

Tribal Health Reform Resource Center

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Who are Enrollment Assistors?

Enrollment Assistors refers to the wide variety of individuals who are on-site at Indian Health Service clinics, Tribal or Urban health facilities (ITU) to assist Tribal members with enrolling in healthcare coverages through the Marketplace or other government programs such as Medicaid, Medicare, and the Children's Health Insurance Program (CHIP). These are but not limited to:

- Certified Application Counselors
- Navigators
- Patient Benefits Coordinators

Additionally, there are often other positions at ITU's that may assist the individual consumers with their access to health care services in other ways.

Why Outreach and Education?

Outreach and Education goes hand in hand with enrolling members in healthcare coverage as the Patient Protection and Affordable Care Act is still in the early stages of acceptance. The activities that fall under Outreach and Education can vary from making phone calls to your community members or hosting events specifically targeted at getting Tribal members to enroll. You, as an Enrollment Assistor most likely conduct Outreach and Education every day in a variety of ways! Often throughout this toolkit you may see reference to the individuals who come to your clinic for services as "Consumers," this is because in many ways we want to think about the community members who attend your ITU for services as potential customers for the "products" we are trying to "sell"; Marketplace Plans, Medicaid, Medicare, and CHIP.

What is the Enrollment Assistor's Toolkit?

This toolkit was designed as a resource for Enrollment Assistors in the field across Indian Country by the Outreach and Education staff at the National Indian Health Board. Guided by best practices and experiences relayed by Enrollment Assistors across Indian Country, the contents of this toolkit are provided to help you and the staff at your ITU better understand the purpose of the enrollment process and how to engage community members effectively regarding Marketplace, Medicaid, Medicare, and CHIP enrollments.

For More Information Contact:

Dawn Coley
Director of Tribal Healthcare Reform
Email: Dcoley@nihb.org
Phone: 202-507-4078

Kristen Bitsuie
Tribal Healthcare Reform Program Associate
Email: Kbitsuie@nihb.org
Phone: 202-507-4084

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SPECIAL PROTECTIONS FOR AMERICAN INDIAN AND ALASKA NATIVES

What does the Affordable Care Act (ACA) mean for American Indians/Alaska Natives (AI/AN)?

American Indians and Alaska Natives have new health insurance benefits and protections in the Health Insurance Marketplace. Some benefits are available to members of federally recognized Tribes or Alaska Native Claims Settlement Act (ANCSA) Corporations. Others are available to people of Indian descent or who are otherwise eligible for services from an Indian Health Service, Tribal, or Urban Indian clinic.

Special Marketplace protections and benefits for American Indians and Alaska Natives:

The Health Insurance Marketplace benefits AI/ANs by providing opportunities for affordable health coverage. This coverage can be through a private health plan bought in the Marketplace or by signing up for Medicaid or the Children's Health Insurance Program (CHIP).

If the consumer is a member of a federally recognized tribe:

- Buys private insurance in the Health Insurance Marketplace, they may not have to pay out-of-pocket costs like deductibles, copayments, and coinsurance.
- They can enroll in the Health Insurance Marketplace any month, not just during the yearly open enrollment period.

If the consumer is an American Indian or Alaska Native or are otherwise eligible to receive services from an Indian Health Service, Tribal, or Urban Indian clinic:

- AI/AN's have special cost and eligibility rules for Medicaid and the Children's Health Insurance Program (CHIP) that make it easier to qualify for these programs.
- The AI/AN consumer doesn't have health insurance, then they won't have to pay the penalty that most other people without health insurance must pay. The exemption is not automatic, so the consumer will have to apply for an exemption from the penalty.

If a consumer enrolls in a private health insurance plan through the Health Insurance Marketplace:

- These consumers can get (or keep getting) services from an Indian Health Service, Tribal, or Urban Indian clinic.
- These consumers can also get services from any providers on the Marketplace plan.

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THE MARKETPLACE FOR AMERICAN INDIAN AND ALASKA NATIVES

The Marketplace is the one-stop shop for applying for health care coverage. It helps uninsured people find health coverage through a simple, single-stream application that will help you find out what consumers are eligible for today.

