



American Indians and Alaska Natives in the Marketplace



TRIBAL AFFAIRS

Overview

What we will cover today:

1. Historical Background and the Indian Health System
2. Medicaid protections for American Indians and Alaska Natives (AI/ANs)
3. Marketplace protections for AI/ANs under the Affordable Care Act (ACA)
4. Medicare under the ACA



Historical Background

- Federally recognized tribes and the federal government have a **historical government-to-government relationship** based on U.S. treaties, laws, Supreme Court cases, Executive Orders, and the U.S. Constitution.
- As part of this **unique relationship**, the **federal government provides health care, social services, housing, education, and other services to AI/ANs**, through federal agencies such as the Department of Health & Human Services (HHS), Department of the Interior, and the Department of Education.



Federally Recognized Tribes and AI/AN Population in the U.S.

- **What is considered a federally recognized tribe in the U.S.?**
 - A federally recognized tribe is any Indian or Alaska Native tribe, band, nation, Pueblo, village, or community that the Department of the Interior (DOI) acknowledges as an Indian tribe, including Alaska Native regional and village corporations.
- **How many AI/AN people live in the U.S.?**
 - According to the U.S. Census, there are 5.2 million people in the U.S. who identify themselves as AI/AN, either alone or in combination with one or more other races. Approximately, 2 million receive services from the Indian health system.



The Indian Health Care System

- **The Indian Health Service (IHS) (I), Tribes and Tribal organizations (T), and urban Indian organizations (U)** are the three components of the Indian health care system.
 - 45 Indian hospitals
 - Over 600 Indian health centers, clinics, and health stations, including urban programs
- When specialized services aren't available at these sites, health services may be purchased from public and private providers through the **Purchased/Referred Care Program**, formerly known as Contract Health Services.



CMS Programs

CMS administers the following programs:

- ✓ **Medicare**
- ✓ **Medicaid**
- ✓ **Children's Health Insurance Program (CHIP)**
- ✓ **The Health Insurance Marketplace**



Affordable Care Act: Benefits for Tribal Communities

- **Permanently reauthorizes** the Indian Health Care Improvement Act (IHCIA) and strengthens the Indian Health Service's role in health delivery.
- **Strengthens the IHS** and ensures that AI/ANs will be able to continue to receive services from IHS, Tribes or Tribal organizations, and urban Indian organizations.



Definition of AI/AN

- **For purposes of Medicaid and CHIP**, an AI/AN is a member of a federally recognized Tribe, an Alaska Native Claims Settlement Act (ANCSA) shareholder, or any individual eligible to receive services from IHS.
- **For purposes of the Marketplace**, an AI/AN is limited to members of a federally recognized Tribe or ANCSA shareholders.



Benefits for Tribal Communities: Medicaid

- **CHIPRA/ARRA Protections**
 - Documentation/Enrollment
 - Cost Sharing, Income/Resource Protections, Managed Care Protections/Estate Recovery
- Individuals can apply and enroll in **Medicaid** at any time



Benefits for Tribal Communities: Marketplace

- Special enrollment periods and the ability to switch plans monthly
- Cost-sharing reductions in zero cost-sharing and limited cost-sharing at any level plan, depending on income
- Ability to apply for an exemption from the individual shared responsibility payment



Streamlined Application



Submit Streamlined Application to the Marketplace

- Online
- By Phone
- By Mail
- In Person

Verify and Determine Eligibility

- Supported by Data Services Hub
- Submit Tribal Documentation w/in 90 days

Eligible for Qualified Health Plan or Medicaid/CHIP

Enroll in Medicaid/CHIP

Enroll in Marketplace Qualified Health Plan

- Premium Tax Credit
- Cost-sharing Reductions
- Tribal SEPs

Why Does Household Income Matter?

