

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.
- 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.

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.

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:

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.

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.

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.medicare.gov/Medicare-CHIP-Program-Information/By-State/By-State.html>
- Information on Children's Health Insurance Programs is located at: www.insurekidsnow.gov



