

Marketplace Open enrollment November 1 – January 15



OPEN
ENROLLMENT
IS HERE

Health
Care
.gov

Enroll in health
care coverage
through CMS
today and keep
your health
protected all
year long.

Contact your local Indian health care provider for
more information, visit [Healthcare.gov](https://www.healthcare.gov), or
call 1-800-318-2596.



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Open Enrollment is here! Act by Dec 15 for coverage starting Jan 1

First time applying here? [Take the first step to apply](#)

Already have a Marketplace plan? [Log in to renew/change plans](#)

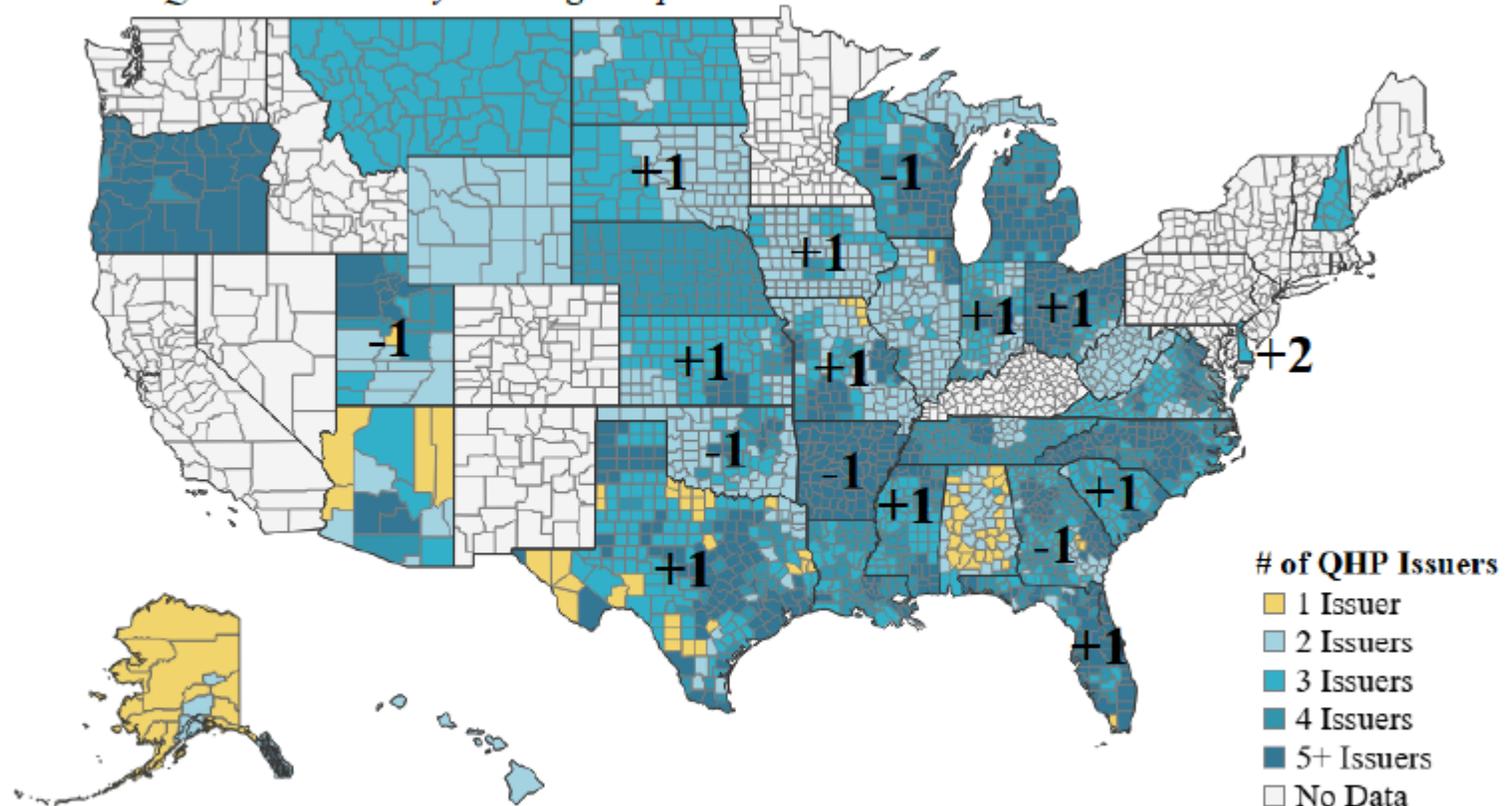
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Marketplace coverage & Coronavirus [Learn more](#)

 Find local help Connect	 Quick start guide Get tips	 Renewal questions? Get info	 Act by Dec 15 Get dates
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Competitive Marketplace

Figure 1: PY23 QHP Issuer County Coverage Map



(+) Indicates the net increase in issuers in a state from PY22 to PY23
(-) Indicates the net decrease in issuers in a state from PY22 to PY23

AI/AN Benefits



- Under the Inflation Reduction Act there are NO changes to benefits and protections afforded to members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) shareholders (shorthand AI/AN in this presentation)
 - **AI/AN eligibility for cost-sharing** for zero cost sharing plans (between 100-300% FPL) or limited cost-sharing plans (below 100% and above 300% FPL)
 - Consumers enrolled with zero cost sharing plans won't have to pay any out-of-pocket costs -- like deductibles, copayments, and coinsurance -- when they receive care
- **Remember:** American Indians enrolled in a U.S. federally recognized tribe who have a household income between 100% and 300% FPL may have to pay premiums. Enrolling in bronze plan will provide the same zero-cost-sharing benefit as a silver or gold plan, but bronze plan premiums usually cost less
- **SEP:** AI/AN, and non-tribal members who apply on the same application can enroll in a Marketplace health insurance plan any time, not just during the yearly Open Enrollment Period. You can change plans as often as once a month.

2023 Open Enrollment and Mixed Status Households



- Open Enrollment is an important time for enrollment for mixed status households!
- Some households consist of both members of federally recognized American Indian/Alaska Native tribes and non-tribal members.
- If a tribal member and non-tribal member enroll in the same Marketplace plan the tribal family member will not be able to use the special [cost-sharing savings](#).
- As such, tribal members and non-tribal family members with an income under 300% of the Federal Poverty Level should consider enrolling in separate plans if they want to take advantage of all potential savings. Healthcare.gov makes this easy by putting family members into different enrollment groups so that American Indian/Alaska Native family members can get their reduced cost sharing they are eligible for.

Mixed Status Households and HealthCare.gov



Application:
Reminder there is a help text pop up in the application when the individual clicks on this link to “Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.”

HealthCare.gov

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Household information

Is Carol an American Indian or Alaska Native?

[Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.](#)

Yes

No

[Save & continue](#)

Application ID: 19817182

[All Topics](#) · [Glossary](#) · [Contact Us](#) · [Archive](#)

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 A federal government website managed and paid for by the U.S. Centers

Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace [Close](#)

If a person is American Indian or an Alaska Native, they may have health coverage benefits and protections through the Marketplace.

Extra savings may be available

American Indians and Alaska Natives may get extra savings. For example, if they're a member of a federally recognized tribe and enroll in a Marketplace plan, they may not have to pay cost sharing and may get monthly Special Enrollment Periods.

Health services will still be available

American Indians and Alaska Natives who enroll in Medicaid, the Children's Health Insurance Program (CHIP), or the Marketplace can still get services from the Indian Health Services, tribal health programs, or urban Indian health programs. The results of this application won't change that.

Households with both tribal members & non-tribal members

Households with both American Indians/Alaska Natives and non-American Indians/Alaska Natives should enroll in separate plans to take advantage of all potential savings. While households with both American Indians/Alaska Natives can enroll in the same Marketplace plan, they'll lose the special cost-sharing savings for American Indians/Alaska Natives. Learn more later in the application process when choosing plans.

Mixed Status Households and HealthCare.gov



Plan compare:
Text that was present in the selecting an enrollment group part of plan compare was updated.

Health plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.

[Why change groups?](#)

- To get started with current groups: select **View plans** for a group to get started.
- To change groups: select **Change groups**, make the changes, then **View plans** for the new groups.

You'll select a plan for each group one at a time.

Households with both American Indians/Alaska Natives and non-American Indians/Alaska Natives should enroll in separate plans to take advantage of all potential savings. While households with both American Indians/Alaska Natives can enroll in the same Marketplace plan, they'll lose the special cost-sharing savings for American Indians/Alaska Natives.

Group: 1

Laura Griffith (Age 31)

[View Plans](#)

Group: 2

Susan Griffith (Age 32)

[View Plans](#)

[Change Groups](#)

Race and Ethnicity Questions



- The application explains that race and ethnicity information is asked of every consumer and that providing it is voluntary.
- The demographic information is confidential, and the data is only used in aggregation, meaning identifying information for individual consumers is removed. The collected data would only be used for research and quality improvement purposes.
- Consumer responses will not impact their eligibility for financial assistance or Marketplace coverage.
- Race and ethnicity collection on the Marketplace application is set up in a two-question format.
 - First, an ethnicity question about Hispanic/ Latino/Spanish origin is asked (yes or no).
 - Second, a question about race is asked. Racial categories are listed as answer options with checkboxes, and consumers are allowed to select multiple boxes if applicable or select “another race not listed above” and input another option.

Ethnicity/Race Questions



[← Back](#)

Terry's information

Selecting this person's race and ethnicity helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. We use this information to make sure everyone gets fair access to coverage. Providing this information won't impact eligibility, plan options, or costs.

Is Terry of Hispanic, Latino, or Spanish origin?

Optional

- Yes
 No

[Clear your selection](#)

What's Terry's race?

Optional. Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Pacific Islander
- Samoan
- Vietnamese
- White
- Another race not listed above

[Save & continue](#)

What's Gabriella's race?

Optional. Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Pacific Islander
- Samoan
- Vietnamese
- White
- Another race not listed above

Specify a race.

