

Health Coverage Options for American Indians and Alaska Natives

This fact sheet provides information and guidance Navigators and certified application counselors (collectively, assisters) need to know in order to help American Indians and Alaska Natives (AI/ANs) understand health coverage options through the Marketplace, Medicaid, and the Children’s Health Insurance Program (CHIP).

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November 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

Background

The United States has a government-to-government relationship with federally recognized tribes and Alaska Native regional and village corporations. For this reason, there are certain protections in Medicaid, CHIP, and the Marketplaces. These protections apply to different categories of AI/ANs:

- For the Marketplaces, certain protections apply to members of a federally recognized Indian Tribe or shareholders in an Alaska Native Claims Settlement Act (ANCSA) corporation (ANCSA shareholders).
- For Medicaid, certain protections apply to members of a federally recognized Indian Tribe, ANCSA shareholders, or other individuals eligible to receive services from the Indian Health Service (IHS).
- CHIP premium and cost-sharing protections apply to members of a federally recognized Indian Tribe or shareholders in an ANCSA corporation.

A list of federally recognized Tribes is available at [BIA.gov/service/tribal-leaders-directory/federally-recognized-tribes](https://www.bia.gov/service/tribal-leaders-directory/federally-recognized-tribes), and a list of village or regional corporations formed under ANCSA is available at [DNR.alaska.gov/mlw/trails/17b/corpindex.cfm](https://www.dnr.alaska.gov/mlw/trails/17b/corpindex.cfm).

Indian Health Care Programs

Many AI/ANs currently receive health care from Indian health care providers, which include health programs operated by the IHS, Tribes and Tribal organizations, and urban Indian organizations. These health programs are sometimes collectively referred to as ITUs (IHS/Tribal/Urban). AI/ANs don't pay premiums for ITU services and are only charged under limited circumstances for services provided in ITU facilities.

- **I: The Indian Health Service.** In 1955, the Federal Government established the IHS under the Department of Health and Human Services (HHS) to provide health care to AI/ANs. The Affordable Care Act (ACA) reauthorized and made permanent the Indian Health Care Improvement Act,ⁱ which is an underlying authority for the IHS. However, the IHS isn't an insurance program. IHS operates hospitals, Indian health centers, clinics, and health stations.
- **T: Tribes and Tribal Organizations.** Tribes may contract with IHS to operate their own health care facilities pursuant to agreements with IHS under the Indian Self-Determination and Education Assistance Act (ISDEAA), also known as "638" agreements. Tribes operate hospitals, health centers, clinics, and health stations.

- **U: Urban Indian Organizations.** Urban programs also offer services ranging from community health to comprehensive primary care in urban Indian communities.

When certain services aren't available at IHS or Tribally operated facilities, health services are purchased by these facilities through the IHS Purchased/Referred Care Program (PRC), formerly known as the Contract Health Services (CHS) Program.

When AI/ANs enroll in Medicaid, CHIP, or a qualified health plan (QHP) available through the Marketplace, they can continue to receive services from their local Indian health care provider and can also access services from non-IHS providers that are participating providers in Medicaid, CHIP, or the QHP provider network (as applicable). IHS and Tribal providers can generally bill QHP issuers or Medicaid/CHIP for services provided to their patients, and these revenues can be used to pay for costs such as hiring health professionals, purchasing equipment, and meeting accreditation requirements.

Marketplace Coverage

Even though AI/ANs can generally receive services from an Indian health care provider regardless of whether they enroll in private insurance through the Marketplace, there may be some advantages for them to enrolling in Marketplace coverage, and they might be eligible for advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSRs). Marketplace enrollment may help to ensure access to a wider range of providers and services while not impacting AI/ANs' eligibility for health care services through Indian health care providers.

Marketplace Protections

The Marketplace provides certain protections for AI/ANs:

- **Special Enrollment Periods (SEPs)ⁱⁱ:** Members of federally recognized Tribes (including ANCSA shareholders) can enroll in coverage through the Marketplace throughout the year, not just during the annual Open Enrollment period (OEP). Members may also change plans as often as once a month.
- **Zero cost sharing planⁱⁱⁱ:** Members of federally recognized Tribes (including ANCSA shareholders) with household income between 100 percent and 300 percent of the federal poverty level (FPL) can enroll in a **zero cost sharing plan**, which means these consumers won't have to pay any out-of-pocket costs such as copays, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving essential health benefits (EHB) through a QHP.
 - In addition, there is no need for a referral from an Indian health care provider to avoid a cost sharing obligation when receiving EHB through the QHP.

