

Tribal Health Reform Resource Center

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ENROLLMENT ASSISTER TOOLKIT

Who are Enrollment Assisters? The term “Enrollment Assister” refers to the wide variety of individuals who are on-site at Indian Health Service clinics, Tribal health facilities, and Urban Indian Organizations (I/T/U) to assist American Indian and Alaska Natives (AI/AN) with enrolling in healthcare coverages through the Marketplace or other government programs such as Medicaid, Medicare, and the Children’s Health Insurance Program (CHIP). These are but not limited to:

- Certified Application Counselors
- Navigators
- Patient Benefits Coordinators

Additionally, there are often other positions at I/T/U’s that may assist the individual consumers with their access to health care services in other ways.

Why Outreach and Education? Outreach and education goes hand in hand with enrolling members in healthcare coverage as the Patient Protection and Affordable Care Act is still in stages of acceptance in AI/AN communities. The activities that fall under outreach and education can vary from making phone calls to your community members or hosting events specifically targeted at getting AI/AN to enroll. You, as an Enrollment Assister are most likely conduct outreach and education every day in a variety of ways! Often throughout this toolkit you may see reference to the individuals who come to your clinic for services as “consumers,” this is because in many ways we want to think about the community members who attend your I/T/U for services as potential customers for the “products” we are trying to “sell”, health benefits coverage through Marketplace Health Plans, Medicaid, Medicare, and CHIP.

What is the Enrollment Assister’s Toolkit? This toolkit was designed as a resource for Enrollment Assisters in the field across Indian Country by the outreach and education staff at the National Indian Health Board. Guided by best practices and experiences relayed by Enrollment Assisters across Indian Country, the contents of this toolkit are provided to help you and the staff at your I/T/U’s better understand the purpose of the enrollment process and how to engage community members effectively regarding Marketplace, Medicaid, Medicare, and CHIP enrollments.

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SPECIAL PROTECTIONS FOR AMERICAN INDIAN AND ALASKA NATIVES

What does the Affordable Care Act (ACA) mean for American Indians/Alaska Natives (AI/AN's)?

American Indians and Alaska Natives have new health insurance benefits and protections in the Health Insurance Marketplace. Some benefits are available to members of federally recognized Tribes or Alaska Native Claims Settlement Act (ANCSA) Corporations. Others are available to people of Indian descent or who are otherwise eligible for services from an Indian Health Service or Tribal health facility.

Special Marketplace protections and benefits for American Indians and Alaska Natives:

The Health Insurance Marketplace benefits AI/ANs by providing opportunities for affordable health coverage. This coverage can be through a private health plan bought in the Marketplace or by signing up for Medicaid or the Children's Health Insurance Program (CHIP).

If the consumer is a member of a federally recognized tribe:

- Purchasing private insurance in the Health Insurance Marketplace, they may not have to pay out-of-pocket costs like deductibles, copayments, and coinsurance.
- They can enroll in the Health Insurance Marketplace any month, not just during the yearly open enrollment period.

If the consumer is an American Indian or Alaska Native or are otherwise eligible to receive services from an Indian Health Service or Tribal health facility:

- They may have special cost and eligibility rules for Medicaid and the Children's Health Insurance Program (CHIP) that make it easier to qualify for these programs.
- They may receive an exemption from the individual mandate to carry health insurance. If an eligible AI/AN does not have health insurance, then they won't have to pay the penalty that most other people without health insurance must pay. The exemption is not automatic, so the consumer will have to claim an exemption from the penalty when filing taxes with the IRS.

If a consumer enrolls in a private health insurance plan through the Health Insurance Marketplace:

- The consumers can get (or keep getting) services from the Indian Health Service, Tribal, or Urban Indian Organization clinic.
- These consumers can also get services from any providers on the Marketplace plan.

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THE MARKETPLACE FOR AMERICAN INDIAN AND ALASKA NATIVES

The Marketplace is the one-stop shop for applying for health care coverage. It helps uninsured people find health coverage through a simple, single-streamlined application that will help you find out what consumers are eligible for today.