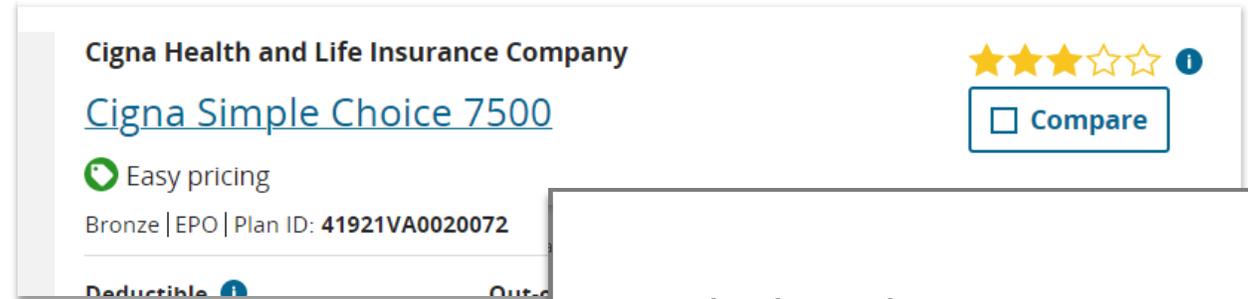
Optional

[Save & continue](#)

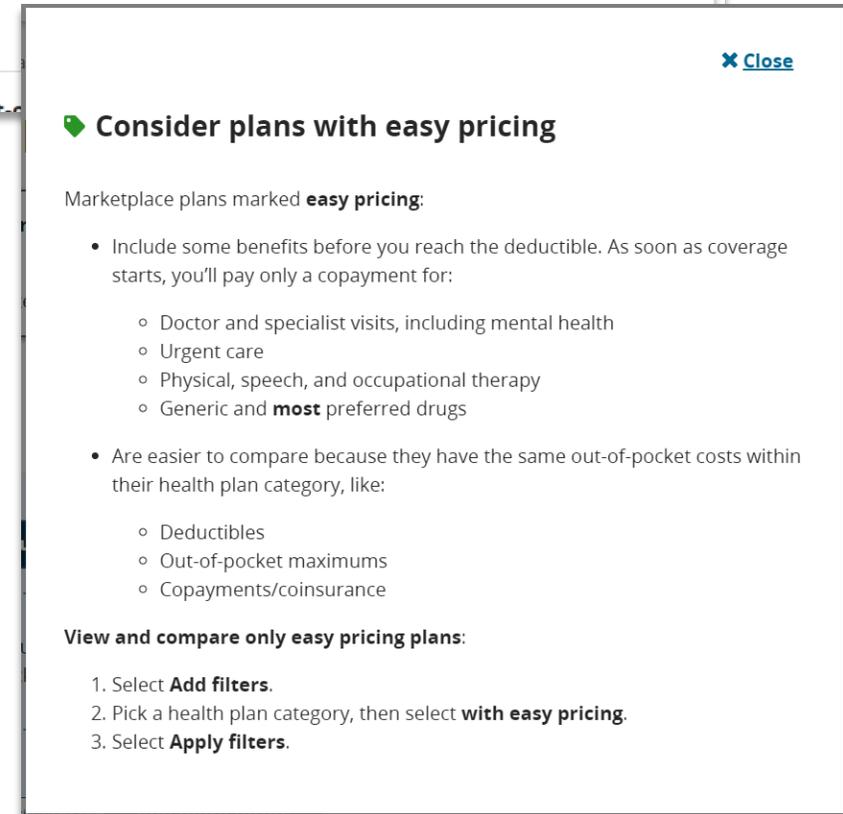
Application ID: 4387982968

Standardized Plan Options

- Consumers have access to standardized plans options, which cover more services pre-deductible and have similar benefit designs that can help consumers understand pricing among their plan options when considering what plan best meets their needs.



- On HealthCare.gov, an educational quick tip encourages consumers to consider plans with easy pricing.
- It highlights two aspects of standard plans: that they cover some services for just a copay before the deductible is met; and that they have the same out-of-pocket costs (within a health plan category).
- Consumers can select the “with easy pricing” filter for any health plan category to view, for example, only standard plans in the Silver category.



Consider plans with easy pricing

Marketplace plans marked **easy pricing**:

- Include some benefits before you reach the deductible. As soon as coverage starts, you'll pay only a copayment for:
 - Doctor and specialist visits, including mental health
 - Urgent care
 - Physical, speech, and occupational therapy
 - Generic and **most** preferred drugs
- Are easier to compare because they have the same out-of-pocket costs within their health plan category, like:
 - Deductibles
 - Out-of-pocket maximums
 - Copayments/coinsurance

View and compare only easy pricing plans:

1. Select **Add filters**.
2. Pick a health plan category, then select **with easy pricing**.
3. Select **Apply filters**.

Expanded access to help

HealthCare.gov

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[← Back to help options](#)

Find Local Help

Search our online directory and set up a time to talk in-person, over the phone, or by email.

An agent, broker, or assister near you can help you with your application and more.



Enter city & state or ZIP code

Search

[Use your current location](#)

- 1,500 navigators
 - All 30 FFM states served by Navigators
 - 28 FFM states with statewide coverage
- Over 59,000 agents and brokers
- Over 4,900 assisters'
- Over 1,000 Champions for Coverage

Key Updates and Enhancements to HealthCare.gov



Estimating income

HealthCare.gov John Menu

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John's income for this month (November 2022)

Enter each type of income John gets this month. If John won't get income this month, but gets it during other months in 2023, report that on the next page.

Add income for November **\$2,215.00**

[Learn more about types of income to include.](#)

\$2,215.00 Job: Store ABC [Edit](#) | [Remove](#)

[Add more income](#)

Minus certain expenses **-\$0.00**

You can only subtract these expenses: Student loan interest, alimony, IRA contributions, or educator expenses.

[Add expense](#)

John's total for November **\$2,215.00**

⊕ What amount is used to determine eligibility?

When John's adjusted monthly income looks correct, select Save & continue. Next, we'll estimate John's annual income for all of 2023.

[Save & continue](#)

HealthCare.gov

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John's estimated income for next year (2023)

Make sure to include income John already got, as well as any they expect to earn in the rest of 2023.

John's estimated income for 2023
Based on November's total income amount from the previous page (\$2,215.00 income - \$0.00 expenses):

\$2,215.00 Total month income	×	12 months of the year	=	\$26,580.00 Calculated 2023 income
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If their income changes throughout the year, this amount probably isn't right.

Is \$26,580.00 a good estimate for John's income for 2023?
[I'm not sure if this amount is correct.](#)

Expected to be about this amount

Amount will probably be different than this

John's estimated income for 2023 **\$26,580.00**

[Save & continue](#)

Redesigned eligibility notice

Health Insurance Marketplace November 5, 2022

Application ID # 18584535
Application date: November 5, 2022

2023 Marketplace Eligibility Notice
Remember to update your application during the year with any changes.

Primary contact
John Carson
12300 Rock Hill Rd
Chester, VA 23831-2450

Results

Premium tax credit available for this household: \$706/month	Estimated 2023 income used to determine eligibility for financial help: \$26,499.60/year	John Carson
Applied for coverage.		●
Eligible to enroll in a Marketplace plan until January 15, 2023 .		●
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$706/month for this household.		●
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.		●
Not eligible for Medicaid because this month's household income of \$2,208.30 is too high.		●
You were reviewed for CHIP but don't meet eligibility criteria (age, pregnancy and/or health coverage status).		●

ACTION: Next steps

Enroll now. Marketplace coverage start date generally depends on when you select a plan. See Eligibility Guide , page 4.	●
Choose a Silver plan to get cost-sharing reductions. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.	●
Learn more about how you could qualify for Medicaid. See Eligibility Guide , page 7.	●
You can appeal your eligibility results now. See Eligibility Guide , page 8.	●

To learn when and how you can appeal, see [Eligibility Guide](#), page 8.
Questions about results or next steps? See the [Eligibility Guide](#) included with this notice.

For more help

HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 LocalHelp.HealthCare.gov (for help in your area)	Virginia Medicaid: (855)242-8282 TTY: (888)221-1590	Family Access to Medical Insurance Security (FAMIS) (CHIP): (855)242-8282 TTY: (888)221-1590
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Extra savings on Silver plans reminder

Want to save more?
You can save money on out-of-pocket costs, like deductibles and copays — but only with a Silver plan.

Choose an option

Save more on care—explore Silver plans for extra savings (recommended)
Save money on deductibles and copays when you get care.

Continue with this plan
You'll pay more for your share of costs.

[Continue](#)

State-Based Marketplaces



Outreach Plan



Key Messages:

- People seeking health insurance can go to [HealthCare.gov](https://www.healthcare.gov) right now, until January 15th during the Open Enrollment Period.
 - If you are in a mixed status household the time to enroll is now!
- 4 out of 5 consumers can find a plan for \$10 or less per month with financial assistance.
- These are quality plans that include doctor visits, preventive services, and prescription drugs.
- Go to [HealthCare.gov](https://www.healthcare.gov) to enroll. Deadline is January 15.

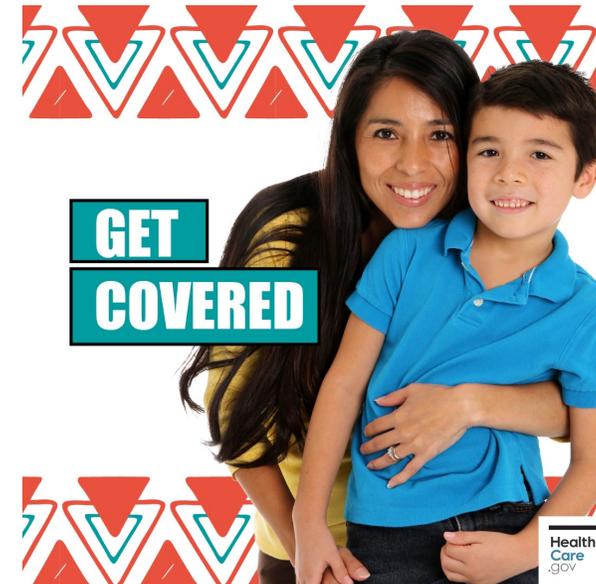
Health Insurance Marketplace Weeks of Action



- American Indians, Alaska Natives, Tribal Week of Action is November 27 – December 3, 2022
- [Partner Tools and Toolkits Page](#) has the Theme Week Toolkits for each Week of Action including:
 - [American Indians, Alaska Natives, Tribal Week Toolkit: Talking Points, 5 things consumers need to know, and social media messages](#)
 - American Indian, Alaska Natives, Tribal Week of Action Graphics
 - [English](#) | [Spanish](#)

Theme Week Toolkit

Graphics for the AI/AN/Tribal Week of Action



Champion for Coverage



- National or local organizations can apply to be a Champion for Coverage.
- Our goal is to make it **easy for you** to promote the Marketplace Open Enrollment Period by providing you with **many resources** to help you reach out to those in your community, including resources such as:
 - Talking Points and fact sheets on health coverage and affordability
 - Information about how to connect people to help in their communities
 - Social Media Toolkits to share with your followers
 - Listserv messages and webinars that provide updates on Open Enrollment and the latest theme weeks, news, and resources to share
 - One page reference sheet that includes a list of valuable resources and where to find them
- All of these resources are at **NO COST** to your organization and **READILY AVAILABLE.**

Partner Resources



The following resources are available to help you reach out to individuals in your community.