The Marketplace offers:

- **Private health insurance.** Plans cover essential health benefits, pre-existing conditions, and preventive care.
- **Lower costs through tax credits based on your household size and income.** The consumer can preview plans available in their area right now, with prices based on income and household size. Most AI/AN's who apply may qualify for tax credits. Tax credits reduce the amount of the monthly premium.
- **Special benefits for enrolled members of federally recognized Tribes and Alaska Native Claims Settlement Act (ANCSA) Corporations.** Members may enroll in zero or limited cost sharing plan variations and are eligible for monthly enrollment in Marketplace plans.
- **Medicaid and the Children's Health Insurance Program (CHIP).** These programs cover millions of families with limited income. If the consumer qualifies, the Marketplace will share the information with the individual's state agency and establish contact. Enrollment in Medicaid and CHIP is available year round to qualified individuals.
- **Continued use of the Indian Health System.** If the individual consumer has health insurance, they will still be able to use their local IHS, tribal, or urban Indian clinic. Additionally, they will have access to more providers and services. This also extends to the consumer's family.
- **Stand Alone Dental Plans.** Dentistry for children under 19 years old is covered in all private Marketplace plans. However, tax credits and cost sharing reductions do not apply to adult Stand Alone Dental Plans.

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Four main types of Marketplaces. (Each state is required by law to have a Marketplace.)

- **Federally-Facilitated Marketplace:** States that have opted to have the Department of Health and Human Services (HHS) run its Marketplace and use www.healthcare.gov.
- **State-based Marketplace:** States that run their own Marketplace and have their own Marketplace website. If you don't know your state specific website, you can visit www.healthcare.gov to be directed to the right website.
- **Federally-Supported State-Based Marketplace:** These marketplaces operate under the same conditions as State-Based Marketplaces, but the Marketplace interface through www.healthcare.gov.
- **State-partnership Marketplace:** States that run its Marketplace in partnership with HHS.

Additional Points:

The consumer can also buy a plan outside the Marketplace and still be considered covered. However, if they buy a plan outside the Marketplace, they will not be eligible for premium tax credits or lower out-of-pocket costs based on their income.

An Individual is considered covered if they have: Medicare, Medicaid, CHIP, any job-based plan, any plan they bought themselves, COBRA, retiree coverage, TRICARE, VA health coverage, or some other kind of health coverage. IHS is not considered insurance, so check the options for coverage in the Marketplace at www.healthcare.gov.

If the consumer is eligible for job-based insurance, they can consider switching to a Marketplace plan. But, the consumer will not qualify for lower costs based on their income unless the job-based insurance is not considered affordable or does not meet minimum requirements.

If the consumer has Medicare, they're considered covered and don't have to make any changes; the consumer can't use the Marketplace to buy a supplemental plan or dental plan.

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2016 FEDERAL POVERTY LEVEL CHART FOR THE HEALTH INSURANCE MARKETPLACE

Every year, the parameters of the Federal Poverty Level (FPL) increase based on the cost of living. Consumers and their families need to understand where they fall on the FPL so they know whether they are eligible for federal subsidies on the Marketplace. Use the chart below to determine which Cost Sharing level and Advance Premium Tax Credits may apply to the consumer based on their income.

	LIMITED COST SHARE PLANS (NO APTCS)	ZERO COST SHARE PLANS PLUS APTCS	LIMITED COST SHARE PLANS PLUS APTCS	LIMITED COST SHARE PLANS (NO APTCS)
<i>Number of People in Your Household</i>	Income under 100% FPL	Income 100% to 300% FPL	Income 301% to 400% FPL	Income over 400% FPL
1	\$0--\$11,880	\$11,880--\$35,640	\$35,641--\$47,520	\$47,521 and up
2	\$0--\$16,020	\$16,020--\$48,060	\$48,061--\$64,080	\$64,081 and up
3	\$0--\$20,160	\$20,160--\$60,480	\$60,481--\$80,640	\$80,641 and up
4	\$0--\$24,300	\$24,300--\$72,900	\$72,901--\$97,200	\$97,201 and up
5	\$0--\$28,440	\$28,440--\$85,320	\$85,321--\$113,760	\$113,761 and up
6	\$0--\$32,580	\$32,580--\$97,740	\$97,741--\$130,320	\$130,321 and up

