

Information for American Indians and Alaska Natives Applying for Coverage

This document provides helpful tips and information for American Indians and Alaska Natives (AI/ANs) applying for benefits in the Marketplace, Medicaid and the Children's Health Insurance Program (CHIP).

INDIAN HEALTH CARE PROGRAMS:

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 to AI/ANs at hospitals and clinics and through non-IHS providers under the Purchased/Referred Care program. When AI/ANs enroll in CMS programs, they can continue to receive services from their local Indian health care provider or access services from non-IHS providers. Indian health care providers can bill QHPs or Medicaid/CHIP for services provided to their patients and these revenues can be used to hire health professionals, purchase equipment, and meet accreditation requirements.

DEFINITION OF INDIAN:

In general, for purposes of the Marketplace, the definition of Indian is limited to members of federally recognized tribes; however, for Medicaid and CHIP, Indian is defined as any AI/AN eligible for services from an Indian health care provider.

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 special enrollment periods and cost sharing protections on the Marketplace but can apply for an exemption from the shared responsibility payment (tax penalty) and can qualify for the Medicaid and CHIP protections.

MARKETPLACE PROTECTIONS:

The Marketplace provides certain protections for AI/ANs:

- **Special Enrollment Periods (SEP):** Members of federally recognized tribes can enroll in the Health Insurance Marketplace or change plans throughout the year, not just during the yearly Open Enrollment period.

- In the federally-operated Marketplace, non-tribal members applying on the same application as a tribal member requesting an SEP can take advantage of this SEP. In Marketplaces operated by states, this flexibility may vary.
- Members of federally recognized tribes 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.
- Members of federally recognized tribes 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.
 - To avoid copays, deductibles or coinsurance when receiving EHBs through a QHP, a referral from an Indian health care provider to a QHP is required.
- Members of federally recognized tribes can enroll in a zero cost sharing or limited cost sharing plan, at any metal level.
- Members of federally recognized tribes 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.

TRIBAL DOCUMENTATION TO SUPPORT MARKETPLACE APPLICATIONS:

When applying on the Marketplace as a member of a federally recognized tribe for SEP and cost sharing reductions, provide documentation such as one of the following:

- Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature, or a Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information.
- Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging descent, or affiliation, or shareholder status, or participation in village or Alaska Native community affairs. The document can also include a CDIB issued by the BIA or tribe, if the CDIB includes ANSCA shareholder status or information regarding membership in an Alaska Native village.

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.

MEDICAID AND CHIP PROTECTIONS:

Members of federally recognized Indian tribes 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 Medicaid premiums or enrollment fees if they are eligible to receive care from an Indian health care provider or through referral to a non-Indian provider (such as Purchased/Referred Care (PRC)).

- Do not have to pay any cost sharing, such as deductibles, coinsurance or copayments for any Medicaid service from any Medicaid provider if they have ever received a service or referral from an Indian health care provider.
- Children who are American Indian/Alaska Native cannot be charged any premium, enrollment fee, copayment, coinsurance or deductible in CHIP.
- Certain types of Indian payments 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 only applies 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 from your income calculation. It will be counted toward Medicaid eligibility and should be reported on your application for coverage.*

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 self-attestation regarding **Indian status**. If the Medicaid or CHIP agency requires documentation, this same list of tribal documents or any of the following documents could be used to verify Indian status or eligibility for services from an Indian health provider.

- Evidence you have ever received or are eligible to receive services from an Indian health provider or through referral from an Indian health provider.
- If you are a California Indian, a document from the Bureau of Indian Affairs (BIA) or an Indian tribe, showing a person who is listed on the plans for distribution of the assets of Rancherias and reservations located within the state of California under the Act of August 18, 1958, and any descendant of such an Indian; or document showing trust interests in public domain, national forest, or reservation allotments in California; or document showing a person is a descendant of an Indian who was residing in California on June 1, 1852, if such descendant is a member of the Indian community served by a local program of the Indian Health Service.
- Marriage certificate, if non-Indian spouses are made eligible for services through an Indian health care provider, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization, **AND** a document from the list above for your eligible Indian spouse.
- If you are eligible for services through an Indian health care provider only because you are pregnant with the child of a member of an Indian tribe or a shareholder of an Alaska Native corporation, a document from the list above for the member or shareholder.

- If you are an urban Indian, a document showing residency in an urban Indian center, such as a rent statement, mortgage, utility bill, or voter registration card, **AND** an enrollment or membership card/ID or document establishing that the individual:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant, in the first or second degree, of any such member;
 - Is an Eskimo or Aleut or other Alaska Native;
 - Is considered by the Secretary of the Interior to be an Indian for any purpose; or,
 - Has been determined to be an Indian under regulations promulgated by the Secretary.

INDIAN EXEMPTION:

Members of federally recognized tribes 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.

- Apply when filing a federal income tax return using IRS Form 8965.
 - 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
 - Must be able to produce this documentation if audited by IRS
- The exemption 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 through postpartum (6 weeks after delivering the child).

ADDITIONAL RESOURCES:

- Information on special Marketplace protections and benefits for AI/ANs:
<https://www.healthcare.gov/tribal>
- Additional tribal outreach and education resources from CMS Division of Tribal Affairs:
<https://go.cms.gov/AIAN>
- Information about specific State Medicaid programs go to:
<https://www.medicaid.gov/medicaid/by-state/by-state.html>

