

Health Coverage Options for American Indians and Alaska Natives

This job aid provides information and guidance that Navigators, Certified Application Counselors (CACs), and Enrollment Assistance Personnel (EAPs) (collectively, assisters) need to know in order to help American Indians and Alaska Natives (AI/ANs) understand their health coverage options, including through the Marketplace, Medicaid, and the Children’s Health Insurance Program (CHIP).

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Version 2.0. May 2024. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. tax filer expense.

Background and Key Terms

In the United States, there's a special government-to-government relationship between the Federal Government and federally recognized Indian tribes. Additionally, in Alaska, Alaska Native regional and village corporations were established under the Alaska Native Claims Settlement Act (ANCSA).

The definition of AI/AN is different for the United States Census Bureau, eligibility for services from the Indian Health Services (IHS), special benefits under Medicaid and CHIP, and for the Marketplaces.

- For purposes of the special protections in the Marketplaces, an AI/AN is a member of a federally recognized Indian tribe or a shareholder in an ANCSA corporation.
- For purposes of Medicaid and CHIP, an AI/AN is a member of a federally recognized Indian tribe, an ANCSA shareholder, or any individual eligible to receive services from the IHS.

AI/AN consumers have special benefits and protections in the Health Insurance Marketplace^{®i} and under Medicaid and CHIP.

- Some benefits are available to members of federally recognized tribes or ANCSA Corporation shareholders.
- Others are available to people of Indian descent or otherwise eligible for services from the IHS [also known as an Indian hospital or Public Health Service (PHS)], a tribal program, or an urban Indian health program.

A list of federally recognized tribes is available at [BIA Tribal Leaders Directory](#), and a list of village or regional corporations formed under ANCSA is available at [Index of Regional Native Corporations](#).

Indian Health Care Programs

Many AI/ANs currently receive health care from Indian health care providers, which include health programs operated by the IHS, tribes and tribal organizations, and urban Indian organizations. These health programs are sometimes called ITUs (IHS/ Tribal/Urban):

- **I: The Indian Health Service.** In 1955, the Federal Government established the IHS under the Department of Health and Human Services (HHS) to provide health care to people of Indian descent. The Affordable Care Act (ACA) reauthorized and made permanent the Indian Health Care Improvement Actⁱⁱ, which is an underlying authority for the IHS. A large portion of AI/AN consumers access health care through providers in the Indian health care system, which may include tribal and urban Indian organizations.

However, the IHS isn't an insurance program. AI/ANs don't pay premiums and are usually not charged for services provided in the facilities.

- **T: Tribes and Tribal Organizations.** Currently, the Indian health care system includes 44 Indian hospitals and nearly 570 Indian health centers, clinics, and health stations. A large portion of these health facilities are managed by the tribes. When specialized services aren't available at these sites, health services are purchased from public and private providers through the Purchased/Referred Care Program, formerly known as the Contract Health Services (CHS) Program.
- **U: Urban Indian Organizations.** Thirty-four urban programs also offer services ranging from community health to comprehensive primary care in urban Indian communities.

When AI/ANs enroll in Centers for Medicare and Medicaid Services (CMS) programs, they can continue to receive services from their local Indian health care provider or access services from non-IHS providers. Indian health care providers can bill qualified health plan (QHP) issuers or Medicaid/CHIP for services provided to their patients, and these revenues can be used to hire health professionals, purchase equipment, and meet accreditation requirements.

- Indian health care providers also provide services to other individuals, such as persons of Indian descent who are not members of their tribe, spouses of tribal members (if the tribe has passed a resolution allowing them to receive services), children adopted by tribal members, and non-Indian women who are pregnant with the child of an eligible Indian. These individuals do not qualify for the special protections in the Marketplace but can qualify for the Medicaid and CHIP protections.

Marketplace Coverage

AI/AN consumers may choose to enroll in private insurance through the Marketplace with advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSRs) even though they get services from an I/T/U. The Marketplace may provide them with greater access to providers and services while allowing them to remain eligible to access health care services through the IHS.

Marketplace Protections

The Marketplace provides certain protections for AI/ANs:

- **Special Enrollment Periods (SEPs)ⁱⁱⁱ:** Members of federally recognized tribes can enroll in the Health Insurance Marketplace[®] throughout the year, not just during the annual Open Enrollment period (OEP). Members may also change plans as often as once a month.
- **Zero cost sharing plan^{iv}:** Members of federally recognized tribes with income between 100 percent and 300 percent of the federal poverty level (FPL) can enroll in a **zero cost sharing plan**, which means these consumers won't have to pay any out-of-pocket costs

such as copays, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving essential health benefits (EHB) through a QHP.

- In addition, there is no need for a referral from an Indian health care provider when receiving EHB through the QHP.
- These consumers can enroll in a zero cost sharing plan at any metal level.
- **Limited cost sharing plan^v:** Members of federally recognized tribes with income below 100 percent and above 300 percent of the FPL can enroll in a **limited cost sharing plan**, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers.
 - A referral from an Indian health care provider to a QHP is required when receiving EHB through the QHP to avoid copays, deductibles, or coinsurance.
 - These consumers can enroll in a limited cost sharing plan at any metal level.

