



# Health Care Reform in Indian Country

Self-Governance Communication & Education

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

## AFFORDABLE CARE ACT (ACA) / INDIAN HEALTH CARE IMPROVEMENT ACT (IHCA) Webinar Series

*- Tribal Sponsorship under Medicare-*

**November 30, 2017**

**1:00 - 2:30 pm ET**

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# Tribal Sponsorship under Medicare

## -- Presentation Outline --

- Review of Tribal Sponsorship Resources and Authorities
- Tribal Sponsorship Options under Medicare
  - Medicare Part A: hospital services
  - Medicare Part B: outpatient services
  - Medicare Part D: prescription drugs
  - Medicare Part C: Medicare Advantage plans (Part A, Part B and option of Part D)
- TSGAC Survey Findings: Survey of Title V (Self-Governance) and Title I (Direct Service) Tribes engaged in or evaluating Tribal Sponsorship
  - Medicare: Part B and Part D



# Tribal Sponsorship Tool Kit and Resources

- Tribal Sponsorship Tool Kit on Tribal Self-Governance Advisory Committee (TSGAC) website
  - <http://www.tribalselfgov.org/health-reform/tribal-sponsorship/>
- Prior TSGAC Webinars on Sponsorship
  - <http://www.tribalselfgov.org/health-reform/webinars/>
- TSGAC Briefs
  - Applicable Percentages
  - Tribal Sponsorship of Medicare Beneficiaries
  - <http://www.tribalselfgov.org/health-reform/2017-health-actions/>
- NIHB Conference Presentations (2017-09-27)
  - Southcentral Foundation, Anchorage, Alaska
  - Chickasaw Nation, Oklahoma



# Additional Resources for Tribal Sponsorship under Medicare

- CMS offers numerous on-line resources for Medicare program enrollees.
  - <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-11-17.html>
- Medicare Rights Center is another source of helpful information.
  - <https://www.medicarerights.org/PartB-Enrollment-Toolkit/Part-1-QA-General.pdf>
- For more information on Medicare Part B costs, see <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>.
- For more information on Part D costs, see <https://www.medicare.gov/part-d/costs/part-d-costs.html>.

## DEFINITIONS:

- Tribes can initiate programs to pay premiums on behalf of Tribal members (“Sponsorship”), as provided for under Section 402 of the Indian Health Care Improvement Act.
- The term “Tribal member” is used in this presentation to include any IHS beneficiary that a Tribe decides to sponsor, whether an enrolled member (or affiliated IHS beneficiary) of the sponsoring Tribe.



# Greater Flexibility for Use of IHS Appropriated Funds Under Reauthorized IHCA

- Reauthorized IHCA allows for expenditure of congressionally-appropriated funds and third party revenues from Medicaid, CHIP, and Medicare to purchase health insurance coverage for IHS beneficiaries, referred to as Tribal “Sponsorship”
- On [TribalSelfGov.org](http://TribalSelfGov.org), a TSGAC memo is available on authorities to purchase health insurance for IHS beneficiaries, titled “Tribal Sponsorship through a Marketplace”, with the information applicable to Tribal Sponsorship through Medicare.



## Health Care Reform in Indian Country

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### Tribal Sponsorship through a Marketplace<sup>1</sup>

January 12, 2015

This brief seeks to provide guidance to Tribes that might use federally-appropriated funding or third party revenues to purchase health insurance for Tribal members<sup>2</sup> enrolled through a Marketplace.

Indian Tribes, Tribal organizations, and urban Indian organizations (T/TO/Us) can pay for health insurance coverage on behalf of their Tribal members enrolled through a Marketplace (“Tribal sponsorship”).



# Tribal Sponsorship under Medicare

- Premiums for Medicare Part B and D cover approximately 25% of program costs, with the federal government contributing the remaining funding.
  - As a result, the value of the services paid for under Medicare Part B and D typically far exceeds the amount of the premium payment, whether an enrollee has higher-than-average or average health care expenditures.

