Health Care Reform in Indian Country
Self-Governance Communication & Education
Self-Governance Tribes Striving Towards Excellence in Health Care

American Indian and Alaska Native (AI/AN) Marketplace Enrollment, Including Access to Cost-Sharing Protections[1]
April 1, 2022

This TSGAC brief provides data and findings to Tribes/Tribal Organizations (T/TO) on the:

1. **Number of American Indians/Alaska Natives enrolled in health insurance coverage through the Marketplace in 2021;**
2. **Trends in American Indian/Alaska Native Marketplace enrollment and access to cost-sharing protections over the past 5 years;**
3. **Ongoing efforts by T/TOs to ensure that eligible American Indians/Alaska Natives receive the comprehensive cost-sharing protections to which they are entitled; and**
4. **Recommendations to further efforts to help American Indians/Alaska Natives secure comprehensive health insurance coverage through the Marketplace and receive the most generous cost-sharing protections available.**

KEY FINDINGS

An analysis of data from the Centers for Medicare and Medicaid Services (CMS)[2] indicates that:

- For Tribal members, enrollment in the Federally-Facilitated Marketplace (FFM) increased by 13.5% from 2020 to 2021;
  - Enrollment of other Indian Health Service (IHS)-eligible individuals rose by 5.3%;
  - When combining the two populations, FFM enrollment of AI/ANs increased by about 7,500, or 11.0%, from 2020 to 2021.
  - In contrast, among the general population, FFM enrollment rose by 5.2% from 2020 to 2021.
- Enrollment gains in the FFM varied by state, with six states (Arkansas, Kansas, Mississippi, South Dakota, Texas, and Wyoming) showing a 20% or greater increase in enrollment of Tribal members and other IHS-eligible individuals and other states showing more modest gains, holding flat, or declining (measured by *enrollment levels on the report run date*).
- In 2021, the total number of Tribal members and other IHS-eligible individuals enrolled in (FFM and SBM) Marketplace coverage *at some point during the year* neared 106,000, a 3.5% increase from 2020.

[1] This brief is for informational purposes only and is not intended as legal advice.

[2] 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, 2022, for 2021) and (2) the number of individuals enrolled at any time during that year.

- The Marketplace continues to provide substantial federal resources to AI/AN Marketplace enrollees in the form of premium tax credits (PTCs) and cost-sharing reductions, with increased subsidies offered in 2021 under the American Rescue Plan Act (ARP).
- T/TOs have proven successful, working with Tribal members, CMS, and health plans, to ensure that AI/AN enrollees select plans with the most beneficial cost-sharing protections to which they are eligible; as part of ongoing efforts in this area, CMS in 2021 updated HealthCare.gov to help educate families with both Tribal members and non-Tribal members to determine in which plan(s) they should enroll to maximize cost-sharing protections.
- Data are not readily available to determine if 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.

RECOMMENDATIONS

Several recommendations to further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace, as well as ensure that AI/ANs receive the most generous cost-sharing available, appear below. T/TOs should consider:

- Requesting that CMS continue to gather and report on annual Marketplace enrollment metrics and working with CMS to evaluate whether the change in report run dates is impacting the accuracy of the data;
- Continuing to educate Tribes and Tribal members about the recent change on HealthCare.gov notifying Tribal members about the need to enroll in a separate Marketplace plan from non-Tribal members to retain the comprehensive Indian-specific cost-sharing protections;
- Requesting from CMS a one-time report to determine the extent to which Tribal member Marketplace enrollees not receiving the comprehensive Indian-specific cost-sharing protections are not receiving these protections because they are enrolling in plans with non-Tribal members;
- Requesting from CMS a one-time report to determine the extent to which “other IHS-eligible individuals” enrolled in Marketplace bronze plans would qualify for the general cost-sharing protections if enrolling in a silver plan;
- Conducting an updated survey of a sample of limited cost-sharing variation plan SBCs to determine compliance by health insurance issuers with the requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral” when describing the limited cost-sharing variation protections and process; and,
- Sampling T/TO programs, as well as requesting data from CMS, to determine the extent to which health plans are providing the comprehensive Indian-specific cost-sharing protections to Tribal members enrolled in zero or limited cost-sharing variation plans.