People In Family (2014)	100% FPL (in household)	133% FPL (Medicaid Expansion)	200% FPL (CHIP)	300% FPL (Cost Sharing Reductions)	400% FPL (APTC)
1	\$11,670	\$15,521	\$23,340	\$35,010	\$46,680
2	\$15,730	\$20,921	\$31,460	\$47,190	\$62,920
3	\$19,790	\$26,321	\$39,580	\$59,370	\$79,160
4	\$23,850	\$31,721	\$47,700	\$71,550	\$95,400
Additional Persons	\$4,060	\$5,400	\$9,020	\$12,180	\$18,040



Streamlined Application: Verification of Indian Status

Use the streamlined application to indicate you are a Tribal member or Alaska Native shareholder.



For the Marketplace verification of Indian status is done through a paper documentation process.



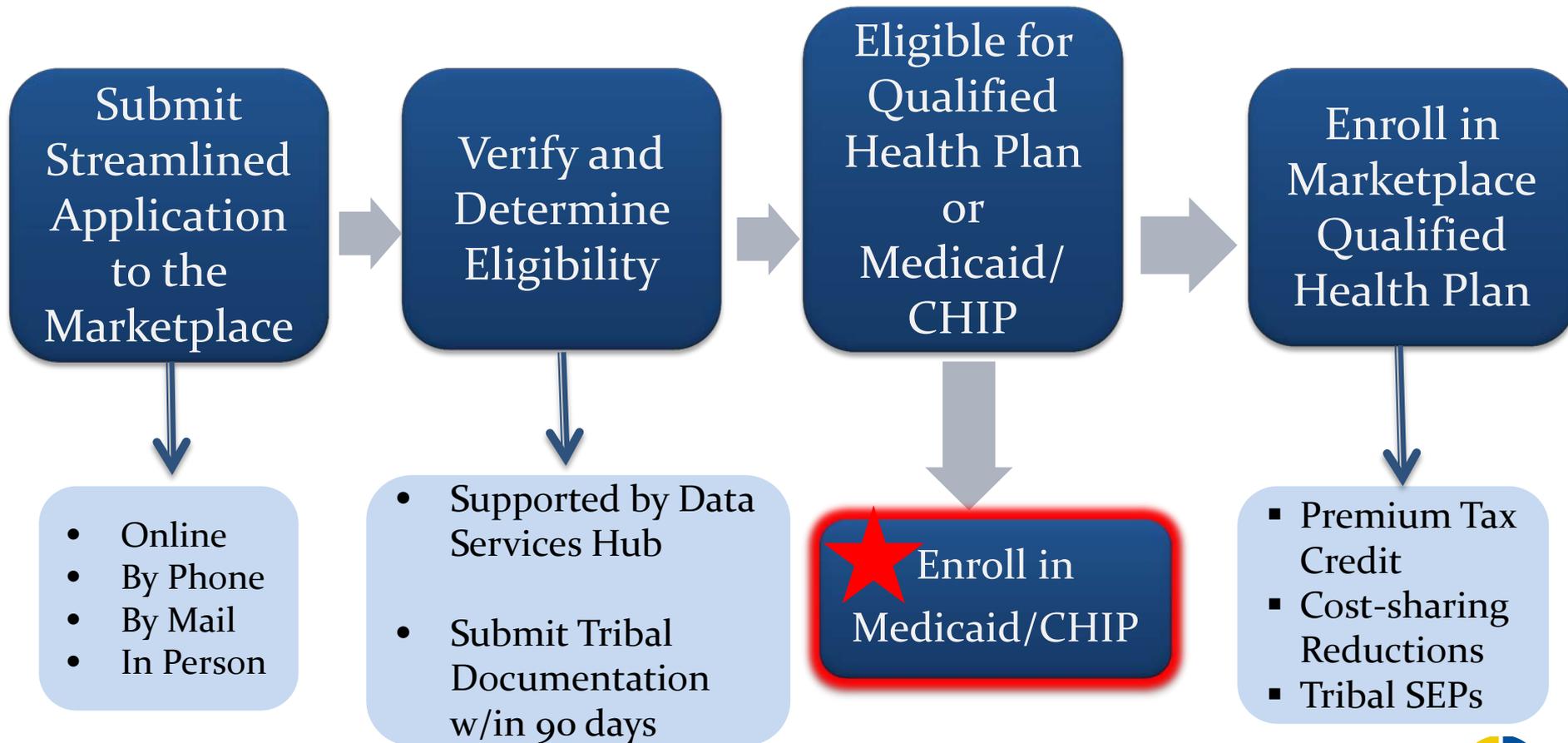
Benefit from the special protections in the Marketplace!