Table 1. Summary of Medicare Benefits			
Medicare Part	Covered Services	Premium	Cost-Sharing
Part A	Inpatient hospital care	No	Inpatient deductible (\$1,316 in 2017)
Part B	Physician services, outpatient care and certain other services	Yes (\$134 in 2017, with higher premiums for higher-income beneficiaries)	Annual deductible (\$183 in 2017) and coinsurance (20% for most services)
Part C	Medicare Parts A and B (and sometimes Part D) through private health plans	Yes, if any	Deductible, copayments, and/or coinsurance (might apply for certain services)
Part D	Outpatient prescription drugs	Yes (varies by plan)	Copayments and/or coinsurance

- The option is available to Tribes to sponsor Medicare beneficiaries for “Medicare Supplemental” (Medigap) coverage which covers the out-of-pocket costs (e.g., deductibles and co-payments) charged beneficiaries under Medicare Parts A and B, but no external (federal) assistance is available to subsidize the cost of this coverage.



# Non-Sponsorship Assistance for Medicare Services, Premiums and Co-Payments

- If a Tribal member has employer-sponsored insurance, it might not be beneficial to Sponsor a Tribal member under Part B or Part D
  - Whether you need Medicare Part A and Part B depends on whether Medicare will be your primary or secondary insurer. If your current employer insurance is primary, you do not need either Part A or Part B. However, most people choose to take Part A because it is free for them. If your Medicare is primary because, for example, you have retiree insurance or COBRA coverage you need both Part A and Part B.
- If a Tribal member is eligible for federal/state low-income assistance programs, “Sponsoring” a Tribal member might solely require assisting a Tribal member to enroll in federal assistance programs.
  - Part A and B: Medicare Savings Programs (MSPs)
  - Part D: Low-Income Subsidy (LIS) Program, or “Extra Help”
  - In addition to income eligibility criteria, it is important to note that there are asset limitations for enrollees under the MSP and LIS programs.



## Non-Sponsorship Assistance: Low-income Assistance Programs

- Part A and Part B federal / state assistance for low-income persons: MSPs.

Table 2. Medicare Savings Program Income Eligibility and Asset Requirements for 2017					
Medicare Savings Program	Helps Pay for:	Annual Income Limits		Asset Limits	
		Individual	Couple	Individual	Couple
Qualified Medicare Beneficiary (QMB)	Part A premiums Part B premiums Part A and B out-of-pocket costs	\$12,300	\$16,488	\$7,390	\$11,090
Specified Low-Income Medicare Beneficiary (SLMB)	Part B premiums only	\$14,712	\$19,728	\$7,390	\$11,090
Qualifying Individual (QI)	Part B premiums only	\$16,524	\$22,164	\$7,390	\$11,090
Qualified Disabled Working Individual (QDWI) <sup>1</sup>	Part A premiums only	\$48,260	\$65,988	\$4,000	\$6,000

<sup>1</sup> Figures include certain earned income disregards.

- Part D federal / state assistance for low-income persons: Low-Income Subsidy Program.

Table 4. LIS Program Income Eligibility and Asset Requirements for 2017: Part D Coverage			
Annual Income Limits		Asset Limits	
Individual	Couple	Individual	Couple
\$18,090	\$24,360	\$13,820	\$27,600





# Tribal Sponsorship under Medicare

## -- Part A --

- Individuals 65 or older are automatically enrolled in Medicare Part A, if eligible.
  - A key eligibility criteria is whether an individual has 40 quarters (10 years) of paying into Social Security and Medicare.
  - No premiums are required for Part A coverage if having paid into Medicare for at least 40 quarters.
- Enrollees age 65 and over who have fewer than 40 quarters of coverage and certain persons with disabilities can pay a monthly premium in order to voluntarily enroll in Medicare Part A.
  - Individuals who had at least 30 quarters of coverage or were married to someone with at least 30 quarters of coverage may buy into Part A at a reduced monthly premium rate, which will be \$232 in 2018.
  - Uninsured aged and certain individuals with disabilities who have less than 30 quarters of coverage pay the full premium, which will be \$422 a month in 2018.
- If a Tribal member is 65 years old or older and not enrolled in Medicare Part A, the Affordable Care Act's Health Insurance Marketplace enrollment is an option.
  - These individuals could be eligible for premium tax credits as well as comprehensive Indian-specific cost-sharing protections.
- **Sponsorship under Medicare Part A or the Marketplace for persons 65 and old an option for those who are not automatically enrolled in Part A.**