BACKGROUND

The Health Insurance Marketplace, established by the Affordable Care Act (ACA), allows consumers to compare available health plans, determine eligibility for federal financial assistance (such as PTCs), and enroll in comprehensive health insurance coverage. To assist AI/ANs in accessing health care services when enrolled in Marketplace coverage, the ACA established Indian-specific cost-sharing protections, under which AI/ANs who meet the ACA definition of Indian (*i.e.*, Tribal members)[3] pay no deductibles, coinsurance, or copayments when receiving essential health benefits.[4] Tribal members can enroll in either a zero or limited cost-sharing plan, depending on their income level.[5] Other Marketplace enrollees, including AI/ANs who are eligible for services through the IHS (other IHS-eligible individuals) and have a household income at or less than 250% of the federal poverty level (FPL), can obtain general (partial) cost-sharing protections if they enroll in a silver plan.[6]

The ARP, enacted in March 2021, included several provisions that increased federal subsidies for Marketplace enrollees, including AI/ANs, for 2021 and 2022. The ARP reduced the amount of the required household contribution to Marketplace plan premiums for PTC-eligible enrollees, effectively providing more generous tax credits to these individuals. The ARP also extended eligibility for PTCs to Marketplace enrollees with a household income higher than 400% FPL for 2021 and 2022. In addition, for 2021 only, the ARP provided PTC-eligible individuals who received unemployment compensation (and their family members) with expanded tax credits, regardless of the income level of these individuals.

[3] The ACA defines "Indian" as a member of an Indian tribe or shareholder in an Alaska Native regional or village corporation (Tribal member).

[4] The ACA also prohibits health insurers from reducing payments to Indian health care providers (IHCPs) by the amount of any cost-sharing that Tribal citizens would have owed without these protections.

[5] Tribal members who have a household income between 100% and 300% of the federal poverty level (FPL) *and* qualify for premium tax credits (PTCs) are eligible for the "zero" cost-sharing protections. All other Tribal members who enroll in coverage through a Marketplace are eligible for the "limited" cost-sharing protections. Both cost-sharing variations provide comprehensive cost-sharing protections.

[6] These general protections require Marketplace plan issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV, based on the household income of enrollees: 94% for individuals at or less than 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL.

AI/AN MARKETPLACE ENROLLMENT

Table 1: Enrolled Tribal Members[1] and Other IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2020 and 2021[2,3]
(Suppress Cells <=11)

State	Enrolled Tribal Members[4]			Other IHS Eligibles[4]			All	
	2020	2021	% Change	2020	2021	% Change	2021 vs. 2020	% Change
Alabama	531	586	10.4%	970	1,085	11.9%	170	11.3%
Alaska	839	894	6.6%	147	196	33.3%	104	10.5%
Arizona	894	1,051	17.6%	490	551	12.4%	218	15.8%
Arkansas	637	792	24.3%	256	280	9.4%	179	20.0%
Delaware	21	*	--	90	89	-1.1%	--	--
Florida	1,199	1,400	16.8%	2,144	2,324	8.4%	381	11.4%
Georgia	402	450	11.9%	979	1,175	20.0%	244	17.7%
Hawaii	67	78	16.4%	173	167	-3.5%	5	2.1%
Illinois	287	334	16.4%	557	526	-5.6%	16	1.9%
Indiana	132	130	-1.5%	244	218	-10.7%	-28	-7.4%
Iowa	106	102	-3.8%	109	100	-8.3%	-13	-6.0%
Kansas	863	1,086	25.8%	325	407	25.2%	305	25.7%
Kentucky	64	78	21.9%	143	157	9.8%	28	13.5%
Louisiana	201	218	8.5%	352	360	2.3%	25	4.5%
Maine	145	154	6.2%	127	126	-0.8%	8	2.9%
Michigan	1,024	1,159	13.2%	617	608	-1.5%	126	7.7%
Mississippi	79	92	16.5%	119	159	33.6%	53	26.8%
Missouri	825	1,002	21.5%	657	703	7.0%	223	15.0%
Montana	1,191	1,190	-0.1%	267	286	7.1%	18	1.2%
Nebraska	544	599	10.1%	222	234	5.4%	67	8.7%
New Hampshire	28	29	3.6%	87	86	-1.1%	0	0.0%
New Jersey[5]	56	--	--	455	--	--	--	--
New Mexico	541	603	11.5%	164	218	32.9%	116	16.5%
North Carolina	914	1,119	22.4%	2,557	2,637	3.1%	285	8.2%
North Dakota	569	616	8.3%	126	159	26.2%	80	11.5%
Ohio	175	152	-13.1%	439	411	-6.4%	-51	-8.3%
Oklahoma	24,925	28,051	12.5%	2,007	2,614	30.2%	3,733	13.9%
Oregon	982	1,055	7.4%	560	566	1.1%	79	5.1%
Pennsylvania[5]	151	--	--	541	--	--	--	--
South Carolina	251	274	9.2%	496	558	12.5%	85	11.4%
South Dakota	782	1,095	40.0%	151	202	33.8%	364	39.0%
Tennessee	349	424	21.5%	552	555	0.5%	78	8.7%
Texas	3,467	4,281	23.5%	2,727	3,311	21.4%	1,398	22.6%
Utah	1,379	1,652	19.8%	401	425	6.0%	297	16.7%
Virginia	283	338	19.4%	733	695	-5.2%	17	1.7%
West Virginia	21	*	--	46	37	-19.6%	--	--
Wisconsin	1,074	1,049	-2.3%	352	368	4.5%	-9	-0.6%
Wyoming	241	321	33.2%	129	147	14.0%	98	26.5%
All States	**46,239**	**52,486**	**13.5%**	**21,511**	**22,740**	**5.7%**	**7,476**	**11.0%**

