ROLL CALL

Glen Mulready, Chair Oklahoma Mike Causey North Carolina
Trinidad Navarro, Vice Chair Delaware Jon Godfread North Dakota
Lori K. Wing-Heier Alaska Andrew R. Stolfi Oregon
Dean L. Cameron Idaho Larry D. Deiter South Dakota
Grace Arnold Minnesota Jon Pike Utah
Chlora Lindley-Myers Missouri Mike Kreidler Washington
Troy Downing Montana Nathan Houdek Wisconsin
Joseph Rios Jr. N. Mariana Islands Jeff Rude Wyoming
Jennifer Catechis New Mexico

NAIC Support Staff: Lois E. Alexander

AGENDA

1. Consider Adoption of its 2022 Fall National Meeting Minutes
   —Commissioner Glen Mulready (OK) Attachment One

2. Discuss the Results of its Member Survey and its Next Steps for 2023
   —Commissioner Glen Mulready (OK) Attachment Two

3. Hear a Presentation on ACA Risk Adjustment Treatment of Tribal Enrollees: Barrier to Tribal Member Enrollment and Investments in Tribal Health and Health Equity—Lucinda Myers, Tribal Liaison (Blue Cross Blue Shield of Oklahoma) and J.T. Petherick, Assistant Vice President of Government Relations (Blue Cross Blue Shield of Oklahoma) Attachment Three

4. Discuss Any Other Matters Before the Liaison Committee
   —Commissioner Glen Mulready (OK)

5. Adjournment
The NAIC/American Indian and Alaska Native Liaison Committee met in Tampa, FL, Dec. 14, 2022. The following Liaison Committee members participated: Troy Downing, Chair (MT); Russell Toal, Vice Chair (NM); Lori K. Wing-Heier (AK); Dean L. Cameron represented by Shannon Hohl (ID); Grace Arnold represented by Peter Brickwedde (MN); Mike Causey represented by Tracy Biehn (NC); Jon Godfread represented by John Arnold (ND); Glen Mulready (OK); Larry D. Deiter represented by Frank Marnell (SD); Mike Kreidler represented by Todd Dixon (WA); and Jeff Rude (WY). Also participating were Peg Brown (CO); Renee Campbell (MI); and Molly Plummer (MT).

1. **Adopted its Summer National Meeting Minutes**

Commissioner Downing said the Liaison Committee met Aug. 9.

The Liaison Committee also met Oct. 14 in regulator-to-regulator session, pursuant to paragraph 8 (consideration of strategic planning issues) of the NAIC Policy Statement on Open Meetings, to discuss a response to the letter from Sovereign Nations Health Consortium.

Dixon made a motion, seconded by Biehn, to adopt the Liaison Committee’s Aug. 9 minutes (see NAIC Proceedings – Summer 2022, NAIC/American Indian and Alaska Native Liaison Committee). The motion passed unanimously.

2. **Announced the Reaffirmation of its 2023 Mission Statement Via E-Vote**

Commissioner Downing announced that the 2022 Mission Statement of the Liaison Committee was reaffirmed for 2023 via e-vote on Oct. 21.

3. **Received a Status Report on the NAIC Response to the Letter from Sovereign Life Insurance Company**

Commissioner Downing said the Liaison Committee received a letter from the general counsel at the Sovereign Nations Health Consortium (SNHC) requesting membership in the NAIC as one of the commissioners of insurance. As this request was above the authority level of the Liaison Committee, the letter was forwarded to NAIC leadership for handling. As legal representative for the NAIC, Kay Noonan (NAIC) sent the NAIC response letter on behalf of the Liaison Committee to the SNHC. In this letter, the NAIC indicated that the request would not be allowed in the NAIC bylaws, but the NAIC is still interested in continuing an open dialogue with the company. Commissioner Downing asked Lois E. Alexander (NAIC) to send the draft and final version of the letter to Liaison Committee members prior to this meeting. He said the letter was sent Nov. 14, but no response was received from the company. He also asked if there were any comments or questions about this issue. Dixon said the letter was very well written with the right tone, noting some states will be and are addressing the issues within their respective jurisdictions. He said it brings up some issues with the McCarran-Ferguson Act and whether state insurance regulators have the right to regulate in their own states. He said there is speculation this topic may lead to state actions because complaints are being heard in different states about this company and its practice of selling insurance off the reservations in these states. Commissioner Downing said he spoke with Noonan regarding setting up a periodic call, monthly, for states to continue their discussion on this issue in a separate forum outside the Liaison Committee, where states can share specific information on this development. He said states could share what they are seeing in their states and what actions, if any, are being taken. He said once he gets the details figured out, he will reach out to the states with the information on how to participate in these collaborations.
Draft Pending Adoption

