



# Health Care Reform in Indian Country

Self-Governance Communication & Education

*Self-Governance Tribes Striving Towards Excellence in Health Care*

## Health Insurance Marketplace Enrollment of Tribal Members and Non-Tribal Member AI/ANs

(with TSGAC recommendations to T/TOs & CMS/CCIIO)

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# Agenda

- Review of Marketplace enrollment data for American Indians and Alaska Natives (AI/ANs)
  - Trends in Marketplace enrollment, coverage years 2015 - 2022
  - By Tribal status:
    - (1) enrolled Tribal members and
    - (2) other AI/ANs (“non-Tribal member AI/ANs”)
  - By state, for Federally-Facilitated Marketplaces (FFM) and State-Based Marketplaces (SBM)
  - Enrollment by health plan metal level
  - Enrollment by type of cost-sharing protections (referred to as “CSRs”)
- When enrolled in CSRs, are AI/ANs receiving the CSR protections, whether Indian-specific or general CSRs?
  - Value of Indian-specific CSRs
  - Accuracy of Summary of Benefits and Coverage (SBC) documents
  - Issuer compliance with CSR requirements
- TSGAC recommendations to CMS/CCIIO and Tribes/Tribal Health Organizations



# Acronyms & Definitions

- AI/ANs: American Indians and Alaska Natives, comprised of Tribal members and non-Tribal member AI/ANs
  - **Tribal members:** Marketplace enrollees who are members of a federally-recognized Tribe (and, as such, meet the ACA definition of Indian)
  - **Non-Tribal member AI/ANs:** Marketplace enrollees (1) who did not attest to Tribal membership in their application but did self-identify as an AI/AN in the “Household information” section or (2) who did attest to Tribal membership in their application but did not submit the required documentation
    - *“1. Are you or is anyone in your household American Indian or Alaska Native?”*
- CMS: Centers for Medicare and Medicaid Services
- CCIIO: Center for Consumer Information and Insurance Oversight, CMS
- T/TOs: Tribes and Tribal organizations
- ACA: Patient Protection and Affordable Care Act
- PTCs: Premium tax credits
- **CSRs: Cost-sharing reductions (also referred to as CSVs/cost-sharing variations)**
- FFM: Federally-Facilitated Marketplace (for the purposes of this analysis, any Marketplace operating on the HealthCare.gov platform)
- SBM: State-Based Marketplace

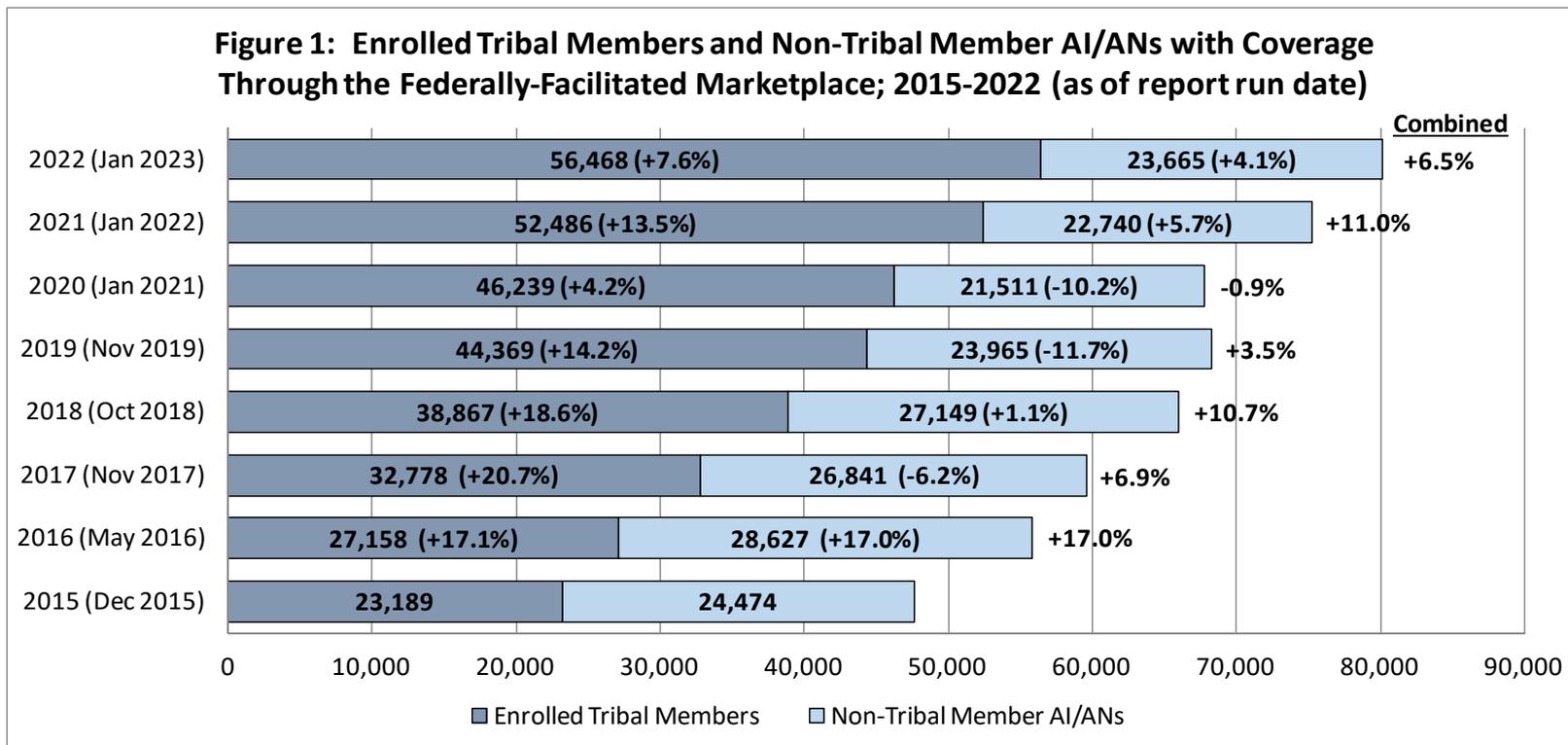


# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members vs. Non-Tribal Member AI/ANs (FFM)