# Tribal Sponsorship under Medicare

## -- Part B --

- Medicare Part B covers a range of health care services for enrollees, including:
  - Physician services;
  - Outpatient care;
  - Preventive services, such as screenings for diabetes, cancer, and cardiovascular disease;
  - Some home health services;
  - Some diabetes supplies;
  - Clinical laboratory and diagnostic tests;
  - Durable medical equipment; and
  - Ambulance services.
- With Part B coverage, a majority of the costs of services are paid for by Medicare, but enrollees are subject to an annual deductible and co-insurance.
- Under federal regulations, employers, unions, and other organizations, including Tribes, can reimburse Medicare Part B premiums to one or more enrollees.
  - Some Tribes have implemented Part B Tribal Sponsorship programs.



## Tribal Sponsorship under Medicare Part B: Initial and Annual Enrollment

- Most individuals will get automatically enrolled in Medicare Part B (and Part A) at the time they reach age 65 and become eligible for Medicare, but others (*e.g.*, individuals who have not begun to receive Social Security benefits because they remain employed) will not get automatically enrolled.
  - For individuals not automatically enrolled, enrollment in Part B can begin during the 7-month period that (1) starts 3 months before the month they turn 65, (2) includes the month they turn 65, and (3) ends 3 months after the month they turn 65.
- Outside of the initial enrollment period, the annual enrollment period for Part B runs from January 1 to March 31, with coverage beginning July 1.
- Before someone turning 65 makes a decision to opt out of Part B, it is recommended that they talk to the Social Security Administration to understand the implications.
  - Someone living in an area with access to IHS, a Tribal health program, or an Urban Indian health program (I/T/U), might want to understand their Medicare options in case they were to relocate to a non-I/T/U served area.
  - If an individual does have another form of health insurance, they can contact the plan's benefits administrator as well as Social Security to find out how that plan works with Medicare.



## Tribal Sponsorship under Medicare Part B: Special Enrollment Periods

- Outside of the initial and annual open enrollment periods, some individuals might qualify for a Special Enrollment Period (SEP).
  - **There are no Part B SEPs that are available solely to AI/ANs.**
- The following individuals qualify for a SEP under Part B:
  - Individuals enrolled in group health insurance based on *current employment* (excludes COBRA and retiree coverage), as long as they continue (or their spouse continues) working, can enroll in Part B at any time;
  - Individuals whose current employment or enrollment in group health insurance based on *current employment ends* (excluding COBRA and retiree coverage), can enroll over the 8 month period that begins with the month after the event; and
  - In some cases, individuals serving as volunteers abroad can enroll under a SEP.



## Tribal Sponsorship under Medicare Part B: Late Enrollment Penalties

- In most cases, Part B-eligible individuals pay a monthly Part B late enrollment penalty for as long as they participate in Part B, if they do not sign up for Part B when they first become eligible for Medicare.
  - An exception to this is provided to individuals who continue to work past age 65 for firms with more than 20 employees and receive health insurance through their employer. They can delay enrolling in Part B until they retire or lose coverage, after which time they have an 8-month window for enrolling (without penalties).
- **Individuals eligible for I/T/U services are not exempt from Part B late enrollment penalties.**
- An important exception to the late enrollment policy is that individuals who receive premium assistance through a Medicare Savings Program (MSP) do not pay the late enrollment penalty.
  - The MSPs include the QMB Program, SLMB Program, QI Program, and Qualified Disabled and Working Individuals (QDWI) Program.
- Again, there is not an Indian-specific provision exempting AI/ANs from late enrollment fees, but Medicare Savings Program enrollees are exempt from the penalties.



## Tribal Sponsorship under Medicare Part B: Premiums and Late Enrollment Penalties

- Part B enrollment requires payment of a premium, although lower-income enrollees might be eligible for premium assistance through a Medicare Savings Program (MSP).
- Higher income Part B enrollees pay a higher Part B premium.