Documents accepted:

- Tribal identification card
- BIA Forms
- Certificate of Indian Blood



Medicaid Protections for AI/ANs



Medicaid: Who is Covered?

- **Mandatory Categorically Needy Groups - Required by Statute**
 - Children and Families
 - Pregnant Women
 - Disabled and Aged Individuals
- **Optional Categorically Needy Groups – State Option**
- **Childless adults, age 19 -64, below 133% FPL in Medicaid Expansion states**



Medicaid Expansion Reaches Many Different Groups of People

The Medicaid expansion: Potential for coverage for millions of uninsured Americans

Parents of children covered by Medicaid and CHIP

Parents of children who have grown and left home

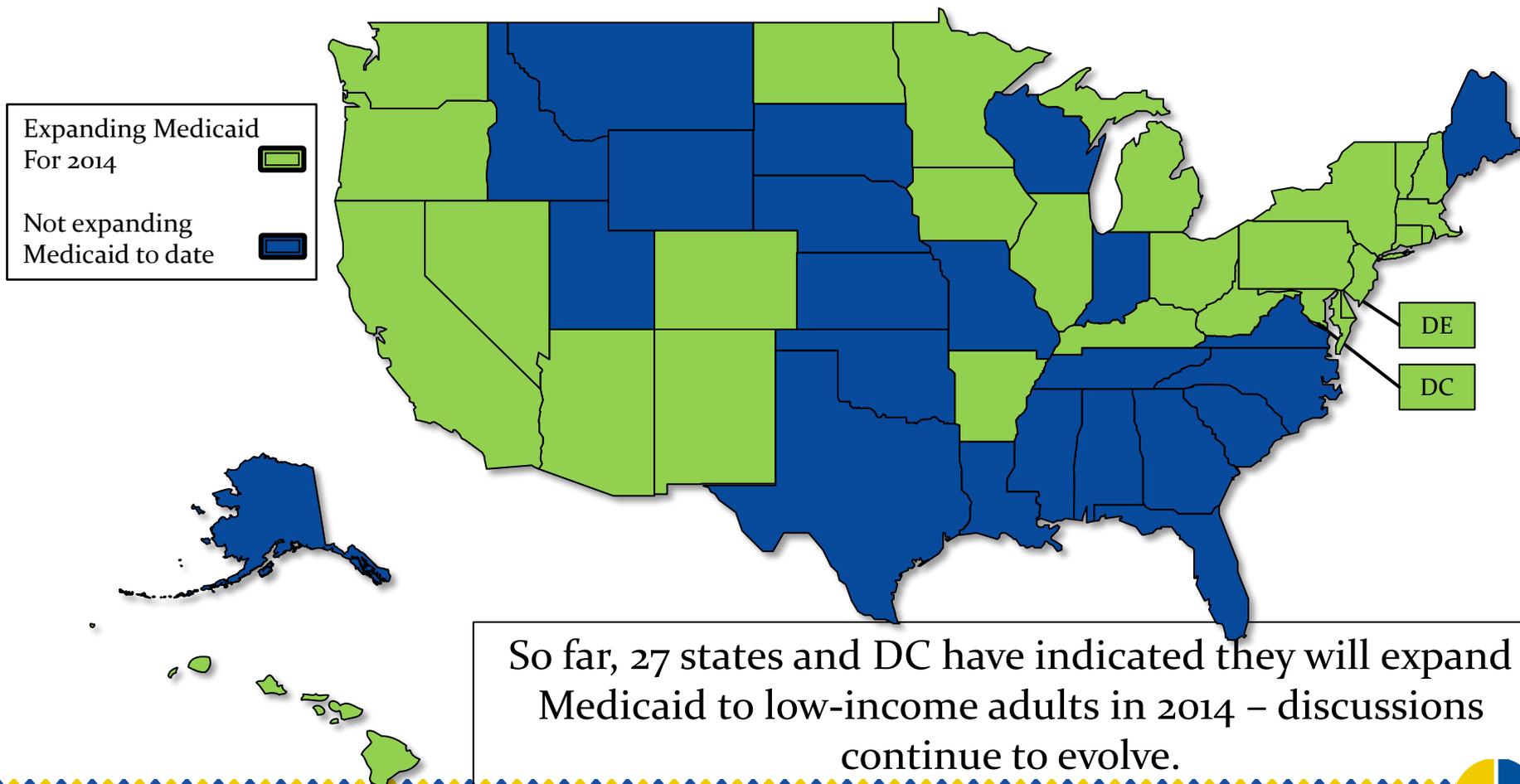
Women that states now only cover while they are pregnant

