

January 30, 2023

Administrator Chiquita Brooks-Lasure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted via [www.regulations.gov](https://www.regulations.gov)

**Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2024 (CMS-9899-P).**

Dear Administrator Brooks-Lasure,

Sanford Health Plan ("Sanford") respectfully submits the comments herein in response to the Proposed Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2024 ("Proposed Rule"). Sanford Health Plan is a rural Midwest based health plan that proudly serves approximately 220,000 members across the Dakotas, Minnesota and Iowa. Sanford Health Plan offers a broad array of products to our members, including commercial health insurance products on and off the ACA exchange, third party administrator services for numerous employers, and a recently launched high-value Medicare Advantage plan. Sanford's primary membership and services are in rural America; it is also noteworthy that we are part of an integrated health care system, Sanford Health, which enables us to deliver quality, accessible and affordable care in our clinics and hospitals in large and small communities throughout our region. We and other payers work directly with our state regulatory bodies and collaborate on issues that are of importance to our membership.

Sanford Health Plan continually applauds the work done by CMS and its efforts to ensure high-quality coverage for patients and members. However, we respectfully have concerns with the proposed rule as currently written and detail some of our concerns in further detail below. To be clear, Sanford Health Plan shares the common goal of maintaining a stable, competitive, and high-quality marketplace. Should any questions arise after reading our comments, please do not hesitate to contact us directly.

#### **Non-Standardized Plan Options**

**Sanford Health Plan would encourage CMS to eliminate the proposal to limit the availability of non-standardized plan options that payers may offer in the market.** Sanford Health Plan acknowledges the presence of many plan options in the marketplace today; nonetheless, we have concerns that the limiting of non-standardized plan options will have for our members. Members currently shop on their

Payment Parameters, we would encourage CMS to examine the value that virtual care would bring to patients, members, providers, and payers in meeting network adequacy standards.

**Re-Enrollment Hierarchies**

**Sanford Health Plan encourages CMS to revisit, revise, or delay the proposed automated process of re-enrollment coverage.** Sanford Health Plan supports the goal of CMS in helping members select the best plan that meets their needs – however, we have concerns with how the proposed re-enrollment hierarchy would affect member choice. As shared previously, members take into account their specific needs in selecting the plan right for them. Overriding that choice may lead to consumer and member frustration or confusion. In addition, we would recommend CMS clarify how it intends to communicate with payers with up to date re-enrollment information and data to incorporate into rate renewal letters.

Respectfully Submitted,



John Snyder  
President and CEO  
Sanford Health Plan