Note: These amounts are higher for consumers in Alaska and Hawaii. FPL guidelines are updated and published yearly by the Department of Health & Human Services (HHS) in January or February. Medicaid and CHIP eligibility for the next year are based on the new guidance, once it's released.

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Below are the definitions of the Limited, Zero Cost Sharing plans and the Advanced Premium Tax Credit

Limited Cost Sharing Plan

- *Consumer does not pay co-payments, deductibles or coinsurance when getting care through an Indian health care provider.*
- *Consumer needs a referral from an Indian Health Service, Tribal health clinic or Urban Health program (I/T/U) when getting essential health benefits through a Marketplace plan to avoid paying co-payments, deductibles, or coinsurance.*
- *Consumer can get limited cost sharing with a plan at any metal level on the Marketplace.*

Zero Cost Sharing Plan

- *Consumer doesn't pay co-payments, deductibles or coinsurance when getting care through an Indian health care provider or when getting essential health benefits through a Marketplace plan.*
- *Consumer doesn't need a referral from an Indian Health Service, Tribal health clinic or Urban Health program (I/T/U) when getting essential health benefits through a Marketplace plan.*
- *Consumer can get zero cost sharing with a plan at any metal level on the Marketplace.*

APTC – Advanced Premium Tax Credits help reduce the cost of monthly premium payments for health insurance. APTC discounts may be available for households with incomes between 100% and 400% FPL (Federal Poverty Level).

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HOW TO APPLY FOR AN EXEMPTION FOR AMERICAN INDIAN AND ALASKA NATIVES

Although enrollment in Marketplace plans or Medicaid affords American Indians and Alaska Natives many options for low cost or free health coverage, the consumer may also decide to apply for an exemption from the individual shared responsibility payment. It is important to note that if the consumer was not enrolled in minimum essential coverage, they may be subject to an individual shared responsibility payment or fine unless they qualify for an exemption. American Indians and Alaska Natives are exempted from the fine for not maintaining minimum essential coverage:

- 1) Members of federally recognized tribes
- 2) Alaska Native Claims Settlement Act (ANCSA) Corporations
- 3) Individuals who are eligible to receive services from an Indian Health Care Provider at IHS, tribal, and urban Indian clinics.

Note: The marketplace will no longer be used as an option for applying for an exemption; you must now file for an exemption through the IRS on your tax return using the IRS form 8965. If you have attained an exemption certification number in the past you may continue to use it on your IRS form 8965 under “Section I.” However, to get the actual exemption the consumer must file the IRS form 8965 every year they want to claim an exemption.

Healthcare.gov: How to Claim the exemption on your federal income tax return

1. Download [IRS Form 8965—Health Coverage Exemptions \(PDF\)](#) and [instructions \(PDF\)](#)
2. On Part III of the form, enter the code for the Indian Exemption (Code E) in column “c” and check the box in column “d” for “Full Year.” You don't need to provide additional documentation.
3. Be sure to include your completed Form 8965 when you file your tax return.

The consumer can and should still enroll in health coverage, even if they have an exemption!

Having an exemption from the shared responsibility fee doesn't prevent you from enrolling in a Marketplace health plan, Medicaid, or CHIP. These coverage options are still available to you. You might qualify for certain protections under Medicaid or CHIP, or for lower costs on monthly premiums and no out-of-pocket costs on private insurance through the Marketplace.