(point-in-time enrollment)

- Tribal Sponsorship programs and the individual initiative of AI/ANs have contributed to growing enrollment of Tribal members and non-Tribal member AI/ANs in Marketplace coverage over time (enrollment on report run date)



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members vs. Non-Tribal Member AI/ANs (FFM)

(point-in-time enrollment)

- In 2022, FFM enrollment of AI/ANs (combined Tribal members and non-Tribal member AI/ANs) reached more than 80,000, an **increase of 6.5%** from 2021
- The change of overall FFM enrollment of AI/ANs masks significant differences in the year-to-year enrollment between the two groups of AI/ANs comprising the total
  - For **Tribal members** (who meet the ACA definition of Indian and qualify for comprehensive cost-sharing protections), FFM enrollment **grew by 7.6%** from 2021 to 2022
  - For **non-Tribal member AI/ANs**, FFM enrollment **grew by 4.1%** from 2021 to 2022
  - This difference in FFM enrollment growth between the two groups of AI/ANs has persisted over time



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by State (FFM) (1 of 2) (point-in-time enrollment)

Table 1: Enrolled Tribal Members <sup>1</sup> and Non-Tribal Member AI/ANs <sup>2</sup> with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2021 and 2022 <sup>3,4</sup> (Suppress Cells <=11)								
State	Enrolled Tribal Members <sup>5</sup>			Non-Tribal Member AI/ANs <sup>5</sup>			All	
	2021	2022	% Change	2021	2022	% Change	2022 vs. 2021	% Change
Alabama	586	592	1.0%	1,085	1,161	7.0%	82	4.9%
Alaska	894	1,122	25.5%	196	244	24.5%	276	25.3%
Arizona	1,051	1,175	11.8%	551	546	-0.9%	119	7.4%
Arkansas	792	1,054	33.1%	280	302	7.9%	284	26.5%
Delaware	*	53	--	89	99	11.2%	--	--
Florida	1,400	1,498	7.0%	2,324	2,540	9.3%	314	8.4%
Georgia	450	494	9.8%	1,175	1,170	-0.4%	39	2.4%
Hawaii	78	68	-12.8%	167	167	0.0%	-10	-4.1%
Illinois	334	323	-3.3%	526	484	-8.0%	-53	-6.2%
Indiana	130	175	34.6%	218	231	6.0%	58	16.7%
Iowa	102	93	-8.8%	100	107	7.0%	-2	-1.0%
Kansas	1,086	1,206	11.0%	407	408	0.2%	121	8.1%
Kentucky <sup>6</sup>	78	--	--	157	--	--	--	--
Louisiana	218	213	-2.3%	360	375	4.2%	10	1.7%
Maine <sup>6</sup>	154	--	--	126	--	--	--	--
Michigan	1,159	1,259	8.6%	608	598	-1.6%	90	5.1%
Mississippi	92	109	18.5%	159	210	32.1%	68	27.1%
Missouri	1,002	998	-0.4%	703	609	-13.4%	-98	-5.7%

Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2021-2022 data



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by State (FFM) (2 of 2) (point-in-time enrollment)

Table 1: Enrolled Tribal Members <sup>1</sup> and Non-Tribal Member AI/ANs <sup>2</sup> with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2021 and 2022 <sup>3,4</sup> (Suppress Cells <=11)								
State	Enrolled Tribal Members <sup>5</sup>			Non-Tribal Member AI/ANs <sup>5</sup>			All	
	2021	2022	% Change	2021	2022	% Change	2022 vs. 2021	% Change
Montana	1,190	1,270	6.7%	286	337	17.8%	131	8.9%
Nebraska	599	545	-9.0%	234	188	-19.7%	-100	-12.0%
New Hampshire	29	37	27.6%	86	75	-12.8%	-3	-2.6%
New Mexico <sup>6</sup>	603	--	--	218	--	--	--	--
North Carolina	1,119	1,225	9.5%	2,637	2,895	9.8%	364	9.7%
North Dakota	616	673	9.3%	159	178	11.9%	76	9.8%
Ohio	152	148	-2.6%	411	486	18.2%	71	12.6%
Oklahoma	28,051	30,428	8.5%	2,614	2,552	-2.4%	2,315	7.5%
Oregon	1,055	1,033	-2.1%	566	530	-6.4%	-58	-3.6%
South Carolina	274	341	24.5%	558	676	21.1%	185	22.2%
South Dakota	1,095	1,256	14.7%	202	264	30.7%	223	17.2%
Tennessee	424	454	7.1%	555	588	5.9%	63	6.4%
Texas	4,281	4,970	16.1%	3,311	3,870	16.9%	1,248	16.4%
Utah	1,652	1,838	11.3%	425	483	13.6%	244	11.7%
Virginia	338	378	11.8%	695	719	3.5%	64	6.2%
West Virginia	*	32	--	37	55	48.6%	--	--
Wisconsin	1,049	1,027	-2.1%	368	337	-8.4%	-53	-3.7%
Wyoming	321	381	18.7%	147	181	23.1%	94	20.1%
<b>All States</b>	<b>52,486</b>	<b>56,468</b>	<b>7.6%</b>	<b>22,740</b>	<b>23,665</b>	<b>4.1%</b>	<b>4,907</b>	<b>6.5%</b>

Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2021-2022 data



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by State (FFM)

(point-in-time enrollment)

- In the 36 states operating FFMs, enrollment of AI/ANs **increased by 7.6%** from 2021 to 2022
- FFM enrollment of AI/ANs varies substantially by state
- Among states with a relatively large AI/AN population, Oklahoma in 2022 reported by far the largest rise in the number of additional enrollees at about 2,300, representing a 7.5% increase over 2021 enrollment
- However, a number of other states showed more significant growth than Oklahoma in FFM enrollment of AI/ANs from 2021 to 2022 *on a percentage basis*
  - Five states (Alaska, Arkansas, Mississippi, South Carolina, and Wyoming) registered a 20% or greater increase in FFM enrollment of AI/ANs from 2021 to 2022, with Mississippi showing the most significant growth at 27.1%
  - Excluding Oklahoma and these five states, enrollment of AI/ANs in Marketplace coverage increased by about 1,700, or a more modest 4.1%, from 2021 to 2022



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members, by State (SBM)

(point-in-time enrollment)

- In the 18 states operating SBMs, overall enrollment of Tribal members in health insurance coverage through a Marketplace **increased by 14.7%** from 2021 to 2022

**Table 2: Enrolled Tribal Members<sup>1</sup> with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2021-2022<sup>2</sup>**  
(Suppress Cells <=11)

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2021	2022	% Change	2021	2022	% Change	2022 vs. 2021	% Change
California	4,153	4,388	5.7%	1,319	1,674	26.9%	590	10.8%
Colorado	431	470	9.1%	166	236	42.2%	109	18.3%
Connecticut	94	96	1.6%	**	20	--	--	--
District of Columbia	**	**	--	**	**	--	--	--
Idaho	349	341	-2.2%	122	124	1.4%	-6	-1.3%
Kentucky	--	44	--	--	**	--	--	--
Maine	--	90	--	--	33	--	--	--
Maryland	51	66	29.4%	**	**	--	--	--
Massachusetts	164	119	-27.4%	47	68	44.3%	-24	-11.5%
Minnesota	194	190	-2.0%	150	165	10.1%	11	3.3%
Nevada	352	417	18.4%	72	88	22.2%	81	19.0%
New Jersey	189	170	-10.1%	71	61	-14.8%	-30	-11.4%
New Mexico	--	344	--	--	178	--	--	--
New York	125	103	-17.5%	71	86	20.4%	-7	-3.7%
Pennsylvania	221	160	-27.7%	49	41	-17.0%	-70	-25.8%
Rhode Island	39	28	-27.4%	**	**	--	--	--
Vermont	**	12	--	**	**	--	--	--
Washington	949	937	-1.3%	378	438	15.9%	48	3.6%
Totals	7,311	7,975	9.1%	2,445	3,210	31.3%	1,429	14.7%

**Source:**

CMS, "Average Effectuated Enrollment (as of December 2021)"; CMS, "Average Effectuated Enrollment (as of December 2022)"

**Notes:**

<sup>1</sup> An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

<sup>2</sup> Figures are for December 2021 and December 2022.



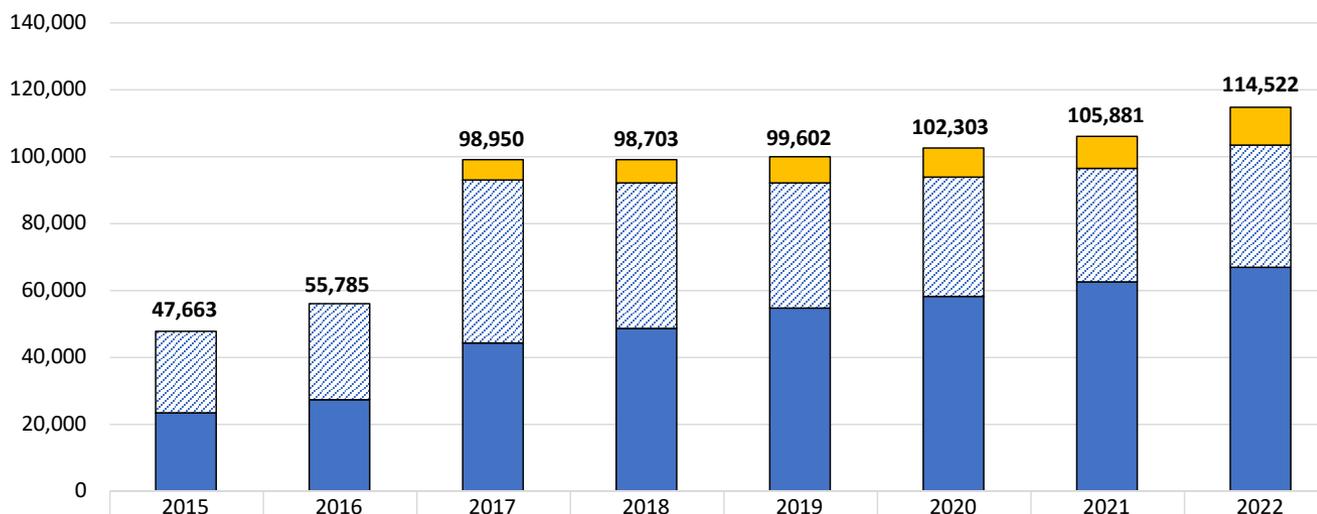
# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members and Non-Tribal Member AI/ANs (All Marketplaces)