The Marketplace offers:

- **Private health insurance.** Plans cover essential health benefits, pre-existing conditions, and preventive care.
- **Lower costs through tax credits based on your household size and income.** The consumer can preview plans available in their area right now, with prices based on income and household size. Most AI/ANs who apply may qualify for tax credits. Tax credits reduce the amount of the monthly premium.
- **Special benefits for enrolled members of federally recognized Tribes including shareholders in Alaska Native Claims Settlement Act (ANCSA) Corporations.** Members may enroll in zero or limited cost sharing plan variations and are eligible for monthly enrollment in Marketplace plans.
- **Medicaid and the Children's Health Insurance Program (CHIP).** These programs cover millions of families with limited income. If the consumer qualifies, the Marketplace will share the information with the individual's state agency and establish contact. Enrollment in Medicaid and CHIP is available year round to qualified individuals.
- **Continued use of the Indian Health System.** If the individual consumer has health insurance, they will still be able to use their local IHS or Tribal health facility. Additionally, they will have access to more providers and services. This insurance coverage may also extend to the consumer's family.
- **Stand Alone Dental Plans.** Dentistry for children under 19 years old is covered in all private Marketplace plans. However, tax credits and cost sharing reductions do not apply to adult Stand Alone Dental Plans.

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Four main types of Marketplaces. (Each state is required by law to have a Marketplace.)

- **Federally-Facilitated Marketplace:** States that have opted to have the Department of Health and Human Services (HHS) run its Marketplace and use www.healthcare.gov.
- **State-based Marketplace:** States that run their own Marketplace and have their own Marketplace website. If you don't know your state specific website, you can visit www.healthcare.gov to be directed to the right website.
- **Federally-Supported State-Based Marketplace:** These Marketplaces operate under the same conditions as State-Based Marketplaces, but the Marketplace interface through www.healthcare.gov.
- **State-partnership Marketplace:** States that run their own Marketplace in partnership with HHS.

Additional Points:

The consumer can also buy a plan outside the Marketplace and still be considered covered.

However, if they buy a plan outside the Marketplace, they will not be eligible for premium tax credits or lower out-of-pocket costs based on their income. AI/AN's can only obtain the zero or limited cost sharing protections through qualified health plans (QHP) available on the Marketplace. **An Individual is considered covered if they have:** Medicare, Medicaid, CHIP, any job-based plan, any plan they bought themselves, COBRA, retiree coverage, TRICARE, VA health coverage, or some other kind of health coverage. **IHS provides health care to eligible AI/AN, but it is not considered to be health insurance**, so check the options for coverage in the Marketplace at www.healthcare.gov.

If the consumer lives in a state that has "expanded Medicaid" they may be able to get affordable health care coverage as a childless adult. Qualification for Medicaid is based on income, household size, disability, family status and other factors. Eligibility for Medicaid differs by state. The ACA allowed states to have the option to "expand" their Medicaid eligibility levels, based on the Federal Poverty Levels (FPL) from 100% to 133%.

If the consumer is eligible for job-based insurance, they can consider switching to a Marketplace plan. But, the consumer will not qualify for lower costs based on their income unless the job-based insurance is not considered affordable or does not meet minimum requirements.

If the consumer has Medicare, they're considered covered and don't have to make any changes; the consumer can't use the Marketplace to buy a Medicare supplemental plan. It's against the law for someone to sell a consumer a Marketplace plan if they know the consumer has Medicare. For supplemental Medicare coverage, visit Medicare.gov to learn more about Medicare Supplement Insurance (Medigap) and Medicare Advantage Plan options.

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2016 FEDERAL POVERTY LEVEL CHART FOR THE HEALTH INSURANCE MARKETPLACE

Every year, the parameters of the Federal Poverty Level (FPL) increase based on the cost of living. Consumers and their families need to understand where they fall on the FPL so they know whether they are eligible for federal subsidies on the Marketplace. Use the chart below to determine which Cost Sharing level and Advance Premium Tax Credits may apply to the consumer based on their income. Under the ACA some states have chosen to “expand” their Medicaid programs to cover all people with household income below a certain level. Other states have chosen not to expand, this is known as an expanded versus a non-expanded state.

	LIMITED COST SHARE PLANS (NO APTC)	ZERO COST SHARE PLANS PLUS APTC	LIMITED COST SHARE PLANS PLUS APTCS	LIMITED COST SHARE PLANS (NO APTC)
<i>Number of People in Your Household</i>	Income under 100% FPL	Income 100% to 300% FPL	Income 301% to 400% FPL	Income over 400% FPL
1	\$0--\$11,880	\$11,880--\$35,640	\$35,641--\$47,520	\$47,521 and up
2	\$0--\$16,020	\$16,020--\$48,060	\$48,061--\$64,080	\$64,081 and up
3	\$0--\$20,160	\$20,160--\$60,480	\$60,481--\$80,640	\$80,641 and up
4	\$0--\$24,300	\$24,300--\$72,900	\$72,901--\$97,200	\$97,201 and up
5	\$0--\$28,440	\$28,440--\$85,320	\$85,321--\$113,760	\$113,761 and up
6	\$0--\$32,580	\$32,580--\$97,740	\$97,741--\$130,320	\$130,321 and up

Assister Tip: If a consumer falls below the 100% FPL levels, or 133% in an expanded state, Medicaid may be an option.

Note: These amounts are higher for consumers in Alaska and Hawaii. FPL guidelines are updated and published yearly by the Department of Health & Human Services (HHS) in January or February. Medicaid and CHIP eligibility for the next year are based on the new guidance, once it's released.

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Below are the definitions of the Limited, and Zero Cost Sharing plans and the Advanced Premium Tax Credit for members of federally recognized Indian tribes and Alaska Native Claims Settlement Act Corporation shareholders

Limited Cost Sharing Plan

- *Consumer needs a referral from an Indian Health Service clinics, Tribal health facilities, and Urban Indian Organizations (I/T/U) when getting essential health benefits through a Marketplace plan to avoid paying co-payments, deductibles, or coinsurance.*
- *Consumer does not pay co-payments, deductibles or coinsurance when getting care through an Indian health care provider (I/T/U).*
- *Consumer can get limited cost sharing with a plan at any metal level on the Marketplace at any income level.*

Zero Cost Sharing Plan

- *Consumer doesn't pay co-payments, deductibles or coinsurance when getting care through an Indian health care provider or when getting essential health benefits through a Marketplace plan.*
- *Consumer doesn't need a referral from an Indian Health Service, Tribal health facilities (I/T/U) when getting essential health benefits through a Marketplace plan.*
- *Consumer can get zero cost sharing with a plan at any metal level on the Marketplace between 100-300% of the FPL in addition to an APTC.*

APTC – Advanced Premium Tax Credits help reduce the cost of monthly premium payments for health insurance. APTC discounts may be available for households with incomes between 100% and 400% FPL (Federal Poverty Level).

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HOW TO CLAIM AN EXEMPTION FOR AMERICAN INDIAN AND ALASKA NATIVES

Although enrollment in Marketplace plans or Medicaid affords American Indians and Alaska Natives many options for low cost or free health coverage, the consumer may also decide to apply for an exemption from the individual shared responsibility payment. It is important to note that if the consumer was not enrolled in minimum essential coverage, they may be subject to an individual shared responsibility payment or fine unless they qualify for an exemption. American Indians and Alaska Natives may claim an exemption from the fine for not maintaining minimum essential coverage if they are:

- 1) Members of federally recognized tribes (which includes Alaska Native Claims Settlement Act (ANCSA) Corporations Shareholders)
- 2) Individuals who are eligible to receive services from an Indian Health Care Provider at IHS, tribal, and urban Indian clinics.

Remember! The consumer can and should still enroll in health coverage, even if they claim an exemption. Having an exemption from the shared responsibility fee doesn't prevent you from enrolling in a Marketplace health plan, Medicaid, or CHIP. These coverage options are still available to consumers. Consumers might qualify for certain protections under Medicaid or CHIP, or for lower costs on monthly premiums and no out-of-pocket costs on private insurance through the Marketplace.

Note: The Marketplace paper application process will no longer be used as an option for applying for an exemption certification number. If you have attained an exemption certification number in the past you may continue to use it on your IRS form 8965 under "Section I." To claim the exemption the consumer must file the IRS form 8965 every year they want to claim an exemption.

How to Claim the exemption on your federal income tax return

1. Download [IRS Form 8965—Health Coverage Exemptions \(PDF\)](#) and [instructions \(PDF\)](#)
2. On Part III of the form, enter the code for the Indian Exemption (Code E) in column "c" and check the box in column "d" for "Full Year." You don't need to provide additional documentation.
3. Be sure to include your completed Form 8965 when you file your tax return. (It is important to note that the consumer should maintain written documentation of their Tribal membership or eligibility for IHS service in event of an audit.)

The consumer may choose to fill out Form 8965 themselves when submitting their taxes, or to use a qualified tax preparer to complete the form. However, tax preparer entities may charge a fee for this service.

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BEST PRACTICES FOR ENROLLMENT INTO MEDICAID/CHIP

Over the past year the National Indian Health Board (NIHB) Tribal Health Reform's Outreach and Education Department traveled throughout Indian Country to assist with enrolling American Indians & Alaska Natives (AI/AN) into numerous forms of affordable medical coverages at a variety of Indian Health Service clinics, Tribal health facilities, and Urban Indian Organizations (I/T/U).

However, the work of outreach and education is not limited to these periods. Every day, enrollment Assisters throughout Indian Country are enrolling AI/AN into Medicaid or the Children's Health Insurance Program (CHIP). I/T/Us play a crucial role with enrolling AI/ANs since AI/ANs receive their medical services at these facilities. Original Medicaid covers children, pregnant women, parents, seniors and individuals with disabilities. Some states have expanded their Medicaid programs to cover all people with household incomes below a certain level. The Children's Health Insurance Program or CHIP, serves uninsured children up to age 19 in families with incomes too high to qualify for Medicaid. Each state has a CHIP program which works with its regional Medicaid program, states have broad discretion in setting their income eligibility requirements for their CHIP programs.

American Indians and Alaska Natives have special protections under the American Recovery and Reinvestment Act (ARRA) of 2009. The ARRA provides certain protections for AI/As who are enrolled in Medicaid or CHIP including paying for premiums or enrollment fees. Also, if AI/ANs receive care from an Indian health care provider or through a referral to a non-Indian provider, they do not have to pay any cost sharing, such as deductibles, co-insurance, or co-payments.

Outreach and Education in your community is important. In order to have an effective enrollment and retention of qualified AI/ANs in Medicaid or CHIP programs, it is essential to create events that tailored to the local community.

Here are some ideas of how to implement Best Practice to enrolling American Indian and Alaska Natives into Medicaid and CHIP programs. When thinking about enrollment in Medicaid and CHIP, consider The Who, What, Where, Why and When of best practices for enrollments!

1) **Who can enroll into Medicaid and CHIP programs?**

When we start thinking about enrolling AI/AN in Medicaid and CHIP programs, we have to understand **who** will be applying for and using these services.

- Some low-income people

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- Families and children
- Pregnant women
- The elderly
- And people with disabilities
- Childless adults (For Medicaid Expanded states)

2) What will this audience gain?

Provide information to AI/AN of **what** Medicaid and CHIP will cover for them, examples of the health benefits:

- Preventative screenings
- Office visits
- Outpatient hospital care
- Inpatient hospital care
- Laboratory X-ray services
- Prescription
- Emergency services
- Transportation to medical care

Outline the services and benefits in terms that they will understand. For instance, if you are interacting with:

- Some low-income people
 - “You may qualify for affordable health insurance through the Medicaid program, If you have time, we can fill out a Medicaid application now”
- Families and children
 - “If you qualify, Medicaid and CHIP may offer affordable health insurance for you, your kids, and teens. Through CHIP children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. If you have time, we can fill out a Medicaid application now”
- Pregnant women
 - “If you are pregnant you may qualify for affordable health insurance through the Medicaid or CHIP program in your state. If you have time, we can fill out a Medicaid application now”
- The elderly
 - “You are able to apply for Medicaid in addition to having Medicare, this is called being “dual eligible.” If you have time, we can fill out a Medicaid application now ”
- People with disabilities
 - “If you qualify, Medicaid provides a full range of coverage for people with disabilities, including preventive services, primary and specialty care, prescription drugs, medical equipment and long-term services and supports. If you have time, we can fill out a Medicaid application now”

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- Childless adults (For Medicaid Expanded states)
 - “Some states have expanded their Medicaid programs to cover all people with household incomes below a certain level, others haven’t. If you have time, we can fill out a Medicaid application now”

3) **Where can we reach them?**

- a) Health Centers such as Indian Health Service, Tribal clinics or Urban health facilities
- b) Schools
- c) Senior Citizens Centers
- d) Community events
- e) Tribal meetings

4) **Why should these AI/AN care about enrolling into Medicaid and CHIP?**

- a) Inform AI/AN that Medicaid and CHIP counts as minimal essential coverage to meet the Affordable Care Act requirements
- b) Even after enrolling into programs like Medicaid and CHIP, the consumer and their family can continue to go to their preferred I/T/U for services
- c) No premiums (The amount that must be paid for a health insurance or plan, typically monthly, quarterly, or yearly), co-payments (A fixed amount for ex \$15 the consumer pays for a covered health care service, usually at the time of service), or co-insurances (Consumer’s share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.)
- d) It provides the AI/AN more choices; they are able to continue their care at their preferred I/T/U or chose to go outside the I/T/U system for care
- e) Brings third-party resources into your community, which can provide more resources for your I/T/Us.

5) **When do we try to reach out?**

- a) On a Monthly basis (AI/AN’s can enroll in Medicaid monthly)
- b) When a consumer
 - i) Has changes in income
 - ii) Has a change in residence
 - iii) Gets married
 - iv) Becomes pregnant, has a baby, or adopts a child

Remember each state runs its own version of Medicaid with different procedures and coverage. Find out exactly how Medicaid and CHIP programs operate in your state.

If you are planning to host an outreach and education event to encourage enrollments, reach out to other assister organizations. Partnerships can increase your resources and ability to enroll! For more information download NIHB’s Creating Community Events for Enrollment Guide: www.nihb.org/tribalhealthreform/outreach-and-educational-materials

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IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE

The front of an example information card that you, as an Enrollment Assister, could create for distribution to consumers at your location for awareness about documents needed to apply for Medicaid for the first time.

This example is available online at nihb.org/tribalhealthreform



IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE

<p>INDIAN HEALTH SERVICE </p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>INDIAN HEALTH SERVICE </p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>INDIAN HEALTH SERVICE </p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>INDIAN HEALTH SERVICE </p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s) 	<p>INDIAN HEALTH SERVICE </p> <p>PATIENT BENEFITS PROGRAM</p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> ➤ Birth Certificate(s) ➤ Social Security Card(s) ➤ Tribal Enrollment(s) ➤ Proof of Residency ➤ Income ➤ Insurance Card(s)
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The back of an example information card that you, as an Enrollment Assister, could create for distribution to consumers at your location for awareness about documents needed to apply for Medicaid for the first time.

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IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE

<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>	<p>(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM</p> <p>Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.</p> <p>PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX</p>
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CONTACT RESOURCES

2017 Tribal Navigator Grantee Contact Information

- **Michigan: Forest County Potawatomi Community**
 - Primary Contact: Harold Frank Phone: 715 478-7200
Email: gus.frank@fcpotawatomi-nsn.gov
- **Wisconsin: Forest County Potawatomi Community**
 - Primary Contact: Harold Frank Phone: 715-478-7200
Email: gus.frank@fcpotawatomi-nsn.gov
- **North Dakota: Great Plains Tribal Chairmen's Health Board**
 - Primary Contact: Kathlene Thurman Phone: 605-721-1922 Email:
kathlene.thurman@gptchb.org
- **South Dakota: Great Plains Tribal Chairmen's Health Board**
 - Primary Contact: Kathlene Thurman Phone: 605-721-1922 Email:
kathlene.thurman@gptchb.org
- **Utah: Urban Indian Center of Salt Lake**
 - Primary Contact: Shawn Jimerson Phone: 801-486-4877
Email: sjimerson@iwic.org

Full List of All Navigator Grant Awardees Found Here:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Navigator-Grantee-Summaries-2016.pdf>

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ADDITIONAL RESOURCE DOCUMENTS:

Medicaid.gov: “Medicaid and You Frequently Asked Questions”

“How do I apply for (or renew) Medicaid or CHIP?”

Your state will determine if you qualify for Medicaid. [Learn how to apply](#) or [contact your state](#) for renewal or application information at: [Medicaid.gov](https://www.Medicaid.gov)

“Who can tell me if I am eligible for Medicaid?”

Since Medicaid is administered by the Medicaid agency in your state, eligibility may vary from one state to another. CMS is the federal agency that works with state Medicaid agencies to make sure they comply with federal laws and regulations. [Contact your state Medicaid agency](#) with questions, or [see if you qualify by applying](#) at [Medicaid.gov](https://www.Medicaid.gov)

“I want to apply for Medicaid or get coverage for my child. Who do I contact?”

Your state will determine if you qualify for Medicaid, visit: [Medicaid.gov](https://www.Medicaid.gov)

“I am looking for a dentist in my area who accepts Medicaid. How can I find one?”

Use this dental locator to [find a dentist](#) that accepts Medicaid:

<https://www.insurekidsnow.gov/state/find-a-dentist/index.html>

“Does Medicaid cover pregnancies, mental health, dental, nursing home, or long term care?”

States are required to cover certain benefits and others are optional. To learn what your state covers, [contact your state Medicaid agency](#). To learn more about the Federal rules around mandatory and optional services, visit the [benefits page](#): [Medicaid.gov](https://www.Medicaid.gov)

“I have a question about my Medicaid account. What is your phone number?”

[Contact your state Medicaid agency](#). They can help you get replacement cards and answer your questions about what services are covered, providers to use, and how to renew your eligibility:

<https://www.Medicaid.gov/about-us/contact-us/contact-us.html>

“I want to talk to someone at the federal level? Who do I contact?”

[Contact the CMS Regional Office](#) in your area. The regional office works closely with your state Medicaid agency: <https://www.Medicaid.gov/about-us/contact-us/contact-us.html>

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Healthcare.gov: “4 Tips about the Health Insurance Marketplace”

You can apply for 2017 coverage as soon as November 1, 2016.

1. The Health Insurance Marketplace is for people who are returning to review plans for open enrollment periods or that don’t have health coverage

If you don’t have health insurance through a job, Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), or another source that provides [qualifying coverage](#), the Marketplace can help you get covered.

- If you have job-based insurance: You can buy a plan through the Marketplace, but you’ll pay full price unless [your employer’s insurance doesn’t meet certain standards](#). Most job-based plans do meet the standards.
- If you have Medicare: You can’t switch to Marketplace insurance, supplement your coverage with a Marketplace plan, or buy a Marketplace dental plan. [Learn about Medicare and the Marketplace](#).

2. What you pay for insurance depends on your income – and you’ll probably save

Your savings depend on your estimate of your **expected income for the coverage year**. This year, about 8 in 10 of the uninsured who are eligible for Marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums. [Get a quick idea if your expected income is in the range to save](#).

Based on the income estimate you put on your application, we’ll tell you if you qualify for one of these:

A health insurance plan with savings

Most people who apply qualify for a [premium tax credit](#) that lowers their monthly insurance bill. Some also save on out-of-pocket costs like [deductibles](#) and [copayments](#).

The plans are offered by private insurance companies with a range of prices and features. All plans cover:

- [Essential health benefits](#)
- [Pre-existing conditions](#), including pregnancy
- [Preventive care](#)

You can [add dental to a health plan](#), but you don’t have to. You can’t buy a dental plan unless you enroll in a health plan.

Medicaid and the Children’s Health Insurance Program (CHIP)

[Medicaid and CHIP](#) provide free or low-cost coverage to millions of people and families with limited income, disabilities, and some other situations.

- Many states are expanding Medicaid to cover all households below certain incomes. [See if your state is expanding and if your income is in range to qualify](#).
- Your children may qualify for CHIP even if you don’t qualify for Medicaid.

3. You can apply for coverage 4 ways

You can apply for health insurance any way that works for you:

- Online
- By phone
- [With in-person help](#)
- With a paper application

4. If you don’t have health insurance, you may have to pay a fee

Most people must have qualifying health coverage or pay a fee with their federal taxes.

- If you don’t have coverage in 2016, you’ll pay a penalty of either 2.5% of your income, or \$695 per adult (\$347.50 per child) — whichever is higher. The fee rises with inflation in future years. Final 2017 amounts will be published when available. [Learn about the fee](#).
 - In some cases, you might qualify for an [exemption](#) from the requirement to have health insurance. See page six of this toolkit for information on how to claim the AI/AN exemption.

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Additional Resource Links

- Details on special Marketplace protections and benefits for AI/ANs are located here: <https://www.healthcare.gov/tribal>
- Printed AI/AN 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 and Urban Indian Organization health programs: National Indian Health Outreach and Education (NIHOE): <http://tribalhealthcare.org/>
- Additional AI/AN outreach and education resources: CMS Division of Tribal Affairs: <http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AI/AN/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.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>
- Information on Children's Health Insurance Programs is located at: www.insurekidsnow.gov