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BEST PRACTICES FOR ENROLLMENT INTO MEDICAID/CHIP

Over the past year the National Indian Health Board (NIHB) Tribal Health Reform's Outreach and Education Department traveled throughout Indian Country to assist with enrolling American Indians & Alaska Natives (AI/AN) into numerous forms of affordable medical insurance at a variety of Indian Health Service (IHS), Tribes and Tribal organizations and Urban Indian organizations (I/T/U). NIHB also played a part in helping enrollment assistors at the Tribal Day of Action and Urban Day of Action events held throughout Indian Country this last open enrollment period in partnership with IHS and HHS.

However, the work of outreach and education is not limited to these periods. Every day, enrollment assistors throughout Indian Country are enrolling their Tribal members into Medicaid or the Children's Health Insurance Program (CHIP). I/T/U organizations play a crucial role with enrolling AI/ANs since Tribal members receive their medical services at these facilities. . Medicaid covers children, pregnant women, parents, seniors and individuals with disabilities. CHIP offers low-cost health coverage to children up to age 19 years old in families that are not eligible for Medicaid because their parents earn too much money to qualify for Medicaid.

American Indians and Alaska Natives have special protections within the American Recovery and Reinvestment Act (ARRA) of 2009. ARRA provides certain protections for AI/As who are enrolled in Medicaid or CHIP including paying for premiums or enrollment fees. Also, if AI/ANs receives care from an Indian health care provider or through a referral to a non-Indian provider, they do not have to pay any cost sharing, such as deductibles, co-insurance, or co-payments.

Outreach and Education in your community is important. In order to have an effective enrollment and retention of qualified AI/ANs in Medicaid or CHIP programs, it is essential to create events that is tailored to the local community.

Here are some ideas of how to implement Best Practice to enrolling American Indian and Alaska Natives into Medicaid and CHIP programs. When thinking about enrollment in Medicaid and CHIP, consider The Who, What, Where, Why and When of best practices for enrollments!

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1) **Who can enroll into Medicaid and CHIP programs?**

When we start thinking about enrolling Tribal members in Medicaid and CHIP programs, we have to understand **who** will be applying for and using these services.

- Children
- Single Mothers
- Pregnant women
- Low income families
- Childless Adults (Expanded)
- Seniors
- Disabilities
- At Risk Individuals

2) **What will this audience gain?**

Provide information to Tribal members of **what** Medicaid and CHIP will cover for them, examples of the health benefits:

- Preventative screenings
- Office visits
- Outpatient hospital care
- Inpatient hospital care
- Laboratory X-ray services
- Prescription
- Emergency services
- Transportation to medical care

Outline the services and benefits in terms that they will understand. For instance, if you are interacting with a single mother, inform them of the free dental services now provided under CHIP for their children and how they may redeem this service.

3) **Where can we reach them?**

- a) Health Centers such as Indian Health Service, Tribal clinics or urban health facilities
- b) Schools
- c) Senior Citizens Centers
- d) Community events
- e) Tribal meetings

4) **Why should these Tribal members care about enrolling into Medicaid and CHIP?**

- a) Inform Tribal members that Medicaid and CHIP counts as being insured therefore they meet the minimum essential coverage requirement as set by the Affordable Care Act.
- b) Continue to receive services from your Indian health care providers
- c) Faster referral process when referred out to a specialty medical provider
- d) No premiums

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- e) Exempt from Medicaid and CHIP cost sharing if receiving services directly from IHS or Tribally operated facility
- f) Brings third-party resources into your tribal community, which improves healthcare for everyone

5) **When do we try to reach out?**

- a) AI/ANs can enroll or renew their Medicaid and CHIP application at any time in the year so there is no open enrollment
- b) Talk to Tribal leaders and individuals who have influences on the community members
- c) Create a connection with internal front end staff to give notices to patients who need to apply or renew their Medicaid and CHIP application
- d) Send letters or postcards to patients
- e) Reach personally by calling patients to remind them to apply or reapply and explain you're available to assist them with the application process

Remember each state runs its own version of Medicaid with different procedures and coverage. Find out exactly how Medicaid and CHIP programs operate in your state.

The Tribal Healthcare Reform Resource Center has Outreach and Education materials available on the website. For more information go to: www.nihb.org/tribalhealthreform/outreach-and-educational-materials.