4. Adopted the Work Products of the Ad Hoc Drafting Groups

Commissioner Downing said Ad Hoc Drafting Group A asked Alexander to distribute its work product document on cultural awareness and communication to Liaison Committee members for review prior to this meeting. He said this document would be a living document that could be updated on a regular basis because the cultural differences are so diverse that they need to be addressed continually as well. He said having some effective communication and awareness on cultural points is the key to facilitating and improving communications between Native and non-Native communities. He thanked the drafting group for its work in developing this product, and he asked if there were any comments or corrections to the work product. Hearing none, he asked if there was a motion to publish the final document.

Superintendent Toal made a motion, seconded by Commissioner Rude, to adopt the Cultural Awareness and Communication document (Attachment One) and publish it on the Liaison Committee’s website. The motion passed unanimously.

Commissioner Downing said Ad Hoc Drafting Group B did a fantastic job on this project by developing a framework that could be used in Native communities. He said Alexander distributed its work product document on lessons learned during the COVID-19 pandemic to Liaison Committee members for review prior to this meeting. He asked if there were any comments or corrections to the work product. Hearing none, he asked if there was a motion to publish the final document.

Dixon made a motion, seconded by Commissioner Rude, to adopt the Lessons Learned During the COVID-19 Pandemic document (Attachment Two) and publish it on the Liaison Committee’s website. The motion passed unanimously.

Commissioner Downing said he appreciates the fantastic work completed by the Ad Hoc Drafting Group C on Native community access to the federal Affordable Care Act (ACA). He said Alexander distributed its work product document on tribal access and the ACA to Liaison Committee members for review prior to this meeting. He asked if there were any comments or corrections to the work product. Hearing none, he asked if there was a motion to publish the final document.

Commissioner Rude made a motion, seconded by Hohl, to adopt the Tribal Access and the Affordable Care Act document (Attachment Three) and publish it on the Liaison Committee’s website. The motion passed unanimously.

Commissioner Downing thanked the ad hoc drafting group members and their staff for their hard work on all three of the work products. He especially wanted to thank his chief of staff, Plummer, for all her work in coordinating with the drafting group members to complete the projects.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.
This survey is being sent on behalf of Oklahoma Insurance Commissioner Glen Mulready, Chair of the 2023 NAIC/American Indian and Alaska Native Liaison Committee, and Delaware Insurance Commissioner Trinidad Navarro, Vice Chair, to Liaison Committee Members.

This year the NAIC/American Indian and Alaska Native Liaison Committee (AIAN Cmte) will be discussing ways to enhance its outreach and communication with American Indian and Alaska Native communities. As part of these efforts, we would like to hear from AIAN Cmte members about their experiences (outreach success, insights revealed, etc.) and to learn which topics they would like to discuss during AIAN Cmte meetings. Please consider responding to the question below to help the AIAN Cmte carry out its mission in 2023.

This survey is being distributed to request your feedback to Lois Alexander by Tues., Feb. 28, 2023.