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] Enrolled Tribal members are eligible for comprehensive Indian-specific cost-sharing protections; "other IHS eligibles" are not.

[5] New Jersey and Pennsylvania operated a State-Based Marketplace in 2021.

Table 1 above provides data on AI/AN Marketplace enrollment in the 38 states with an FFM in 2020 and/or 2021.[7] The table shows, by state, the number of Tribal members, as well as the number of other IHS-eligible individuals,[8] who were enrolled in Marketplace coverage in 2020 and 2021 on the report run dates in states with an FFM.[9] In 2021, FFM enrollment of AI/ANs (*i.e.*, Tribal members and other IHS-eligible individuals) totaled more than 75,000 on the report run date (*i.e.*, January 2, 2022). The table also shows the change in FFM enrollment of AI/ANs, by state, from 2020 to 2021. It is worth noting that the report run dates for both the 2020 and 2021 data sets on FFM enrollment of AI/ANs occurred in January of the following year.[10]

Findings: Enrollment of Tribal members—for whom enrollment in the Marketplace provides the greatest financial benefits, including comprehensive cost-sharing protections—increased by 13.5% from 2020 to 2021. In contrast, for others voluntarily indicating "IHS eligibility" on the Marketplace application (other IHS-eligible individuals), where no documentation is required but also no additional benefits are provided, enrollment rose by 5.7%. Net enrollment across the two categories of AI/ANs was reported to increase by 11.0%. Some potential reasons for the differing enrollment trajectories of Tribal members as compared with other IHS-eligible individuals are:

- The awareness of the availability of health insurance premium subsidies, as well as no out-of-pocket costs (which is provided to Tribal members but not other IHS-eligible individuals) under Marketplace coverage is increasing across Tribal communities, leading to greater interest and enrollment of Tribal members in Marketplace coverage;
- Some individuals might have identified themselves as "IHS eligible" (and not enrolled Tribal members) in prior years but have since successfully secured and provided documentation of Tribal membership to the Marketplace, increasing enrollment growth among "Tribal members" and decreasing enrollment growth among "other IHS eligible individuals"; and
- The realization that indicating "IHS eligibility" on the application does not result in additional benefits might have resulted in declining responses to this voluntary question over time. (Likewise, the number of applicants indicating "AI/AN" in response to race/ethnicity questions is very low and is only a fraction of the number of applicants indicating, and documenting, Tribal membership.) If this dynamic is occurring, the decline in reporting of "IHS eligible" status might not necessarily indicate a decrease in Marketplace enrollment growth among IHS-eligible individuals.

[7] The data in Table 1 and Figure 1 include figures for states with an FFM, State-Based Marketplace on the Federal Platform, or State Partnership Marketplace (all states using the HealthCare.gov platform).

[8] These AI/ANs do not meet the ACA definition of Indian and thus do not qualify for Indian-specific cost-sharing protections.

[9] Figures represent FFM enrollment of AI/ANs on January 21, 2021, and January 2, 2022, respectively (not the total number of AI/ANs enrolled in Marketplace coverage at any point during the year).

[10] The change in report run dates might have resulted in undercounting of AI/AN Marketplace enrollees. The typical pattern of Marketplace enrollment levels for AI/ANs is a decline between December and January (of approximately 15%), followed by a rebuilding of enrollment over the following months. Prior to 2020, the report run date for the data set on FFM enrollment of AI/ANs for a given year occurred in the latter part of that year (with the exception of the 2016 data set, which had a report run date in May 2016).

