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KEY POINTS

- ACA and Federal Trust Responsibility for American Indians
- Definition of “Indian”
- Provisions and Protections for American Indians
 - Outreach Considerations
- Enrollment and American Indian Status Verification
- Provisions and Protections for American Indians in Medi-Cal
- MAGI and American Indian Income Exemptions



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ACA & FEDERAL TRUST RESPONSIBILITY

- The government's unique legal relationship with American Indians is based on treaties, laws, and Supreme Court decisions.
- Indian Health Service offers health care to American Indians on or near Indian reservations and in some Urban Indian communities.
- The special provisions for American Indians in the ACA are part of the federal trust responsibility, and are intended to protect American Indians and modernize the Indian health delivery system.



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ACA PROVISIONS FOR AMERICAN INDIANS

- Permanent Reauthorization of the Indian Health Care Improvement Act.
- Strengthens the Indian Health Service.
- Increases access to new health coverage options and makes the Indian Health Service the Payer of Last Resort.



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AMERICAN INDIANS IN CALIFORNIA

The American Indian population in California is unique and diverse. California has the largest population of American Indians in the United States and is home to 723,225 American Indians. Translated into direct terms: one in seven American Indians in the United States lives in California.

California is also home to 110 Federally recognized Tribes, over 50 non-Federally recognized Tribes, and Urban Indian communities.



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WHAT IS THE DEFINITION OF “INDIAN”?

The definitions of the word “Indian” in the ACA and Covered California differs from the definition used for delivery of other federally supported health services to American Indians under Medicaid / Medi-Cal and CHIP program and through the Indian Health Service (IHS).

Enrollment assistance personnel should know that the inconsistency may result in confusion because the application for Covered California and Medi-Cal are integrated and because many individuals may be deemed as American Indian for one program and not for the other, resulting in different eligibility outcomes.





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DETERMINING ELIGIBILITY FOR AMERICAN INDIANS

Covered California: American Indian provisions and protections in Covered California are limited to *a member of a federally recognized Tribe.*

Medi-Cal: American Indian provisions and protections in Medi-Cal are inclusive of *any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program.*



FEDERAL HEALTH COVERAGE OPTIONS FOR AMERICAN INDIANS

WHAT IT'S CALLED	WHO IS ELIGIBLE	SPECIAL INDIAN PROVISIONS
Medicare	Over 65 years old Also, people with kidney failure at any age	
Medi-Cal	Under 138% of federal poverty level	No premiums No co-pays/deductibles
Child Health Insurance Program (CHIP)	Children under 19 years old with family income under 200% federal poverty level	No premiums No co-pays/deductibles
COVERED CALIFORNIA	People under 65 years old who are not eligible for Medi-Cal and CHIP	No co-pays/deductibles* (If your income is below 300% FLP or you receive services through an Indian Health Program) Special monthly enrollment* *Provisions limited to members of a federally recognized Tribe



PROVISIONS AND PROTECTIONS FOR AMERICAN INDIANS IN COVERED CALIFORNIA

NO HEALTH CARE EXPENSE FOR CERTAIN INCOME LEVELS

American Indians, *who are members of a federally recognized Tribe*, with a household income of less than \$70,650 for a family of four—**classified as 300% of the federal poverty level**—will not have cost sharing (co-pays or deductible).

NO HEALTH CARE COSTS FOR MEDICAL CARE PROVIDED BY INDIAN HEALTH PROGRAMS

There is no cost sharing (co-pay or deductible) for American Indians, *who are members of a federally recognized Tribe*, for any item or service received from an Indian Health Program including Tribal and Urban Indian Organizations or through referral under contracted health services, regardless of household income.

ENTITLED TO MONTHLY ENROLLMENT PERIODS

American Indians, *who are members of a federally recognized Tribe*, are entitled to enroll in/or change plans once a month through Covered California. All other taxpayers are subject to the annual open enrollment period.

NO REQUIREMENT TO HAVE COVERAGE

American Indians, *who are members of a federally recognized Tribe*, are exempt from the individual mandate to maintain health care coverage beginning January 1, 2014. Any American Indians, *who have received or who are eligible to receive services through an Indian Health Program*, are eligible to apply for a Hardship Exemption from the individual mandate.