Table 3. Medicare Part B Premiums and Late Enrollment Penalties, by Beneficiary Income and Tax Filing Status						
Beneficiary Annual Income and Tax Filing Status (2015)			Monthly Premium (2017) <sup>3</sup>	Monthly Premium with Late Enrollment Penalty		
Filing Individually <sup>1</sup>	Married, Filing Jointly <sup>2</sup>	Married, Filing Separately		After 12 Months	After 24 Months	After 36 Months
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$134.00	\$147.40	\$160.80	\$174.20
\$85,001-\$107,000	\$170,001-\$214,000	--	\$187.50	\$206.25	\$225.00	\$243.75
\$107,001-\$160,000	\$214,001-\$320,000	--	\$267.90	\$294.69	\$321.48	\$348.27
\$160,001-\$214,000	\$320,001-\$428,000	\$85,001-\$129,000	\$348.30	\$383.13	\$417.96	\$452.79
\$214,001 or more	\$428,000 or more	\$129,000 or more	\$428.60	\$471.46	\$514.32	\$557.18

<sup>1</sup> Individuals with annual income less than \$16,524 might qualify for a Medicare Savings Program that helps pay Part B premiums (in 2017).

<sup>2</sup> Couples with annual income less than \$22,164 might qualify for a Medicare Savings Program that helps pay Part B premiums (in 2017).

<sup>3</sup> For those not eligible for premium-free Part A (e.g., an individual paid Medicare taxes for less than 30 quarters), the full Part A premium is \$413 per month in 2017. If paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$227.

- Part B late enrollment penalty is a 10% increase of the base Part B premium for each full 12-month period that individuals could have enrolled, but did not enroll, in Part B.



# Tribal Sponsorship under Medicare Part B: Mechanism for Payment of Premiums

## Part B premiums –

- Most individuals pay their Medicare Part B premium via a direct deduction from their monthly Social Security checks.
  - Some individuals send in a monthly check to the local Social Security office.
- **If a Tribe seeks to pay Medicare Part B premiums on behalf of eligible Tribal members, the Tribe would do so by reimbursing the Part B enrollees by the amount of their Social Security deductions / premium payments.**
  - Sponsors are not permitted to pay Part B premiums directly to the federal government (on behalf of an individual or group of individuals).
  - The Tribe, as part of such a Sponsorship program, could ask sponsored Tribal members to provide documentation that these deductions have occurred and then reimburse the Tribal member on a monthly basis or through a single annual payment.
- Medicare uses the “modified adjusted gross income” (MAGI) calculation reported on an IRS tax return from 2 years ago (the most recent tax return information provided to the Social Security by the IRS) to determine if someone is subject to a higher Part B premium.



# **Tribal Sponsorship under Medicare Part B: Mechanism for Payment of Late Enrollment Penalties**

## **For those subject to a Part B penalty –**

- Separate from the base Part B premium, Tribes have the option of paying the late enrollment penalty on behalf of Tribal members directly to the Centers for Medicare and Medicaid Services (CMS).
- Under this option, a Tribe would submit to CMS an Excel spreadsheet with data on Sponsored Tribal members and establish a Pay.gov account to facilitate payment of the late enrollment penalty on their behalf.
  - Once the Social Security Administration (SSA) has processed the data, Sponsored Tribal members will have only their base part B premium deducted from their monthly Social Security checks.





# Tribal Sponsorship under Medicare

## -- Part D --

- Medicare Part D, the newest part of the Medicare program, covers outpatient prescription drugs through private prescription drug plans.
- Part D enrollment requires payment of a plan premium, although lower-income enrollees might qualify for the Low-Income Subsidy (LIS) program (also called “Extra Help”), which provides assistance with paying for Part D premiums, deductibles, and coinsurance.
  - Medicare beneficiaries can apply for the LIS program with their state Medicaid agency or Social Security Administration (SSA) office.
  - For more information on the LIS program, see <https://www.medicare.gov/your-medicare-costs/help-paying-costs/save-on-drug-costs/save-on-drug-costs.html>.
- For someone to have Part D prescription drug coverage, he or she must actively enroll in Part D and pay any premium owed.
  - This is true whether someone was automatically enrolled in Medicare Part A or Part B, or if the individual enrolled on their own initiative.
- To be eligible for Part D enrollment, Part B enrollment is not required as long as an individual is enrolled in Part A.

<https://www.medicareinteractive.org/get-answers/introduction-to-medicare/medicare-eligibility/am-i-eligible-for-the-medicare-drug-bene>



# Tribal Sponsorship under Medicare Part D: Benefits

- Medicare Part D plans must (1) offer either the defined standard benefit or (2) an alternative equal in value (“actuarially equivalent”) and also can provide enhanced benefits.
  - However, Part D plans vary on their specific benefit design, cost-sharing amounts, utilization management tools (i.e., prior authorization, quantity limits, and step therapy), formularies (i.e., covered medications), and provider networks. For more information on Medicare Part D benefit parameters, see <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>.

