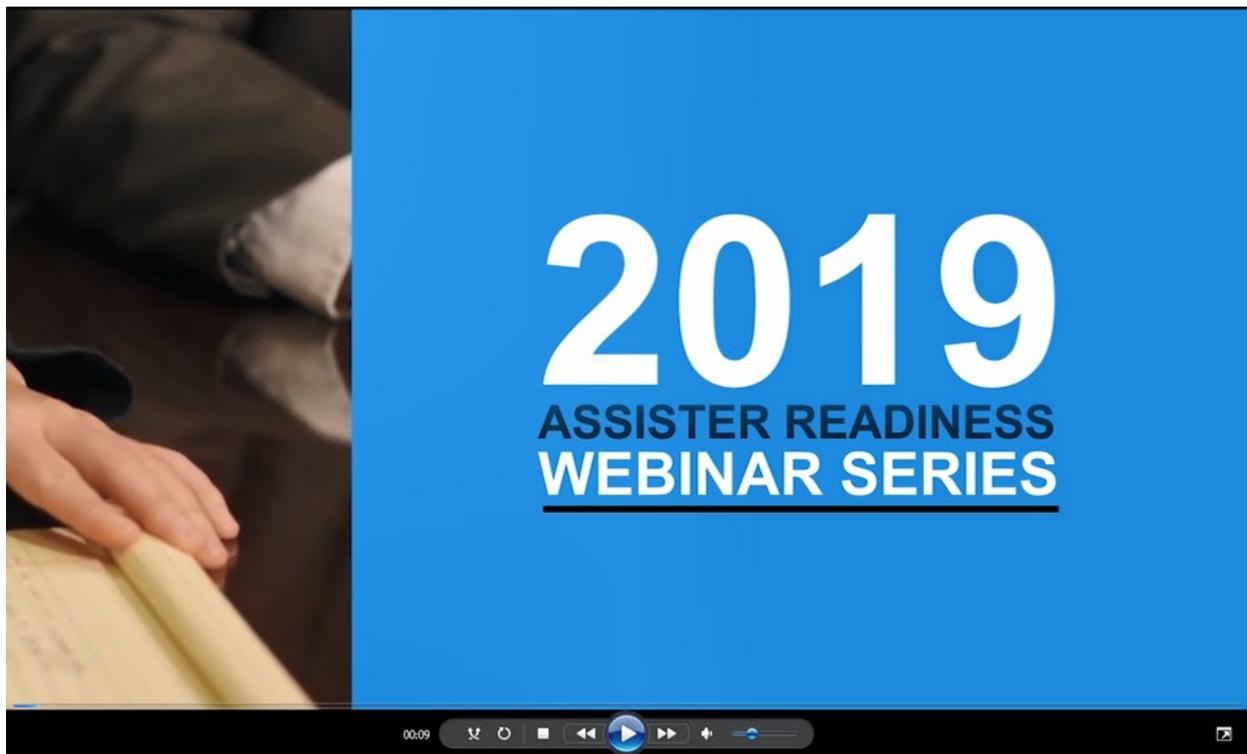


# Working Effectively with Vulnerable and Underserved Populations – Part 2



**This document is a transcript of the Marketplace Assister Technical Assistance Webinar.**

## Table of Contents

Disclaimer.....	3
Cover Slide .....	3
2019 Assister Readiness Webinar Series Overview .....	3
Titled Slide: Working Effectively with Vulnerable and Underserved Populations – Part 2 .....	3
American Indians and Alaska Natives .....	3
The State of Health Care for American Indians and Alaska Natives .....	4
The State of Health Care for American Indians and Alaska Natives (Cont.) .....	4
Eligibility for Marketplace Participation .....	4
Health Coverage Options for American Indians and Alaska Natives .....	4
Special Provision: Monthly Enrollment in QHPs .....	4
Special Provision: No Cost Sharing.....	5
Special Provision: Limited Cost Sharing .....	5
Employer-Provided Coverage for American Indians Alaska Natives .....	5
Employer-Provided Coverage for American Indians Alaska Natives (Cont.) .....	5
Indian Exemption .....	5
Stand-Alone Dental Plans.....	6
Medicaid and the Children’s Health Insurance Program (CHIP) .....	6
Online FFM Application.....	6
Online FFM Application (Cont.).....	6
Assister Readiness Webinar Series Resources .....	7

## Disclaimer

This presentation is intended as training and technical assistance for Marketplace assisters (i.e., Navigator grantees, certified application counselors (CACs) and other assisters). This presentation is not a legal document.

- The slides summarize complex statutes and regulations and do not create any rights or obligations.
- Complete and current legal standards are contained in the applicable statutes and regulations.
- Members of the press should contact the CMS Media Relations Group at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

## Cover Slide

Hello, I'm Elissa with the Consumer Support Group for the Marketplace. I'll be guiding you through today's webinar, along with my colleague, Dara. Welcome to the 2019 Assister Readiness Webinar Series! Content in this module focuses on the *Making Coverage Accessible* topic of *Working Effectively with Vulnerable and Underserved Populations – Part 2*.

## 2019 Assister Readiness Webinar Series Overview

Here's an overview of the entire 2019 Assister Readiness Webinar Series. As you can see, the module on *Working Effectively with Vulnerable and Underserved Populations – Part 2* is situated in the Week 4 installment of the series and falls under the topic of *Making Coverage Accessible*.

If you have not yet viewed the other modules under this week's topic, be sure to do so in advance of our Friday LIVE webinar. On Friday's webinar, you'll also have an opportunity to ask questions, so remember to take notes and please bring your questions.

## Titled Slide: Working Effectively with Vulnerable and Underserved Populations – Part 2

<Silent>

## American Indians and Alaska Natives

We'll start today by talking about how you as assisters can effectively work with members of American Indian and Alaska Native communities.

In the United States, there is a special government-to-government relationship between the Federal Government and federally recognized tribes, including regional and village corporations that were established under the Alaska Native Claims Settlement Act (or ANCSA). There are more than 560 federally recognized tribes, including more than 200 ANCSA regional and village corporations. The members of these tribes and shareholders of ANCSA corporations are referred to in this training as American Indians and Alaska Natives. Because the Indian Health Service (or IHS) has limited resources, there is no guarantee that it will meet all the health care needs of these communities. For this reason, enrollment in health care coverage through a Marketplace may be important.

By enrolling in a QHP through a Marketplace, American Indians or Alaska Natives benefit by having greater access to services that may not be provided by their local IHS, tribes and tribal organizations, and urban Indian organizations (and we'll refer to these as I/T/Us).

## The State of Health Care for American Indians and Alaska Natives

These communities are a particularly vulnerable population because one in three younger than age 65 is either uninsured or depends solely on services provided through the IHS. More than half have a low income.

## The State of Health Care for American Indians and Alaska Natives (Cont.)

The number of low-income American Indians and Alaska Natives younger than age 65 is higher than for any other racial or ethnic group. The poverty rate for this group of young people is nearly twice as high as the poverty rate of all people in the U.S. younger than age 65. These communities have the highest rate of many health conditions, with about one in five American Indians and Alaska Natives having two or more chronic conditions.

## Eligibility for Marketplace Participation

Consumers will need to demonstrate that they qualify as a member of these communities. They may need to provide a copy of a document issued by a federally recognized tribe, the Bureau of Indian Affairs, or ANCSA corporation showing membership, enrollment, or shareholder status (such as a membership or enrollment card). This document should have a signature and/or seal on it.

A list of some of the tribal documents a consumer may need is available at the web address on your slide. American Indian and Alaska Native consumers can also find information about additional Marketplace benefits and opportunities to claim an exemption at this page.

If consumers want to apply for help paying for coverage through the Marketplace, they may need to provide information about the size of their household and how much money they earn or receive. In general, income from Indian trust land, natural resources, and items of cultural significance aren't counted for Medicaid or CHIP eligibility if the income isn't reported on a federal income tax return. However, these resources may be related to eligibility for premium assistance through the Marketplace.

## Health Coverage Options for American Indians and Alaska Natives

Members of these communities have a variety of choices for getting health care services. They can use an I/T/U (which again is their local IHS, tribes and tribal organizations, and urban Indian organizations); purchase coverage through the Marketplace; or access coverage through other sources such as the Veterans Health Administration, Medicare, Medicaid, or CHIP if they're eligible.

Even if these consumers choose to enroll in private insurance through the Marketplace with advance payments of the premium tax credit (or APTC) and cost-sharing reductions (or CSRs), they can continue to get services from an I/T/U.

## Special Provision: Monthly Enrollment in QHPs

American Indian and Alaska Native consumers have access to other special benefits under the Affordable Care Act. These include access to a monthly Special Enrollment Period (or SEP), which allows them to enroll in coverage through the Marketplace monthly rather than only during the yearly Open Enrollment Period. These communities are eligible to change health plans once a month. Consumers who aren't members of federally recognized tribes or ANCSA shareholders must enroll during the yearly Open Enrollment Period (unless they otherwise qualify for another SEP).

## Special Provision: No Cost Sharing

There are also special rules for these communities to qualify for CSRs that reduce cost-sharing expenses such as copays, coinsurance, deductibles, and other similar charges when enrolled in QHPs through the Marketplaces. Members of federally recognized tribes and ANCSA shareholders with household incomes between 100 percent and 300 percent of the Federal Poverty Level (or FPL) have no cost sharing for essential health benefits. This is called a zero cost-sharing plan and zero cost-sharing plans are available to these communities who enroll in a Marketplace plans under any metal level health plan category.

## Special Provision: Limited Cost Sharing

An American Indian and Alaska Natives qualify for limited cost-sharing plan when enrolled in a QHP if their incomes are below 100 percent or above 300 percent of the FPL.