- These consumers can enroll in a zero cost sharing plan at any metal level.
- **Limited cost sharing plan^{iv}:** Members of federally recognized Tribes (including ANCSA shareholders) with household income below 100 percent and above 300 percent of the FPL can enroll in a **limited cost sharing plan**, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers.
 - EHBs provided by a non-Indian health care provider under a referral from an Indian health care provider are not subject to copays, deductibles, or coinsurance.
 - These consumers can enroll in a limited cost sharing plan at any metal level.

Individuals are not exempted from QHP premiums due to being a member of a federally recognized Tribe or ANCSA shareholder. However, they may qualify for APTCs to lower their premiums based on their income.

Note: The American Rescue Plan Act of 2021 (ARP) made the premium tax credit (PTC) available to consumers with household income above 400 percent of the FPL and capped how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent for Plan Years 2021 and 2022. The Inflation Reduction Act (IRA) signed into law on August 16, 2022, extended the enhanced Marketplace tax credits initiated under the ARP through Plan Year 2025.

Eligibility Verification^v

To qualify for year-round enrollment and zero cost sharing plans, consumers will need to provide documentation that they are members of federally recognized Tribes or ANCSA shareholders to the Marketplace. They can provide either 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 ANCSA regional or village corporation acknowledging descent, affiliation, 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 ANCSA shareholder status or information regarding membership in an Alaska Native village.

A list of some of the eligibility documents an AI/AN may need is available at [HealthCare.gov/american-indians-alaska-natives](https://www.healthcare.gov/american-indians-alaska-natives).

When a consumer applies for Marketplace coverage, their eligibility results will explain how to provide the documents. Documentation may be uploaded to the online application or mailed in after submitting the application.

- When mailing in copies of eligibility documents, 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 documents. If documentation is not submitted within this timeframe, they will be notified that they will need to choose another plan until Tribal documents are provided.

Consumers may also need to provide information about the size of their household and how much money they earn or receive if they want to apply for help paying for coverage through a Marketplace.

Mixed Status Households

Members of households with a mixed AI/AN status have special considerations when applying through the Marketplace.

A family that includes both members of federally recognized Tribes (or ANCSA shareholders), and persons who are not might all enroll in the same Marketplace plan. However, if they do so, the family members who are not members of federally recognized Tribes (or ANCSA shareholders) will not be able to use the special cost-sharing savings. Therefore, federally recognized Tribal members (or ANCSA shareholders) and non-Tribal family members with a household income under 300 percent of the FPL should consider enrolling in separate plans if they want to take advantage of all potential savings.

A household that includes both members of federally recognized Tribes (or ANCSA shareholders) and persons who are not may also choose to enroll on the same Marketplace application. If all family members use the same application and one family member on the application is eligible for the SEP, all family members will benefit from the SEP. Therefore, non-Tribal members applying on the same application as a Tribal member requesting an SEP can take advantage of this SEP. This is true even if different family members are eligible for different Marketplace plans based on differing eligibility for lower monthly premiums or out-of-pocket costs. In State Marketplaces using their own platforms, this flexibility may vary.

Medicaid and CHIP Coverage

Medicaid and CHIP are available to AI/ANs who meet the eligibility requirements for these programs, which can vary from state to state. These programs will generally cover Medicaid- and CHIP-covered services provided by ITUs that are enrolled Medicaid and CHIP providers and might also cover services that a local Indian health clinic might not be able to provide.

Medicaid and CHIP Protections

AI/AN Medicaid beneficiaries have the following Medicaid protections:

- They do not have to pay Medicaid premiums or enrollment fees if they are eligible to receive or have received care from an ITU or through a PRC Program.
- They do not have to pay any cost sharing such as deductibles, coinsurance, or copayments for any Medicaid service from any Medicaid provider if they are currently receiving or have ever received care from an ITU or through a PRC Program.

CHIP beneficiaries cannot be charged any premium, enrollment fee, copayment, coinsurance, or deductible in CHIP.

Medicaid Eligibility Verification

When applying for Medicaid and CHIP, applicants may need to provide documentation of U.S. citizenship. The following eligibility 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 BIA
- A Tribal census document

- Any document indicating affiliation with the Tribe

For purposes of cost sharing and premium exemptions, Medicaid and CHIP agencies may accept an individual's self-attestation regarding AI/AN **status**. If the Medicaid or CHIP agency requires documentation, this same list of eligibility documents or any of the following documents could be used to verify AI/AN status:

- Evidence the AI/AN has ever received or is eligible to receive services from an Indian health provider or through referral from an Indian health provider.
- If the consumer is 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 of Health & Human Services.