See our **Partners Tools and Toolkits** page for educational materials to help with your **Marketplace outreach**: <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits>

- **Theme Weeks**: Theme Weeks are available for each week of the Open Enrollment Period to help Champions for Coverage and other partners focus on certain audiences.
- **Virtual Event in a Box**: The virtual event in a box includes instructions and Marketplace promotional materials, both in English and Spanish, as well as in various other languages to use at Marketplace educational events.
- **Find Local Help Website** <https://localhelp.healthcare.gov/#/>: Direct consumers to this website to find local Navigators and Certified Application Counselors to enroll in the Marketplace.

Partner Resources continued

- **[List of Champions for Coverage](#)**: Use this document to help identify Champions for Coverage in your regions to partner with to further promote the Marketplace.
- **[Navigator Awardees Contact Information](#)**: Includes Navigators throughout the country that your organization can partner with to help promote the Marketplace.
- **[Reference Sheet](#)**: Includes a list of all available resources, key websites, and core messages.
- **Champions for Coverage Mailbox: Champion@cms.hhs.gov**: Dedicated mailbox for questions or for more information about the Champions for Coverage program.
- **[Application Form](#)**: to apply to become a [Champion for Coverage](#).

Partner Webinars



Register for Upcoming Partner Educational Webinars: These webinars will provide stakeholders critical information and resources to help consumers navigate the Health Insurance Marketplace Open Enrollment Period from November 1, 2022 to January 15, 2023.

URL to register for the Webinars:

https://cms.zoomgov.com/webinar/register/WN_SbO2xlorSVO6_g6MLbNWNQ

- [Tuesday, December 13, 2022, at 3:00 PM ET](#)
- [Tuesday, January 10, 2023, at 3:00 PM ET](#)
- [Tuesday, January 24, 2023, at 3:00 PM ET](#)



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Securing Health Insurance Coverage for Tribal Members – Use of Tribal Sponsorship and the Health Insurance Marketplace –

CMS-CCIIO Webinar
November 15, 2022

Presented by Doneg McDonough, CEO, Health System Analytics
Consultant, Tribal Self-Governance Advisory Committee to IHS
DonegMcD@outlook.com; TribalSelfGov.org/health-reform/

Presentation Content

1. Tribal Sponsorship overview
 - Tribal Sponsorship basics
 - Growth of Tribal citizen enrollment in Marketplace coverage
 - Acronyms
 - Federal poverty level table
2. Net cost of coverage (with American Rescue Plan / Inflation Reduction Act)
 - Health insurance premiums
 - Patient cost-sharing
3. “Family glitch” fix
4. Tribal FQHC payment rates under Marketplace coverage
5. Increased value of Tribal Sponsorship under Medicare Part D
6. New employer option – use of Marketplace
 - Individual coverage health reimbursement arrangements

Disclaimer: *This analysis is for informational purposes only and is not intended as tax or legal advice*

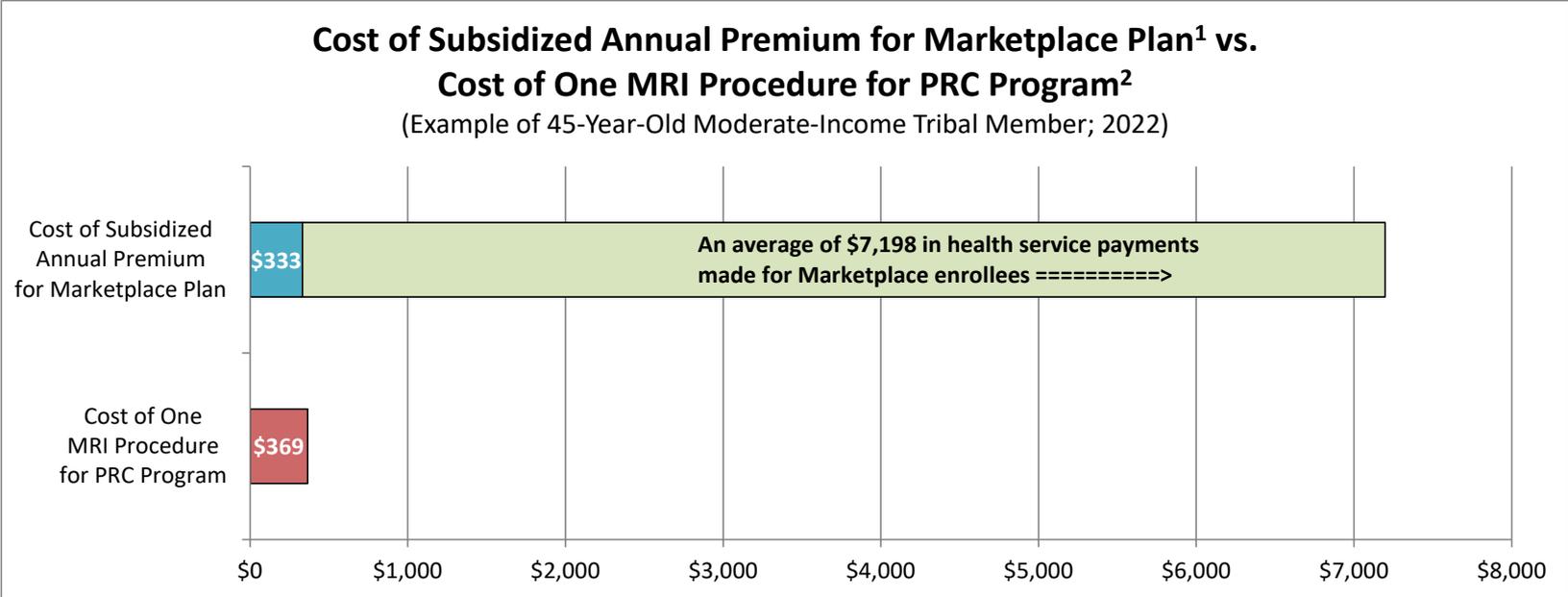


#1: Tribal Sponsorship Basics

- **Tribal Sponsorship is the purchase of health insurance coverage by a Tribe or THO on behalf of Tribal citizens or other IHS-eligible individuals**
 - For this Webinar, focus is on payment of premiums for coverage secured through a Health Insurance Marketplace
 - Tribal Sponsorship can involve other coverage, such as Medicare Parts B and D
- **Goals of Tribal Sponsorship**
 - Access additional resources to meet the health care needs of otherwise uninsured IHS-eligible individuals
 - ✓ Federal premium subsidies (premium tax credits (PTCs))
 - ✓ Federal cost-sharing protections (reduced out-of-pocket costs)
 - Make health services more accessible to IHS-eligible individuals
- **Mechanism for generating additional resources through Tribal Sponsorship**
 - Sponsoring Tribe/THO pays net premium costs (after application of any PTCs) to secure health insurance coverage purchased through Marketplace; coverage provides comprehensive, Indian-specific cost-sharing protections (for Tribal citizens)
 - Generates additional patient revenues for services provided by THO
 - Reduces Purchased/Referred Care (PRC) costs
 - **Typical return to Sponsoring Tribes of \$4 - \$5 in health resources generated for each \$1 invested in program**



Comparison of Annual Premium for Subsidized Marketplace Coverage vs. One PRC Payment



Notes:

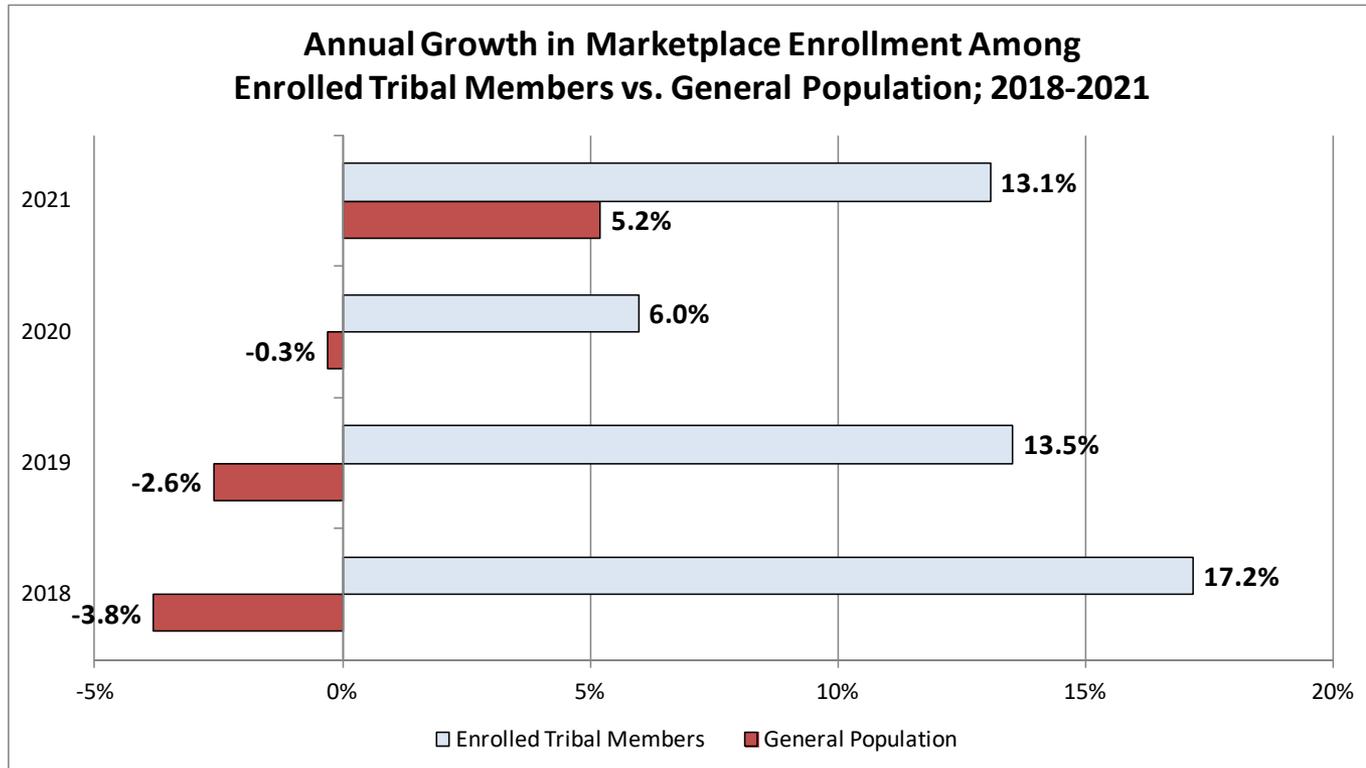
¹ "Cost of subsidized annual premium for Marketplace plan" figure is the net premium for a 45-year-old non-smoker who has an annual income of 275% FPL (\$35,420) and enrolls in the lowest-cost bronze plan available in Sacramento, CA (Sacramento County), in 2022.