(enrollment at any point during year)

- Total Marketplace enrollment of Tribal members and non-Tribal member AI/ANs at some point during the year **increased by 8.2%** in 2022 (vs. 2021)

**Figure 2: Total Enrollments of Enrolled Tribal Members and Non-Tribal Member AI/ANs; All Marketplaces, 2015-2022 (all enrollments during year)**



SBM: Enrolled Tribal Members			6,258	6,874	7,566	8,801	9,756	11,185
FFM: Non-Tribal Member AI/ANs	24,474	28,627	48,730	43,271	37,453	35,331	33,810	36,645
FFM: Enrolled Tribal Members	23,189	27,158	43,962	48,558	54,583	58,171	62,315	66,692

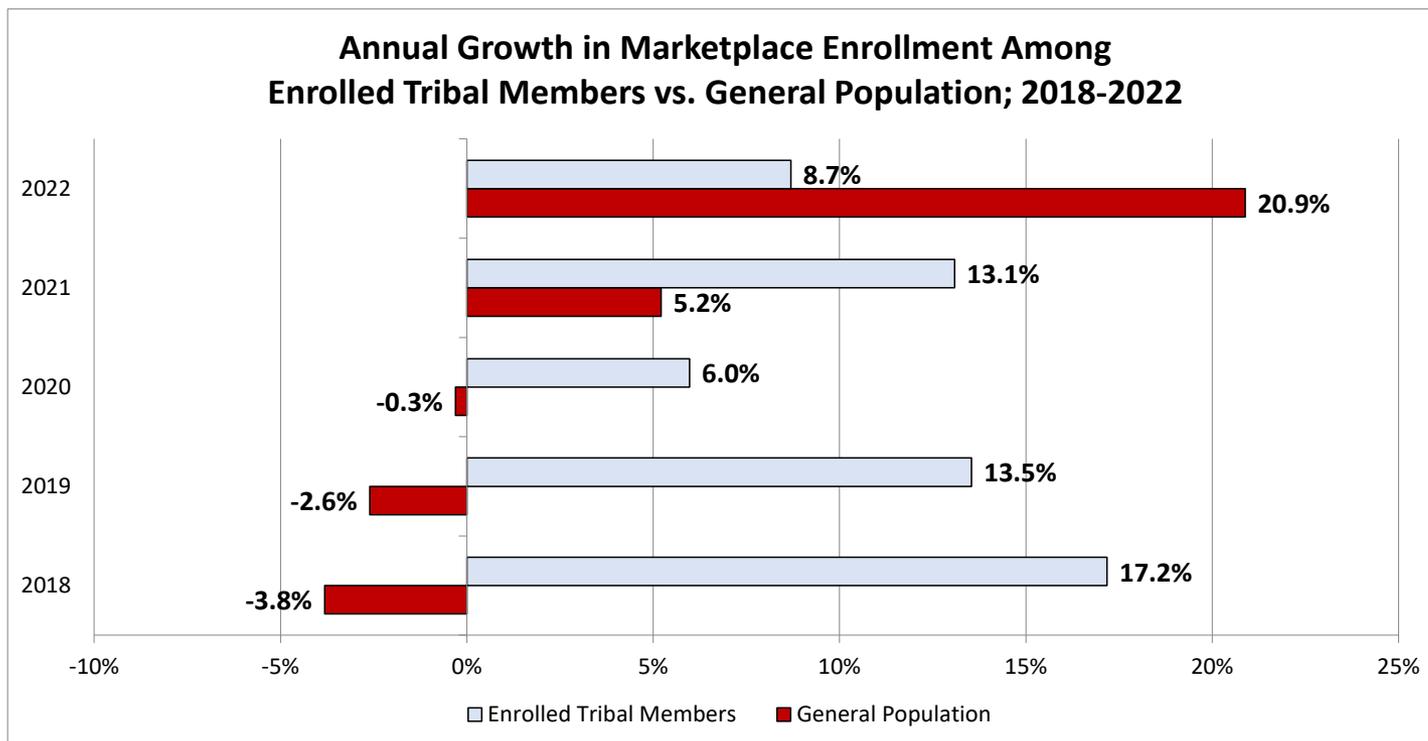


# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members vs. General Population (All Marketplaces)

(point-in-time enrollment)

- Across all Marketplaces, annual enrollment growth among Tribal members typically has far outpaced growth among the general population, but that trend reversed in 2022



**Notes:**

<sup>1</sup> Growth for enrolled Tribal members is based on Marketplace enrollment on the date that CMS ran a report for a given year (*i.e.*, October 2018, November 2019, January 2021, January 2022, and January 2023).

<sup>2</sup> Growth for the general population is based on Marketplace enrollment during the open enrollment period for a given year.