Table 6. Medicare Part D Standard Benefit for 2017		
Initial coverage period	Deductible	\$400
	Percentage of cost covered by enrollee	25%
	Initial coverage period coverage limit	\$3,700
	Out-of-pocket (OOP) spending threshold before coverage gap begins	\$4,950
Coverage gap	Percentage of cost covered by enrollee	40% for brand-name drugs; 51% for generic drugs
	Estimated OOP spending threshold before catastrophic coverage begins	\$8,071.16
Catastrophic coverage	Percentage of cost covered by enrollee	5%
	Minimum cost covered by enrollee	\$3.30 for generic/preferred drugs; \$8.25 for other drugs



## Tribal Sponsorship under Medicare Part D: Cost-Sharing and the “Donut Hole”

- To some extent, the Part D program is still being phased-in, as the gap in coverage referred to as the “donut hole” is to be closed completely by 2020.

<b>Table 7. Medicare Part D Plan: Medicare and Enrollee Spending Shares for 2017</b>				
	<b>Spending Range</b>	<b>Plan/Medicare Covers</b>	<b>Enrollee Pays</b>	<b>Total</b>
Initial coverage period	First \$400	\$0	\$400	\$400
	\$401-\$3,700	\$2,475	\$825	\$3,300
Coverage gap	\$3,701-\$8,071	\$646	\$3,725	\$4,371
Catastrophic coverage	\$8,072+	95% of costs	5% of costs <sup>2</sup>	--

<sup>1</sup> Kaiser Family Foundation, Figure 5. (<http://www.kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/>)

<sup>2</sup> Or \$3.30/\$8.25 for generic/brand-name drugs, respectively.

- For purposes of coverage gap spending, direct spending by enrollees and drug costs incurred by Indian health programs on behalf of an enrollee count toward meeting the spending threshold.



# Tribal Sponsorship under Medicare Part D: Enrollment and Late Enrollment

## Initial Enrollment and Annual Open Enrollment

- In general, individuals can begin to enroll in Medicare Part D during the 7-month period that (1) begins 3 months before the month they turn 65, (2) includes the month they turn 65, and (3) ends 3 months after the month they turn 65.
- Outside of this initial enrollment period, most individuals can enroll in Part D only during the annual open enrollment period that runs from October 15 through December 7, with coverage beginning January 1.

## Late Enrollment

- If individuals go without some form of “creditable” Part D coverage for any continuous period of 63 days or more after their initial enrollment period ends, they might have a late enrollment penalty added to their Part D premium.
- Because eligibility for IHS qualifies as creditable Part D coverage, **IHS-eligible individuals do not have to pay the late enrollment penalty.**
- AI/ANs enrolling in Medicare Part D plans outside of the initial enrollment period might need to show the plan proof of creditable Part D coverage (IHS eligibility) to avoid the late enrollment penalty.



## Tribal Sponsorship under Medicare Part D: Special Enrollment Periods

- Some individuals might qualify for an SEP that allows enrollment in Medicare Part D outside of the annual open enrollment period.
- **No SEP is available solely for AI/ANs.**
- Individuals eligible for Medicare and Medicaid (dual eligibles) can enroll in, switch, or drop Part D plans at any time.
- Individuals who qualify for the LIS program also can enroll in, switch, or drop Part D plans at any time.
- The following individuals qualify for a SEP under Part D:
  - Individuals who move to a new address, with limitations;
  - Individuals who move into, live in, or move out of an institution, with limitations;
  - Individuals released from jail;
  - Individuals who lose Medicaid eligibility, leave health insurance through an employer or union (includes COBRA coverage), **involuntarily lose creditable Part D coverage**, leave a Medicare Cost Plan, or leave coverage through a PACE plan, with limitations.
- A list of additional circumstances that can trigger special enrollment periods for Medicare Part D is available at <https://www.medicare.gov/sign-up-change-plan/when-can-i-join-a-health-or-drug-plan/special-circumstances/join-plan-special-circumstances.html>.