Older people but still too young for Medicare

Younger people just starting out on their own

Individuals who are not yet in poor enough health to qualify based on disability

27 States and DC Will Expand Medicaid for 2014



AI/AN Medicaid and CHIP Protections

Provides special protections for AI/ANs to increase access to health coverage through:

- Medicaid and/or CHIP (ARRA Protections)
 - Resource Exemptions/Income Exclusions
 - Cost Sharing Exemptions
 - Estate Recovery Protections
 - Managed Care Protections
 - States/Tribal consultation



AI/AN Medicaid and CHIP Protections

Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility:

- 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



AI/AN Medicaid and CHIP Protections

AI/ANs have the following Medicaid and CHIP protections:

- Do not have to pay premiums or enrollment fees and can enroll at any time
- No cost sharing in Medicaid if have ever used an I/T/U and no cost sharing for any AI/AN in CHIP.

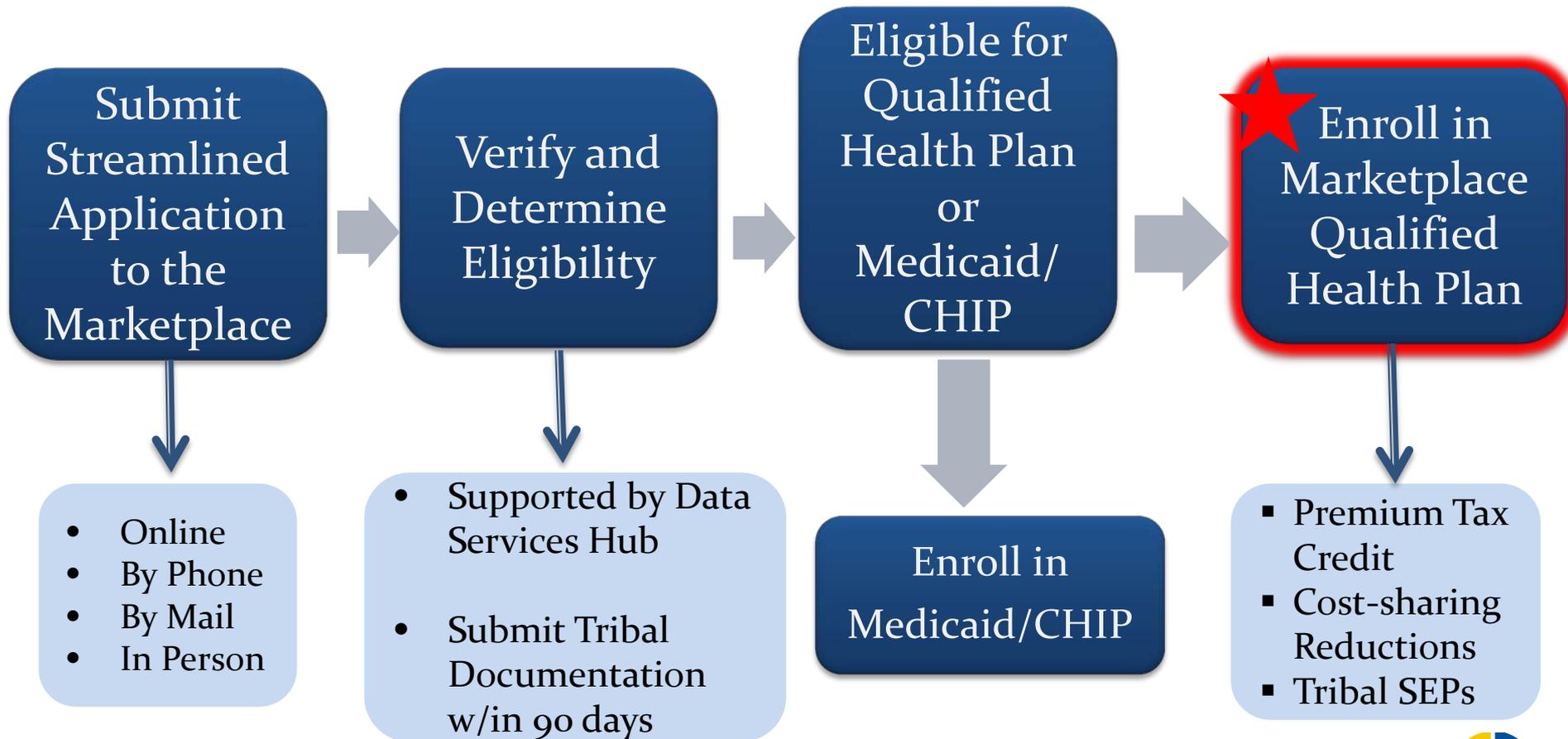


Benefits for Tribal Communities: Medicaid

- 100% FMAP for Medicaid-covered services provided through Indian Health and Tribal 638 facilities.
- I/T/U Providers must be able to enroll in Medicaid and facilities are exempt from local licensure by the State as long as they substantially meet provider requirements.



Marketplace Protections for AI/ANs



What is the Health Insurance Marketplace?

- Part of the **Affordable Care Act**
- Where individuals & families directly compare private health insurance options
 - Known as **Qualified Health Plans (QHPs)**
 - Can directly compare on the basis of price, benefits, quality, and other factors



The Marketplace

- **It's a way to shop for health coverage**
 - An individual or family can explore every QHP in the area
 - Using one application, you can learn all the programs for which you qualify
- **Most people receive help paying premiums**
 - 90% of people who were uninsured will qualify for savings on health insurance
- **It offers clear options with apples-to-apples comparisons**