# QUESTIONS?



# “Preferred Plans”: Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs

- Among AI/AN FFM enrollees, the type of cost-sharing protections for which they qualify depends on whether they meet the ACA definition of Indian, their income level, and PTC eligibility
- Tribal members can enroll in either a zero or limited cost-sharing plan (both of which provide comprehensive cost-sharing protections), depending on their income level and PTC eligibility
  - Tribal members who have a household income between 100% and 300% FPL *and* qualify for PTCs are eligible for the “zero” cost-sharing protections
  - All other Tribal members who enroll in a Marketplace plan are eligible for the “limited” cost-sharing protections
- Non-Tribal member AI/ANs who have a household income between 100% and 250% FPL, and who are eligible for PTCs, can obtain general (partial) cost-sharing protections if they enroll in a silver plan



# Actuarial Value of Health Plans at Different Metal Levels

- “Actuarial value” means the average costs of health care services for enrollees that are paid by the health plan

Actuarial Value of "Metal Level" Plans and Requirement on Qualified Health Plans to Prepare SBCs for Each Plan Variation*							
Metal Level	Actuarial Value (AV) of Plan (AV = average % of costs covered by plan)	Cost-sharing variation code ("plan variation")					
		01	02	03	04	05	06
		Standard variant: no additional cost-sharing protections	Meet ACA Definition of Indian: <b>Between 100% and 300% FPL</b> ("zero" CSV)	Meet ACA Definition of Indian: <b>Any income level</b> ("limited" CSV)	<b>73% AV Level Silver Plan CSV</b> (200% FPL - 250% FPL)	<b>87% AV Level Silver Plan CSV</b> (150% FPL - 200% FPL)	<b>94% AV Level Silver Plan CSV</b> (100% FPL - 150% FPL)
Bronze	60%	✓	✓	✓			
Silver	70%	✓	✓	✓	✓	✓	✓
Gold	80%	✓	✓	✓			
Platinum	90%	✓	✓	✓			

\* SBCs are Summary of Benefits and Coverage documents

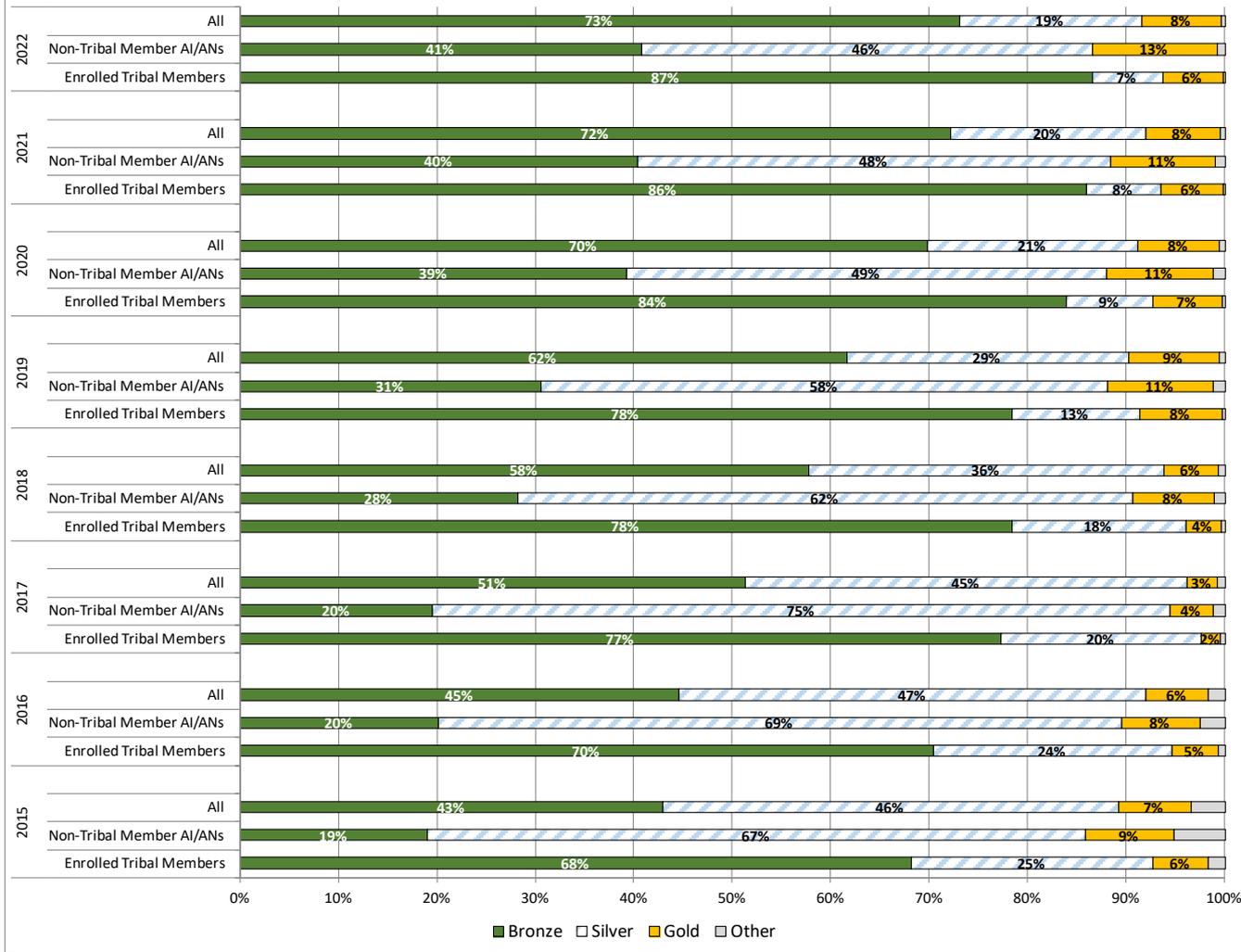
- Health plans at different metal levels offer (1) same health benefits and (2) same provider networks (plans differ on cost-sharing amounts)



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by Metal Level (FFM)

**Figure 3: Enrolled Tribal Members and Non-Tribal Member AI/ANs with Coverage Through the Federally-Facilitated Marketplace, by Metal Level; 2015-2022**