Income Calculation for Certain Eligibility Determinations

In general, certain income is excluded when determining eligibility for Medicaid and CHIP. In general, the exemptions apply to income and property that are connected to the political relationship between the Tribes and the Federal Government and property with unique AI/AN significance.

The following categories of income are generally excluded from an AI/AN's modified adjusted gross income (MAGI):

- Distributions from ANCSA Corporations and Settlement Trusts
- Distributions from trust/reservation property
- Income from trust/reservation property and rights related to hunting, fishing, and natural resources

- Distributions from real property ownership interests related to natural resources and improvements located on or near a reservation or within the most recent boundaries of a prior Federal reservation, or resulting from the exercise of federally protected rights relating to such real property ownership interests
- Income from the ownership or use of items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom
- Student financial assistance provided by the BIA and/or a Tribe
- Income that falls within the IRS General Welfare Doctrine
- Any other income that is non-taxable according to federal law or IRS guidance

Additionally, 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 when calculating income. It will be counted toward eligibility and should be reported on a consumer's application for coverage.*

There might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of determining Medicaid and CHIP eligibility. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it may not be counted for Medicaid and CHIP eligibility.

Application Options for Marketplaces Using the Federal Platform

AI/ANs, just like all consumers, may complete eligibility applications for QHPs and Medicaid and CHIP coverage through Marketplaces using the Federal platform by paper or online. They may also apply over the phone through the FFM Call Center.

For both the paper and online applications, AI/ANs can attest to Tribal membership and, if they do, will need to submit proof of Tribal membership/enrollment/ANCSA shareholder status within 90 days of application.

There are two paper applications that consumers (including AI/ANs) can complete to apply for QHP coverage through Marketplaces using the Federal platform:



- **Application for Health Coverage (Individuals or Families)** is intended for individuals who don't want to apply for help paying for health insurance costs. Step 3 of this application asks if a consumer or members of the consumer's household are members of federally recognized Tribes (including ANCSA shareholders). If the application is received outside of the annual OEP, the Marketplaces using the Federal platform use the responses to this question to determine whether the AI/AN is eligible for an SEP.
- **Application for Health Coverage & Help Paying Costs (Individuals or Families Who Wish to Apply for Programs to Lower Costs)** asks AI/ANs to complete Step 3 and Appendix B of the application. The Marketplaces using the Federal platform use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a QHP and for financial assistance as well as whether the consumer is eligible for Medicaid or CHIP.

The online application for Marketplaces using the Federal platform includes a question asking whether the applicant or household members are members of federally recognized Tribes (including ANCSA shareholders). Consumers who identify as AI/ANs should answer additional questions to find out if they're eligible for special protections under Medicaid and CHIP.

Employer-sponsored Coverage

The protections from cost sharing for AI/ANs that are included in the ACA are available only with individual market health insurance coverage through a Marketplace. However, AI/ANs with employer-sponsored coverage should not have to pay copayments or deductibles if they receive care at an IHS or Tribal facility because these facilities do not charge cost sharing to eligible AI/ANs. The employer-sponsored plan would not be required to reimburse the Indian health care facility for the cost-sharing amount not paid by the AI/AN.

Consumers who are offered employer-sponsored coverage are not eligible for the PTC unless:

- The employer-offered coverage is "unaffordable" or does not meet minimum value;
- They decline the employer-sponsored coverage; and
- They enroll in individual market health insurance coverage through a Marketplace.

Additional Resources

- [HealthCare.gov/american-indians-alaska-natives/](https://www.healthcare.gov/american-indians-alaska-natives/)
- Indian Health Service: [IHS.gov/aca/faq/](https://www.ihs.gov/aca/faq/)
- Administration for Native Americans (HHS): [ACF.HHS.gov/ana/fact-sheet/american-indians-and-alaska-natives-affordable-care-act-definitional-issues](https://www.acf.hhs.gov/ana/fact-sheet/american-indians-and-alaska-natives-affordable-care-act-definitional-issues)
- CMS Division of Tribal Affairs: [CMS.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN)
- National Indian Health Board Tribal Health Reform Resource Center: [NIHB.org/tribalhealthreform/](https://www.nihb.org/tribalhealthreform/)

i [Indian Health Care Improvement Act](#)

ii [45 CFR § 155.420\(d\)\(8\)](#)

iii [45 CFR § 156.410\(b\)\(2\)](#)

iv [45 CFR § 156.410\(b\)\(3\)](#)

v [45 CFR § 155.350\(c\)\(1\)](#)