² "Cost of One MRI procedure for PRC program" figure is the Medicare price for a mid-cost procedure performed in Sacramento, CA, in 2022 and assumes the provider performs both the technical and professional components of the procedure.



Marketplace Enrollment Growth Among Tribal Members vs. General Population

- Across all Marketplaces, annual enrollment growth among enrolled Tribal members has continued to far outpace growth among the general population



Notes:

¹ 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 2020, and January 2021). The change in report run dates from October/November to January between 2019 and 2020 might have resulted in undercounting of Tribal member Marketplace enrollees. The typical pattern of Marketplace enrollment levels for Tribal members is a decline between December and January (of approximately 15%), followed by a rebuilding of enrollment over the following months.

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



Acronyms

- AI/ANs: American Indians and Alaska Natives, comprised of enrolled Tribal members in federally-recognized Tribes and other IHS-eligible individuals
- IHS: Indian Health Service
- HHS: (Federal) Department of Health and Human Services
- CMS: Centers for Medicare and Medicaid Services, HHS
- CCIIO: Center for Consumer Information and Insurance Oversight, CMS/HHS
- IHCP: Indian health care provider, sometimes referred to as I/T/U
- I/T/U: IHS, Tribe or Tribal health organization, and urban Indian organization
- THO: Tribal health organization
- **ACA: Patient Protection and Affordable Care Act**
- **ARP: American Rescue Plan Act**
- **IRA: Inflation Reduction Act**
- PTCs: Premium tax credits
- APTCs: Advanced payment of premium tax credits
- CSRs: Cost-sharing reductions
- L-CSV: Limited cost-sharing variation
- Z-CSV: Zero cost-sharing variation
- QHP: Qualified health plan
- FFM: Federally-Facilitated Marketplace
- ECP: Essential community providers
- PRC: Purchased/Referred Care Program



Federal Poverty Level (FPL), by Household Size

2021 FPL for Use with Marketplace (PTC/CSR) Eligibility Determinations for All of 2022

48 Contiguous States and the District of Columbia					
2021 FPL Level (Effective January 13, 2021, Until New Guidelines Issued in Early 2022)					
Persons in Household	100%	138%	250%	300%	400%
1	\$12,880	\$17,774	\$32,200	\$38,640	\$51,520
2	\$17,420	\$24,040	\$43,550	\$52,260	\$69,680
3	\$21,960	\$30,305	\$54,900	\$65,880	\$87,840
4	\$26,500	\$36,570	\$66,250	\$79,500	\$106,000
5	\$31,040	\$42,835	\$77,600	\$93,120	\$124,160
6	\$35,580	\$49,100	\$88,950	\$106,740	\$142,320
7	\$40,120	\$55,366	\$100,300	\$120,360	\$160,480
8	\$44,660	\$61,631	\$111,650	\$133,980	\$178,640

- Federal poverty levels are twenty-five percent (25%) higher in Alaska
- FPL dollar thresholds used for Medicaid eligibility for 2022 are approximately 5% higher (4.4%-5.5%, depending on household size) than the figures shown

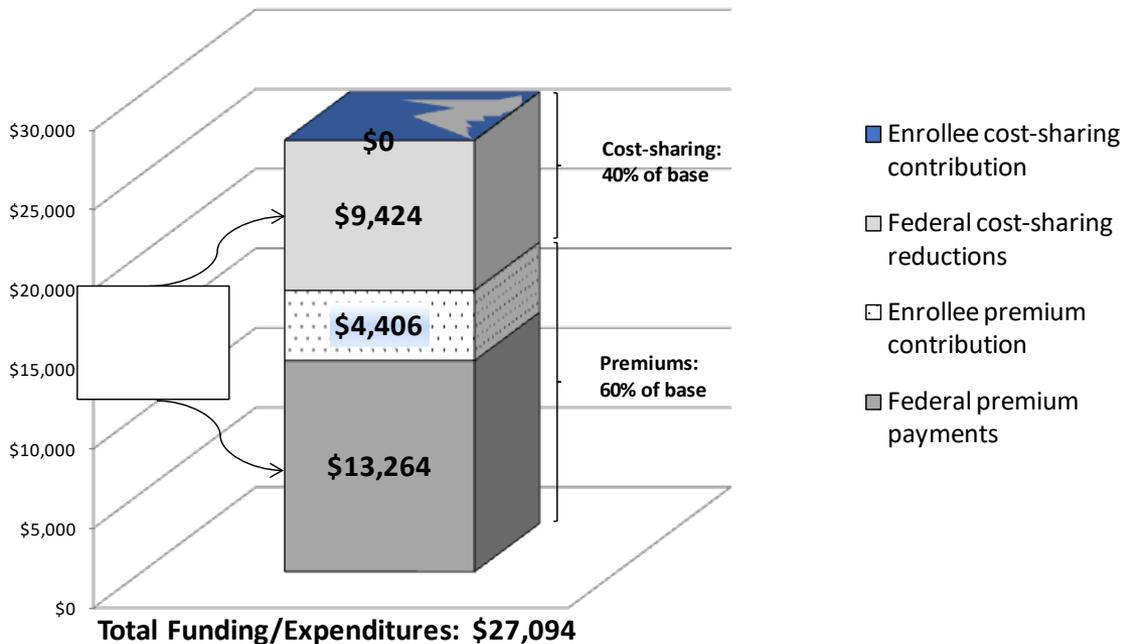


#2: Net Cost of Coverage –

Resources Made Available Through the ACA

(Example of family of four Tribal citizens; \$92,750 in household income in California)

Source and Distribution of Funding for Marketplace Coverage, 2022
- American Indian or Alaska Native Family -
Four-person household; annual income \$92,750 (350% FPL)
(4 enrollees¹; Sacramento, Sacramento County, California; bronze-level coverage)



¹Two 40-year-old adults and two 15-year-old children enroll in the Marketplace.

In this example of four enrollees in a four-person household with household income at 350% FPL:

- Federal government covers 84% of the total funding/ expenditures for Marketplace coverage (\$22,688)
 - \$13,264 in premium tax credits
 - \$9,424 in cost-sharing reductions (no cost-sharing for Tribal members)
- Enrollee/Tribal sponsor contributes \$4,406 per year
 - \$1,102 / yr / family member



Expanded Premium Subsidies Under American Rescue Plan Act (ARP)

- For CY 2021 and CY 2022, the ARP expanded ACA premium subsidies (**extended through 2025 by Inflation Reduction Act enacted in August 2022**)
 - **Made additional individuals eligible for PTCs:** Extended PTC eligibility to Marketplace enrollees with household income higher than 400% FPL
 - **Provided more generous subsidies for currently-eligible individuals:** Reduced amount of required household contribution to Marketplace plan premiums for PTC-eligible enrollees

Table 1: Percent of Income Paid for Marketplace Benchmark Silver Premium, by Income