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IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE



IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE (FRONT & BACK)

<p>-- INDIAN HEALTH SERVICE --</p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>-- INDIAN HEALTH SERVICE --</p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>-- INDIAN HEALTH SERVICE --</p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>-- INDIAN HEALTH SERVICE --</p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>-- INDIAN HEALTH SERVICE --</p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s)
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Above is an example of a template for quick information cards that you, as an Enrollment Assistor, could create for distribution to consumers at your ITU for awareness about documents needed to apply for coverages.

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IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE (FRONT & BACK)

<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>
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Above is the back of the template for quick information cards that you, as an Enrollment Assistor, could create for distribution to consumers at your ITU with additional contact information.

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CONTACT RESOURCES

2017 Tribal Navigator Grantee Contact Information

- **Michigan: Forest County Potawatomi Community**
 - Primary Contact: Harold Frank Phone: (715) 478-7200
Email: gus.frank@fcpotawatomi-nsn.gov
- **Wisconsin: Forest County Potawatomi**
 - Primary Contact: Harold Frank Phone: 715-478-7200
Email: gus.frank@fcpotawatomi-nsn.gov
- **North Dakota: Great Plains Tribal Chairmen's Health Board**
 - Primary Contact: Kathlene Thurman Phone: 605-721-1922 Email:
kathlene.thurman@gptchb.org
- **South Dakota: Great Plains Tribal Chairmen's Health Board**
 - Primary Contact: Kathlene Thurman Phone: 605-721-1922 Email:
kathlene.thurman@gptchb.org
- **Utah: Urban Indian Center of Salt Lake**
 - Primary Contact: Shawn Jimerson Phone: 801-486-4877
Email: sjimerson@iwic.org

Full List of All Navigator Grant Awardees Found Here:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Navigator-Grantee-Summaries-2016.pdf>

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ADDITIONAL RESOURCE DOCUMENTS:

Medicaid.gov: “Medicaid and You Frequently Asked Questions”

“How do I apply for (or renew) Medicaid or CHIP?”

Your state will determine if you qualify for Medicaid. [Learn how to apply](#) or [contact your state](#) for renewal or application information at: [Medicaid.gov](https://www.Medicaid.gov)

“Who can tell me if I am eligible for Medicaid?”

Since Medicaid is administered by the Medicaid agency in your state, eligibility may vary from one state to another. CMS is the federal agency that works with state Medicaid agencies to make sure they comply with federal laws and regulations. [Contact your state Medicaid agency](#) with questions, or [see if you qualify by applying](#) at [Medicaid.gov](https://www.Medicaid.gov)

“I want to apply for Medicaid or get coverage for my child. Who do I contact?”

Your state will determine if you qualify for Medicaid, visit: [Medicaid.gov](https://www.Medicaid.gov)

“I am looking for a dentist in my area who accepts Medicaid. How can I find one?”

Use this dental locator to [find a dentist](#) that accepts Medicaid:
<https://www.insurekidsnow.gov/state/find-a-dentist/index.html>

“Does Medicaid cover pregnancies, mental health, dental, nursing home, or long term care?”

States are required to cover certain benefits and others are optional. To learn what your state covers, [contact your state Medicaid agency](#). To learn more about the Federal rules around mandatory and optional services, visit the [benefits page](#): [Medicaid.gov](https://www.Medicaid.gov)

“I have a question about my Medicaid account. What is your phone number?”

[Contact your state Medicaid agency](#). They can help you get replacement cards and answer your questions about what services are covered, providers to use, and how to renew your eligibility:
<https://www.Medicaid.gov/about-us/contact-us/contact-us.html>

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“I want to talk to someone at the federal level? Who do I contact?”

Contact the CMS Regional Office in your area. The regional office works closely with your state Medicaid agency: <https://www.medicaid.gov/about-us/contact-us/contact-us.html>

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Healthcare.gov: “4 Tips about the Health Insurance Marketplace”

You can apply for 2017 coverage as soon as November 1, 2016.

