

c/o National Indian Health Board | 50 F Street NW | Washington, DC 20001 | (202) 507-4070 | (202) 507-4071 fax

April 8, 2024

Transmitted via e-mail: <u>Jeff.Wu@cms.hhs.gov</u>

Mr. Jeff Wu
Deputy Director for Policy
Center for Consumer Information and Insurance Oversight
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Re: Tribal Technical Advisory Group Comments on American Indian and Alaska Native (Al/AN) Enrollment Data for Health Insurance Marketplace

Dear Deputy Director Wu:

On behalf of the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS), we write to provide our comments on the most recent report (dated January 2024) on American Indians and Alaska Natives (Al/ANs) enrolled in health insurance coverage through Health Insurance Marketplaces established under the Patient Protection and Affordable Care Act (Affordable Care Act or ACA).

Since 2014, TTAG and CMS/CCIIO have worked together to ensure that eligible Al/ANs receive the comprehensive Indian-specific cost-sharing reductions (CSRs) to which Tribal citizens are entitled. During a recent TTAG ACA Policy subcommittee meeting held this month, technical representatives had an opportunity to review the 2023 data and provide analysis and comparison to the data provided from previous years.

An analysis of data from the CMS¹ indicates that:

- For Tribal members, enrollment in the Federally Facilitated Marketplace (FFM) increased by 9.2% from 2022 to 2023;
 - Enrollment of non-Tribal member Al/ANs rose by 21.5%;
 - When combining the two populations, FFM enrollment of Al/ANs increased by almost 10,300, or 12.8%, from 2022 to 2023;

¹ For the CCIIO Marketplace data, enrollment counts are gathered in two ways: (1) the number of individuals enrolled on the report date for a given year (*e.g.*, January 2, 2024, for 2023) and (2) the number of individuals enrolled at any time during that year.

- Among the general population, FFM enrollment rose by a similar 12.7% from 2022 to 2023.²
- Enrollment gains in the FFM varied by state, with six states (Arizona, Delaware, Iowa, New Hampshire, South Dakota, and West Virginia) showing a 30% or greater increase in enrollment of Tribal members and non-Tribal member Al/ANs and most other states showing more modest gains or holding flat (measured by enrollment levels on the report run date); one state, Nebraska, reported a decline in enrollment (2.2%).
- State-Based Marketplaces (SBMs) experienced slower growth than the FFM in enrollment of Tribal members (2.7% vs. 9.2%), with significant declines in enrollment reported in some states, including Connecticut (14.6%) and New Jersey (25.4%).
- In 2023, the total number of Tribal members and non-Tribal member Al/ANs enrolled in (FFM and SBM) Marketplace coverage at some point during the year exceeded 131,000, a 15.7% increase from 2022.
- The Marketplace continues to provide substantial federal resources to Al/AN Marketplace enrollees in the form of premium tax credits (PTCs) and CSRs, with increased subsidies offered in 2023 under the extension of the American Rescue Plan Act (ARPA).
- Tribe/Tribal Organizations (T/TOs), working with Tribal members, CMS, and health plans, have achieved a measure of success in ensuring that AI/AN Marketplace enrollees select plans with the most beneficial cost-sharing protections for which they are eligible, but potentially thousands of these individuals do not receive these protections each year.
- T/TOs have expressed concerns as to whether Tribal members enrolled in health plan variants with comprehensive Indian-specific cost-sharing protections are receiving the out-of-pocket cost protections to which they are entitled; recent data indicate that Tribal members enrolled in zero cost-sharing plans are, in fact, receiving these protections, while receipt of these protections is less certain for those enrolled in limited cost-sharing plans.

Recommendations were also presented during the TTAG ACA Policy Subcommittee meeting held on April 2, 2024, and we would like to discuss this with CMS/CCIIO staff at <u>our next upcoming meeting scheduled for May 7, 2024</u>. Our goal is to further efforts to help Al/ANs secure comprehensive health insurance coverage through the Marketplace, as well as ensure that Al/ANs receive the most generous cost-sharing available.

These specific recommendations include the following:

- Request that CMS increase communications with health insurance issuers on the requirements in publishing Summaries of Benefits and Coverage (SBCs) pertaining to limited cost-sharing plans;
- Work with CMS to determine the extent to which health insurance issuers are providing the comprehensive Indian-specific cost-sharing protections to Tribal

² See the Health Insurance Marketplaces 2023 Open Enrollment Report released by CMS earlier this year.

members enrolled in limited cost-sharing plans;

- Work with CMS to educate Tribal member Marketplace applicants on the value of enrolling in a separate plan from non-Tribal member family members;
- Work with CMS to assist Tribal member Marketplace applicants in obtaining the documentation needed to prove their status;
- Request that CMS provide data on the number of non-Tribal member AI/ANs who attested to Tribal membership in their Marketplace application but did not successfully submit the documentation needed to prove their status; and,
- Working with CMS to educate non-Tribal member Al/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.³

We respectfully request that CCIIO work with TTAG on these above recommendations, and we look forward to discussing this further during our May 7, 2024 meeting. In the meantime, if you have any questions or would like further detailed information on our analysis, please do not hesitate to contact me at 206-369-6699 or via email at: rallen@jamestowntribe.org. Thank you.

Sincerely,

W. Ron Allen

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Chairman and CEO, Jamestown S'Klallam Tribe Chairman, Tribal Technical Advisory Group

Cc: Kitty Marx, Director, CMS Division of Tribal Affairs

Lisa Wilson, Senior Advisor, Center for Consumer Information and Insurance Oversight

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³ It is worth noting that non-Tribal member Al/ANs who qualify for only the least generous level of the general cost-sharing protections (those with a household income of 201%-250% FPL) might benefit from enrolling in a gold plan instead. In some Marketplaces, due the practice of "silver loading," gold plans, which cover a larger share of health care costs than silver plans with the least generous level of general cost-sharing protections (80% vs. 73%), have premiums that are almost the same as, or lower than, premiums for silver plans.