

Draft Pending Adoption

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NAIC/American Indian and Alaska Native Liaison Committee
Louisville, Kentucky
March 25, 2023

The NAIC/American Indian and Alaska Native Liaison Committee met in Louisville, KY, March 25, 2023. The following Committee members participated: Glen Mulready, Chair (OK); Trinidad Navarro, Vice Chair (DE); Lori K. Wing-Heier (AK); Dean L. Cameron represented by Shannon Hohl (ID); Grace Arnold represented by Peter Brickwedde (MN); Chlora Lindley-Myers represented by Jo LeDuc (MO); Troy Downing (MT); Mike Causey represented by Tracy Biehn (NC); Jennifer A. Catechis (NM); Andrew R. Stolfi represented by TK Keen and Eric Cutter (OR); Larry D. Deiter represented by Tony Dorschner (SD); Jon Pike represented by Tanji J. Northrup and Brian Hiller (UT); Mike Kreidler (WA); Nathan Houdek represented Sarah Smith (WI); and Jeff Rude (WY). Also participating were John Arnold (ND); and Patrick Smock (RI).

1. Adopted its 2022 Fall National Meeting Minutes

Commissioner Navarro made a motion, seconded by Brickwedde, to adopt the Committee's Dec. 14, 2022, minutes (see *NAIC Proceedings – Fall 2022, NAIC/Consumer Liaison Committee*). The motion passed unanimously.

2. Adopted the Results of its Member Survey and Discussed its Next Steps for 2023

Commissioner Mulready gave an overview of the responses received to the Committee's survey of Members regarding topics to be discussed in 2023. He thanked the Members who responded to the survey with their recommendations for agenda topics for the Liaison Committee to discuss this year. Commissioner Mulready said the responses to the survey were included in the meeting packet for Members at the head table. He said the topics included: tribal issues with the federal Affordable Care Act (ACA); property/casualty (P/C) insurance; large agencies selling to tribal members; the Tribal Association of Insurance Commissioners (TAIC); Sovereign Nations Health Consortium (SNHC); and conducting an interim meeting. Commissioner Mulready said he met with leaders from the SNHC in his office two weeks ago. He also discussed the Committee's next steps for the rest of the year.

3. Heard a Presentation from Blue Cross and Blue Shield of Oklahoma on the Risk Adjustment Treatment of Tribal Enrollees

Commissioner Mulready introduced Lucinda Myers (Blue Cross and Blue Shield of Oklahoma) and J.T. Petherick (Blue Cross and Blue Shield of Oklahoma) as the speakers for this presentation.

Commissioner Mulready said their presentation was titled "ACA Risk Adjustment Treatment of Tribal Enrollees: Barrier to Tribal Member Enrollment and Investments in Tribal Health and Health Equity." This presentation is important because it highlights the inequities of the federal Centers for Medicare & Medicaid Services (CMS) risk assessment process, especially relative to underserved tribal communities due to the lack of tribal investment opportunities.

Petherick said he appreciates the aims of the Committee going forward and that this presentation is just an introduction to future work with the Oklahoma Department of Insurance (DOI) regarding their boots-on-the-ground approach.

Myers said her office serves as a resource for building partnerships to improve health care to the underserved communities. She said she has done liaison work for more than eight years and that she has helped more than

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36,000 people since 2012 with the Mobile Assistance Center helping her to become a trusted provider and to create a custom network. Myers said when tribes and insurers work together, care is better.

Petherick said Blue Cross and Blue Shield of Oklahoma does all it can to increase coverage opportunities as evidenced by its 10th anniversary on the Tribal Liaison Council. He said their relationship began in 2014 with the federal Affordable Care Act (ACA) and that, initially, the company did not know how risk-sharing and zero premium would work, particularly as a health care 501 (c) group. He described how slides based on the cost-sharing reduction (CSR) demand factors and induced demand factors (IDF) accuracy 2021 risk adjustment paper showed how the inequities of federal risk assessments served as barriers to tribal member enrollments and investments in tribal health. Petherick said insurers should not be penalized for the disparities in health in American Indian and Alaska Native communities. He said the modeling results suggest using the Platinum plan rather than the Silver plan as illustrated by his example of recalibrated CSR factors. Mr. Petherick said it is used for services through Medicare outside of Indian Health Services.

Director Wing-Heier said that this has been a problem in Alaska for many years because they have only two carriers, and the CMS has not responded to them on this issue.

Josh Goldberg (Blue Cross and Blue Shield of Oklahoma), said he has been meeting with the CMS about the report, but it was not ready in time to meet the CMS deadline. He said, however, that they plan to continue the process and to discuss the report with the CMS.

Hiller asked if any state would be willing to take this on; there was no response.

Commissioner Mulready said he has had conversations with the CMS on this issue as well, and it needs to be addressed by this Liaison Committee. He said the Platinum product reduces the administrative process and is geared toward larger tribes with self-funded group plans, so employers and employees of tribes love it.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.

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