Overall, FFM enrollment of Tribal members continues to strengthen, whether measured by the 13.5% increase of Tribal members with Marketplace coverage, or by the 11.0% overall net gain in enrollment of Tribal members and other IHS-eligible individuals, or in comparison with the much lower 5.2% increase in *overall* FFM enrollment (of the general population) nationally from 2020 to 2021.

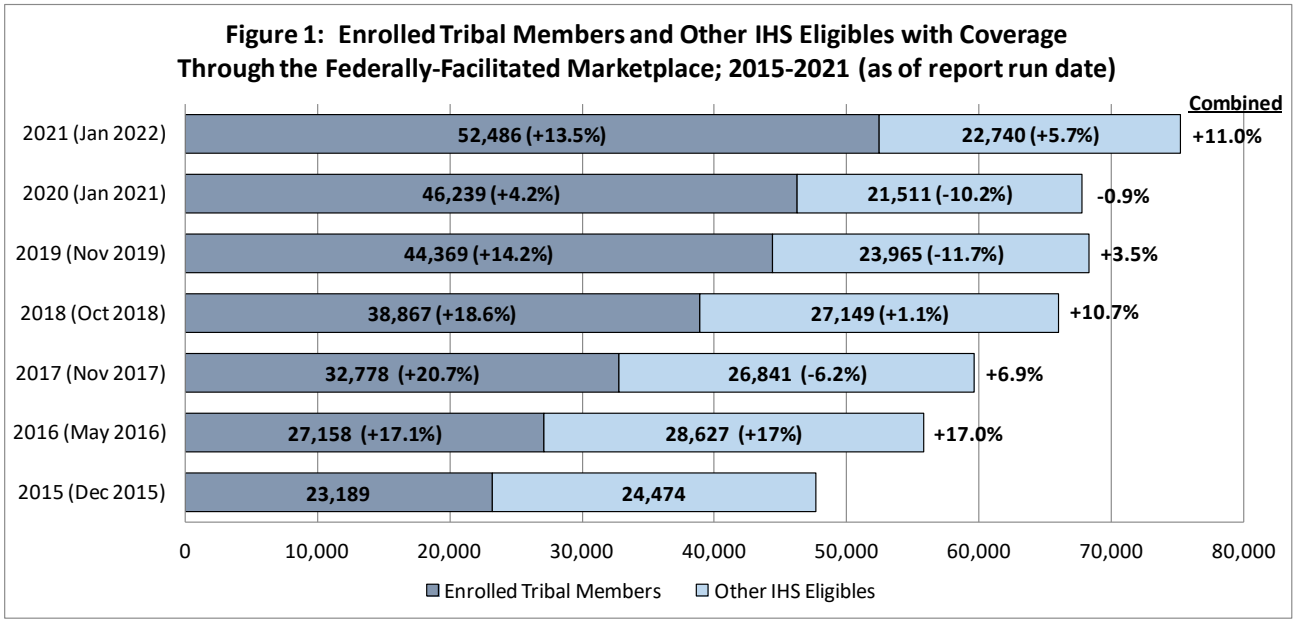


Figure 1 above includes a graph on AI/AN Marketplace enrollment in states with an FFM for 2015 through 2021.

Table 2: 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.

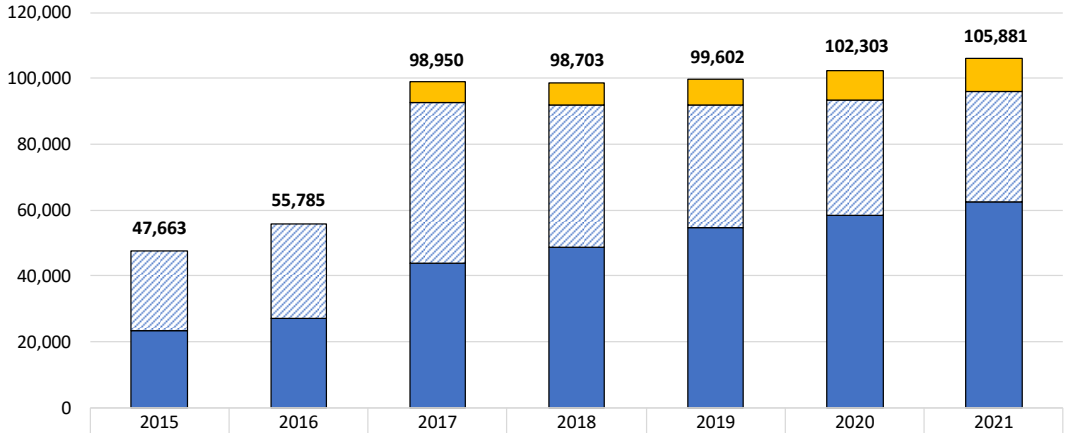
[2] Figures are for October 2020 and December 2021.