 - All health insurance plans in the Marketplace present their price and benefit information in plain language



Marketplace Establishment

Each State Can Decide To:

- Create and run its own Marketplace
 - *State Based Marketplace*
- Have a Marketplace established and operated by the federal government
 - *Federally Facilitate Marketplace*
- Engage actively with the federal government in operating certain Marketplace functions
 - *State Partnership Marketplace*



The Marketplace: Qualified Health Plans (QHPs)

- A **Qualified Health Plan (QHP)** is an insurance plan certified by the Marketplace that will cover 10 Essential Health Benefits (EHB).
- Each **QHP Must** follow established limits on cost-sharing
 - deductibles, copayments, and out-of-pocket maximum amounts
 - meets other requirements



The Marketplace: Essential Health Benefits (EHB)

Ten (10) Essential Health Benefits (EHB):

1. **Outpatient care** you get without being admitted to a hospital (ambulatory patient services)
2. **Visits to the emergency room**
3. **Hospitalization**
4. **Maternity and newborn care**
5. **Mental health, behavioral health, and substance abuse treatment**
6. **Prescription drugs**
7. **Rehabilitative and habilitative services** and devices (such as physical, occupational, or speech therapies that help improve skills for daily living)
8. **Laboratory services**
9. **Preventive and wellness services and chronic disease management** (such as screenings, check-ups, and monitoring and coordinating treatment)
10. **Pediatric services** (including oral and vision care)



Special Protections: Special Enrollment Periods

- Tribal members and Alaska Native shareholders have **special enrollment periods (SEPs)**, which allow them to enroll in health coverage monthly, rather than only during the yearly Open Enrollment period.
- In the Federal Marketplace, if one family member on the application is eligible for the SEP, all family members who apply on the same Marketplace application are eligible. This is true even if different family members are eligible for different Marketplace plans. However, a State Marketplace might process the SEP differently.