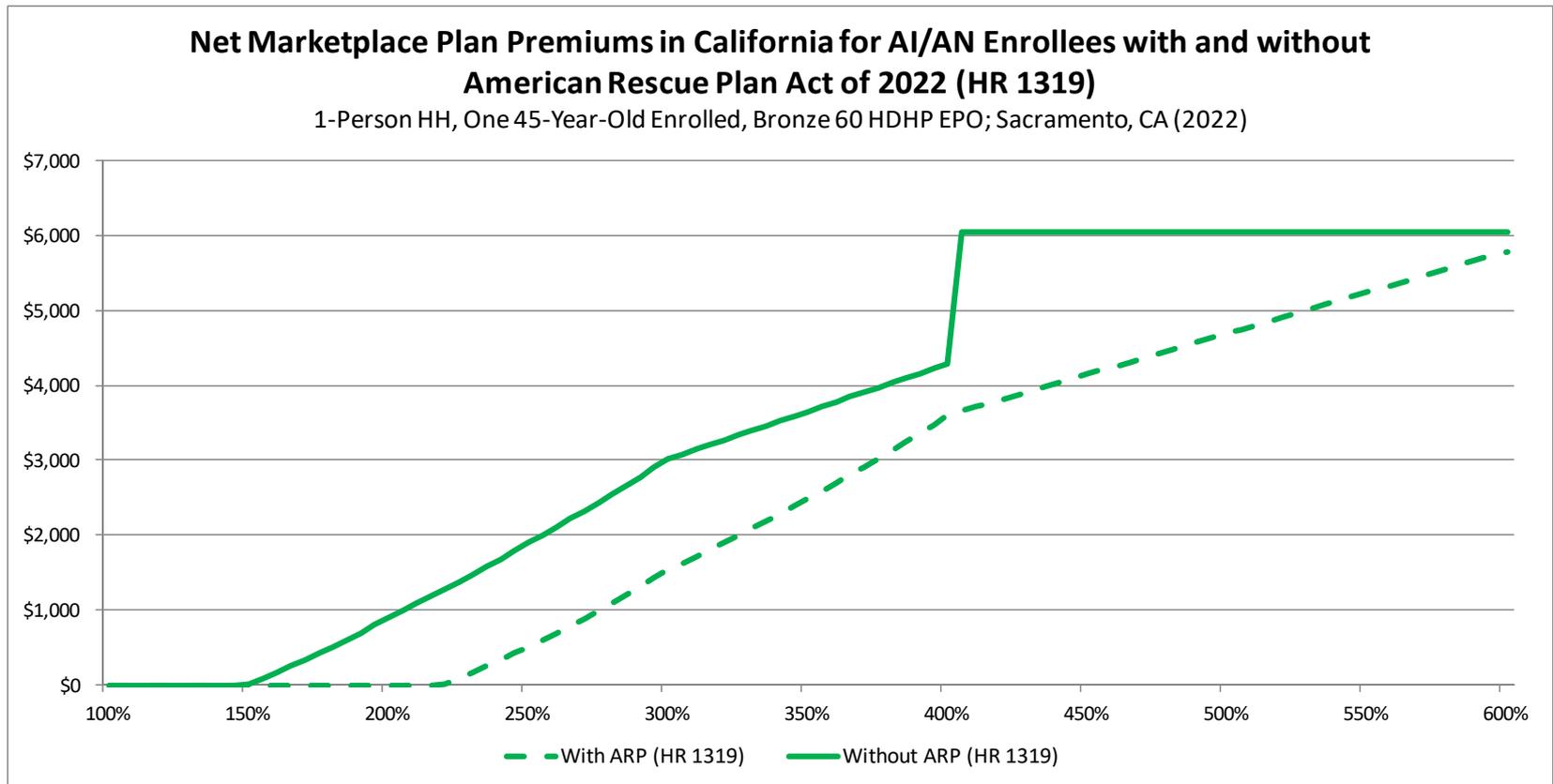
Income (% of poverty)	Affordable Care Act (before legislative change)	COVID-19 Relief (current law 2021- 2022 2025)
Under 100%	Not eligible for subsidies*	Not eligible for subsidies**
100% – 138%	2.07%	0.0%
138% – 150%	3.10% – 4.14%	0.0%
150% – 200%	4.14% – 6.52%	0.0% – 2.0%
200% – 250%	6.52% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6.0% – 8.5%
Over 400%	Not eligible for subsidies	8.5%

- For 2021, the ARP established special provisions for individuals with at least one week of unemployment compensation (UC)



Significant Additional Savings Under ARP/IRA: Net Premium Costs of Marketplace Coverage

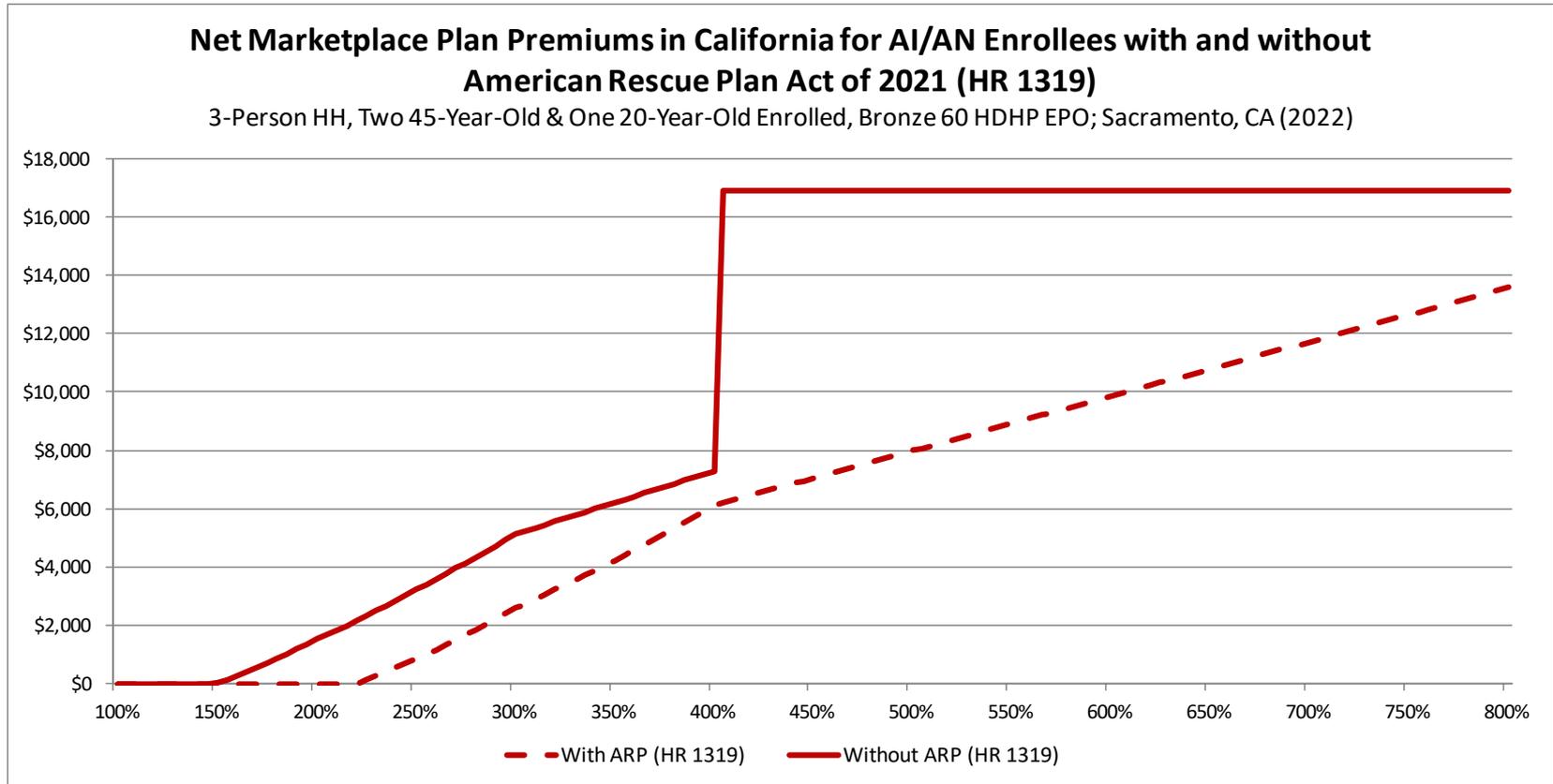
(Example of single individual; bronze level coverage)



Note: “Without ARP” net Marketplace plan premiums for 2022 were estimated based on the required household contribution for enrollees (pre-ARP) in 2021

Significant Additional Savings Under ARP/IRA: Net Premium Costs of Marketplace Coverage

(Example of family of three; bronze level coverage)



Note: “Without ARP” net Marketplace plan premiums for 2022 were estimated based on the required household contribution for enrollees (pre-ARP) in 2021



Eligibility Criteria for Premium Tax Credits

Eligibility for PTCs (American Rescue Plan provisions shown in red)

In addition to general Marketplace eligibility requirements:

- • Have household income ~~between 100% and 400%~~ **at least 100%** of the federal poverty level (FPL) **for 2021 and 2022 (income cap removed)** (**provision extended through 2025 by Inflation Reduction Act enacted in August 2022**)
- Not be eligible for Medicare, Medicaid, or “affordable” employer-sponsored insurance (through employer or employer of a family member)
 - How “affordable” is defined will change in 2023 (referred to as “family glitch fix”) (**see below**)
- Veterans can be eligible for, but cannot enroll in, the Veterans Health Care Program (VHCP)
- There are no Indian-specific eligibility criteria for PTCs
- A Tribe / THO might wish to Sponsor a Tribal citizen or other IHS-eligible individual even if the individual is not eligible for PTCs



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

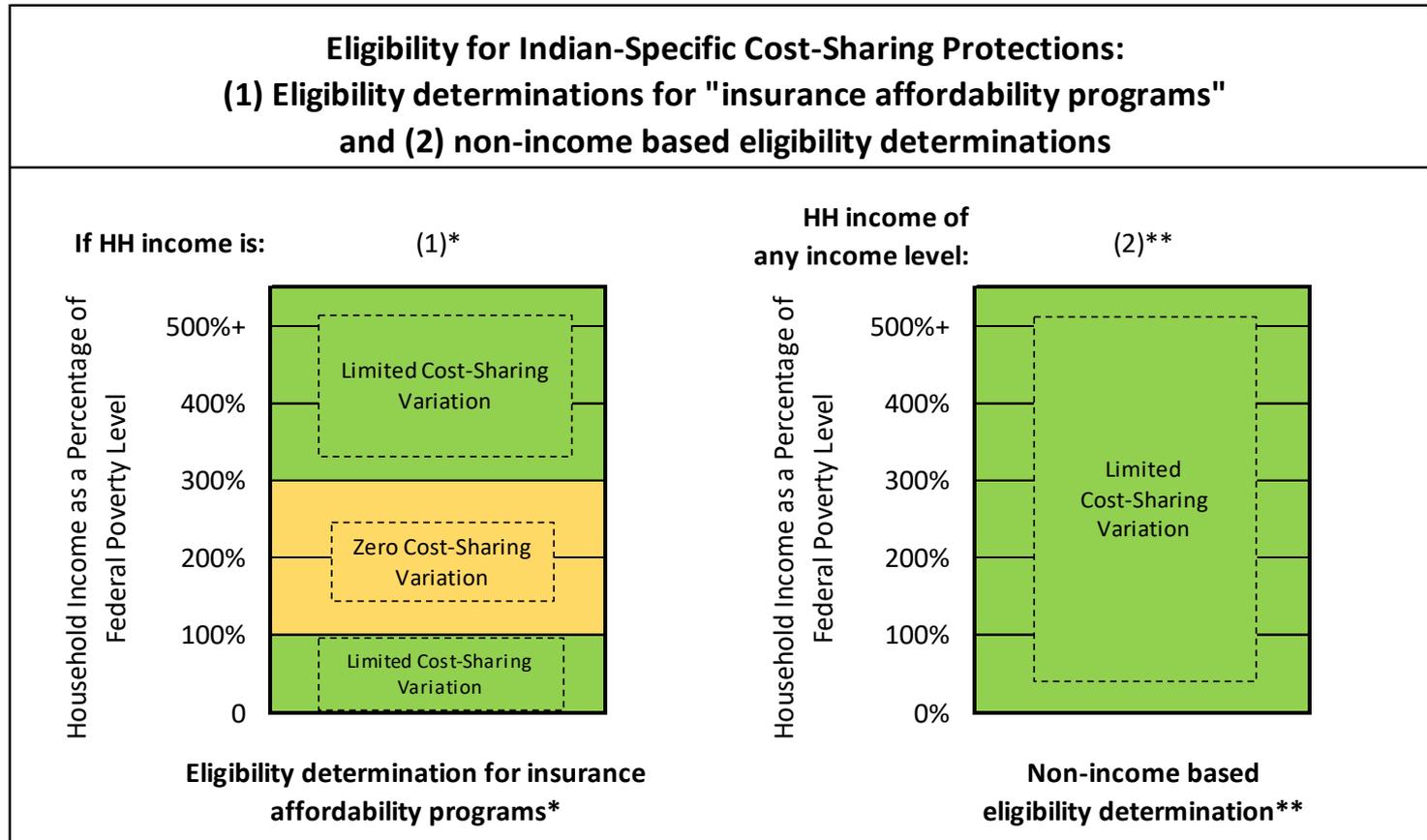
- ➡ • Enroll in health insurance coverage through a Marketplace
- ➡ • Tribal citizen (requires uploading documentation of enrollment status)
- *Eligibility for premium tax credits*
- *Household income between 100% and 300% of federal poverty level*

