholders to discuss areas related to Attachment 7.
  - Stakeholders include: health plans, provider groups, consumer advocates, and subject matter experts.
  - Areas of priority for discussion: Health Equity, Mental Health and Substance Use Disorder, Primary Care, among others.
- Objective of the workgroup is to make recommendations on changes to the QHP model contract 2022-2024.
- Upcoming workgroup sessions: Nov 6, Dec 5, additional dates in 2020 to be determined.
- To join the workgroup, send an email of interest to Thai Lee at thai.lee@covered.ca.gov

DISCUSSION

BREAK

Covered California Overview and Resources

Tribal Consultation
October 10th, 2019

COVERED CALIFORNIA OVERVIEW

Major Changes to the Health Care System Because of the Affordable Care Act

Before the Affordable Care Act	Today
• Many consumers denied coverage by insurers because of pre-existing conditions.	• Guaranteed coverage for all — no screening or price differences due to health status.
• Many consumers with insurance bankrupted by gaps in coverage and annual or lifetime limits.	• Insurers are prohibited from setting lifetime limits on essential health benefits, such as hospital stays.
• Health coverage unaffordable for millions without employer coverage — except the healthy (underwritten) and wealthy (those making enough to foot the bill)	• Subsidies making coverage affordable to 9 million Americans; millions more have affordable options through Medicaid expansion, 7 million unsubsidized struggling with rising costs.
• Insurers could remove young adults from their parents' policies, leaving them uninsured.	• Dependent children up to age 26 must be offered coverage under a parent's insurance plan.
• Children under 19 could be denied coverage because of a chronic condition.	• Insurers may not exclude children under the age of 19 from coverage due to a pre-existing medical condition.
• Medicaid only covered low-income children, pregnant women, elderly and disabled individuals, and some parents, but excluded other low-income adults.	• For Medicaid expansion states, Medicaid covers all adults under 65 with income up to 133 percent on the federal poverty level.

FEDERAL REFORMS UNDER THE AFFORDABLE CARE ACT

Health Benefit Exchanges and Federal Subsidies:
Federal and state-based marketplaces to buy health insurance and receive financial assistance.

Insurance Market Reforms:
Guaranteed issue and renewal; no annual or lifetime limits;
coverage for essential health benefits; and dependent coverage up to age 26

Medicaid Expansion:
Inclusion of low-income childless adults.

Individual/Employer Mandate:
Most U.S. citizens and legal residents required to have health coverage.
*Beginning in 2019, the individual mandate tax penalty has been reduced to $0.

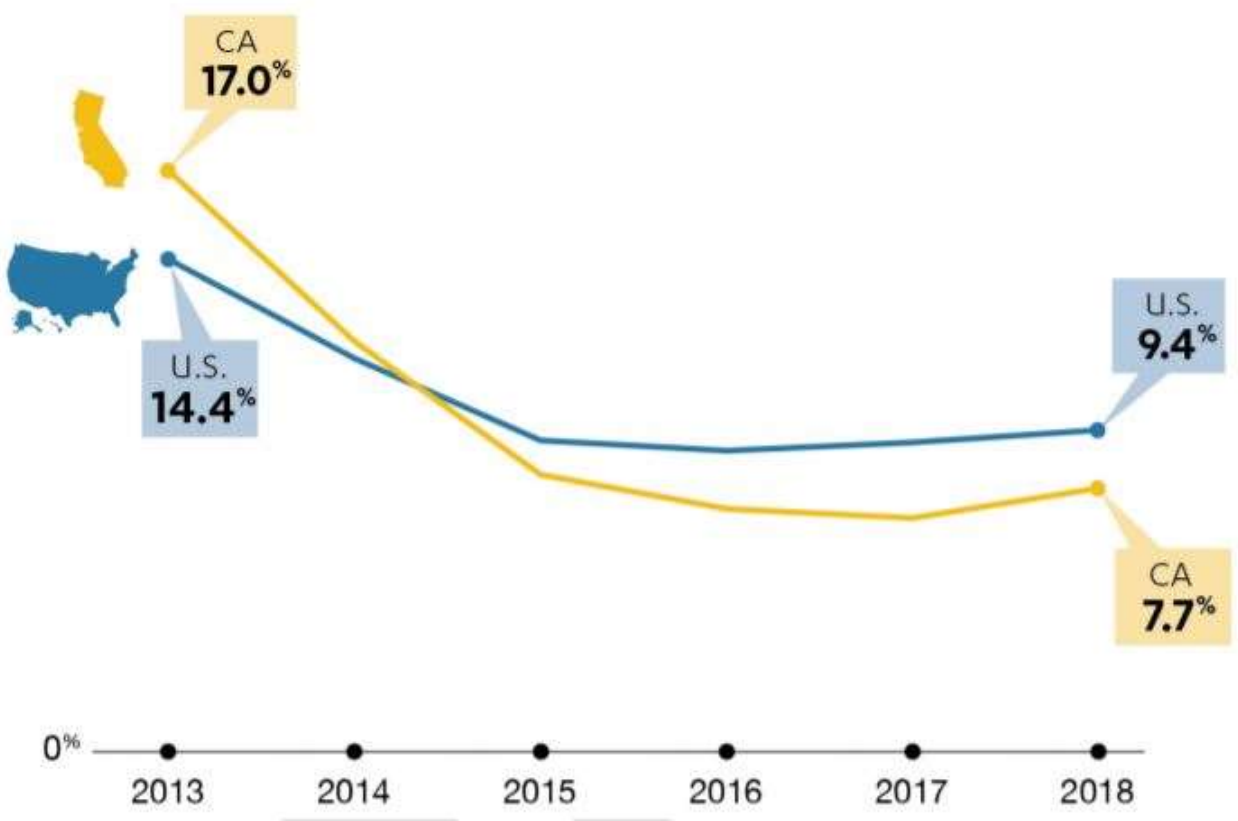
ESTABLISHMENT OF THE CALIFORNIA HEALTH BENEFIT EXCHANGE (COVERED CALIFORNIA)