1. Are there any topics you would like to hear about (or present) at the AIAN Cmte in 2023?

   Here are a few suggestions:

   a. Identifying issues regarding health care and insurance coverage that are important to Tribal Leaders. How can Insurance Departments help?

   b. Presentations from large insurance agencies who work with American Indians and Alaska Natives – e.g. Amerind, National Congress of American Indians (NCAI), Indian Country Radio, etc.?

   c. Is there an opportunity to improve how American Indian and Alaska Native insureds understand their policies? Through their tribal communities, public relations, financial literacy, coordination between CMS and Indian Health Services (IHS), etc.?

   d. Other:

      ________________________________________________________________

SURVEY RESULTS:

Washington State: Recommends the following topics for committee meetings:

- Coordinating healthcare access with tribes
- Presentations from large insurance agencies who work with American Indians and Alaska Natives
- Coordinating with CMS, tribal navigators, and others on increasing healthcare insurance access with tribal members.

Washington State suggests a NAIC American Indian and Alaska Native symposium every other year to be tagged onto NAIC national meetings or as a separate event.
Wyoming: Likes the topics suggested in the survey.

Oklahoma: Hasn’t had much interaction with tribes or outreach this last year; however, they have a new outreach coordinator who will be setting up events this upcoming year and meeting with the local Native American chamber of commerce.

The topics that they would like to hear for upcoming 2023:

- They agree and second the suggestions listed in the survey.
- They also would love to hear directly from the different Tribes with what they would like us to know and if they have insurance related questions/concerns they would like us to help with.

Montana:

Here are a few suggestions:

2. Identifying issues regarding health care and insurance coverage that are important to Tribal Leaders. How can Insurance Departments help?

   **Property & Casualty.** Another topic of interest on two of our reservations relates to homeowner’s insurance. Our office has been approached with two separate requests to facilitate a training opportunity: (1) homeowner’s insurance 101 for when homes transition out of a federal program and the homeowner is now responsible for insurance and (2) homeowner’s insurance for a reservation where tribal members can explore new home ownership opportunities under their Helping Expedite and Advance Responsible Tribal Homeownership (HEARTH) Act.

   **Health.** In working on the AIAN Liaison Committee’s Access & the ACA paper, it was shared due to COVID-19 members in Montana’s Indian Country experienced firsthand the found value in exploring available insurance options through either Medicaid or a marketplace coverage, in addition to services they receive through Indian Health Services (IHS). With the end of the PHE (which was expedited with the December 2022 federal legislation passed bifurcating Medicaid redeterminations and the PHE), states are beginning to process Medicaid redeterminations and disenroll those who no longer qualify. The concern shared for this population is that they will lose coverage if they are not able to navigate the redetermination process, and others will be eligible for Marketplace subsidies. Without continuation of these insurance coverage options, the fear is many will be left returning to the very basic IHS services that includes application of level 1 (“life or limb” services) prioritization for purchase/referred (PRC) funds.

As for help, our office after visiting with various stakeholders and interested parties (insurers and other federal/state agencies) is helping facilitate conversation/messaging/approach between the parties to address this target population to minimize loss of coverage due to challenges associated with navigating the various processes.

1The budget reconciliation measure, enacted on August 16, 2022, extended the ARPA provision expanding eligibility for and the amount of the premium tax credit (PTC) for three
years to sunset at the end of tax year 2025. To be eligible for the PTC, individuals must file federal income tax returns, enroll in a plan through an individual exchange, have an annual household income at or above 100% of the FPL for tax year 2023, and not be eligible for minimum essential coverage (which includes Medicaid), with exceptions.

c. Presentations from large insurance agencies who work with American Indians and Alaska Natives – e.g. Amerind, National Congress of American Indians (NCAI), Indian Country Radio, etc.?

**Tribal Association of Insurance Commissioners (TAIC), Oklahoma.** With the research stemming from Sovereign Nations Health Consortium, another entity surfaced and was noted in an August 11, 2022, survey memo shared by Montana. TAIC as an entity like SNHC that offers (1) services to help tribes adopt tribal corporation and insurance statutes to self-regulate business of insurance and reinsurance in Indian Country and (2) voluntary membership in TAIC (for a fee).

Attachment: TD Survey Overview…08/11/2022

3. Is there an opportunity to improve how American Indian and Alaska Native insureds understand their policies? Through their tribal communities, public relations, financial literacy, coordination between CMS and Indian Health Services (IHS), etc.?