1. The Health Insurance Marketplace is for people who don't have health coverage

If you don't have health insurance through a job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or another source that provides [qualifying coverage](#), the Marketplace can help you get covered.

- If you have job-based insurance: You can buy a plan through the Marketplace, but you'll pay full price unless [your employer's insurance doesn't meet certain standards](#). Most job-based plans do meet the standards.
- If you have Medicare: You can't switch to Marketplace insurance, supplement your coverage with a Marketplace plan, or buy a Marketplace dental plan. [Learn about Medicare and the Marketplace](#).

2. What you pay for insurance depends on your income – and you'll probably save

Your savings depend on your estimate of your **expected income for the coverage year**. This year, about 8 in 10 of the uninsured who are eligible for Marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums. [Get a quick idea if your expected income is in the range to save](#).

Based on the income estimate you put on your application, we'll tell you if you qualify for one of these:

A health insurance plan with savings

Most people who apply qualify for a [premium tax credit](#) that lowers their monthly insurance bill. Some also save on out-of-pocket costs like [deductibles](#) and [copayments](#).

The plans are offered by private insurance companies with a range of prices and features. All plans cover:

- [Essential health benefits](#)
- [Pre-existing conditions](#), including pregnancy
- [Preventive care](#)

You can [add dental to a health plan](#), but you don't have to. You can't buy a dental plan unless you enroll in a health plan.

Medicaid and the Children's Health Insurance Program (CHIP)

[Medicaid and CHIP](#) provide free or low-cost coverage to millions of people and families with limited income, disabilities, and some other situations.

- Many states are expanding Medicaid to cover all households below certain incomes. [See if your state is expanding and if your income is in range to qualify](#).
- Your children may qualify for CHIP even if you don't qualify for Medicaid.

3. You can apply for coverage 4 ways

You can apply for health insurance any way that works for you:

- Online
- By phone
- [With in-person help](#)
- With a paper application

4. If you don't have health insurance, you may have to pay a fee

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Most people must have qualifying health coverage or pay a fee with their federal taxes.

- If you don't have coverage in 2016, you'll pay a penalty of either 2.5% of your income, or \$695 per adult (\$347.50 per child) — whichever is higher. The fee rises with inflation in future years. Final 2017 amounts will be published when available. [Learn about the fee.](#)
- In some cases, you might qualify for an [exemption](#) from the requirement to have health insurance.

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CMS: “Information and Tips for Assisters Working with American Indians/Alaska Natives”

The Health Insurance Marketplace benefits American Indians and Alaska Natives (AI/ANs) by providing increased opportunities for affordable health coverage. This coverage can be through a Qualified Health Plan (QHP) bought in the Marketplace, or through Medicaid or the Children’s Health Insurance Program (CHIP). For purposes of the Marketplace protections and this document, members of federally recognized Indian tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders (regional or village) are referred to as AI/ANs.

INDIAN HEALTH CARE PROGRAMS:

Assisters should understand that many AI/ANs currently receive health care from Indian health care providers, which include health programs operated by the Indian Health Service (IHS), tribes and tribal organizations, and urban Indian organizations. These health programs are sometimes called ITUs (IHS/Tribal/Urban), but are referred to in this document as Indian health care providers. Based on the federal government’s relationship with Indian tribes, health care is provided at no cost to the AI/ANs. If AI/ANs enroll in QHPs through the Marketplace, they can continue to receive services from their local Indian health care provider. Indian health care providers can bill QHPs for services provided to their patients and the reimbursements collected benefit the entire tribal community.

MARKETPLACE PROTECTIONS:

The Marketplace provides certain protections for AI/ANs:

- **Special Enrollment Periods (SEP):** AI/ANs can enroll in the Health Insurance Marketplace throughout the year, not just during the yearly Open Enrollment period.
- Non-tribal members applying on the same application as a tribal member can take advantage of this SEP.
- AI/ANs with income between 100% and 300% of FPL:
 - Can enroll in a **zero cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from Indian health care providers or when receiving Essential Health Benefits (EHBs) through a QHP.
 - In addition, there is no need for a referral from an Indian health care provider when receiving EHBs through the QHP.
- AI/ANs with income below 100% and above 300% FPL:
 - Can enroll in a **limited cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from Indian health care providers or when receiving EHBs through a QHP.
 - Will need a referral from an Indian health care provider to avoid cost sharing when receiving EHBs through a QHP.