Members of federally recognized tribes are not exempt from QHP premiums. However, they may qualify for APTCs to lower their premiums based on their income.

Note: For Plan Years 2021 and 2022, The American Rescue Plan Act of 2021 (ARP) makes the premium tax credit (PTC) available to consumers with household income above 400 percent of the FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent.

Eligibility Verification^{vi}

To qualify for tribal member and ANCSA shareholder year-round enrollment and cost sharing, consumers will need to provide documentation to the Marketplace. They can provide either of the following:

- Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature, or a Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information.
- Document issued by an Alaska Native village/tribe, or an ANCSA regional or village corporation acknowledging descent, affiliation, shareholder status, or participation in village or Alaska Native community affairs. The document can also include a CDIB issued by the BIA or tribe, if the CDIB includes ANSCA shareholder status or information regarding membership in an Alaska Native village.

A list of some of the tribal documents an AI/AN consumer may need is available at [HealthCare.gov: American Indians and Alaska Natives](https://www.healthcare.gov/american-indians-and-alaska-natives/).

When a consumer applies for Marketplace coverage, their eligibility results will explain how to provide the documents. Documentation may be uploaded to the online application or mailed in after submitting the application.

- When mailing in copies of tribal documents, applicants should indicate their application number or include a copy of the letter received after submitting their online application. This will help to ensure that the correct tribal documentation is linked with the correct application.
- Individuals will have 90 days to submit their documents. If documentation is not submitted within this timeframe, they will be notified that they will need to choose another plan until tribal documents are provided.

Consumers may also need to provide information about the size of their household and how much money they earn or receive if they want to apply for help paying for coverage through a Marketplace.

Mixed Status Households

Members of households with a mixed AI/AN status have special considerations when applying through the Marketplace.

If a federally recognized tribal member and non-tribal member enroll in the same Marketplace plan, the tribal family member will not be able to use the special cost-sharing savings. Therefore, federally recognized tribal members and non-tribal family members with an income under 300 percent of the FPL should consider enrolling in separate plans if they want to take advantage of all potential savings.

Members of households with a mixed AI/AN status may also choose to enroll on the same Marketplace application. If all family members use the same application and one family member on the application is eligible for the SEP, all family members will benefit from the SEP. Therefore, non-tribal members applying on the same application as a tribal member requesting an SEP can take advantage of this SEP. This is true even if different family members are eligible for different Marketplace plans based on differing eligibility for lower monthly premiums or out-of-pocket costs. In Marketplaces operated by states, this flexibility may vary.

Medicaid and CHIP Coverage

Medicaid and CHIP are available to AI/ANs. These programs provide better access to services that a local Indian health clinic might not be able to provide.

Medicaid and CHIP Protections

Members of federally recognized Indian tribes and individuals who are otherwise eligible for services from an Indian health care provider have the following Medicaid and CHIP protections:

- They do not have to pay Medicaid premiums or enrollment fees if they are eligible to receive care from an Indian health care provider or through referral to a non-Indian provider (such as PRC).
- They do not have to pay any cost sharing such as deductibles, coinsurance, or copayments for any Medicaid service from any Medicaid provider if they have ever received a service or referral from an Indian health care provider.
- Children who are AI/AN cannot be charged any premium, enrollment fee, copayment, coinsurance, or deductible in CHIP.

Medicaid Eligibility Verification

When applying for Medicaid and CHIP, applicants may need to provide documentation of U. S. citizenship. The following tribal documents can be used to show proof of U.S. citizenship:

- A document issued by a federally recognized tribe indicating tribal membership, such as a tribal enrollment card
- A document issued by an Alaska Native village/tribe or an ANCSA corporation (regional or village) acknowledging descent, affiliation, or shareholder status
- A certificate of degree of Indian blood issued by the BIA
- A tribal census document
- Any document indicating affiliation with the tribe

Medicaid and CHIP agencies may accept an individual's self-attestation regarding **Indian status**. If the Medicaid or CHIP agency requires documentation, this same list of tribal documents or any of the following documents could be used to verify Indian status or eligibility for services from an Indian health provider:

- Evidence the consumer has ever received or is eligible to receive services from an Indian health provider or through referral from an Indian health provider.
- If the consumer is a California Indian, a document from the BIA or an Indian tribe showing a person who is listed on the plans for distribution of the assets of Rancherias and reservations located within the state of California under the Act of August 18, 1958, and any descendant of such an Indian; or document showing trust interests in public domain, national forest, or reservation allotments in California; or document showing a person is a descendant of an Indian who was residing in California on June 1, 1852, if such descendant is a member of the Indian community served by a local program of the IHS.