- California was first state in nation to enact legislation creating a health benefit exchange under the Affordable Care Act
  - Assembly Bill 1602 (Pérez, 2010) - California Patient Protection and Affordable Care Act in California
  - Senate Bill 900 (Alquist, 2010) established structure and requirements for the state's health benefit exchange

- Independent public entity, governed by a five-member Board:
  - Two members appointed by the Governor
  - One member appointed by Senate Rules Committee
  - One member appointed by Speaker of the Assembly
  - Secretary of the California Health and Human Services Agency - ex-officio, voting member

- Self-sustaining entity – no monies from the state General Fund

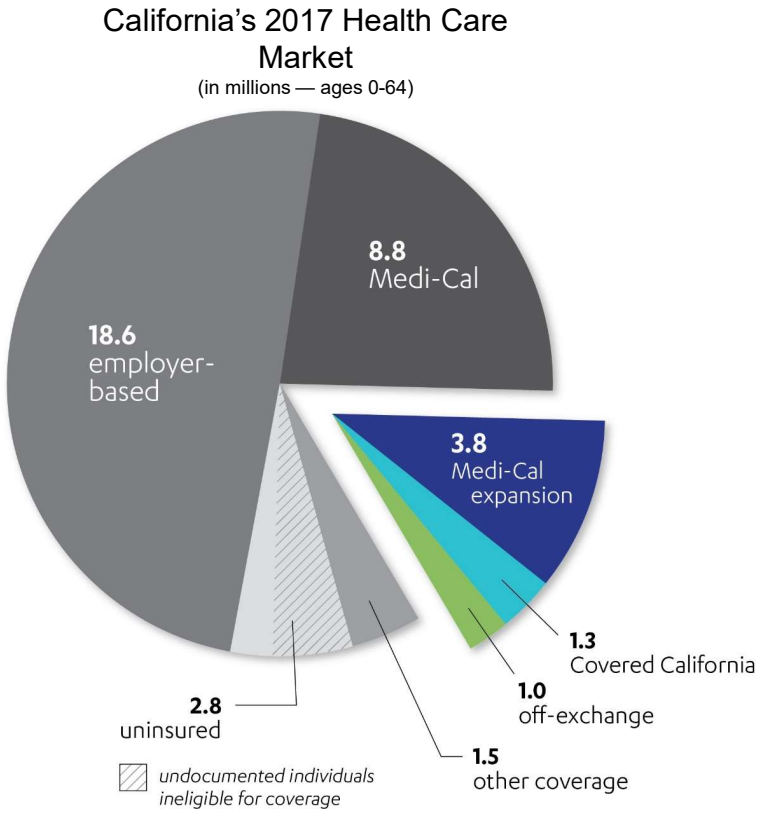
Comparing California's uninsured rate to the rest of the nation



Uninsured rate increased from 6.8% in 2017 to 7.7% in 2018

Californians Facing New Opportunities for Coverage

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.



