

November 6, 2013

Peter Lee, Executive Director
Covered California
560 J Street, Suite 290
Sacramento, CA 95814

Re: *Recommendations to Improve the Covered CA System for American Indians and Alaska Natives*

Dear Mr. Lee:

We, the undersigned representatives of Indian tribes, tribal health programs, urban Indian clinics, and Indian communities in California, do hereby request the decision makers of Covered California to fully support and expedite the adoption of the tribal recommendations outlined in this letter. These recommendations are designed to improve the Covered California system for American Indians and Alaska Natives (AI/AN), tribes, tribal clinics, Indian communities and urban Indian clinics. We believe that the implementation and maintenance of the following recommendations by Covered California will enable tribal and Indian entities in California to better support and serve AI/AN patients and would help ensure that Covered California meets its unique obligation to AI/AN people in the State.

Recommendation 1: Support the "Definition of Indian bill (S.1575)" recently introduced in the U.S. Congress by issuing a letter to all relevant Federal agencies encouraging them to also support this legislation.

On October 16, 2013, Senator Mark Begich (D-AK) and Senator Max Baucus (D-MT) introduced a bill (S.1575) that would streamline the "Definition of Indian" in the Affordable Care Act. This is an important first step in ensuring that all AI/ANs receive the benefits and protections intended for them in the Affordable Care Act (ACA).

The "Definitions of Indian" in the ACA are not consistent with the definitions already used by the Indian Health Service (IHS), Medicaid and the Children's Health Insurance Plan (CHIP) for services provided to AI/ANs. One of the ACA definitions, which is used to determine eligibility for Covered California's unique AI/AN provisions, currently requires that a person is a member of a federally recognized Tribe or an Alaska Native Claims Settlement Act corporation. This is more narrow than those used by IHS, Medicaid and CHIP, thereby leaving out a sizeable population of AI/ANs that the ACA was intended to benefit and protect.

This bill will help to create parity in the AI/AN community with respect to provisions contained in the ACA. If enacted, this measure will ensure that all AI/AN are eligible to receive the protections and benefits that are designed to enhance health care access for all AI/ANs.

Unless the definition of Indian in the ACA is changed, many AI/ANs will not be eligible for the special protections and benefits intended for them in the law. These benefits include cost-sharing and monthly enrollment benefits. This bill will also create statutory language to guarantee that

AI/ANs are not subjected to tax penalties for not having insurance, even though they are eligible for Indian health care programs.

Recommendation 2: Take a leadership role similar to the State of Washington's Health Benefit Exchange by mandating the Qualified Health Plans offer to subcontract with all tribal health programs and urban Indian clinics.

The Federal government has issued guidelines to States to facilitate the inclusion of Indian health care delivery providers into Qualified Health Plan (QHP) provider networks and help health insurance issuers comply with the QHP certification standards set forth in 45 C.F.R. Part 156. As the U.S. Department of Health and Human Services notes, "similar to the standardized contract addendum used in the Medicare Part D program, [the Federal] Model QHP Addendum has been developed for QHP issuers to use when contracting with [Indian Health Service/Tribal Health Programs/Urban Indian Health Programs] I/T/U providers. The U.S. HHS received several comments supporting the development and issuance of a model addendum for this purpose to assist QHP issuers in including I/T/U providers in their networks." (Overview of the Model QHP Addendum for Indian Health Care Providers, 2013)

Recommendation 3: Assist in ensuring Covered California's expedited and smooth adoption of aspects of the new State law regarding Tribal Medi-Cal administrative claiming processing using the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).

On September 9, 2013, Governor Brown signed AB 1233, the Tribal Medi-Cal Administrative Claiming Process bill. This new State Indian law will enable Tribal clinics and Tribes to claim, as a Medi-Cal Administrative Activity, facilitating Medi-Cal applications using CalHEERS. Assemblymember Wesley Chesbro sponsored and secured support for AB 1233. The California Rural Indian Health Board (CRIHB) was the organizational sponsor of the bill and worked closely with many Tribes and Tribal organizations in implementing advocacy strategies that assisted in successful passage of the legislation.

Recommendation 4: Continue providing support to Covered California's Tribal Consultation program.

As Covered California and its stakeholders work to continue to plan and implement the Health Benefit Exchange system, as well as diagnose and remedy system issues that arise, they will need assistance to assure that all of the provisions in the law that protect AI/ANs and affect the Indian health care delivery system are anticipated and incorporated or updated into policies, procedures, software systems, and other relevant aspects of Covered California. In addition, Covered California will need to continue to convene annual Tribal consultation sessions and quarterly Tribal advisory workgroup meetings so that the tribes, tribal clinics, urban Indian clinics and AI/ANs are consulted on all system topics and issues of relevance to Indian Country. This will help to ensure that Covered California meets its unique obligation to AI/AN people in the State and adheres to the related requirements under the ACA. Covered California has a trust responsibility to provide adequate and appropriate healthcare services for AI/ANs as mandated in the ACA.

Implementation of these recommendations will result in expanded access to healthcare services for all AI/ANs and increased revenue to Tribal and Urban Indian entities. It is especially urgent to ensure that the definition of Indian is implemented to include a sizeable population of AI/ANs that

the ACA was intended to benefit and protect. Increased access will decrease the morbidity and mortality of AI/ANs in California. It is imperative that Covered California continue to convene meaningful Tribal Consultations and take action on requested Tribal recommendations.

We thank you and other Covered California decision makers for your attention to the issues outlined in this letter. We look forward to working with Covered California to implement and maintain support for the tribal recommendations within the structure of the State's Health Insurance Marketplace. Should you require any further assistance, please feel free to contact Dr. Mark LeBeau, CRIHB Executive Director, at mark.lebeau@crihb.org or (916) 929-9761.

Sincerely,

Name	Representative Tribe and/or Indian Clinic
Farrel Starr <i>FS</i>	United Indian Health Services, Inc.
Luisanda Gunnell <i>Luisanda Gunnell</i>	Elk Valley Rancheria United Indian Health Services Elk Valley Rancheria
John D. Green <i>J.D. Green</i>	United Indian Health Services
Denise Padgett <i>Denise Padgett</i>	Smith River Rancheria United Indian Health Services
BONNIE GREEN <i>Bonnie Green</i>	Yurok Tribe United Indian Health Svc
<i>Dr. Ulliyangk M.D., Ph.D.</i> Executive Director <i>California Tribal Advisory Board</i>	Maidu Tribe / Yuenell Rancheria
<i>Executive Director</i> SYTAC	Santa Ynez Tribal Health
<i>Theresa Jean Bates</i>	United Indian Health Services
<i>Scott Block</i>	American Indian Health + Services, Inc. Santa Barbara Urban
<i>Zahra E. Angier</i>	719 H.S. / Airport Tribe
<i>Carol Farner</i>	a member of Susanville Indian Rancheria & CITHS Staff
SILVER GALLETTO <i>Sillecto</i>	SONOMA COUNTY INDIAN HEALTH PROJECT
<i>Elizabeth Murray</i>	Cloverdale Rancheria of Pomo Indians