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 protections outside Tribal/IHS system



Securing Indian-Specific Cost-Sharing Protections: Tribal Citizens



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.



Summary of Benefits and Coverage (SBC) (Zero Cost-Sharing Variation)

- Summary of Benefits and Coverage (SBCs) documents explain things like what a health plan covers, what it does not cover, and what a patient's share of costs will be
- SBCs are approximately 9 pages and include 2-3 sample medical events (such as having a baby, managing diabetes, and treating a broken leg)

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

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.modahealth.com	Value drugs	\$0 copay	\$0 copay	Covers up to a 90-day supply retail and mail order drugs. Copay per 30 day supply. Covers up to a 30-day supply specialty drugs. Prior authorization may be required.
	Select tier drugs	\$0 copay	\$0 copay	
	Preferred brand drugs	0% coinsurance	0% coinsurance	
	Non-preferred brand drugs	0% coinsurance	0% coinsurance	
	Specialty drugs	0% coinsurance	0% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	0% coinsurance	Prior authorization required to avoid a penalty of 50% up to a maximum deduction of \$2,500.
	Physician/surgeon fees	0% coinsurance	0% coinsurance	
	Emergency room services	0% coinsurance	0% coinsurance	

<http://www.bcbsmt.com/PDF/sbc/30751MT0570008-01.pdf>



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>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> <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



#3: Final Federal Rule to Fix ‘Family Glitch’

IRS on October 13, 2022, issued a final rule that will fix the “family glitch”:

- **Under current regulations:** *If employer offer of coverage is considered affordable to the employee (as single coverage), “family offer” is also considered affordable.*
 - Employee:
 - An employee is considered to have an offer of affordable coverage if the employee’s self-only premium cost for the least expensive employer plan does not exceed the threshold “contribution percentage” (9.61% in 2022) of the employee’s **total** household income
 - Family member:
 - When an individual (*e.g.*, a spouse or dependant*) is offered health insurance through the employer of a family member, the individual is considered to have an offer of affordable coverage **if self-coverage for the employee is considered affordable**—meaning the cost does not exceed a certain percentage of total household income (9.61% in 2022)—even though family coverage would require a larger contribution of household income (“family glitch”)
 - If an individual is considered to have an offer of affordable coverage, he or she, even if otherwise eligible, **would not qualify** for premium tax credits (PTCs) if obtaining health insurance through the Marketplace**

* IRS defines “dependent” as a child who will not turn 19 (or a student who will not turn 24) during the tax year

** Individuals who meet the ACA definition of “Indian” and enroll in Marketplace coverage qualify for comprehensive cost-sharing protections regardless of whether they qualify for PTCs



Final Federal Rule to Fix ‘Family Glitch’ (cont.)

- Under the **new rule**, beginning in 2023: *Two calculations: (1) is employee coverage affordable?; and (2) is family coverage affordable?*
 - Employee (no change):
 - The determination of whether the employee is considered to have an offer of affordable coverage (*i.e.*, whether self-coverage for the employee is considered affordable for the household) remains unchanged
 - An employee is considered to have an offer of affordable coverage if the employee’s self-only premium cost for the least expensive employer plan does not exceed the threshold “contribution percentage” (9.61% in 2022) of the employee’s **total** household income
 - Family member (fix of family glitch):
 - An individual offered health insurance through the employer of a family member is considered to have an offer of affordable coverage **only if family coverage is considered affordable** for the household
 - Family coverage is considered affordable for the household if the total premium cost to the family does not exceed the contribution percentage (*e.g.*, 9.61%) of the (employee’s) total household income
 - If family coverage is considered *unaffordable*, the individual, if otherwise eligible, **would qualify** for PTCs if obtaining health insurance through the Marketplace
 - Exceptions
 - The premium cost (and income) of individuals who are eligible to enroll in an employer’s family coverage but are not part of the tax household (*e.g.*, non-dependent children under age 26) is not counted when determining affordability of employer coverage (“non-tax household individuals”)
 - Non-tax household family members who are eligible but do not enroll in employer coverage of the family member are not considered to have an offer of affordable coverage



Final Federal Rule to Fix 'Family Glitch' (cont.)

The examples below show how the determination of whether employer-sponsored health insurance is considered affordable will work under the new rule:

(1) Example 1: Basic determination of affordability. For all of 2023, taxpayer C works for an employer, X, that offers its employees and their spouses a health insurance plan under which, to enroll in self-only coverage, C must contribute an amount for 2023 that does not exceed the required contribution percentage of C's 2023 household income. Because C's required contribution for self-only coverage does not exceed the required contribution percentage of C's household income, under paragraph (c)(3)(v)(A)(1) of this section, X's plan is affordable for C, and C is eligible for minimum essential coverage for all months in 2023.

(2) Example 2: Basic determination of affordability for a related individual. (i) The facts are the same as in paragraph (c)(3)(v)(D)(1) of this section (Example 1), except that C is married to J, they file a joint return, and to enroll C and J, X's plan requires C to contribute an amount for coverage for C and J for 2023 that exceeds the required contribution percentage of C's and J's household income. J does not work for an employer that offers employer-sponsored coverage.

(ii) J is a member of C's family as defined in § 1.36B-1(d). Because C's required contribution for coverage of C and J exceeds the required contribution percentage of C's and J's household income, under paragraph (c)(3)(v)(A)(2) of this section, X's plan is unaffordable for J. Accordingly, J is not eligible for minimum essential coverage for 2023. However, under paragraph (c)(3)(v)(A)(1) of this section, X's plan is affordable for C, and C is eligible for minimum essential coverage for all months in 2023.

(1) Employee ("C") -or- (2) Family ("C&J") Premium Contribution	≤	9.61% of household income	=	"Affordable Coverage"
Total (C&J) Household Income				

1. Employee Coverage

$\frac{\$108/\text{month}}{\$50,000}$	=	2.6%	≤	9.61%	=	"Affordable" for employee
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2. Family Coverage

$\frac{\$500/\text{month}}{\$50,000}$	=	12%	>	9.61%	=	"Unaffordable" for family members
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#4: OMB Encounter Rate Potentially Available to Tribal FQHCs for Services Provided Under Marketplace Coverage

- Federal rules require Marketplace plans to pay federally qualified health centers (FQHCs) for covered services at least the same rate they would receive under Medicaid
 - **Tribal clinics have the option to participate in Medicaid as a Tribal FQHC in some states**
 - FQHCs typically receive Medicaid payments based on a rate determined by a state using a prospective payment system (PPS) methodology
 - However, federal rules allow states and FQHCs to agree to use an alternative payment methodology (APM) in determining the Medicaid FQHC payment rate, meaning that states can use the OMB encounter rate to set payments for Tribal FQHCs (rather than the PPS rate); **a number of states use the OMB encounter rate to set payments for Tribal FQHCs**

For background on a Tribal clinic billing as an FQHC, see the TSGAC issue brief “CMS Restrictions on Billing Medicaid for Services Outside Four Walls” at <https://www.tribalseg.gov/health-reform/2021-current-issues/2021-health-actions/>

- Under federal rules, Marketplace plans, when contracting with Tribal FQHCs that are paid the encounter rate under Medicaid, generally must pay these facilities at the encounter rate for covered services (but Marketplace plans and Tribal FQHCs can negotiate a different rate)

For background on payment protections for IHCPs, see the TSGAC issue brief “Requirements for Payment and Other Protections to Indian Health Care Providers under Marketplace Health Plans” at <https://www.tribalseg.gov/health-reform/2021-current-issues/2021-health-actions/>



#5: Inflation Reduction Act Increased Value of Tribal Sponsorship under Medicare Part D

The Inflation Reduction Act included several measures designed to improve access to prescription drugs under Medicare Part D. The law will:

- **Beginning in 2023**, cap out-of-pocket costs for insulin products at \$35 per month for Medicare Part D enrollees, including AI/AN enrollees
- **Beginning in 2024**, expand eligibility for full-premium subsidies under the Medicare Part D Low-Income Subsidy (LIS) program to enrollees, including AI/AN enrollees, with an income at or less than 150% FPL (currently 135% FPL)*; and
- **Beginning in 2025**, cap prescription drug costs at \$2,000 per year for Medicare Part D enrollees, including AI/AN enrollees, with the amount of the cap indexed annually in subsequent years**

* Currently, under the LIS program, Medicare Part D enrollees with an income between 135% and 150% FPL receive a partial premium subsidy, with the amount of the subsidy varying by income level

** Medicare Part D currently has no hard cap on out-of-pocket prescription drug costs; in 2022, Medicare Part D enrollees pay a \$480 deductible and 25% coinsurance until their total out-of-pocket prescription drug spending reaches \$7,050, after which they pay either 5% of their total drug costs or \$3.95/\$9.85 for each generic and preferred/other drug, respectively