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- AI/ANs can enroll in a zero cost sharing or limited cost sharing plan, at any metal level.
- AI/ANs who qualify for cost sharing reductions are not exempt from premiums. However, they may qualify for the advance payment of premium tax credits (APTC) depending on income.
- AI/ANs can apply for an exemption from the shared responsibility payment (fee). See below for more details.

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TRIBAL DOCUMENTATION TO SUPPORT MARKETPLACE APPLICATIONS:

The SEP and cost sharing reductions under the Marketplace only apply to members of a federally recognized tribe or ANCSA shareholders. When applying for the Marketplace, applicants will need to provide documentation that they are a member of a federally recognized tribe or an ANCSA shareholder, such as:

- A document issued by a federally recognized tribe indicating tribal membership, such as a tribal enrollment card, and includes a tribal seal and/or an official signature
- A document issued by an Alaska Native village/tribe, or an ANCSA corporation (regional or village) acknowledging descent, affiliation, or shareholder status
- A certificate of degree of Indian blood (CDIB) issued by the Bureau of Indian Affairs, if the CDIB includes tribal enrollment information

Documentation may be uploaded to the online application or mailed in after submitting the application.

When uploading tribal documents, using one of the following file types will help to ensure successful upload: pdf, jpg, jpeg, gif, tiff, bmp, png.

- When mailing in copies of tribal documentation, applicants should indicate their application number or include a copy of the letter received after submitting their online application. This will help to ensure that the correct tribal documentation is linked with the correct application.
- Individuals will have 90 days to submit their documentation. If documentation is not submitted within this timeframe, they will be notified that they will need to choose another plan until tribal documentation is provided.

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OTHER INDIVIDUALS ELIGIBLE FOR INDIAN HEALTH CARE PROGRAMS:

Indian health care providers also provide services to other individuals, such as **persons of Indian descent** who are not members of their tribe, spouses of tribal members (if the tribe has passed a resolution allowing them to receive services), children adopted by tribal members, and non-Indian women who are pregnant with the child of an eligible Indian. These individuals do not qualify for the Marketplace protections outlined above but can apply for an exemption from the shared responsibility payment (fee) and can qualify for the Medicaid and CHIP protections.

MEDICAID AND CHIP PROTECTIONS:

Members of federally recognized Indian tribes, ANCSA shareholders, and individuals who are otherwise eligible for services from an Indian health care provider have the following Medicaid and CHIP protections:

- Do not have to pay premiums or enrollment fees; and if they receive care from an Indian health care provider or through referral to a non-Indian provider [such as Purchased/Referred Care (P/RC)] do not have to pay any cost sharing, such as deductibles or copayments. Local Indian health care providers may be able to provide a letter to ITU beneficiaries to verify eligibility for these protections.
- Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility. For example:
 - Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
 - Payments from natural resources, farming, ranching, fishing, leases, or profits from Indian trust land (including reservations and former reservations)
 - Money from selling things that have tribal cultural significance, such as Indian jewelry or beadwork

Certain types of Indian trust income and resources are exempt from Medicaid estate recovery rules. (Medicaid estate recovery rules only apply to those age 55 and older who receive long term care services, such as nursing home care.)

NOTE: *Per capita income from Indian gaming is not excluded and should be reported.*

TRIBAL DOCUMENTATION TO SUPPORT MEDICAID APPLICATIONS:

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When applying for Medicaid and CHIP, applicants may need to provide documentation of U. S. citizenship. The following tribal documents can be used to show proof of U.S. citizenship:

- A document issued by a federally recognized tribe indicating tribal membership, such as a tribal enrollment card
- A document issued by an Alaska Native village/tribe, or an ANCSA corporation (regional or village) acknowledging descent, affiliation, or shareholder status
- A certificate of degree of Indian blood issued by the Bureau of Indian Affairs
- A tribal census document
- Any document indicating affiliation with the tribe

Medicaid and CHIP agencies may accept an individual's attestation regarding Indian status. If the Medicaid or CHIP agency requires documentation, this same list of tribal documents could be used to verify Indian status or eligibility for services from an Indian health provider.