In **Table 2 above**, data are presented on AI/AN Marketplace enrollment in the 15 states with a State-Based Marketplace (SBM) in 2020 and/or 2021. The table shows, by state, the number of Tribal members who enrolled in a health plan through the Marketplace in states with an SBM in 2020 and 2021.[11]

Findings: SBM enrollment of Tribal members increased from about 8,800 to more than 9,700, or by 10.9%, from 2020 to 2021. However, it is worth noting that a significant portion of this gain occurred because New Jersey and Pennsylvania shifted from using the HealthCare.gov platform in 2020 to operating an SBM in 2021. Excluding these two states, SBM enrollment of Tribal members increased by a more modest 4.8% from 2020 to 2021.

[11] Data are not available on the number of other IHS-eligible individuals who enrolled in a plan through the Marketplace in states with an SBM.

Figure 2: Total Enrollments of Enrolled Tribal Members and Other IHS Eligibles; All Marketplaces, 2015-2021 (all enrollments during year)



	2015	2016	2017	2018	2019	2020	2021
SBM: Enrolled Tribal Members			6,258	6,874	7,566	8,801	9,756
FFM: Other IHS Eligibles	24,474	28,627	48,730	43,271	37,453	35,331	33,810
FFM: Enrolled Tribal Members	23,189	27,158	43,962	48,558	54,583	58,171	62,315

The graph in **Figure 2 above** illustrates a second data set that shows AI/AN Marketplace enrollment *at any point during the year*, rather than at a specific point in time. In 2021, the total number of Tribal members and other IHS-eligible individuals enrolled in (FFM and SBM) Marketplace coverage at some point during the year exceeded 105,000, with enrollment increasing by more than 3,500 from 2020 to 2021.

ENROLLMENT TRENDS

- ***Enrollment of Tribal Members vs. Other IHS-Eligible Individuals***: As noted above, although overall enrollment of AI/ANs in Marketplace coverage in states with an FFM increased by 11.0%, this growth did not occur evenly between Tribal members and other IHS-eligible individuals.[12] FFM enrollment of Tribal members rose by 13.5%, compared with 5.3% growth in enrollment of other IHS-eligible individuals. This trend of more significant Marketplace enrollment growth among Tribal members as compared with other IHS-eligible individuals has continued since 2016.

- ***Differences in Enrollment Among States***: Enrollment of AI/ANs in Marketplace coverage in states with an FFM varies substantially by state. Among FFM states with a relatively large AI/AN population, Oklahoma in 2021 reported by far the largest rise in the number of additional enrollees at about 3,700, representing a 13.9% increase over 2020 enrollment. It is important to note that through a recent ballot initiative, the state of Oklahoma voted to expand Medicaid in June of 2020. It is possible that this increase in enrollees is due to new eligibility under Medicaid expansion across Oklahoma. However, unlike in recent years, a number of other states showed more significant growth than Oklahoma in FFM enrollment of AI/ANs from 2020 to 2021 *on a*

[12] Due to the processes used for determining Indian status, more certainty exists about the accuracy of the "Tribal member" designation versus the "other IHS-eligible" designation. To receive designation as a Tribal member, documentation is required; whereas, to receive designation as an "other IHS-eligible" individual, a self-declaration is made by the enrollee.

percentage basis.[13] Six states (Arkansas, Kansas, Mississippi, South Dakota, Texas, and Wyoming) registered a 20% or greater increase in FFM enrollment of AI/ANs from 2020 to 2021, with South Dakota showing the most significant growth at 39.0%.