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by Metal Level (FFM)

- Among AI/AN FFM enrollees, the preferred “metal level” of the Marketplace plan selected varies for Tribal members vs. non-Tribal member AI/ANs
- Most Tribal members enroll in Marketplace bronze plans (**87% in 2022**); non-Tribal member AI/ANs primarily enroll in silver plans (**46% in 2022**)
  - Differences among AI/ANs in selection of Marketplace plans by metal level typically results from differing eligibility for cost-sharing protections
- Over time, enrollment data indicate mixed trends in selecting the “correct” metal level for both Tribal members and non-Tribal member AI/ANs
  - The percentage of Tribal members enrolled in bronze plans through the Marketplace has increased each year since 2015
  - Over the same period, the percentage of non-Tribal member AI/ANs enrolled in silver plans (which MIGHT make them eligible for general cost-sharing protections) has declined: from a high of 75% enrolled in silver plans in 2017 to 46% in the most recent data



# Eligibility Criteria for Indian-Specific Cost-Sharing Protections

- **All** Tribal citizens who enroll in Marketplace coverage are eligible for one of the two comprehensive Indian-specific cost-sharing protections

## Type 1: Eligibility for Zero Cost-Sharing Variation

- ⇒ • Enroll in health insurance coverage through a Marketplace
- ⇒ • Tribal citizen (requires uploading documentation of enrollment status)
  - *Eligibility for premium tax credits*
  - *Household income between 100% and 300% of federal poverty level*

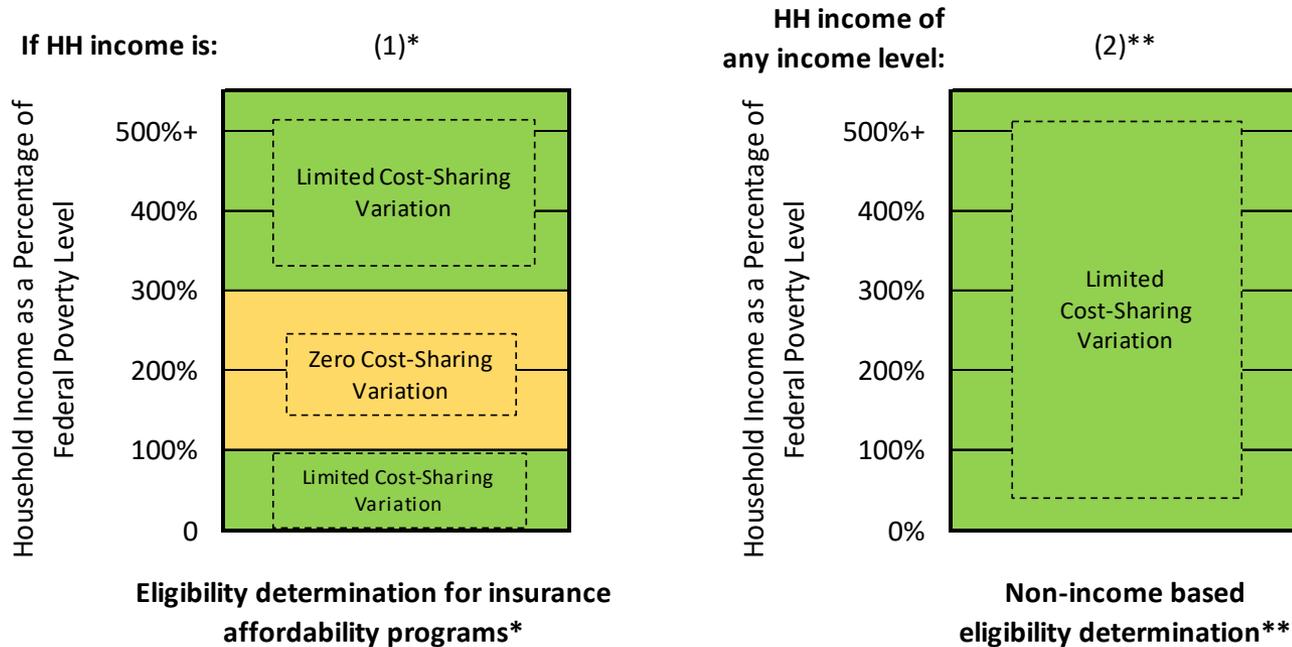
## Type 2: Eligibility for Limited Cost-Sharing Variation

- ⇒ • Enroll in health insurance coverage through a Marketplace
- ⇒ • Tribal citizen (requires uploading documentation of enrollment status)
  - *No requirement for eligibility for PTCs*
  - *Any household income level*
  - A “Referral for Cost-Sharing” is needed to secure CSPs outside Tribal/IHS system



# Eligibility Criteria for Indian-Specific Cost-Sharing Protections (cont.)

## Eligibility for Indian-Specific Cost-Sharing Protections: (1) Eligibility determinations for "insurance affordability programs" and (2) non-income based eligibility determinations



45 CFR § 155.350(a) Special eligibility standards and process for Indians.

\* 45 CFR § 155.350(a) Eligibility for cost-sharing reductions.