Special Protections: Special Enrollment Periods

- For consumers who **change their plan or enroll in a new QHP between the 1st and 15th day** of any month, the effective date of coverage will be the first day of the following month.
- If the consumer **changes plans and enrolls in a new health plan between the 16th and the last day of any month**, the coverage effective date will be the first day of the second following month.



Special Protections: Zero Cost Sharing Plans

Tribal members and Alaska Native shareholders with income at or below 300% of FPL:

- May be able to 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 I/T/U provider when receiving EHBs through the QHP.



Special Protections: Limited Cost Sharing Plans

Tribal members and Alaska Native shareholders with income above 300% FPL:

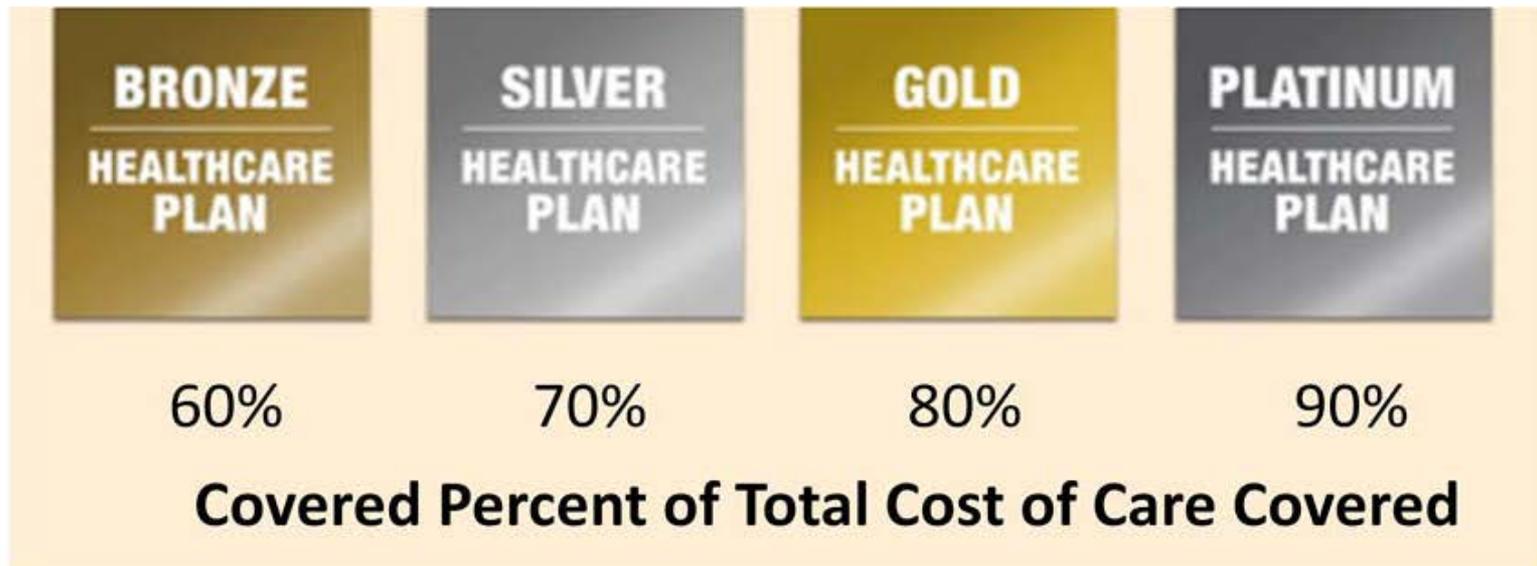
- Can enroll in a **limited cost sharing plan** which means no copays, deductibles or coinsurance when receiving care from Indian health care providers
- **Will need a referral** from an I/T/U provider to avoid cost sharing when receiving EHBs through a QHP.