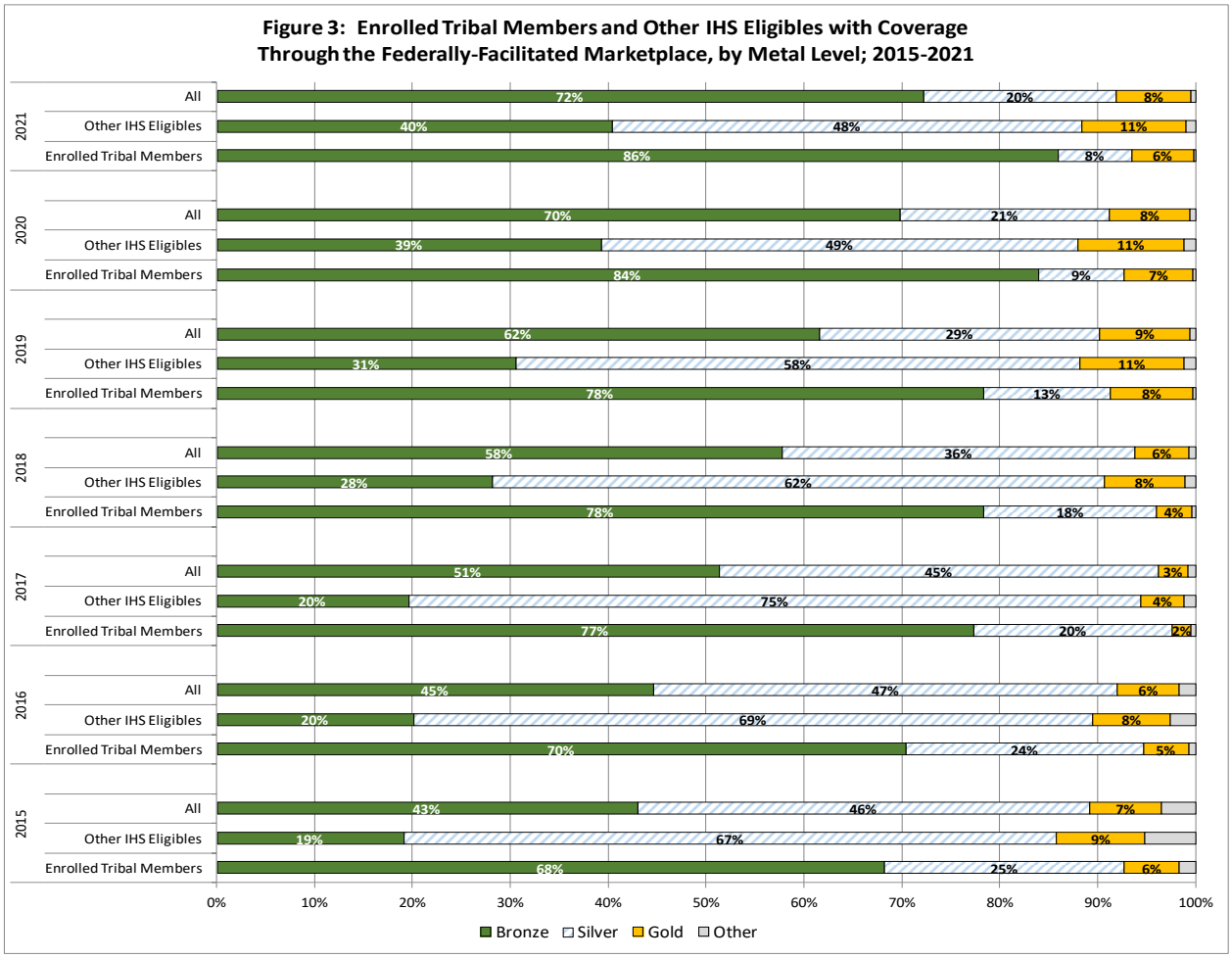
Meanwhile, among the other 29 states with an FFM, enrollment of AI/ANs in Marketplace coverage increased by about 1,300, or a more modest 4.3%, from 2020 to 2021. It is important to note, however, that the markedly lower growth in overall FFM enrollment of AI/ANs outside of Oklahoma and the six high-growth states resulted in large part from a 1.1% *decline* in enrollment of other IHS-eligible individuals; among Tribal members, enrollment in these states increased by an average of 10.0%.

- ***Enrollment by Metal Level***: Among AI/AN FFM enrollees, the preferred "metal level" of the selected Marketplace plan varies for Tribal members versus other IHS-eligible individuals. Most Tribal members enroll in bronze plans (86% in 2021), while other IHS-eligible individuals tend to enroll in silver plans (48% in 2021). This difference among AI/ANs in the selection of plans by metal level largely results from varying eligibility for cost-sharing protections.