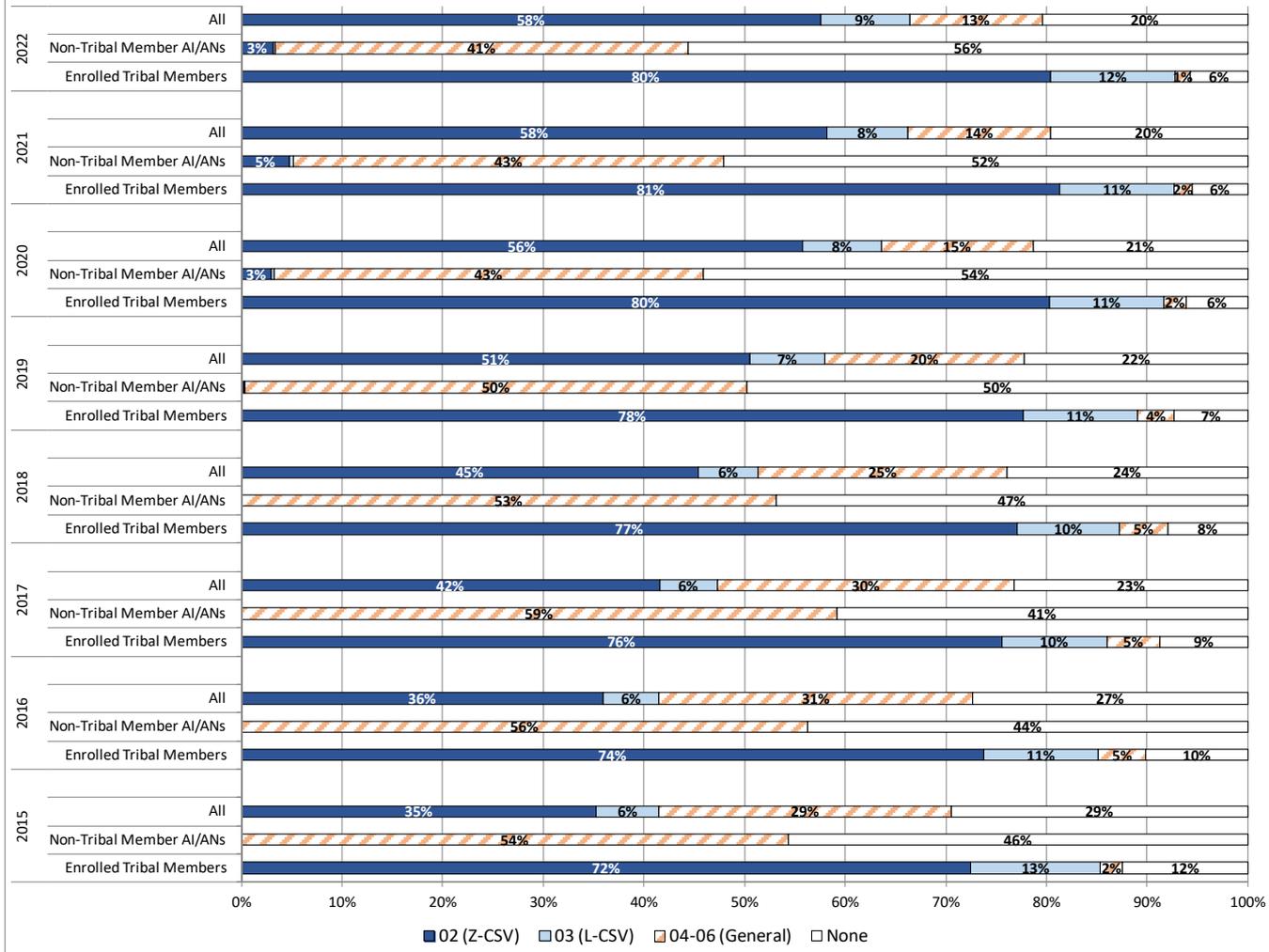
\*\* 45 CFR § 155.350(b) Special cost-sharing rule for Indians regardless of income.



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members & Non-Tribal Member AI/ANs, by CSR Type (FFM)

Figure 4: Enrolled Tribal Members and Non-Tribal Member AI/ANs with Coverage Through the Federally-Facilitated Marketplace, by Cost-Sharing Reduction (CSR) Type; 2015-2022



# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members, by CSR Type (FFM)

- The percentage of Tribal member FFM enrollees enrolling in the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) has increased over time (**85% in 2015 vs. 92% in 2022**)
- At the same time, the percentage of Tribal member FFM enrollees receiving no cost-sharing protections has continued to decline (**12% in 2015 vs. 6% in 2022**)
  - CMS/CCIIO has indicated that Tribal member FFM enrollees do not receive the comprehensive Indian-specific cost-sharing protections through either a zero or limited cost-sharing plan for one of two reasons:
    - Because they enrolled in a plan with non-Tribal members, meaning the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees, or
    - Because they enrolled in a plan with individuals who attested to Tribal membership but did not submit the required documentation in time
- Among Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections, the percentage enrolled in a zero cost-sharing plan generally has increased over time, while the percentage enrolled in a limited cost-sharing plan has remained relatively constant

# Trends in Marketplace Enrollment of AI/ANs

## Tribal Members, by CSR Type (FFM)

- According to supplemental data provided by CMS/CCIIO, during the 2023 Marketplace open enrollment period, **7% of the 63,058 Tribal member FFM enrollees eligible for either the “zero” or “limited” Indian-specific cost-sharing protections did not receive these protections**
- A far higher rate of Tribal member FFM enrollees eligible for the *limited cost-sharing protections* failed to receive these protections when compared with the failure rate among those eligible for the *zero cost-sharing protections*
  - Of the 11,337 Tribal member FFM enrollees eligible for the limited cost-sharing protections, **20% did not receive these protections**
  - Of the 51,721 Tribal member FFM enrollees eligible for the zero cost-sharing protections, **only 4% did not receive these protections**