   Based on meetings and conversation in Montana, it was emphasized there is always value in creating relationships through ongoing outreach and dialogue; it is through these connections trust can be earned and they value the access opportunity. How policy messaging is captured and shared is important with these populations matters.

4. Other: none

**North Carolina:** Would be particularly interested in learning more on item 1(a) which is “Identifying issues regarding health care and insurance coverage that are important to Tribal Leaders. How can Insurance Departments help?".
ACA Risk Adjustment Treatment of Tribal Enrollees:
Barrier to Tribal Members Enrollment & Investments in Tribal Health and Health Equity

Presenters:

JT Petherick
AVP OK Government Relations, BCBSOK

Lucinda Myers
Tribal Relations Specialist, BCBSOK
Partnerships with Tribes

BCBSOK insures 31 of the 38 Oklahoma federally recognized Tribes

- BCBSOK is focused on improving access to care to underserved communities
- Individual membership increased 145% over the past 5 years
- Our partnerships with key stakeholders:
  - 3 Tribal Caring Vans
  - Mobile Assistance Center enrollment support
  - 10th Annual Tribal Roundtable
  - Tribal health providers
- Established platform and relationships to offer a NativeBlue℠ custom network
Risk Adjustment Disincentives to Serve Tribal Populations

- ACA Risk Adjustment attempts to remove incentives to preferentially seek or avoid any particular group of people.
- **BUT:** Success depends upon accurate cost prediction.
- Existing factors estimating additional utilization in plans with reduced cost-sharing fail to accurately capture the lower cost sharing and additional demand for services in zero cost sharing and limited cost-sharing plans for AI/AN members.
- This creates a pricing advantage for issuers with low tribal enrollments and a disincentive to seek tribal enrollment and to make investments in tribal health.
CSR Induced Demand Factors

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T_i = \left[ \frac{PLRS_i \cdot metalIDF_i \cdot GCF_i}{\sum_i (s_i \cdot PLRS_i \cdot metalIDF_i \cdot GCF_i)} \right]^{P_3} - \frac{AV_i \cdot ARF_i \cdot metalIDF_i \cdot GCF_i}{\sum_i (s_i \cdot AV_i \cdot ARF_i \cdot metalIDF_i \cdot GCF_i)}
\]

And:

\[
PLRS_i = \frac{\sum_e (RS_e \cdot csrIDF_e \cdot EMM_e)}{\sum_e BMM_e}
\]

### Household Income Plan AV CSR Induced Demand Factor (IDF)

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<th>Plan AV</th>
<th>CSR Induced Demand Factor (IDF)</th>
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IDF Accuracy and CSR Enrollment-FFM States

Source: CMS: HHS-Operated Risk Adjustment Technical Paper on Possible Model Changes. p. 76; CMS: 2022 Open Enrollment Period Public Use File, Tables 5 & 7
IDF Accuracy and CSR Enrollment-Oklahoma

Predictive Ratio: (Predicted Costs/Actual Costs)

Source: CMS: HHS-Operated Risk Adjustment Technical Paper on Possible Model Changes. p. 76; CMS: 2022 Open Enrollment Period Public Use File, Tables 5 & 7
The Solution

- Study tested 2 CMS proposals in a hypothetical market:
  - Zero cost sharing members accounted for 20% of market enrollment
  - Zero cost sharing divided 90%/10% between two issuers
  - All other factors held constant
- Goal was to achieve neutral impact of zero cost sharing enrollment on premiums.
- Recasting and recalibrating factors to reflect both reduced cost-sharing and induced demand yielded the best results.
### Example Recalibrated CSR Factors

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Modelling Results

1. Equal Enrollment/Current RA
2. Unequal Enrollment/Current RA
3A. Unequal Enrollment/Revised Factors
3B. Unequal Enrollment/Revised Factors/Rating Term Fix
4A. Unequal Enrollment/Platinum Risk Scores
4B. Unequal Enrollment/Platinum Risk Scores/Rating Term

Loss Ratio

Issuer A (10% Mkt. Share)  Issuer B (90% Mkt. Share)
Questions?