# Tribal Sponsorship under Medicare Part D: Premiums

- Part D plan enrollees pay their selected Part D plan premium (which vary by private Part D plan offered) via direct payment to the private Part D plan.

Table 5. Medicare Part D Premiums and Late Enrollment Penalties, by Beneficiary Status, Income, and Tax Filing Status							
Beneficiary Annual Income and Tax Filing Status (2015) <sup>2</sup>				Monthly Premium (2017) <sup>1,2</sup>	Late Enrollment Penalty <sup>3,4</sup>		
Beneficiary Status	Filing Individually <sup>1</sup>	Married, Filing Jointly	Married, Filing Separately		After 12 Months	After 24 Months	After 36 Months
IHS-eligible individuals	\$85,000 or less	\$170,000 or less	\$85,000 or less	\$35.63	No penalty	No penalty	No penalty
	\$85,001-\$107,000	\$170,001-\$214,000	--	\$48.98	No penalty	No penalty	No penalty
	\$107,001-\$160,000	\$214,001-\$320,000	--	\$69.83	No penalty	No penalty	No penalty
	\$160,001-\$214,000	\$320,001-\$428,000	\$85,001-\$129,000	\$90.83	No penalty	No penalty	No penalty
	\$214,001 or more	\$428,000 or more	\$129,000 or more	\$111.83	No penalty	No penalty	No penalty
Individuals without Part D or creditable prescription drug coverage	\$85,000 or less	\$170,000 or less	\$85,000 or less	\$35.63	\$4.30	\$8.60	\$12.80
	\$85,001-\$107,000	\$170,001-\$214,000	--	\$48.98	\$4.30	\$8.60	\$12.80
	\$107,001-\$160,000	\$214,001-\$320,000	--	\$69.83	\$4.30	\$8.60	\$12.80
	\$160,001-\$214,000	\$320,001-\$428,000	\$85,001-\$129,000	\$90.83	\$4.30	\$8.60	\$12.80
	\$214,001 or more	\$428,000 or more	\$129,000 or more	\$111.83	\$4.30	\$8.60	\$12.80

<sup>1</sup> "National base beneficiary premium" (\$35.63 in 2017) is used as the basis for the premium amounts listed in the table; actual Part D premiums vary by prescription drug plan.

<sup>2</sup> Individuals with annual income less than \$18,090 and couples with annual income less than \$24,360 might qualify for the LIS program, which helps pay Part D premiums (in 2017).

<sup>3</sup> Late enrollment penalty equals 1% of the national base beneficiary premium times the number of full months without Part D (or creditable) coverage.

<sup>4</sup> Table assumes no increase in the national base beneficiary premium from year to year; the national base beneficiary premium might increase from year to year, and as such, the actual penalty might increase from year to year.



## Tribal Sponsorship under Medicare Part D: Premiums for Higher Income Enrollees

- If an enrollee's modified adjusted gross income (MAGI) is above a certain amount, an additional Part D premium will be owed (referred to as an income related monthly adjustment amount, or Part D IRMAA).
  - This extra premium amount due, if any, for higher income enrollees is paid directly to Medicare, not to the Part D plan.
- Social Security will contact Part D enrollees if an extra Part D IRMAA is owed, based on the enrollee's income.
  - Medicare uses the MAGI reported on your IRS tax return from 2 years ago (the most recent tax return information provided to the Social Security by the IRS) to determine income level.
  - The amount of the IRMAA can change each year. If Social Security notifies an enrollee about paying a higher amount for Part D coverage, the enrollee is required to pay the Part D IRMAA.
  - If the extra amount is not paid, the Part D enrollee will lose Part D coverage.



## Tribal Sponsorship under Medicare Part D: Premium Payment Mechanism

- Medicare Part D law and regulations do not specifically address Tribal Sponsorship of premiums.
  - However, Tribes are permitted to sponsor Part D enrollees, and some Tribes have implemented Part D Sponsorship programs by paying the Part D premiums on behalf of Tribal members.
- Tribes seeking to pay Medicare Part D premiums on behalf of Tribal members could do so by working directly with one or more Part D plans to establish an acceptable payment process.
  - Typically, under Tribal Sponsorship, a list of all Sponsored individuals is shared by the Tribal Sponsor with the selected Part D plan(s); the Part D plan indicates the enrollee-specific and aggregate premium amounts due; and the Tribal Sponsor submits an aggregate payment of the monthly amounts due.
  - Some Part D plans refuse to prepare an aggregate premium invoice and refuse to accept an aggregate payment of the premiums from a Tribal Sponsor.
- And again, extra Part D IRMAA premiums due, if any, are paid directly to Medicare and not the private Part D plan.