- As of June 2018, Covered California had approximately 1.3 million members who have active health insurance. California has also enrolled nearly 4 million more into Medi-Cal.
- Consumers in the individual market (off-exchange) can get identical price and benefits as Covered California enrollees.
- From 2013 to 2017, the U.S. Census Bureau states California cut its uninsured rate by 58 percent. Accounting for those ineligible because of their immigration status, California's eligible uninsured population is 1 million.

COVERED CALIFORNIA

California administrative data sources are used for enrollment totals when possible. All other enrollment estimates are from the 2017 American Community Survey. The total enrollment population sums to more than California's total population as some Californians were covered by more than one type of insurance during the same year.

OVERVIEW: BENEFITS FOR AMERICAN INDIANS IN COVERED CALIFORNIA

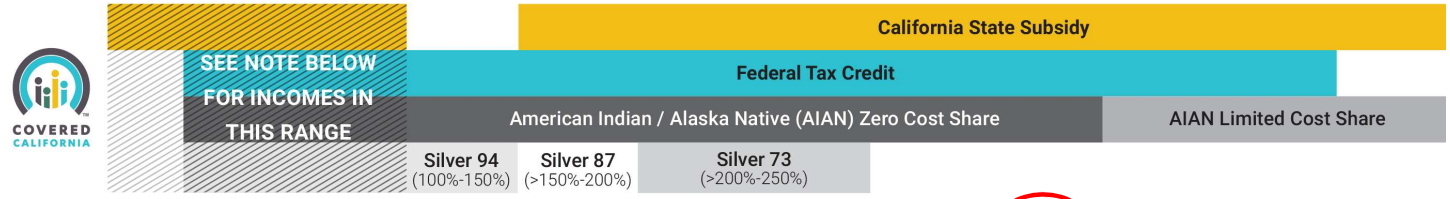
BENEFITS FOR AMERICAN INDIANS/ALASKAN NATIVE (AI/AN)

- Many AI/ANs currently receive health care from Indian health care providers, which include health programs operated by the Indian Health Service (IHS), tribes and tribal organizations, and urban Indian organizations.
- If AI/ANs enroll in a plan through Covered California, they can continue to receive services from their local Indian health care provider.
- AI/ANs can enroll or switch plans in Covered California throughout the year, not just during the annual open enrollment period.
- Depending on income, AI/ANs can enroll in a zero cost or limited cost sharing plan.

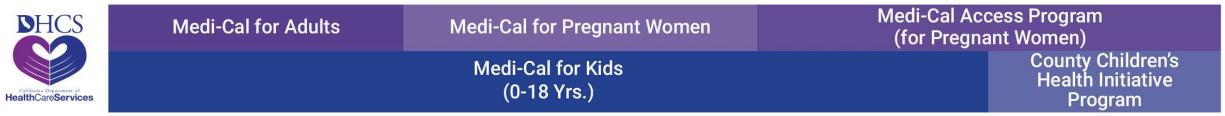
AMERICAN INDIAN/ALASKAN NATIVE PROGRAM ELIGIBILITY

Program Eligibility by Federal Poverty Level-2020 Plan Year

Note overlapping programs by income level



Household Size	% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%	600%
	1	$0	$12,490	$17,237	$18,735	$24,980	$26,604	$31,225	$33,224	$37,470	$40,218	$49,960	$74,940
	2	$0	$16,910	$23,336	$25,365	$33,820	$36,019	$42,275	$44,981	$50,730	$54,451	$67,640	$101,460
	3	$0	$21,330	$29,436	$31,995	$42,660	$45,433	$53,325	$56,738	$63,990	$68,683	$85,320	$127,980
	4	$0	$25,750	$35,535	$38,625	$51,500	$54,848	$64,375	$68,495	$77,250	$82,915	$103,000	$154,500
	5	$0	$30,170	$41,635	$45,255	$60,340	$64,263	$75,425	$80,253	$90,510	$97,148	$120,680	$181,020
	6	$0	$34,590	$47,735	$51,885	$69,180	$73,677	$86,475	$92,010	$103,770	$111,380	$138,360	$207,540
	7	$0	$39,010	$53,834	$58,515	$78,020	$83,092	$97,525	$103,767	$117,030	$125,613	$156,040	$234,060
	8	$0	$43,430	$59,934	$65,145	$86,860	$92,506	$108,575	$115,524	$130,290	$139,845	$173,720	$260,580
	add'l, add	$0	$4,420	$6,100	$6,630	$8,840	$9,415	$11,050	$11,758	$13,260	$14,233	$17,680	$26,520