#6: New Option to Provide (Tribal) Employer-Sponsored Coverage via Marketplace

- Since 2019, federal rules allow integration of employer-sponsored health reimbursement arrangements (HRAs) and individual health insurance coverage (e.g., Marketplace coverage)
- Characteristics of an HRA:
 - Type of account-based group health plan funded solely by employer contributions
 - Provides reimbursement for medical care expenses incurred by employees (or their spouse or dependents); “medical care expenses” includes health insurance premiums
 - Reimbursements excluded from employee income and wages for federal income tax and employment tax purposes
- Under the rule, employers (including Tribes) can make deposits into individual coverage HRAs in order to offer Marketplace coverage to employees (and, at employer option, their families)
- Tribal citizen employees (and their Tribal citizen family members) who participate in an individual coverage HRA (IC-HRA) and enroll in Marketplace coverage qualify for comprehensive, Indian-specific cost-sharing protections
- Individuals who participate in an individual coverage HRA and enroll in Marketplace coverage do not qualify for federal premium subsidies

For background on individual coverage HRAs, see the TSGAC issue brief “Update on Final Rule Regarding Health Reimbursement Arrangements (HRAs) and Other Account-Based Group Health Plans (CMS-9918-F/TD 9867)” at <https://www.tribalselfgov.org/wp-content/uploads/2020/05/TSGAC-Brief-Health-Reimbursement-Arrangements-2020-05-19c.pdf>

Potential Advantages of Offering an Individual Coverage HRA

- **Average health insurance premiums for the Marketplace coverage could be substantially lower** than the average premium costs the employer (and employee) currently pay—particularly given that enrolled Tribal members can enroll in the lower-cost bronze plans and not have out-of-pocket costs (as they are eligible for comprehensive cost-sharing protections)
 - For example, the annual premium for self-only coverage under the existing employer-sponsored health insurance offered by a Tribal employer in Washington state averaged **\$10,618** for the 2022 plan year
 - In contrast, the annual premium for a selected Marketplace bronze plan (Bronze Care on Demand 8500, offered by Regence BlueShield) for a 45-year-old in the same location totaled only **\$4,321** for the 2022 plan year (**a difference of \$6,297**)
- **Out-of-pocket (OOP) costs (deductibles and co-payments) are eliminated for Tribal citizens** (i.e., enrolled Tribal members)
 - And health care providers—including Tribal and IHS health care providers—receive full payment of covered charges without deduction for patient OOP costs

Potential Advantages of Offering an Individual Coverage HRA (cont.)

- Federal regulations require QHP issuers to offer contracts in good faith to all available IHCPs located in a plan service area
- And, a **Tribal clinic** that has chosen to bill Medicaid as a Tribal federally-qualified health center (Tribal FQHC), under an alternative payment methodology established by a state that provides for payment of the OMB encounter rate for clinic services, **would receive no less than the OMB encounter rate (unless the provider negotiated a different rate with a QHP issuer)**
 - See the TSGAC issue brief “Requirements for Payment and Other Protections to Indian Health Care Providers under Marketplace Health Plans” at <https://www.tribalsef.gov/health-reform/2021-current-issues/2021-health-actions/>

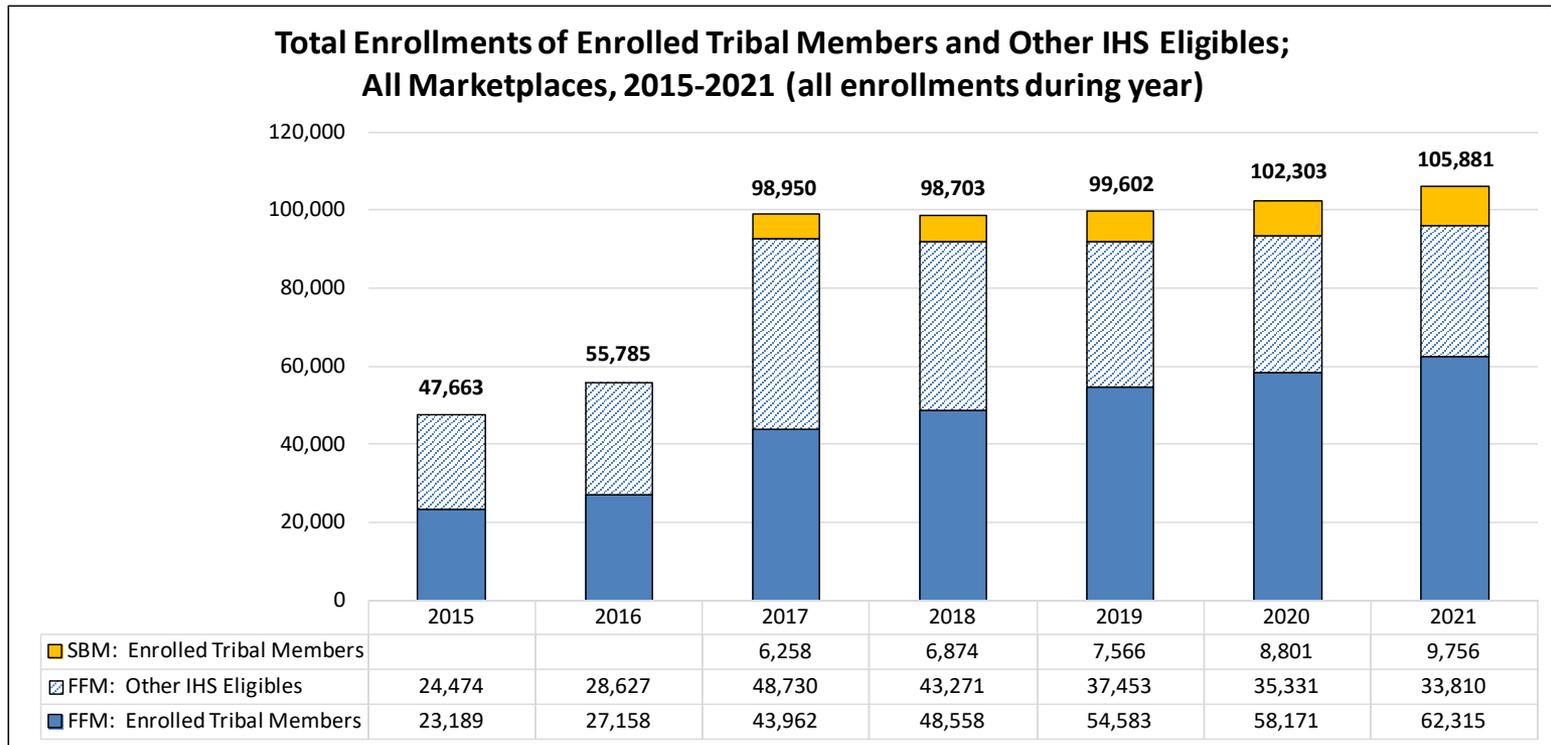


Reference Slides

Trends in Marketplace Enrollment of AI/ANs

All Enrollments over Year: All Marketplaces

- Through Tribal Sponsorship and individual initiative of Tribal members, enrollment of Tribal citizens and “other IHS-eligible” individuals in Marketplace coverage has continued to grow
- Total Marketplace enrollment of Tribal citizens and other IHS-eligible individuals at some point during the year *increased* by 3.5% in 2021 (versus 2020), according to CMS-reported data



Marketplace Enrollment of Tribal Citizens in Federally-Facilitated Marketplaces

- In the 38 states with Federally-Facilitated Marketplaces, overall enrollment of Tribal citizens in health insurance coverage through a Marketplace increased by 13.4% from 2020 to 2021

Enrolled Tribal Members ¹ with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2020 and 2021 ^{2,3} (Suppress Cells <=11)							
State	2020	2021	% Change	State	2020	2021	% Change
Alabama	531	586	10.4%	Nebraska	544	599	10.1%
Alaska	839	894	6.6%	New Hampshire	28	29	3.6%
Arizona	894	1,051	17.6%	New Jersey ⁴	56	--	--
Arkansas	637	792	24.3%	New Mexico	541	603	11.5%
Delaware	21	*	--	North Carolina	914	1,119	22.4%
Florida	1,199	1,400	16.8%	North Dakota	569	616	8.3%
Georgia	402	450	11.9%	Ohio	175	152	-13.1%
Hawaii	67	78	16.4%	Oklahoma	24,925	28,051	12.5%
Illinois	287	334	16.4%	Oregon	982	1,055	7.4%
Indiana	132	130	-1.5%	Pennsylvania ⁴	151	--	--
Iowa	106	102	-3.8%	South Carolina	251	274	9.2%
Kansas	863	1,086	25.8%	South Dakota	782	1,095	40.0%
Kentucky	64	78	21.9%	Tennessee	349	424	21.5%
Louisiana	201	218	8.5%	Texas	3,467	4,281	23.5%
Maine	145	154	6.2%	Utah	1,379	1,652	19.8%
Michigan	1,024	1,159	13.2%	Virginia	283	338	19.4%
Mississippi	79	92	16.5%	West Virginia	21	*	--
Missouri	825	1,002	21.5%	Wisconsin	1,074	1,049	-2.3%
Montana	1,191	1,190	-0.1%	Wyoming	241	321	33.2%
All FFM States:					46,239	52,454	13.4%

Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2020-2021 data

Notes:

¹ 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.

² Figures are for January 2021 and January 2022. Totals include values in suppressed cells.

³ The FFM includes State-Based Marketplaces on the Federal Platform and State-Partnership Marketplaces.

⁴ New Jersey and Pennsylvania operated a State-Based Marketplace in 2021.