# Tribal Sponsorship under Medicare

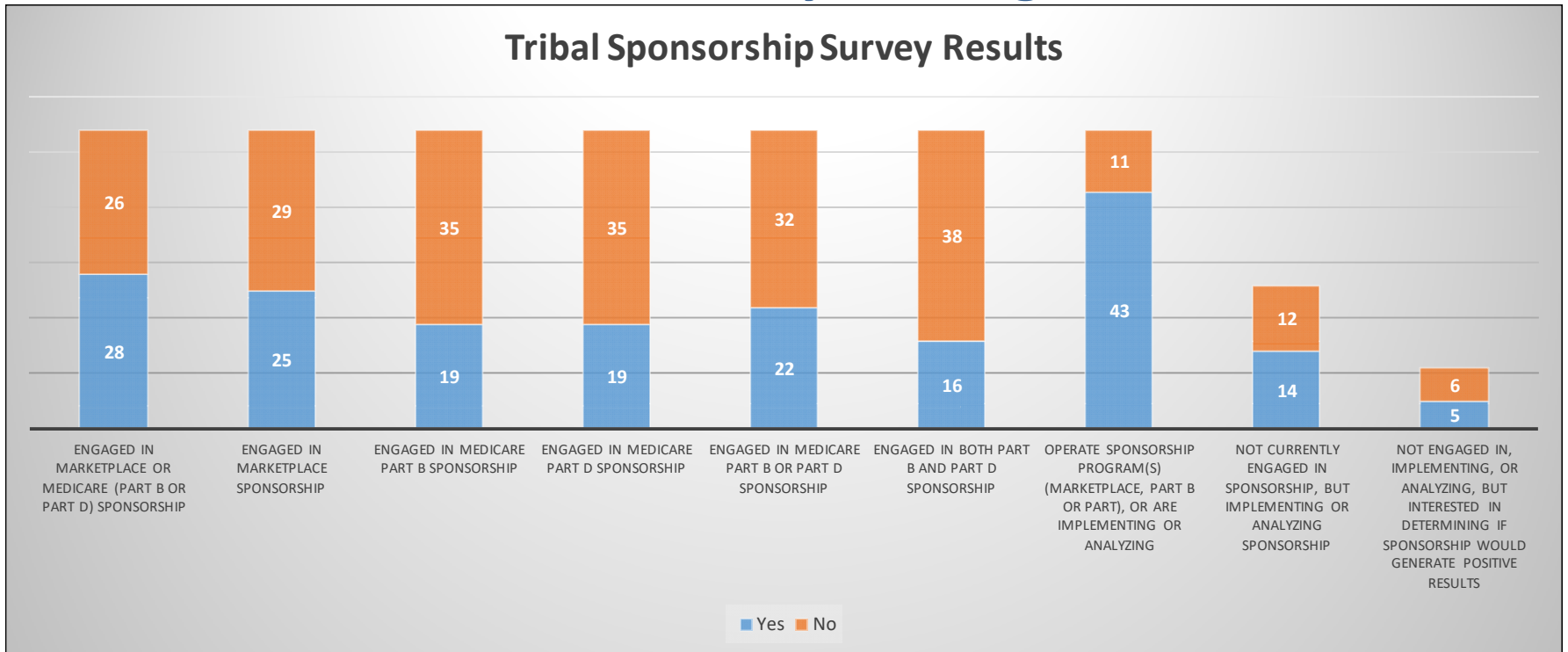
## -- Part C --

- As another option, Medicare beneficiaries can obtain prescription drug coverage and potentially lower out-of-pocket costs by enrolling in a Part C (Medicare Advantage) plan.
  - Under Part C, Medicare beneficiaries enroll in private plans that provide both Part A and Part B coverage and, in many cases, Part D coverage. Not all Medicare Advantage plans offer Part D coverage.
  - Medicare beneficiaries who enroll in Part C plans must pay the Part B premium (to SSA) and, in many cases, an additional Part C/D plan premium (to Part C plan).
- As compared to traditional Medicare Part A and Part B coverage, a Medicare Advantage plan might offer reduced out-of-pocket costs. But as a trade-off to potentially lower out-of-pocket costs, patients are typically required to receive services from a more restricted list of health care providers than is available under fee-for-service Medicare.
- Whether Indian health care providers are included in the provider network of a Part C plan (or a Part D plan) and what the payment rates are two important considerations.