For households with both American Indians and Alaska Natives and persons without this designation, the household members who aren't American Indian or Alaska Native wouldn't qualify for a zero cost sharing or a limited cost sharing plan and might opt to choose a separate QHP. If a household wants to stay in the same plan, then the household members must decide if they want to forgo the cost sharing savings. Now, I'll turn it over to Dara to go over some more tips for working with American Indians and Alaska Native consumers.

## Employer-Provided Coverage for American Indians Alaska Natives

Thanks Elissa. If an employer plan charges copayments and deductibles, an American Indian or Alaska Native would still need to pay those, even if he or she has an income of less than 300 percent of the FPL. This is because the protections from cost-sharing for these communities that are included in the Affordable Care Act are only available with health coverage through the Marketplace.

However, American Indians and Alaska Natives with employer-sponsored health insurance should not have to pay copayments or deductibles if they get their care at an IHS or tribal facility because those facilities do not charge cost-sharing to eligible members of these communities. The employer-sponsored plan would not be required to reimburse the Indian health care facility for the cost-sharing amount not paid by the patient.

## Employer-Provided Coverage for American Indians Alaska Natives (Cont.)

Individuals who are offered employer-sponsored insurance are not eligible for the premium tax credit (PTC) unless: one, the employer-offered coverage is unaffordable or does not meet minimum value; two, they decline the employer-sponsored coverage; and three, they enroll in coverage through the Marketplace.

## Indian Exemption

Members of federally recognized tribes, ANCSA shareholders, and people who are eligible to use an I/T/U are eligible for an exemption from the individual shared responsibility payment. This is called the Indian health coverage exemption. They can apply for the Indian exemption by claiming it when filing a federal income tax return.

## Stand-Alone Dental Plans

American Indians and Alaska Natives can enroll in stand-alone dental plans offered through the Marketplace. The elimination of cost-sharing for members of these communities with incomes between 100 percent and 300 percent of the FPL doesn't apply to stand-alone dental plans.

If one of these consumers is enrolled in a stand-alone dental plan, the consumer will have to pay cost-sharing such as copays and deductibles. But if the consumer is enrolled in a dental plan offered as part of a QHP, the cost-sharing limitations will apply. And of course American Indians and Alaska Natives can still get dental services from I/T/U providers with no cost sharing.

Pediatric dental care is an essential health benefit, but note that cost-sharing savings still only apply to dental services included in a QHP or from an I/T/U.

## Medicaid and the Children's Health Insurance Program (CHIP)

Now, let's talk about American Indians and Alaska Natives and Medicaid and CHIP, or the Children's Health Insurance Program. Members of these communities who currently get services or have been determined eligible to get services from I/T/U providers or through a referral under a Purchased or Referred Care Program and qualify for Medicaid or CHIP are exempt from Medicaid premiums, enrollment fees, and cost sharing for copays, coinsurance, deductibles, and other similar charges. Protected income and resources, such as property and rights related to hunting, fishing, and natural resources are exempt from determining Medicaid and CHIP eligibility.

## Online FFM Application

There are several FFM application questions that are unique to American Indian and Alaska Native consumers. The first one is, "Are any of these people a member of a federally recognized tribe?" This is used to determine whether the consumer can qualify for an SEP and whether they qualify for CSRs offered through the Marketplace. Please remember that ANCSA shareholders are included in the definition of members of federally recognized tribes.

If the consumer answers yes to question number one, they will be directed to a drop-down list of federally recognized tribes and ANCSA regional and village corporations and will be asked to select the appropriate tribe from this list. The consumer will be directed to upload or mail in proof of tribal membership, enrollment, or shareholder status within 90 days of the date of application. The consumer is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant will no longer be eligible for the special monthly enrollment period and zero or limited cost sharing. The second application question is, "Has this consumer ever gotten a service from the IHS, a tribal health program or urban Indian health program, or through a referral from one of these programs?" This question is used to determine whether American Indian and Alaska Native consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.

## Online FFM Application (Cont.)

And here is the third online application question for American Indian and Alaska Native consumers: "Is any of this income from these sources (?):

- Per capita payments from the tribe that come from natural resources, usage rights, leases or royalties.
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian land by the Department of Interior (including reservations and former reservations).
- Money from selling things that have cultural significance.”

This question is used to make sure that certain Indian income that might have been reported in the general income questions is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the IRS exempts from taxation shouldn't be included as income in the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP.

### Assister Readiness Webinar Series Resources

Congratulations on completing the *Working Effectively with Vulnerable and Underserved Populations – Part 2* module of the Assister Readiness Webinar Series! Please proceed to the next Week 4 module, *Providing Effective Communication and Language Assistance Services*. Also, feel free to visit the Assister Readiness Webinar Series Resources listed on this slide, including: training materials for Navigators and other assisters and the assister webinars webpage. If you have topical questions about this presentation: Navigators please contact your Project Officer directly. CACs can email the CAC Inbox at [CACquestions@cms.hhs.gov](mailto:CACquestions@cms.hhs.gov).