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OUTREACH CONSIDERATIONS

Outreach Considerations for **No Requirement to Have Coverage** For American Indians

Accessing Exemption from Individual Mandate:

Members of a federally recognized Tribe can access the exemption through the I.R.S. by applying on their annual tax return.

Any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program can apply for a Hardship Waiver through the Federal Marketplace: www.HealthCare.gov.

*Once an exemption is received, the applicant will not have to pay a penalty for not having health insurance. This is a **lifetime** exemption (unless Tribal eligibility status changes). Further, the exemption does not prevent applicant from enrolling in Covered California, Medi-Cal or other coverage programs.*



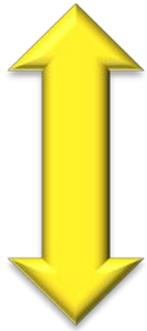
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PLAN OPTIONS

Higher Premiums



Lower Premiums

Plan Tier	Non-Indian cost sharing	Indian* cost sharing
Platinum	10%	0%
Gold	20%	0%
Silver	30%	0%
Bronze	40%	0%

**American Indians who are a member of a federally recognized tribe and who are at/under 300%FPL and/or receive services at an Indian health Program.*

Members of a federally recognized tribe: Zero cost sharing for any premium
Pay Premium → NO cost sharing

Non-Indians: Lower premium means higher cost sharing
Pay Premium → Pay cost sharing



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OUTREACH CONSIDERATIONS

Outreach Considerations for **Monthly Enrollment Period** Provisions and Protections For American Indians

Members of a federally recognized Tribe do not face the same open enrollment restrictions as the general population. They have year round open enrollment and can switch health plans and metal tiers up to once per month.

- Allows for unrestricted navigation between Indian Health Service coverage and Covered California in order to access care not available at Indian health providers in California, such as medical specialists and hospital and surgical care.
- Allows for unrestricted navigation between plan and tier levels to access different premium levels providers networks based on medical need.

Monthly application and enrollment timelines to consider:

For applications received between the 1st – 15th of the month, enrollment will begin the following month. For applications received after the 15th of the month, enrollment will be delayed one additional month.



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ATTESTATION PROCESS

American Indian **Attestation Process** in Covered California Application

Tell us about your race *Please tell us about yourself. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.*

What is your race? *(Optional: Check all that apply)*

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | _____ |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Native Hawaiian | _____ |

Are you of Hispanic, Latino, or Spanish origin? *(Optional)* Yes No

If yes, check which ones:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Mexican, Mexican American, Chicano | |
| <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic, Latino or Spanish origin: | _____ |

Attachment A:

For American Indians or Alaska Natives

★ **Complete this if you or a family member is American Indian or Alaska Native.**

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. Federally recognized American Indians and Alaskan Natives also may not have to pay out-of-pocket costs (such as co-pays) and may get special enrollment periods. Be sure to complete this form and send it in with your application and your proof of Native American or Alaska Native heritage. You may send a document from a federally recognized Indian tribe that shows you are a member of the tribe or affiliated with the tribe (documents may include a tribal enrollment card or certificate of degree of Indian blood.) If you think you qualify for Medi-Cal, you do not have to send proof of your Native American or Alaska Native heritage. See Attachment F to see if you can qualify for Medi-Cal.

If you need to tell us about more than four people who are American Indians or Alaska Natives, **make a copy of this page**, and be sure to send it with your application.



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STATUS QUESTIONS ATTACHMENT A

QUESTIONS THAT ASK AIAN STATUS Attachment A

Person 1: First name Middle name Last name Suffix (examples: Sr., Jr., III, IV)

Is this person a member of a federally recognized American Indian or Alaskan Native tribe? Yes No

If yes, write the name of the tribe: _____ and state of the tribe: _____

Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? Yes No

If no, is this person eligible to get services from the Indian Health services, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? Yes No

Does this person get income from any of the sources below? Yes If yes, answer the questions below.

No If no, continue the application.

