

Tribal Consultation Policy Development: Qualified Health Plan Selection and Contracting Issues

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Key Provisions Impacting Tribes

- A Qualified Health Plan issuer must have a sufficient number and geographic distribution of Essential Community Providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved people. (45 Code of Federal Regulations 156.235(a))
- The Exchange may permit Indian Tribes, Tribal organizations and urban Indian organizations to pay aggregated Qualified Health Plan premiums on behalf of qualified individuals, including aggregated payment, subject to terms and conditions determined by the Exchange. (45 Code of Federal Regulations 155.240(b))

Key Policy Considerations

- Essential Community Providers
- Aggregated Premium Payment Mechanism
- Indian Addendum
- Indian Provider Reimbursement Rates

Essential Community Providers

- The Exchange will define health care providers serving the Indian tribes and communities as Essential Community Providers.
- The Exchange will strongly encourage Qualified Health Plan bidders to contract with Essential Community Providers, and specifically require Qualified Health Plan bidders to have sufficient numbers and geographic distribution of Essential Community Providers to serve Indian enrollees through the Exchange.

Aggregated Premium Payment Mechanism

- The Exchange is considering the benefits and challenges of premium aggregation for both Indian and non-Indian populations.
- The Exchange tentatively plans to rely on the billing and premium collection practices of health plans. We welcome all comments on this issue.

Indian Addendum

- The Federal government has not yet released its Indian Addendum. When this draft is released, the Exchange will review it and request Tribal input.
- Subject to the outcome of the Tribal advice and recommendations on the proposed Indian addendum, the Exchange may consider requiring its use by QHPs.

Indian Provider Reimbursement Rates

- Qualified Health Plans in the Exchange will be required to comply with all applicable federal laws governing payment.

Discussion