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INDIAN EXEMPTION:

Members of federally recognized tribes, ANCSA shareholders, and individuals who are otherwise eligible for services through an Indian health care provider may apply for an exemption from the shared responsibility payment (fee). Even if an individual applies for an exemption from the fee, they can also apply for QHPs on the Marketplace, or for Medicaid and CHIP programs, and still receive services from an Indian health care provider.

There are two ways to apply for the Indian exemption:

- Apply through the Marketplace by completing an exemption application and mailing it with supporting documentation.
 - Must submit documentation of membership in a federally recognized tribe or eligibility for services through an Indian health care provider (see Step 5 of the exemption application)
 - Will receive an Exemption Certificate Number (ECN)
- Apply when filing a federal income tax return using the IRS health coverage exemption form either through self-attestation or by providing an ECN
 - Self-attestation
 - Do not need to submit documentation because an individual can self-attest that they or a member of their tax household are eligible for an exemption
 - Should retain the same documentation as if filing for an exemption through the Marketplace (see Step 5 of the exemption application)
 - Must be able to produce this documentation if audited by IRS
- Provide ECN (the number received from the Marketplace contractor)
 - Keep this number because it will need to be provided every year when filing taxes
 - Because an individual has proven eligibility for an ECN, they will not need to produce tribal or eligibility documentation in case of an IRS audit.

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The Exemption Certificate Number is valid for a lifetime, but it must be reported if required to file an income tax return to avoid a shared responsibility payment (fee). If an individual does not have an Exemption Certificate Number, he or she must file for the Indian exemption when completing their federal income tax return every year to avoid the shared responsibility payment (fee).

Regardless of how the exemption is obtained, it is limited in certain circumstances. For example, a woman who is pregnant with a child of an eligible Indian can file for an exemption, but it is only temporary through postpartum (6 weeks after delivering the child).

Forms to apply the Indian exemption on the Marketplace are available for downloading at: <http://marketplace.cms.gov/getofficialresources/publications-and-articles/tribal-exemption.pdf>

A copy of a draft tax form is available at: <http://www.irs.gov/pub/irs-dft/f8965--dft.pdf>.
Instructions are available at: <http://www.irs.gov/pub/irs-dft/i8965--dft.pdf>. The Internal Revenue Service intends to publish additional guidance in late 2014.

Where to Find Additional Resources

- Details on special Marketplace protections and benefits for AI/ANs are located here: <https://www.healthcare.gov/tribal>.
- Printed tribal materials to share with your community: CMS Marketplace information center: <http://marketplace.cms.gov/outreach-and-education/special-populations.html>
- IHS information on the Affordable Care Act: <http://www.ihs.gov/aca/faq/>
- Information for tribal leaders and tribal health programs: National Indian Health Outreach and Education (NIHOE): <http://tribalhealthcare.org/>
- Additional tribal outreach and education resources: CMS Division of Tribal Affairs: <http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html>
- List of Federally Recognized Tribes:
<http://www.bia.gov/cs/groups/public/documents/text/idc006989.pdf>
 - Tribal Directory: Tribal Directory:
<http://www.bia.gov/cs/groups/public/documents/text/idc1-023759.pdf>
- List of ANCSA corporations:
 - <http://dnr.alaska.gov/mlw/trails.17b/corpindex.cfm>
- Information on State Medicaid programs is located at www.Medicaid.gov
- To find out information about specific State Medicaid programs go to:
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>
- Information on Children's Health Insurance Programs is located at: www.insurekidsnow.gov

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CMS Product No. 11956-NUdated October 2015 CMS Product No. 11956-NUdated October 2015