▶ Payments to the tribe that come from natural resources, usage rights, leases, or royalties

Amount \$ _____ Weekly Every two weeks Monthly Other _____

▶ Payments from leases or royalties for the use of Indian trust land for natural resources, farming, ranching, or fishing

Amount \$ _____ Weekly Every two weeks Monthly Other _____

▶ Money from selling things that have cultural value

Amount \$ _____ Weekly Every two weeks Monthly Other _____



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STATUS QUESTIONS ATTACHMENT B

QUESTIONS THAT ASK AIAN STATUS Attachment B

Attachment B:

Tell us about your family's health insurance

★ If you need to tell us about more than four people who have other health insurance, make a copy of this page.

Tell us about the health insurance you have now

Answer these questions for everyone who needs help paying for health insurance.

We need to know if anyone applying for health insurance has coverage now. You do not have to tell us about coverage that is not considered minimum essential coverage. Examples of the types of plans you don't have to tell us about are: flex savings plans, health savings accounts, disability insurance, or insurance available in another country.

We do need to know if anyone has any of the following health insurances now: COBRA, employer-sponsored insurance, Peace Corps, retiree health plan, TRICARE/CHAMPUS, veterans health program, Indian Health Service, tribal health program, urban Indian health program, or other health insurance? Does anyone have any of these insurances?

- Yes** *If yes, fill in this page. If you need more space, attach another sheet of paper.*
- No** *If no, go to page 23.*

Note: If you have private health insurance you bought on your own, check the box for "Other health insurance" under "What type?" in the table below.

Name <i>First, middle, last</i>	What type? <i>(choose one)</i>	
Person 1: Has this person been offered affordable full coverage health insurance for January 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> COBRA <input type="checkbox"/> Employer-sponsored insurance <input type="checkbox"/> Peace Corps <input type="checkbox"/> Retiree health plan <input type="checkbox"/> TRICARE/CHAMPUS	<input type="checkbox"/> Veterans health program <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Tribal health program <input type="checkbox"/> Urban Indian health program <input type="checkbox"/> Other health insurance



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STATUS VERIFICATION

How Is Federally Recognized Tribal **Status Verified** By Covered California?

Examples of acceptable documentation:



1. Tribal Identification Card



2. BIA Form

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
TAHLEQUAH AGENCY
Certificate of Degree of Indian Blood

This is to certify that MORRIS PHILLIP KONSTANTIN

born _____ is 3 / 16 degree Indian blood
of the Cherokee Tribe.

11/19/1996 Lola J. Ummeetiskee
Date Issuing Officer

3. Certificates of Degree of Indian Blood (CDIB)



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STATUS VERIFICATION

How Is American Indian **Status Verified** By Covered California?

Enrollee has 90 days to provide documentation that confirms Tribal enrollment. Without proof, Covered California will remove American Indian benefits from coverage.

CECs and Enrollment staff should have no issue in uploading documents as part of the enrollment process as long as the documents are not retained by the clinic related to the enrollment process. Should the clinic have other reasons for retaining documents, and would do so in the normal course of business [such as determining eligibility for IHS services], they will not run afoul of the regulations or policies governing CECs.”



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OUTREACH CONSIDERATIONS

Outreach Considerations for American Indian Enrollment in Covered California

American Indians:

- Currently have access to free (or significantly reduced cost) health care through Tribal and Urban Indian health programs.
- Are not required to maintain minimal coverage (exempt from the individual mandate).



By enrolling in Covered California:

- American Indian individual / family will be covered for services that their Tribal or Urban Indian health program does not provide, such as medical specialists, tests, emergency room visits, and hospital care.
- Community will have more IHS resources for health care and Contract Health Services.
- Benefits include coverage for "10 Essential Benefits".



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MEDI-CAL PROVISIONS

Medi-Cal Provisions and Protections For American Indians

American Indian's are exempt from premiums and cost sharing, including copays, coinsurance and deductibles

Eligibility: *Any* American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program.



Modified Adjusted Gross Income

MAGI is used to determine eligibility for Covered California subsidies and Medi-Cal expansion.

Some examples of taxable American Indian Income which are excluded from MAGI are:

- Distributions or payment for tribal land.
- Distributions resulting from federally protected rights specific to American Indians.
- Student financial assistance provided by the B.I.A.



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Resources

For Additional Information, please contact:

California Rural Indian Health Board (CRIHB)

Virginia.hedrick@crihb.org

916.929.9761



California Consortium for Urban Indian Health (CCUIH)

info@ccuih.org

415.345.1205