# TSGAC Survey Findings

## Tribal Sponsorship Survey Results

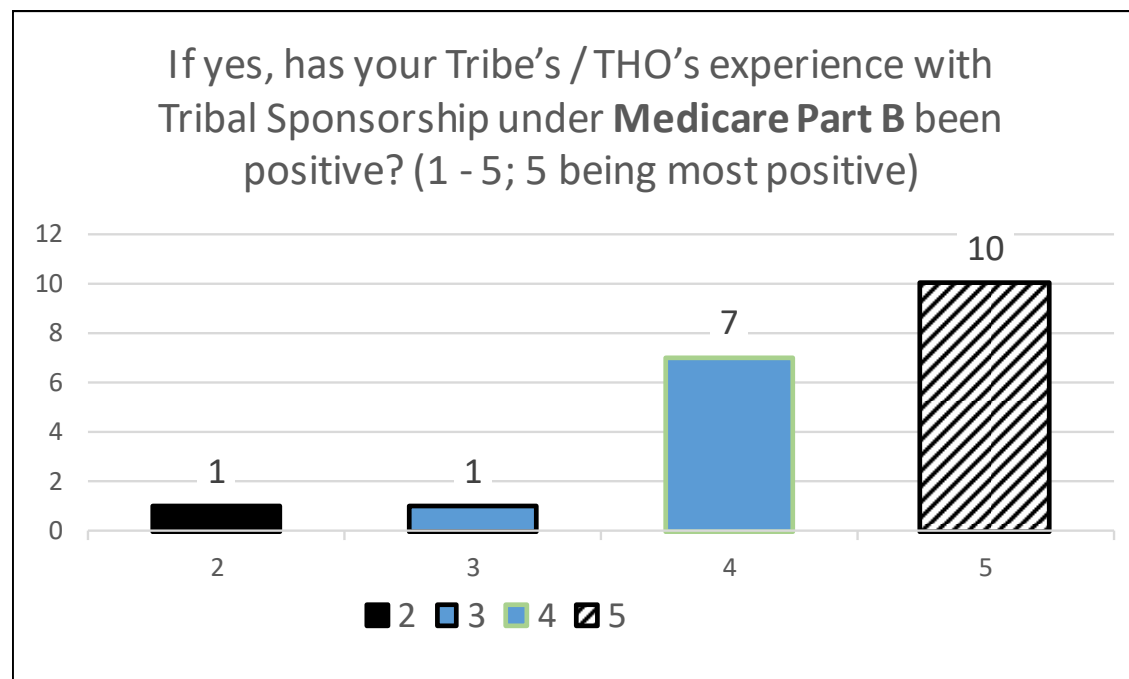


- Of the 54 respondents, 28 are currently engaged in Sponsorship and 26 are not
  - 25 are engaged in Marketplace Sponsorship
    - 6 are only engaged in Marketplace (and not Medicare) Sponsorship
  - 22 respondents are engaged in Medicare Sponsorship
    - 19 are engaged in Medicare Part B Sponsorship
    - 19 are engaged in Medicare Part D Sponsorship
    - 16 are engaged in both Part B and Part D Sponsorship.
    - 3 are only engaged in Medicare (and not Marketplace) Sponsorship;
    - 19 are engaged in both Marketplace and Medicare Sponsorship.



## TSGAC Survey Findings: Experience with Tribal Sponsorship: Medicare Part B

- 17 out of 19 respondents (89%) reported 4 or 5 on experience with Tribal Sponsorship under Medicare Part B
- 1 out of 19 reported a 1 or 2 on scale



## TSGAC Survey Findings: Experience with Tribal Sponsorship: Medicare Part D

- 14 out of 19 respondents (74%) reported 4 or 5 on experience with Tribal Sponsorship under Medicare Part D
- 1 out of 19 reported a 1 or 2 on scale