  Tribal members qualify for comprehensive cost-sharing protections, regardless of the metal level of the plan in which they enroll, and generally receive the greatest value by enrolling in bronze plans, where the premiums are the lowest and the federal government covers the greatest share of health care costs. In contrast, lower-income other IHS-eligible individuals in most cases should enroll in silver plans to gain access to the general cost-sharing protections.[14]

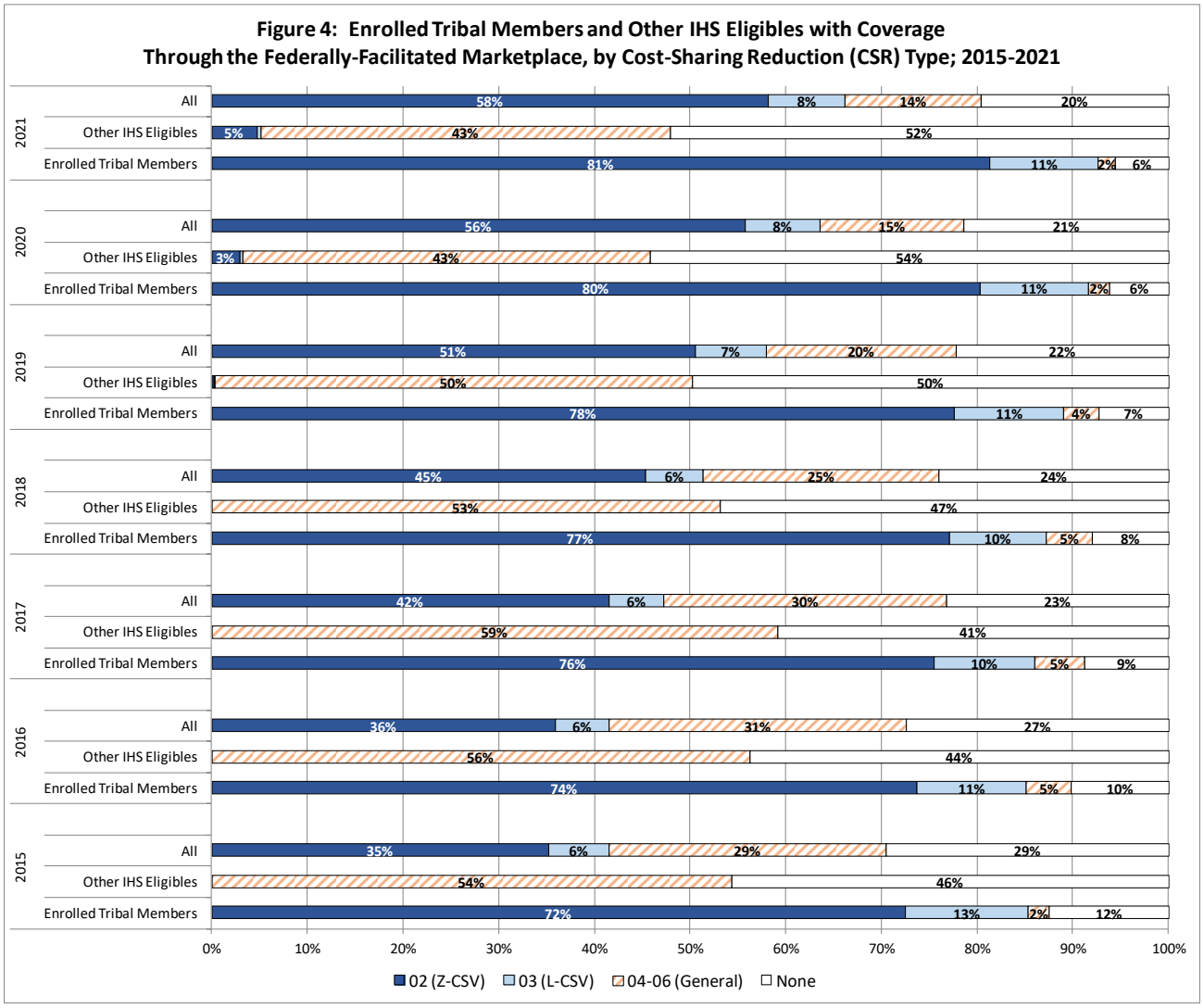
[13] Oklahoma began enrollment under the optional ACA Medicaid expansion on June 1, 2021 (with coverage for these enrollees beginning on July 1, 2021), a development that might have resulted in a number of AI/ANs transitioning from Marketplace coverage to Medicaid coverage by the end of 2021. In the states that have not adopted the Medicaid expansion, a January 2021 report estimates that about 41% of non-elderly adults who would become eligible for Medicaid coverage under the expansion are currently eligible for Marketplace coverage. See https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/.