AI/AN ELIGIBILITY: ZERO COST SHARE PLANS

- AI/AN applicants are eligible for a **zero cost sharing** qualified health plan (QHP) if the applicants:
  - Meet the eligibility requirements for APTC (Advance Premium Tax Credit) and CSR (Cost-Sharing Reduction)
  - Are expected to have a household income that does not exceed 300 percent of the federal poverty level (FPL) for the benefit year for which coverage is requested
- If the AI/AN applicant meets the above eligibility requirements for zero cost sharing plans, that applicant must be treated as an eligible insured and the QHP must eliminate any cost sharing
- AI/AN consumers can only access these benefits if enrolled in a zero cost sharing plan through Covered California
- Consumers can enroll in a non zero cost sharing plan, but will not receive the zero cost sharing benefit

AI/AN ELIGIBILITY: LIMITED COST SHARE PLANS

- AI/AN applicants are eligible for **limited cost sharing** plans when their household income exceeds 300 percent of the FPL for the benefit year for which coverage is requested
- If the AI/AN applicant meets the above eligibility requirements for limited cost-sharing plan, the QHP must:
  - Eliminate any cost-sharing under the plan for the services or supplies received directly from an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization
  - Apply standard cost-sharing for the QHP's provider network outside of Indian and Tribal providers
- AI/AN consumers can only access these benefits if enrolled in a limited cost sharing plan through Covered California
- Consumers can enroll in a non limited cost-sharing QHP, but will not receive the reduced cost-sharing benefit

AI/AN BENEFIT EXAMPLE

The following is an example of the differences in cost-sharing between a Bronze standard plan, a zero cost share AI/AN plan and a limited cost share AI/AN plan for some covered services.

	Bronze Standard Plan	Bronze Zero Cost Share AI/AN Plan	Bronze Limited Cost Share AI/AN Plan
Primary Care Visit	$75	$0	$75*
Specialist Visit	$105	$0	$105*
Laboratory Tests	$40	$0	$40*
Urgent Care Visit	$75	$0	$75*

*This cost share would be $0 if the AI/AN member received services from an Indian Health Service, an Indian tribe, Tribal Organization, or Urban Indian Organization.

AI/AN QUALIFIED HEALTH PLAN REQUIREMENTS

- QHPs offering additional plans that do not include a Bronze plan, must offer the AI/AN Zero Cost Share plan variation at the lowest cost
    - If a QHP offers a HMO product for Platinum, Gold and Silver metal tiers, the QHP must offer a Silver AI/AN Zero Cost Share plan because it's the lowest cost premium
- QHPs are required to offer Limited Cost Share plans at all metal levels for all product types

CERTIFIED ENROLLMENT ENTITIES (21)

Name of Entity	Program
American Indian Health and Services, Inc	CAC
California Rural Indian Health Board, Inc	CAC
Consolidated Tribal Health Project, Inc	CAC
Elk Valley Rancheria	CAC
Feather River Tribal Health, Inc	CAC
Fresno American Indian Health Project	CAC
Indian Health Center of Santa Clara Valley	CAC
Indian Health Council, Inc.	CAC
Karuk Tribe	CAC
Lake County Tribal Health Consortium, Inc.	CAC
Lassen Indian Health Center	CAC
MACT Health Board, INC.	CAC
Northern Valley Indian Health, Inc.	CAC
Pit River Health Service, Inc	CAC
Riverside San Bernardino Co Indian Health	CAC
San Diego American Indian Health Center	CAC
Santa Ynez Tribal Health Clinic	CAC
Shingle Springs Tribal Health Program	CAC
Southern Indian Health Council, Inc.	CAC
Toiyabe Indian Health Project	CAC
Tule River Indian Health Center, Inc.	CAC

*Updated October 2019

HEALTH COVERAGE RESOURCES

Resolving Questions or Concerns-Covered California

- Covered California is always here to assist our consumers who are AI/AN navigate their Covered California Coverage
- Contact External Affairs at: externalaffairs@covered.ca.gov
- This mailbox is always monitored by External Affairs staff who are ready to connect consumers to the Tribal Liaison or to specially trained staff in our service center to get cases resolved as quickly as possible
- You should receive a call back from the same day or no later than the next business day
- All consumers, including AI/AN consumers are also always welcome to contact our service center at: (800) 300-1506

What Kinds of Issues Can Covered California Address Directly?

