Affordable Care Act: American Indians and Alaska Natives
What we will cover today:
1. Benefits for Tribal Communities
2. Indian Health Service
3. Medicare
4. Medicaid/CHIP
5. Health Insurance Marketplace
   – Tribal Specific Provisions
Affordable Care Act: Benefits for Tribal Communities

1. Permanently reauthorizes the Indian Health Care Improvement Act (IHCIA) and strengthens the Indian Health Service’s role in health delivery.
2. Strengthens the IHS and ensures that American Indians and Alaska Natives will be able to continue to receive services from IHS, tribal organizations, and urban Indian organizations.
3. Provides special protections for Indians to gain greater access to health coverage through:
   • Medicaid and/or CHIP
   • The Health Insurance Marketplace
     – Cost Sharing Reductions
     – Special Monthly Enrollment
     – Exemption from the minimum essential coverage requirement
Affordable Care Act: Indian Health Service

The Indian Health Service Is Here To Stay!

Important Updates To IHS:

Expanded Authority for IHS Service: The reauthorization of the IHCIA, which prescribes the duties, responsibilities, and authorities of the Indian Health Service, allows IHS to modernize its health care delivery systems and permit tribal governments to make technical changes in the future.

Greater Workforce: The ACA can improve your local facilities by expanding your health care workforce through new resources that will boost the number of doctors, nurses and other health care providers in American Indian and Alaska Native communities.

Expanded Third Party Funding: Increase payments to IHS to support both direct care and contract health care services.
Affordable Care Act: Medicare for Indian Country

Your Medicare Coverage is Protected

1. You may get cheaper prescription drugs

2. You get free preventive services

3. Your doctors are supported to better coordinate your care

4. The law fights fraud and strengthens Medicare
Affordable Care Act: Medicaid Expansion

States Have New Opportunities To Expand Medicaid

- **They can extend Medicaid eligibility to** adults ages 19 - 64 with income up to 133% of the Federal Poverty Level:* $15,282/yr. for an individual, $31,322/yr. for a family of 4; in Alaska $19,086/yr. for individual, $39,155/yr. for a family of 4.
- **There will be a simplified way of calculating income to determine Medicaid/CHIP eligibility** known as Modified Adjusted Gross Income (MAGI).
- **No premiums or deductibles** for AI/ANs who are eligible to and do receive IHS, tribal 638, or urban Indian health services.
- **No copays** for services received from an Indian health care provider or through referral under contract health services.

Specifically for American Indians:

1. If you are eligible to receive services from an ITU, you will pay no premiums or enrollment fees
2. Medicaid eligibility determinations will generally consider income and not other conditions
3. Money from Indian land or resources, Individual Indian monies (IIM), money from fishing, farming, hunting and money for items of cultural or traditional significance are not counted for eligibility for Medicaid or CHIP.
4. If you have ever used an ITU or received a contract health service referral, you won’t pay copays, coinsurance or deductibles for Medicaid services.

* Figures regarding Federal Poverty Level are from 2013
Affordable Care Act: Health Insurance Marketplace

The Health Insurance Marketplace is a new way to find quality health coverage that can help you if you don’t have coverage now or if you have it but want to look at other options.

1. It will permit individuals and small employers to directly compare private health insurance options based on price, benefits, quality and other factors.

2. The Marketplace will also tell you if you qualify for free or low-cost coverage available through Medicaid or the Children’s Health Insurance Program (CHIP).

3. Whether you’re uninsured or just exploring new options, the Marketplace is designed to give you more choices.

4. The Marketplace is available in every state.

5. American Indians and Alaska Natives who enroll in or buy health insurance can ALWAYS receive health care from their IHS, tribal or urban provider.

6. NOTHING in the Affordable Care Act disrupts that important relationship.
Affordable Care Act: Marketplace Basics

There are four ways to enroll yourself and your family

• Online @ healthcare.gov
• By Phone
• By Mail
• In Person

Most people will be able to get a break on costs: 90% of people who are currently uninsured will qualify for low-cost or free health insurance

Clear options and apples-to-apples comparisons, costs stated up front

New protections for you and your family

Coverage starting as early as January 1, 2014
A Affordable Care Act: What Type of Marketplace is your State Implementing?

A Marketplace will be available in every state for open enrollment on October 1, 2013, for coverage beginning as early as January 1, 2014.

Each State can choose between:

- **State-Based Marketplace** – state creates and operates its own marketplace
- **State Partnership Marketplace** – state partners with Federal government to operate some Marketplace functions
- **Federally-facilitated Marketplace**– state has a Marketplace established and operated by the Federal government
• **No out of pocket costs** if a *member of a federally recognized Tribe* chooses the Indian Health Service as their provider in their insurance plan network

• **A Break in Costs for Certain Income Levels:** A member of a federally recognized Tribe earning *less than 300% of the Federal Poverty Level* is exempt from out of pocket costs for health plans purchased through the Marketplace. Members of federally recognized Tribes earning *more than 300% of the Federal Poverty Level* are exempt from cost-sharing for services provided by the Indian Health Services, Tribes, Tribal Organizations, or Urban Indian organizations in their Marketplace plans.

• **No Minimum Essential Coverage Requirement:** AI/ANs eligible for Indian Health Service, tribal health service, or urban Indian health care do not have to have health insurance if they do not want it

• **Special monthly enrollment period:** A *member of a federally recognized Tribe* can change their enrollment status in any plan through the Marketplace once a month.
Affordable Care Act: 
What is the Benefit of Enrolling in Health Insurance for AI/AN?

A visit to a Tribal clinic or hospital can be billed to insurance and in turn there will be more resources for your clinic.

Insurance will pay instead of Contract Health Services (CHS).

More CHS funds available to help tribal members!

Health care needs can be met. More will have the security and peace of mind of health coverage.
*This slide represents the levels of coverage, what the plan pays on average, and what enrollees pay on average in addition to their monthly plan premium. These are based on the average cost of an individual under the plan and may not be the same for every enrolled person.*

<table>
<thead>
<tr>
<th>Levels of Coverage</th>
<th>Plan Pays</th>
<th>You Pay (In addition to the monthly plan premium)</th>
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<tbody>
<tr>
<td>Bronze</td>
<td>60 percent</td>
<td>40 percent</td>
</tr>
<tr>
<td>Silver</td>
<td>70 percent</td>
<td>30 percent</td>
</tr>
<tr>
<td>Gold</td>
<td>80 percent</td>
<td>20 percent</td>
</tr>
<tr>
<td>Platinum</td>
<td>90 percent</td>
<td>10 percent</td>
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Affordable Care Act: Single Streamlined Application

- A single, streamlined application will be used to determine eligibility to enroll in health insurance through the Health Insurance Marketplace, and for affordability programs such as Medicaid, CHIP, and advance payments of the premium tax credit and cost-sharing reductions to help pay for coverage purchased through the Health Insurance Marketplace.
- This model application will be utilized by the Federally-facilitated Marketplace.
- States operating their own Marketplace have the option of utilizing the single application or developing an alternative application.

The application can be found at:
Affordable Care Act: Application and Eligibility

Submit streamlined application to the Marketplace
- Online
- By Phone
- By Mail
- In Person

Verify and determine eligibility
Supported by Data Services Hub

Eligible for Qualified Health Plan, Medicaid or CHIP
- Premium Tax Credit
- Cost-sharing Reduction

Enroll in Marketplace Qualified Health Plan

Enroll Medicaid/CHIP
Affordable Care Act: What are Qualified Health Plans (QHPs)

Qualified Health Plans (QHPs)

• An insurance plan certified by the Marketplace will cover 10 Essential Health Benefits (EHB).
• **Must** follow established limits on cost-sharing
  ✓ deductibles, copayments, and out-of-pocket maximum amounts
  ✓ meets other requirements

10 Essential Health Benefits

1. Ambulatory Patient Services *(doctor or clinic visits)*
2. Emergency Services
3. Hospitalization
4. Maternity And Newborn Care
5. Mental Health And Substance Use Disorder Services, Including Behavioral Health Treatment
6. Prescription Drugs
7. Rehabilitative And Habilitative Services And Devices
8. Laboratory Services
9. Preventive And Wellness Services And Chronic Disease Management
10. Pediatric Services, Including Oral And Vision Care. QHPs may omit the pediatric dental benefit if a stand-alone dental plan offered through that Health Insurance Marketplace covers the pediatric dental benefit.
Affordable Care Act: There May Be Help to Pay for Qualified Health Plan Costs

If you qualify, there will be financial assistance to pay for your qualified health plan costs based on your household income and size.

- **Advance Premium Tax Credits:**
  - Reduce the premium amount an individual owes each month;
  - Are based on household income and family size for the taxable year;
  - Are available to eligible individuals with household incomes between 100 percent and 400 percent of the FPL ($45,960 for an individual and $94,200 for a family of four in 2013), and who don’t qualify for other health insurance coverage providing minimum essential coverage;
  - Are paid each month by the Federal government to the insurer; and
  - Are reconciled on the taxpayer’s tax return after end of year.
  - **Note**: it is important that individuals who receive a premium tax credit file a tax return at the end of the year so that the IRS can ensure they received the correct amount for their premium tax credit, this applies to those who typically don’t owe anything.

- **Cost-sharing Reductions:**
  - Are based on household income and family size for the taxable year
  - Members of federally recognized tribes with a household income at or below 300 percent of the FPL (approximately $70,650 for a family of four in 2013, $88,320 for the same family in Alaska) may enroll in a health plan offered through the Health Insurance Marketplace that will have no out-of-pocket costs such as co-pays, coinsurance, or deductibles.
  - All Members of federally recognized tribes earning more than 300% of the Federal Poverty Level are exempt from cost-sharing for services provided by the Indian Health Services, Tribes, Tribal Organizations, or Urban Indian organizations in their Marketplace plans.
Affordable Care Act:
Are AI/ANs Exempt from the Shared Responsibility Payment for Maintaining Minimum Essential Coverage?

Starting in 2014, most people must have minimum essential coverage or pay a fee “shared responsibility payment”

You are exempt from the shared responsibility payment if:

1. You are a Member of a Federally Recognized Tribe.

2. You have insurance through your employer or purchase individual insurance that meets minimum essential coverage on your own or

3. You have insurance through Medicare, Medicaid, Children’s Health Insurance Program (CHIP), Veteran’s Administration and/or Tricare for active duty and retired military, or a health-care sharing ministry or

4. You would have to spend more than 8% of your household income on the cheapest qualifying health insurance plan, even after tax credits and subsidies or

5. You are determined eligible to receive a hardship exemption.
Affordable Care Act:
How do AI/AN’s receive a Hardship Exemption from the Shared Responsibility Payment?

The rule provides a hardship exemption category for American Indians and Alaska Natives and other individuals who are eligible to receive services through the Indian Health Service (IHS) or tribally-operated facilities and Urban Indian clinics.

• All American Indians and Alaska Natives who are eligible to receive services from an Indian health care provider will be exempt from the “shared responsibility payment”.

• In order to receive an exemption, members of federally recognized tribes may apply through the Marketplace or handle this through the tax filing process.

• Individuals who are not members of federally recognized tribes, but are eligible to receive services from an Indian health care provider must apply for an exemption through the Marketplace.

• AI/ANs receiving the exemption can be enrolled in Medicaid, CHIP, or QHP offered through the Health Insurance Marketplace if deemed eligible.
Affordable Care Act: How Will My Indian Status be Verified When I Apply for the Health Insurance Marketplace?

- Apply using the standard single, streamlined application to attest Indian status.
- The Health Insurance Marketplace must verify the attestation by conducting a paper documentation process.
- Benefit from tribal specific provisions of the Affordable Care Act!

Documents accepted include:
- Tribal identification card
- BIA Forms
- Certificate of Indian Blood
Affordable Care Act: Important Dates and Highlights

OCTOBER 1, 2013

• Open enrollment in the Health Insurance Marketplace began

JANUARY 1, 2014

• Marketplaces are up and running
• Pre-existing conditions or charging more based on gender will be prohibited
• Annual Limits on Insurance coverage will be eliminated
• Advance Premium Tax Credits will be available
• Access to Medicaid will expand (in certain states)
Affordable Care Act: Key Points to Remember

1. American Indians and Alaska Natives (AI/AN’s) can still go to their IHS or Tribal provider.

2. By enrolling in Medicaid, CHIP, or a QHP, we are helping the IHS and Tribal providers by bringing precious resources that they can be used to care for others in the Tribe.

3. Members of federally recognized tribes who are enrolled in a qualified health plan (QHP) offered through the Health Insurance Marketplace:
   - Will not have to pay any cost-sharing if their household income is at or below 300 percent of the federal poverty level;
   - Are eligible for monthly special enrollment periods.

4. AI/AN’s who are eligible to receive services from an Indian health care provider will receive an exemption from the shared responsibility payment if they do not maintain minimum essential coverage under the Affordable Care Act.
Help is available in the Health Insurance Marketplace

- **Toll-free call center** 24/7, available in 150 languages: 1-800-318-2596

- **Website chat** 24/7 (English and Spanish) at healthcare.gov

- **In person assistance**
  - Navigators
  - Other trained enrollment assistors: IHS, tribal, and urban Indian health programs, local Community Health Centers, libraries, hospitals, and other locations in local communities
Affordable Care Act: Want More Information?

For Tribal specific information, you can go to:  
www.healthcare.gov/tribal
To enroll online, visit:  www.healthcare.gov
For additional resources, visit:  
www.marketplace.cms.gov

To sign up for updates and access up-to-date information including consumer resources, training materials, publications and articles, and more to assist you in counseling people who may benefit from the Health Insurance Marketplace