[14] For other IHS-eligible individuals who have a household income above 250% FPL, and therefore are not eligible for the general cost-sharing protections, enrollment in a gold plan is sometimes the preferred option, as gold plans can have lower than premiums than silver plans due to the practice of "silver loading."



- As indicated by the graph **Figure #3** above, the percentage of Tribal members enrolled in bronze plans through the Marketplace has increased each year since 2015. Over the same period, a majority or plurality of other IHS-eligible individuals has enrolled in silver plans (which might make them eligible for the general cost-sharing protections). However, on a percentage basis, silver plan enrollment among other IHS-eligible individuals has declined each year since 2017, while bronze plan (and gold plan) enrollment has increased among this population.

ACCESS TO COST-SHARING PROTECTIONS



As noted earlier, among AI/AN enrollees, the type of cost-sharing protections for which they qualify depends on whether they meet the ACA definition of Indian and their income level. The graph in **Figure 4** above shows the percentage breakdown of the type of cost-sharing protections received by AI/AN FFM enrollees over time.

Findings: As Figure 4 indicates, the percentage of Tribal member FFM enrollees enrolling in the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) has *increased* over time (85% in 2015 and 2016, 87% in 2018, 89% in 2019, 91% in 2020, and 92% in 2021). Conversely, the percentage of Tribal member enrollees receiving no cost-sharing protections has *continued to decline* (12% in 2015, 10% in 2016, 9% in 2017, 8% in 2018, 7% in 2019, and 6% in 2020 and 2021).

Continued efforts by T/TOs to determine the reason that some Tribal member FFM enrollees do not receive the comprehensive Indian-specific cost-sharing protections through either a zero or limited cost-sharing plan could enable additional gains. One likely possibility is that these Tribal members are enrolling in Marketplace plans along with non-Tribal members, meaning the least

comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees. More discussion on this issue appears below.

It also is worth noting that, among Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections, the percentage enrolled in a zero cost-sharing plan has continued to increase over time (from 72% in 2015 to 81% in 2021), while the percentage enrolled in a limited cost-sharing plan has remained relatively constant (either 10% or 11% since 2016). The percentage of Tribal member FFM enrollees receiving the less-comprehensive "general" cost-sharing protections has fluctuated between 2% and 5% during the 2015-2021 period (2% in 2021).

The increased enrollment in comprehensive cost-sharing protections for AI/ANs has resulted, in part, from efforts since 2014 by T/TOs and CMS to ensure that eligible Tribal members receive the comprehensive cost-sharing protections to which they are entitled. An example of these efforts involves recent changes made to HealthCare.gov to help individuals in households comprised of both Tribal members and non-Tribal members enroll in the most beneficial Marketplace plans. In response to concerns raised by T/TOs, CMS recently updated HealthCare.gov to help educate AI/AN Marketplace applicants and their household members about this issue. A help text pop up now appears in the Marketplace application when applicants click on a link to "Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace."

If Tribal members enroll in the same Marketplace plan as non-Tribal members, the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees. As such, **Tribal members and non-Tribal members in the same household should enroll in separate Marketplace plans to ensure Tribal members retain access to the comprehensive Indian-specific cost-sharing protections.**

SUMMARY OF BENEFITS AND COVERAGE (SBC) FOR ZERO AND LIMITED COST-SHARING PLANS

The TSGAC also has continued efforts to ensure that the SBCs prepared by Marketplace plan issuers accurately reflect the comprehensive cost-sharing protections. A TSGAC review in 2018 of SBCs prepared for zero and limited cost-sharing plans offered by eight issuers in four states found a number of inaccuracies, which can have the effect of depressing Marketplace enrollment and resulting in eligible Tribal members not securing the comprehensive cost-sharing protections to which they are entitled. A subsequent review of the same SBCs found that many of the inaccuracies identified in 2018 persisted in 2019.

In response to concerns raised by T/TOs about errors in some SBCs, as of 2021, CMS began requiring health insurance issuers to use certain language in sample SBCs for the Indian-specific limited cost-sharing variation plans.[15] Anecdotal evidence indicates that health plans have largely complied with this new requirement. This new requirement might have contributed to the increase in the number of Tribal members enrolled in Marketplace coverage, as the benefits of doing so are now more clearly (and accurately) explained. What is not certain—as data are not readily available—is whether health plans have improved their compliance with providing the limited cost-sharing variation protections.

[15] Sample SBCs use the following phrase to explain the limited cost-sharing variation protections: "Cost sharing waived at non-IHCP with IHCP referral."