- Marriage certificate, if non-Indian spouses are made eligible for services through an Indian health care provider, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization, **AND** a document from the list above for their eligible Indian spouse.
- If the consumer is eligible for services through an Indian health care provider only because they are pregnant with the child of a member of an Indian tribe or a shareholder of an Alaska Native corporation, a document from the list above for the member or shareholder.
- If the consumer is an urban Indian, a document showing residency in an urban Indian center, such as a rent statement, mortgage, utility bill, or voter registration card, **AND** an enrollment or membership card/ID or document establishing that the individual:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member;
 - Is an Eskimo or Aleut or other Alaska Native;
 - Is considered by the Secretary of the Interior to be an Indian for any purpose; or
 - Has been determined to be an Indian under regulations promulgated by the Secretary.

AI/AN Income Calculation

In general, AI/ANs should not report AI/AN income that the IRS exempts from tax. Because some types of income specific to AI/ANs are non-taxable, this income is excluded when determining eligibility for Marketplace tax credits, cost-sharing reductions, Medicaid, and CHIP.

The following categories of income are generally excluded from an AI/AN's MAGI:

- Distributions from ANCSA Corporations and Settlement Trusts
- Distributions from trust/reservation property
- Income from property and rights related to hunting, fishing, and natural resources
- Income from the sale and use of cultural/subsistence property
- Student financial assistance provided by the BIA and/or a tribe
- Income that falls within the IRS General Welfare Doctrine

- Any other income that is non-taxable according to federal law or IRS guidance
- Certain types of Indian trust income and resources are exempt from Medicaid estate recovery rules. Medicaid estate recovery only applies to those age 55 and older who receive long term care services, such as nursing home care.

NOTE: Per capita income from Indian gaming is not excluded when calculating income. It will be counted toward eligibility and should be reported on a consumer's application for coverage.

There might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it may not be counted for Medicaid and CHIP eligibility. In general, the exemptions apply to income and property that are connected to the political relationship between the tribes and the Federal Government and property with unique AI/AN significance.

FFM Application Options

AI/AN consumers may complete eligibility applications for QHPs and Medicaid and CHIP coverage through the FFM by paper or online. They may also apply over the phone through the FFM Call Center.

For both the paper and online applications, AI/ANs can attest to their tribal membership and will need to submit proof of tribal membership/enrollment/ANCSA shareholder status within 90 days of application.

There are two paper applications that AI/AN consumers can complete to apply for QHP coverage through the FFMs.

- **Application for Health Coverage (Individuals or Families)** is intended for individuals who don't want to apply for help paying for health insurance costs. Step 3 of this application asks if a consumer or members of the consumer's household are AI/AN. If the application is received outside of the annual OEP, the FFMs use the responses to this question to determine whether the AI/AN consumer is eligible for an SEP.
- **Application for Health Coverage & Help Paying Costs (Individuals or Families Who Wish To Apply For Programs To Lower Costs)** asks AI/ANs to complete Step 3 and Appendix B of the application. The FFMs use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a QHP and for financial assistance as well as whether the consumer is eligible for Medicaid or CHIP.

The online FFM application includes a question asking whether the applicant or household members are AI/AN. Consumers who identify as AI/ANs should answer additional questions to find out if they're eligible for special benefits under Medicaid and CHIP.

Employer-sponsored Coverage

The protections from cost sharing for AI/ANs that are included in the ACA are only available with individual market health insurance coverage through a Marketplace. However, AI/ANs with employer-sponsored coverage should not have to pay copayments or deductibles if they receive care at an IHS or tribal facility because they do not charge cost sharing to eligible AI/ANs. The employer-sponsored plan would not be required to reimburse the Indian health care facility for the cost-sharing amount not paid by the AI/AN patient.

Consumers who are offered employer-sponsored coverage are not eligible for the PTC unless:

- The employer-offered coverage is "unaffordable" or does not meet minimum value,
- They decline the employer-sponsored coverage, and
- They enroll in individual market health insurance coverage through a Marketplace.

Additional Resources

- [HealthCare.gov/american-indians-alaska-natives/](https://www.healthcare.gov/american-indians-alaska-natives/)
- Indian Health Service: [IHS.gov/aca/faq/](https://www.ihs.gov/aca/faq/)
- Administration for Native Americans (HHS): [ACF.HHS.gov/ana/fact-sheet/american-indians-and-alaska-natives-affordable-care-act-definitional-issues](https://www.acf.hhs.gov/ana/fact-sheet/american-indians-and-alaska-natives-affordable-care-act-definitional-issues)
- CMS Division of Tribal Affairs: [CMS.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN)
- National Indian Health Board Tribal Health Reform Resource Center: [NIHB.org/tribalhealthreform/](https://www.nihb.org/tribalhealthreform/)

ⁱ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

ⁱⁱ [Indian Health Care Improvement Act](#)

ⁱⁱⁱ [45 CFR § 155.420 \(d\)\(8\)](#)

^{iv} [45 CFR § 156.410\(b\)\(2\)](#)

^v [45 CFR § 156.410\(b\)\(3\)](#)

^{vi} [45 CFR § 155.350\(c\)\(1\)](#)