Marketplace Enrollment of Tribal Citizens in State-Based Marketplaces

- In the 15 states operating their own Marketplaces (referred to as State-Based Marketplaces), overall enrollment of Tribal citizens in health insurance coverage through a Marketplace increased by 10.9% from 2020 to 2021

- Data in the table are only on Tribal citizens; data on enrollment of “other IHS-eligible” individuals in State-Based Marketplace coverage are not available

Enrolled Tribal Members ¹ with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2020-2021 ² (Suppress Cells <=11)								
State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2020	2021	% Change	2020	2021	% Change	2021 vs. 2020	% Change
California	3,880	4,153	7.0%	1,301	1,319	1.4%	291	5.6%
Colorado	467	431	-7.7%	142	166	16.9%	-12	-2.0%
Connecticut	89	94	5.6%	41	**	--	--	--
District of Columbia	**	**	--	**	**	--	--	--
Idaho	322	349	8.4%	108	122	13.0%	41	9.5%
Maryland	46	51	10.9%	**	**	--	--	--
Massachusetts	206	164	-20.4%	82	47	-42.7%	-77	-26.7%
Minnesota	207	194	-6.3%	146	150	2.7%	-9	-2.5%
Nevada	320	352	10.0%	79	72	-8.9%	25	6.3%
New Jersey	--	189	--	--	71	--	--	--
New York	178	125	-29.8%	76	71	-6.6%	-58	-22.8%
Pennsylvania	--	221	--	--	49	--	--	--
Rhode Island	37	39	5.4%	**	**	--	--	--
Vermont	**	**	--	**	**	--	--	--
Washington	774	949	22.6%	300	378	26.0%	253	23.6%
Totals	6,526	7,311	12.0%	2,275	2,445	7.5%	955	10.9%

Source:

CMS, "Average Effectuated Enrollment (as of October 2020)"; CMS, "Average Effectuated Enrollment (as of December 2021)"

Notes:

¹ 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.

² Figures are for October 2020 and December 2021.

Net Premium Costs of Marketplace Coverage

(with ARP-expanded federal subsidies; bronze level coverage)

Net Annual Household Marketplace Premium Contribution for Selected Bronze Plan: Example of Sacramento, CA, and Surrounding Region; 2022 (Under American Resue Plan Act) ¹						
Household (HH) size:		1-person HH	2-person HH	2-person HH	3-person HH	4-person HH
Number enrolled:		1 enrollee	2 enrollees	1 enrollee	3 enrollees ²	4 enrollees ²
FPL		Total Net Household Annual Premiums, with Premium Tax Credits				
Medicaid	0%-138%	\$0	\$0	\$0	\$0	\$0
Premium tax credit (PTC) eligible	139%	\$0	\$0	\$0	\$0	\$0
	150%	\$0	\$0	\$0	\$0	\$0
	175%	\$0	\$0	\$0	\$0	\$0
	200%	\$0	\$0	\$0	\$0	\$0
	225%	\$168	\$0	\$474	\$79	\$385
	250%	\$586	\$338	\$1,040	\$792	\$1,246
	300%	\$1,617	\$1,732	\$2,434	\$2,092	\$2,452
	350%	\$2,567	\$3,017	\$3,719	\$3,712	\$4,406
	400%	\$3,677	\$4,519	\$5,221	\$5,606	\$6,692
	500%	\$4,772	\$6,000	\$5,349	\$7,472	\$8,944
	600%	\$5,349	\$7,481	\$5,349	\$9,339	\$11,197
700%	\$5,349	\$8,961	\$5,349	\$11,663	\$14,364	
800%	\$5,349	\$10,442	\$5,349	\$13,529	\$16,616	
No PTCs	Non-PTC eligible	\$5,349	\$10,698	\$5,349	\$14,184	\$17,670

¹ Bronze 60 HDHP EPO (Anthem BlueCross) is the selected bronze plan. Premiums in 1- and 2-person HH are for 40-year-old enrollees. Premiums in 3-person HH are for two 40-year-old enrollees and one 15-year-old enrollee. Premiums in 4-person HH are for two 40-year-old enrollees and two 15-year-old enrollees.

² In 3- and 4-person HH, 15-year-olds are assumed to enroll in Medicaid/CHIP, rather than the Marketplace, if HH income is at or less than 266% FPL.



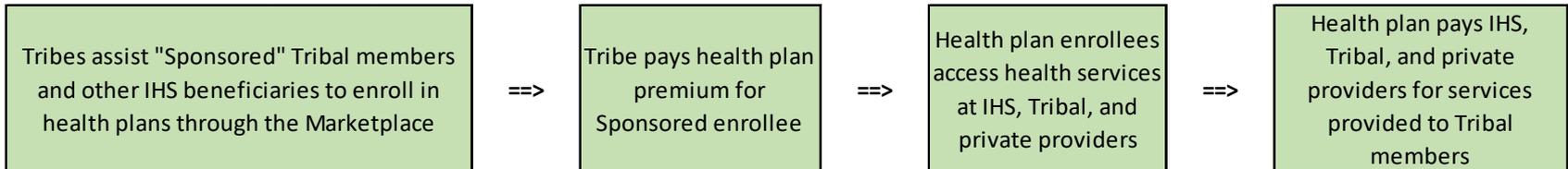
Mechanics of Tribal Sponsorship with Marketplace Coverage

- Tribal Sponsorship through a Marketplace follows a similar process as Medicaid enrollment, with primary additional step being payment of a portion of health plan premium

Medicaid Enrollment

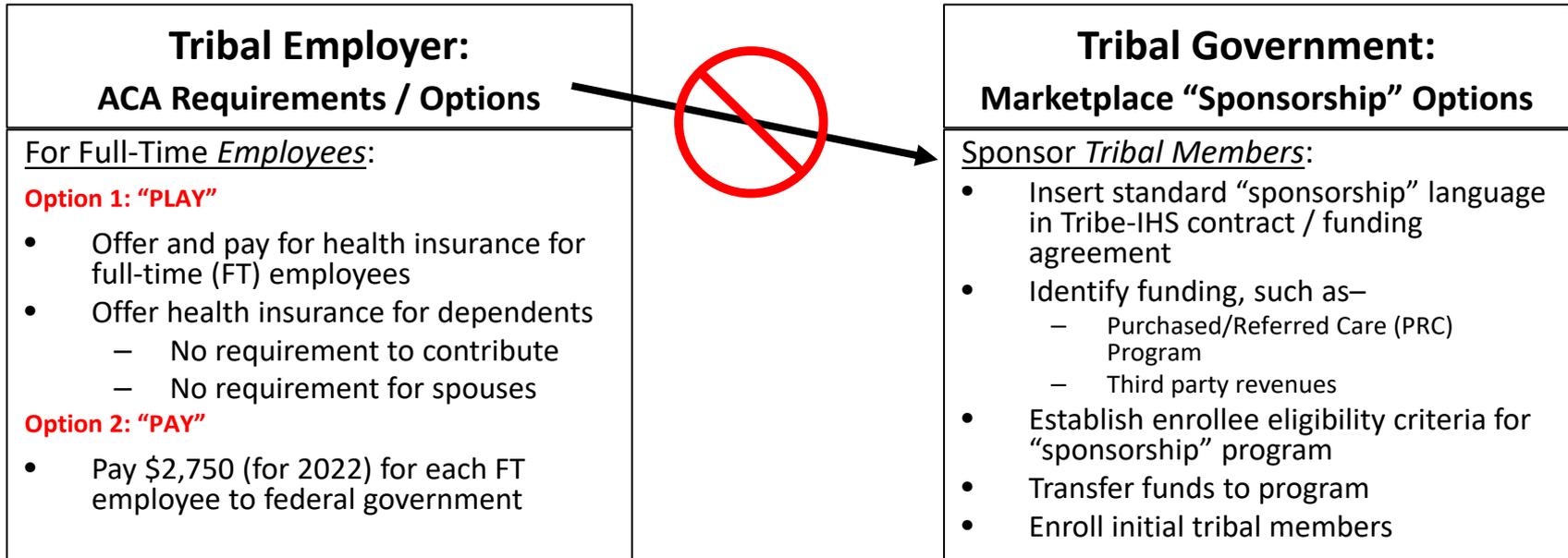


Tribal Sponsorship through Marketplace



- There are a series of operational issues that make Tribal Sponsorship more complex than Medicaid enrollment
- Tribes and THOs are able to establish their own eligibility criteria for a Tribal Sponsorship program, within parameters of funding sources

Modification to Prohibition on Employers Paying for Employee Coverage in (Individual) Marketplace



- Prior to new federal regulation implemented in late 2019, there was a clear demarcation between employer-sponsored coverage and the (individual market) Marketplace
- **Except under new HRA rules**, Tribal employers and other employers are not permitted to meet their requirements as employers by paying for premiums of employees—as employees—enrolled in coverage through a Marketplace (potential section 4980D violation)
 - Potential fine of \$100 per day per employee if employer sponsoring Marketplace enrollees



Highlights of Tribal Sponsorship: Marketplace

ENROLLMENT IN MARKETPLACE COVERAGE

- Enrollment of Tribal citizens in health insurance coverage through a Marketplace continues to increase
 - Significant premium subsidies through Marketplace coverage are available to eligible individuals
 - Many enrollees experience \$0 premiums, particularly when enrolling in bronze-level coverage
 - **All** Tribal citizens who enroll in Marketplace coverage continue to be eligible for one of the two comprehensive Indian-specific cost-sharing protections
- Tribes (in their role as a Tribal government) continue to be authorized to purchase Marketplace coverage for IHS-eligible individuals under Tribal Sponsorship programs
 - Authority applies to Title I (Direct Service) and Title V (Self-Governance) Tribes
- Tribes (in their role as a Tribal employer) can now access *individual market* Marketplace coverage for employees through newly authorized employer options
 - Comprehensive Indian-specific cost-sharing protections through a Marketplace are available to Tribal member employees through a newly defined type of employer-sponsored coverage



Highlights of Tribal Sponsorship: Marketplace (cont.)

SIGNIFICANT BENEFITS FROM HEALTH INSURANCE PREMIUM AND COST-SHARING SUBSIDIES

- Increased third-party revenues to IHS and Tribal health facilities, as I/T providers are paid for services to previously uninsured individuals
- Savings to PRC program, as previously PRC-funded health services for uninsured IHS beneficiaries are funded by health plan
- And, under the American Rescue Plan Act, for 2021 and 2022, premium subsidies for Marketplace coverage were increased and the 400% FPL cap on household income for PTC eligibility was eliminated

MAXIMIZING OTHER BENEFITS UNDER MARKETPLACE COVERAGE

- Tribal clinics are entitled to (1) be offered a contract by all health plans; and (2) if billing as a Tribal FQHC under Medicaid, receive OMB encounter rates from Marketplace plans
- When serving Tribal citizens under Marketplace coverage, Tribal providers receive full payment, without deduction for patient deductibles and copayments