Marketplace Plan Levels of Coverage: Metal Levels

**Lowest Premiums
Highest Out-of-Pocket Costs**

**Highest Premiums
Lowest Out-of-Pocket Costs**



Advanced Premium Tax Credits (APTC)

- Tribal members and Alaska Native shareholders are **not exempt** from premiums.
- You could be **eligible for APTCs**, if:
 - Buy health insurance through the Marketplace;
 - Don't have coverage through an employer or government plan;
 - Are within 100% and 400% FPL
- **Tribal Premium Sponsorship**



Exemption from the Shared Responsibility Payment

1. Have minimum essential coverage



They're already covered and don't need to do anything.

OR

2. Have an exemption from the shared responsibility payment (fee)

EXEMPT

They don't have to get coverage and won't have to pay a fee for not having coverage.

OR

3. Pay a fee (shared responsibility payment)



They should consider getting coverage. If they don't, they'll pay a fee.



Indian Exemption

Tribal members, ANCSA or Alaska Native shareholders, descendants, and other Indians eligible for services from an I/T/U, **may qualify for an exemption from the shared responsibility payment**



Indian Exemption

There are two ways to apply for the Indian exemption:

1. Apply to the Marketplace for an exemption from the tax penalty **through the mail**
 - Must still submit Tribal documentation
 - Will receive an Exemption Certificate Number
 2. File for the Indian exemption when **completing your federal tax return**
 - Must be able to produce Tribal documentation if audited
- ❖ No matter which way you apply for an exemption, you will need to complete and attach IRS Form 8965, Health Coverage Exemption



Affordable Care Act: Medicare for Indian Country

Your Medicare Coverage is Protected

1. You may get cheaper prescription drugs
2. You get free preventive services
3. Your doctors are supported to better coordinate your care
4. The law fights fraud and strengthens Medicare
5. AI/ANs pay no late enrollment penalty if they delay enrollment in Prescription Drug benefits (Part D)



Key Points

- Federally recognized tribes and the federal government have a unique relationship. **The federal government has a responsibility to provide members of federally recognized tribes with health care.**
- By enrolling in Medicaid or a Marketplace QHP, AI/ANs benefit by having greater access to services that may not be provided by your local ITU. **Using non-Tribal health care resources can increase the resources available to others in your Tribal community.**



Key Points

- **Eligible AI/ANs have certain protections and exemptions under Medicaid, CHIP, and the Marketplace.**
 - For Medicaid and CHIP, AI/ANs are exempt from cost sharing and certain Indian income is excluded in determining eligibility
 - For the Marketplace, Tribal members and Alaska Native shareholders have special monthly enrollment periods and zero or limited cost sharing
 - All AI/ANs have the ability to apply for an exemption from the individual shared responsibility payment
- **Whether an AI/AN enrolls in Medicaid, CHIP or the Marketplace, or applies for an exemption, AI/ANs can continue to get services from an ITU at no cost.**



Additional Resources

Marketplace Resources

- Call Center: 1-800-318-2596. 24 hours a day. 7 days a week.
- 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/getofficialresources/publications-and-articles/american-indian-and-alaska-native-publications.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://go.cms.gov/AIAN-OutreachEducationResources>
- Weekly Assister's Webinar: <https://goto.webcasts.com/starthere.jsp?ei=1043358>
- IHS Q&A call for Affordable Care Act questions: acainformation@ihs.gov



Additional Resources

Medicaid

- 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>

Children's Health Insurance Programs

- Information on Children's Health Insurance Programs is located at:
www.insurekidsnow.gov

Partner Lists

- List of Federally Recognized Tribes:
<http://www.bia.gov/cs/groups/public/documents/text/idco06989.pdf>
- 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/corpindeindex.cfm>

Questions?

CONTACTS:

