

Tribal Health Reform Resource Center

A project of the
National Indian Health Board



ENROLLMENT ASSISTERS TOOLKIT

What is the Enrollment Assister's Toolkit? This toolkit was designed as a resource for Enrollment Assisters working specifically within American Indian and Alaska Native (AI/AN) communities. Its purpose is to assist Enrollment Assisters in Indian Country in better understanding the unique enrollment requirements and processes for AI/ANs, including best practices for engaging Tribal citizens who are interested in enrolling in Marketplace, Medicaid, Medicare, and the Children's Health Insurance Program (CHIP).

Who are Enrollment Assisters? The term "Enrollment Assister" refers to the wide variety of individuals who are on-site at Indian Health Service (IHS) clinics, Tribal health facilities, and Urban Indian Organizations (I/T/U) to assist AI/ANs with enrolling in healthcare coverage through the Marketplace or other government programs such as Medicaid, Medicare, and CHIP. Enrollment Assisters include, but are not limited to:

- Certified Application Counselors
- Navigators
- Patient Benefits Coordinators

Enrollment Assisters of all titles are integral to the Indian Health system, driving revenue and third party billing for the clinics they serve.

Why Outreach and Education for Indian Country? The Patient Protection and Affordable Care Act (ACA) was designed to improve health care delivery nationwide and increase access to quality, affordable, health care, especially for populations that were chronically uninsured or underinsured. To achieve its mission, the law created the Health Insurance Marketplace and mobilized a wide variety of consumer assistance resources. As a result of this mobilization, AI/ANs throughout Indian Country are now more aware of how they can get referred out faster to a non-Indian Health Care Providers by obtaining health insurance, while creating new pathways of healthcare coverage for AI/ANs that further saved Purchased Referred Care dollars for IHS and Tribal hospitals/clinics, and increased the quantity of third party revenue brought into the Indian health system.

Current programmatic efforts continue to expand the scope of Outreach and Education (O&E) into other areas of health coverage, including: Medicaid expansion, Children's Health Insurance Program, Veteran benefits, and many health resources beyond the ACA. We must use lessons learned and best practices made in health education for Tribal communities to move forward despite a changing landscape. Enrollment Assisters and those who see the value of their work should continue to come together, share, and learn from each other to increase health coverage for AI/ANs.

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SPECIAL PROTECTIONS FOR AMERICAN INDIAN AND ALASKA NATIVES

What does the Patient Protection and Affordable Care Act (ACA) mean for American Indians/Alaska Natives (AI/ANs)?

American Indians and Alaska Natives have specific 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.



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/ANs 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.



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) MARKETPLACE STABILIZATION RULE: ENROLLMENT ASSISTERS AND AI/ANs

1. Open Enrollment Period for Plan Year 2018

- a. The final rule shortens the annual open enrollment period from three months to six weeks. The final rule implements the plan year 2018 open enrollment period to begin November 1, 2017 and run through December 15, 2017. The start date for health coverage for plan year 2018, is January 1, 2018.
- b. The shortened open enrollment period does not restrict American Indian and Alaska Natives (AI/ANs) and their dependents enrollment in the federal Marketplace. The Affordable Care Act (ACA) provides for AI/ANs to enroll in a qualified health plan (QHP) at any time of the year through monthly special enrollment periods (M-SEPs).

2. Special Enrollment Periods

- a. Special enrollment periods enable individuals who experience certain life events that involve a change in family status, such as marriage or loss of health insurance, to enroll in a QHP outside the open enrollment period for sixty days (thirty days for employer health plans). The final rule includes stricter requirements for special enrollment periods (SEPs) to curb eligibility self-attestation abuse. Beginning in June 2017, any individual enrolling in the Marketplace through a special enrollment period will need to submit additional pre-enrollment verification supporting documentation to verify eligibility.
- b. American Indian and Alaska Native enrollees will be required to provide Tribal membership documentation when applying for coverage. In the proposed rule, CMS promoted continuous coverage and discourages individuals from waiting to enroll in health coverage when an illness occurs, however continuous coverage was not included in the published final rule.

3. Health Plan Network Adequacy

- a. The final rule requires that qualified health plan (QHP) issuers maintain a network sufficient in number and types of providers to ensure enrollees have access to all services without unreasonable delay. Currently, CMS conducts network adequacy reviews using the time and distance evaluation for QHP's. In the final rule, CMS will defer to states that have a sufficient network adequacy review process. CMS believes that states are best positioned to determine what constitutes an adequate network in their geographic area. This alteration could affect whether plans include an adequate number and range of providers in their network.

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4. Actuarial Value for Level of Coverage

- a. To give issuers flexibility in developing future plans used in the Marketplace, CMS enacted changes to the *de minimis* variation for actuarial value (AV) used to determine Metal plans on the Federal Marketplace. Previous to this final rule, the Marketplace levels were set at 60%, 70%, 80%, and 90% levels of insurer coverage for Bronze, Silver, Gold, and Platinum plans respectively with a *de minimis* ranges of the AV levels from +/-2 percentage points. The final rule adjusts the value for Platinum, Gold, and Silver plans to +5/-2 percentage points and +5/-4 percentage points for some Bronze plans. For example, we can expect to see silver plans with actuarial values as low as 66% insurance provider and 34% consumer. The proposal to further expand the allowable *de minimis* variation for Marketplace plans could negatively affect AI/AN Marketplace enrollees because it could reduce the value for middle and low income consumers by shifting the premium tax credit benchmarks and increasing the premiums for all metal levels.

5. Health Plan Network Adequacy

- a. The final rule requires that qualified health plan (QHP) issuers maintain a network sufficient in number and types of providers to ensure enrollees have access to all services without unreasonable delay. Currently, CMS conducts network adequacy reviews using the time and distance evaluation for QHP's. In the final rule, CMS will defer to states that have a sufficient network adequacy review process. CMS believes that states are best positioned to determine what constitutes an adequate network in their geographic area. This alteration could affect whether plans include an adequate number and range of providers in their network.

6. Essential Community Providers (ECPs)

- a. In the final rule, CMS allows issuers to contract with only twenty percent, rather than thirty percent of available essential community providers (ECPs) to satisfy regulatory standards of provider participation in its service area and participate in the plan's provider network. This decrease in the percentage that issuers contract with ECPs could increase travel and wait times for AI/AN patients who providers are not included in their network. In addition, issuers will be able to continue to use the "write-in" process to identify ECPs in 2018 because not all qualified ECPs have submitted a petition for inclusion on the Department of Health and Human Services (HHS) ECP List.

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2018 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--\$12,139	\$12,140--\$36,420	\$36,421--\$48,560	\$48,561 and up
2	\$0--\$16,459	\$16,460--\$49,380	\$49,381--\$65,840	\$65,841 and up
3	\$0--\$20,779	\$20,780--\$62,340	\$62,341--\$83,120	\$83,121 and up
4	\$0--\$25,099	\$25,100--\$75,300	\$75,301--\$100,400	\$100,401 and up
5	\$0--\$29,419	\$29,420--\$88,260	\$88,261--\$117,680	\$117,681 and up
6	\$0--\$33,739	\$33,740--\$101,220	\$101,221--\$134,960	\$134,961 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 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 Indian Health Service, Tribal health, or urban Indian 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 Advanced Premium Tax Credit (APTC).

Advanced Premium Tax Credit

Advanced Premium Tax Credit (APTC) 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 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" but an exemption certification number is no longer required. However, 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 the 2016 [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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OUTREACH AND HEALTH EDUCATION IN INDIAN COUNTRY: Lessons Learned and Progress Made In Tribal Communities

The Patient Protection and Affordable Care Act (ACA), also referred to as ‘Obamacare’, promised great change to the nature of health care delivery in this country and that *all* Americans would have access to quality, affordable, health care. To achieve its mission, the law created Health Insurance Marketplace Exchanges and mobilized a wide variety of consumer assistance resources. As a result of this mobilization, American Indians and Alaska Natives (AI/ANs) throughout Indian Country are now more aware of how they can get referrals, save Purchased/Referred Care (PRC) dollars for their hospitals and clinics, and the ability of third party health insurance to bring resources into the Indian health system.

When these efforts were first launched, it became clear to the National Indian Health Board (NIHB) and other assister organizations that the strategies employed would differ from the outreach and education (O&E) work of non-Tribal entities. A large part of this was due to the federal government’s trust responsibility to provide for the health of members of federally recognized Tribes. Health insurance education was minimal in Indian Country, with a lack of educational materials appropriate to AI/AN populations. It was determined that this work required designing and implementing culturally competent and culturally appropriate outreach materials when working with Tribal communities.

One of the largest challenges with informing Tribal members about the ACA and assisting with enrollment was distinguishing the services provided by the Indian Health Service (IHS) and the concept of Marketplace health insurance. Many didn’t understand the benefit to enrolling in marketplace coverage given the service delivery of IHS. “IHS is not health insurance” became a regular phrase in AI/AN outreach materials. Often, much of the content created by NIHB and partners at the Centers for Medicare and Medicaid Services (CMS) and IHS would include information about the difference between the IHS and health insurance coverage. This content was used to prompt further conversation between Enrollment Assisters and AI/AN consumers about the Indian health system and how it is structured. Another challenge found during O&E efforts was that many AI/ANs were unaware or unfamiliar with basic health literacy concepts for accessing health insurance. Health literacy work was done side by side with education about health benefits and enrollments. It became common for Enrollment Assisters to have a glossary of basic terms with all materials for AI/ANs to engage in a brief conversation about the concepts of health literacy.

As we face many changes in health care reform, we must work to incorporate lessons learned in order to better facilitate outreach, education, and consumer assistance for health care coverage. As a result of the progress made over the years, Indian Country has become more knowledgeable about the role of health insurance coverage in Tribal communities and how it impacts the Indian health system at large. We must work to expand the scope of O&E beyond ACA and into other concepts of health coverage, including: Medicaid expansion, Children’s Health Insurance Program, and Veteran benefits. We must use good examples of lessons learned and best practices to move forward. Despite a changing landscape, we came together, shared experiences, and learned from each other to increase health coverage for AI/ANs. We must continue to work together to address health insurance education in Indian Country.



Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help your consumers gather what they need to apply for coverage.

- Information about your household size. Figure out who in your household should apply before you start your application. Visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size) for help figuring out who needs coverage.
- Home and/or mailing addresses for everyone applying for coverage
- Information about everyone applying for coverage, like addresses and birth dates
- Social Security Numbers
- Document information for legal immigrants. Visit [HealthCare.gov/help/immigration-document-types](https://www.healthcare.gov/help/immigration-document-types) for more information
- Information on how you file your taxes
- Employer and income information for every member of your household (for example, from pay stubs or W-2 forms- Wage and Tax statements). Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) for help estimating your income.
- Policy numbers for any current health plans covering members of your household
- A completed "Employer Coverage Tool" for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in). Visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf) to view or print the tool.
- Notices from your current plan that include your plan ID, if you have or had health coverage in 2017

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Enrollee Enrollment Process Form

This form should be used by consumers new to the marketplace and setting up new accounts to help remember their information as it pertains to their healthcare.gov accounts and other health insurance coverage information. It can be filled out by the assister or consumer.

DATE OF YOUR VISIT	LOCATION
NAME OF YOUR ENROLLMENT ASSISTER/PATIENT BENEFIT COORDINATOR	PHONE NUMBER OF ENROLLMENT ASSISTER/PATIENT BENEFIT COORDINATOR
EMAIL ADDRESS	PASSWORD TO EMAIL ADDRESS
HEALTHCARE.GOV OR MARKETPLACE EXCHANGE LOG IN USERNAME	HEALTHCARE.GOV OR MARKETPLACE EXCHANGE LOG IN PASSWORD
SECURITY QUESTION 1	
SECURITY QUESTION 1 ANSWER	
SECURITY QUESTION 2	
SECURITY QUESTION 2 ANSWER	
SECURITY QUESTION 3	
SECURITY QUESTION 3 ANSWER	
NAME OF HEALTH INSURANCE PROVIDER:	NAME OF HEALTH INSURANCE PROVIDER:
PLAN METAL LEVEL:	TYPE OF PLAN:

Additional Notes:

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WEBSITE:

USER NAME:

PASSWORD:

WEBSITE:

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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:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/index.html>
- IHS information on the Affordable Care Act:
 - <http://www.ihs.gov/aca/fag/>
- Information for tribal leaders and tribal and Urban Indian Organization health programs
 - National Indian Health Outreach and Education (NIHOE):
 - <http://tribalhealthcare.org/>
 - List of Federally Recognized Tribes:
 - <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>
 - Tribal Directory:
 - <https://www.bia.gov/tribal-leaders-directory>
 - 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: <https://www.medicaid.gov/medicaid/by-state/by-state.html>
 - Information on Children's Health Insurance Programs is located at: www.insurekidsnow.gov
- CMS Assister Newsletter:
 - <https://marketplace.cms.gov/technical-assistance-resources/assister-newsletters.html>
- National Indian Health Board, Tribal Health Reform Resource Center:
 - <https://www.nihb.org/tribalhealthreform/>
- Indian Health Service:
 - <https://www.ihs.gov/aca/>: IHS holds calls or webinars regarding Best Practices in Indian Health: Education and Assistance with Health Care Coverage and Other Benefits
 - Email IHS to be added to listserv: acainformation@ihs.gov

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American Indian and Alaska Native Outreach and Education Materials: CMS and NIHB has some excellent outreach materials customized and specifically designed for you to use in your outreach and education efforts to help American Indian and Alaska Natives enroll. Patient Benefits Coordinators can educate AI/ANs by providing booklets, brochures or fact sheets to explain the benefits of having health coverage. These materials can also be displayed while hosting an exhibit booth at an outreach event.

- Centers for Medicare and Medicaid Services
 - Medicaid and CHIP:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/medicaid-and-chip.html>
 - The Health Insurance Marketplace:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/using-insurance-and-the-marketplace.html>
 - Medicare:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/medicare-for-american-indians-alaska-natives.html>
 - Enrollment Assistance:
 - www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/enrollment-assistance.html
- National Indian Health Board
 - Enrollment Assister Toolkit:
 - <https://www.nihb.org/tribalhealthreform/wp-content/uploads/2018/05/2018-Enrollment-Assister-Toolkit-FINAL.pdf>
 - Youth Toolkit:
 - <https://www.nihb.org/tribalhealthreform/acayouthtoolkit2016/>
 - Elders Toolkit:
 - <https://www.nihb.org/tribalhealthreform/elders-initiative/>
 - Story banking campaign:
 - <https://docs.google.com/forms/d/e/1FAIpQLSc6biuFMUatWoxhebfm44nwwVmUmihhbESKkCrr-1VwrMih0g/viewform>