# Trends in Marketplace Enrollment of AI/ANs

## Non-Tribal Member AI/ANs, by CSR Type (FFM)

- The percentage of non-Tribal member AI/AN FFM enrollees receiving the general cost-sharing protections has continued to decline since 2017 (**59% in 2017 vs. 41% in 2022**), while the percentage of those receiving no cost-sharing protections reached a high of 56% in 2022
- CMS/CCIIO has indicated that a significant portion of the 56% of non-Tribal member AI/AN FFM enrollees who received no cost-sharing protections **would have qualified for the general protections based on their household income but did not receive these protections because they did not enroll in a silver plan**
  - According to supplemental data provided by CMS/CCIIO, during the 2023 Marketplace open enrollment period, **23% (5,790) of the 24,883 non-Tribal member AI/AN FFM enrollees eligible for the general cost-sharing protections did not receive these protections** because they did not enroll in a silver plan
  - Of these 5,790 non-Tribal member FFM enrollees, **76% enrolled in a bronze plan instead**

# QUESTIONS?



# Issues Regarding Zero/Limited Cost-Sharing Plans

- **Value of Cost-Sharing Protections:** According to CMS/CCIIO, the value of cost-sharing protections under zero cost-sharing plans averages **\$218 per enrollee per month (\$2,616 annualized)**, while the value of these protections under limited cost-sharing plans averages **\$153 per enrollee per month (\$1,836 annualized)**
  - Figures are national averages based on de-identified enrollment and claims data for 2021, the latest year for which data are available
  - As noted by CMS/CCIIO, figures are estimates and not exact amounts or substitutes for actual CSR reconciliation data (which the agency no longer collects)
  - Figures represent the difference in the amount of allowed costs paid by issuers for zero or limited cost-sharing plans versus the amount paid by plans with no cost-sharing protections at the same metal level
  - **NOTE: Issuers might have higher costs paid for zero or limited cost-sharing plans, in part, because of higher utilization of health services among enrollees in these plans compared with enrollees in plans with no cost-sharing protections (and not solely because of the additional direct costs from covering the cost-sharing amounts)**



# Issues Regarding Zero/Limited Cost-Sharing Plans (cont.)

- **Accuracy of Summary of Benefits and Coverage (SBC):** As of 2021, CMS/CCIIO indicated that “[i]ssuers must conform to the sample SBCs” for zero and limited cost-sharing plans, but a recent TSGAC study determined that the vast majority of the SBCs for limited cost-sharing plans did not use the (required) phrase “Cost sharing waived at non-IHCP with IHCP referral”
- **Issuer Compliance with Cost-Sharing Protection Requirements:** According to CMS/CCIIO, issuers are paying more than 99% of allowed costs under zero cost-sharing plans, indicating general compliance with requirements to provide cost-sharing protections to Tribal members enrolled in these plans, **but continued uncertainty exists regarding issuer compliance with requirements for limited cost-sharing plans**
  - Anecdotal evidence indicates many issuers are not complying with requirements for limited cost-sharing plans
  - CMS/CCIIO does not have available data on the percentage of allowed costs that issuers are paying under limited cost-sharing plans

# Required SBC Language for Referrals for Cost-Sharing (Limited Cost-Sharing Variation)

- As of 2021, in response to concerns from Tribes about errors in some SBCs, CMS/CCIIO began requiring health insurance issuers to use language provided in sample SBCs for Indian-specific zero and limited cost-sharing variation plans
- Sample SBCs use the following phrase to explain the “limited cost-sharing variation” protections: **“Cost sharing waived at non-IHCP with IHCP referral”**

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Network provider (You will pay the least)	Indian Health Care Provider (IHCP)	Out-of-network provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$60 <u>copay</u> / visit	No charge	Not covered	<p><b>Cost sharing waived at non-IHCP with IHCP referral. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference (balance billing).</b></p> <p>You may have to pay for services that aren't part of the preventive health guidelines. Ask your provider if these services you need are preventive. Then check what your plan will pay for. Cost sharing waived at non-IHCP with IHCP referral. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference (balance billing).</p>
	Chiropractic care	\$60 <u>copay</u> / visit	No charge	Not covered	
	Specialist visit	50% <u>coinsurance</u> after <u>deductible</u>	No charge	Not covered	
	Preventive care/screening/immunization	No charge	No charge	Not covered	

[https://www.sanfordhealthplan.com/-/media/plan-documents/2020/HP\\_2961\\_i\\_sd\\_true\\_6000\\_lcs](https://www.sanfordhealthplan.com/-/media/plan-documents/2020/HP_2961_i_sd_true_6000_lcs)



# TSGAC Recommendations to T/TOs & CMS/CCIIO

- To further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace, as well as ensure that AI/ANs receive the most generous cost-sharing protections available, **T/TOs should consider:**
  - Requesting that CMS/CCIIO increase communications with plan issuers on the requirements in publishing SBCs pertaining to limited cost-sharing plans;
  - Conducting a follow-on survey of a sample of limited cost-sharing plan SBCs to determine compliance by health insurance issuers with the requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral” when describing the limited cost-sharing variation protections and process;
  - Working with CMS/CCIIO to determine the extent to which health plans are providing the comprehensive Indian-specific cost-sharing protections to Tribal members enrolled in limited cost-sharing variation plans; and
  - Working with CMS/CCIIO to educate non-Tribal member AI/AN Marketplace applicants who qualify for the general cost-sharing protections based on their household income on the value of enrolling in a silver plan