- Most Health Plan design and issuer contract terms and rates, within the confines of federal and state law, rules, and regulators' approval
- Enrollment assistance, including routing individuals to Medi-Cal instead when appropriate
- Covered California customer care: Covered California Service Centers, online complaints about Covered California staff or enrollment partners
- Covered California appeals and hearings

Connecting Consumers to Other Entities to Resolve Complex Cases

- There are some issues that Covered California's AI/AN consumers face that are not directly under Covered California's Control
- For those cases, Covered California's Tribal Liaison will work with consumers to connect them to the appropriate resources

Roles and Resources Offered by Other CA Departments

- Department of Health Care Services: Medi-Cal regulations, Medi-Cal and Medi-Cal Dental eligibility and enrollment; state fair hearings regarding Medi-Cal services or eligibility determinations, Ombudsman
- Department of Managed Health Care: HMO (and some PPO/EPO) regulations; plan licensing; health plan member complaints and Independent Medical Review; managed care consumer Help Center; final approval of health plan rate changes
- Department of Insurance: Some PPO/EPO regulation; consumer complaints and Independent Medical Review; provider complaints; final approval of health plan rate changes; Ombudsman

Issues Requiring Federal Action:

- The federal Affordable Care Act's definition of "Indian" for Health Insurance Marketplace purposes (only a member of a federally recognized tribe)
- Marketplace income requirements, expressed as percentages of the Federal Poverty Limit, affecting eligibility for zero cost sharing and limited cost sharing plans
- Required documentation of membership in a federally recognized tribe
- The classification of health plans into four metal levels (bronze, silver, gold, platinum)
- Minimum coverage requirements (essential health benefits)
- Medicare and Social Security

DISCUSSION: What types of resources would you recommend Covered California produce?

TRIBAL ADVISORY WORKGROUP UPDATE

Chris Devers, Designated Representative
Southern California Tribal Chairmen's Association

Kelly Bradfield
Covered California External Affairs

2019 Tribal Advisory Workgroup

Northern	Southern	Central East	Central West	Non-Indigenous to CA	Non-Federally Recognized
Tribal Leadership Karen Shepherd, Sherwood Valley Band of Pomo Indians **Tribal Health Programs** Andrea Cazares-Diego, Greenville Rancheria Tribal Health Center **Urban Indian Health Programs** VACANT	**Tribal Leadership** Chris Devers, Pauma Band of Mission Indians **Tribal Health Programs** Karan Kolb, Indian Health Council, Inc. **Urban Indian Health Programs** Scott Black, American Indian Health and Services	**Tribal Leadership** VACANT **Tribal Health Programs** Jess Montoya, Riverside-San Bernardino County Indian Health, Inc. **Urban Indian Health Programs** VACANT	**Tribal Leadership** Vickey Macias, Cloverdale Rancheria **Tribal Health Programs** Ronald Sisson, Santa Inez Tribal Health Clinic **Urban Indian Health Programs** VACANT	**Member, Tribe Non-Indigenous to California** PENDING	**Member, Non-Federally Recognized Tribe** Charlene Storr, Tolowa Nation

What is the Tribal Advisory Workgroup?

- The Tribal Advisory Workgroup was created to provide an opportunity for California's tribes to offer advice and recommendations to Covered California staff regarding policy development and ongoing Exchange operations
- Plans, representatives from tribal communities throughout the state and Covered California staff come together in a collaborative setting
- Past discussion items include: tribal sponsorship, purchased/referred care roadblocks, consumer experience

What are the requirements of Bagley-Keene Meetings?

- As an entity formally created by the Covered California Board of Directors, it is subject to Bagley-Keene open meeting requirements
- Purpose: Allow the public to monitor and participate in agency decision-making processes.
- Sets forth specific requirements regarding:
  - Definition of “meeting”
  - Notices and agendas
  - Public participation
  - Accessibility of meetings and records
  - Meetings conducted by teleconference (quorum in primary location)

How can the structure of the Tribal Advisory Workgroup best serve its members?

Looking toward 2020

- We look forward to renewing the Tribal Advisory Workgroup and discussing how to best structure it.
- What other items do you recommend for consideration?
- Are you interested in joining the discussion and applying for the Tribal Advisory Workgroup? Please contact Vanessa Saavedra:

  Vanessa.Saavedra@covered.ca.gov or 916-228-8410

OPEN SESSION

CLOSING REMARKS AND NEXT STEPS

ADJOURN

THANK YOU!