COVERED CALIFORNIA FOR AMERICAN INDIANS
• ACA and Federal Trust Responsibility for American Indians
• Definition of “Indian”
• Provisions and Protections for American Indians
  o Outreach Considerations
• Enrollment and American Indian Status Verification
• Provisions and Protections for American Indians in Medi-Cal
• MAGI and American Indian Income Exemptions
• The government’s unique legal relationship with American Indians is based on treaties, laws, and Supreme Court decisions.

• Indian Health Service offers health care to American Indians on or near Indian reservations and in some Urban Indian communities.

• The special provisions for American Indians in the ACA are part of the federal trust responsibility, and are intended to protect American Indians and modernize the Indian health delivery system.
• Permanent Reauthorization of the Indian Health Care Improvement Act.

• Strengthens the Indian Health Service.

• Increases access to new health coverage options and makes the Indian Health Service the Payer of Last Resort.
The American Indian population in California is unique and diverse. California has the largest population of American Indians in the United States and is home to 723,225 American Indians. Translated into direct terms: one in seven American Indians in the United States lives in California.

California is also home to 110 Federally recognized Tribes, over 50 non-Federally recognized Tribes, and Urban Indian communities.
The definitions of the word “Indian” in the ACA and Covered California differs from the definition used for delivery of other federally supported health services to American Indians under Medicaid / Medi-Cal and CHIP program and through the Indian Health Service (IHS).

Enrollment assistance personnel should know that the inconsistency may result in confusion because the application for Covered California and Medi-Cal are integrated and because many individuals may be deemed as American Indian for one program and not for the other, resulting in different eligibility outcomes.
**Covered California:** American Indian provisions and protections in Covered California are limited to a member of a federally recognized Tribe.

**Medi-Cal:** American Indian provisions and protections in Medi-Cal are inclusive of any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program.
### Federal Health Coverage Options for American Indians

<table>
<thead>
<tr>
<th><strong>What It’s Called</strong></th>
<th><strong>Who Is Eligible</strong></th>
<th><strong>Special Indian Provisions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Over 65 years old</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Also, people with kidney failure at any age</td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>Under 138% of federal poverty level</td>
<td>No premiums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No co-pays/deductibles</td>
</tr>
<tr>
<td>Child Health Insurance Program (CHIP)</td>
<td>Children under 19 years old with family income under 200% federal poverty level</td>
<td>No premiums</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No co-pays/deductibles</td>
</tr>
<tr>
<td>COVERED CALIFORNIA</td>
<td>People under 65 years old who are not eligible for Medi-Cal and CHIP</td>
<td>No co-pays/deductibles*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(If your income is below 300% FLP or you receive services through an Indian Health Program)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special monthly enrollment*</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Provisions limited to members of a federally recognized Tribe</em></td>
</tr>
</tbody>
</table>
NO HEALTH CARE EXPENSE FOR CERTAIN INCOME LEVELS
American Indians, *who are members of a federally recognized Tribe*, with a household income of less than $70,650 for a family of four—classified as 300% of the federal poverty level—will not have cost sharing (co-pays or deductible).

NO HEALTH CARE COSTS FOR MEDICAL CARE PROVIDED BY INDIAN HEALTH PROGRAMS
There is no cost sharing (co-pay or deductible) for American Indians, *who are members of a federally recognized Tribe*, for any item or service received from an Indian Health Program including Tribal and Urban Indian Organizations or through referral under contracted health services, regardless of household income.

ENTITLED TO MONTHLY ENROLLMENT PERIODS
American Indians, *who are members of a federally recognized Tribe*, are entitled to enroll in/or change plans once a month through Covered California. All other taxpayers are subject to the annual open enrollment period.

NO REQUIREMENT TO HAVE COVERAGE
American Indians, *who are members of a federally recognized Tribe*, are exempt from the individual mandate to maintain health care coverage beginning January 1, 2014. Any American Indians, *who have received or who are eligible to receive services through an Indian Health Program*, are eligible to apply for a Hardship Exemption from the individual mandate.
Outreach Considerations for **No Requirement to Have Coverage For American Indians**

**Accessing Exemption from Individual Mandate:**

Members of a federally recognized Tribe can access the exemption through the I.R.S. by applying on their annual tax return.

Any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program can apply for a Hardship Waiver through the Federal Marketplace: [www.HealthCare.gov](http://www.HealthCare.gov).

*Once an exemption is received, the applicant will not have to pay a penalty for not having health insurance. This is a **lifetime** exemption (unless Tribal eligibility status changes). Further, the exemption does not prevent applicant from enrolling in Covered California, Medi-Cal or other coverage programs.*
### PLAN OPTIONS

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Non-Indian cost sharing</th>
<th>Indian* cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Gold</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Silver</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Bronze</td>
<td>40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*American Indians who are a member of a federally recognized tribe and who are at/under 300%FPL and/or receive services at an Indian health Program.

**Members of a federally recognized tribe:** Zero cost sharing for any premium  
Pay Premium → NO cost sharing

**Non-Indians:** Lower premium means higher cost sharing  
Pay Premium → Pay cost sharing
Outreach Considerations for Monthly Enrollment Period
Provisions and Protections For American Indians

Members of a federally recognized Tribe do not face the same open enrollment restrictions as the general population. They have year round open enrollment and can switch health plans and metal tiers up to once per month.

- Allows for unrestricted navigation between Indian Health Service coverage and Covered California in order to access care not available at Indian health providers in California, such as medical specialists and hospital and surgical care.
- Allows for unrestricted navigation between plan and tier levels to access different premium levels providers networks based on medical need.

Monthly application and enrollment timelines to consider:

For applications received between the 1st – 15th of the month, enrollment will begin the following month. For applications received after the 15th of the month, enrollment will be delayed one additional month.
American Indian Attestation Process in Covered California Application

Tell us about your race. Please tell us about yourself. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.

What is your race? (Optional: Check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other

Are you of Hispanic, Latino, or Spanish origin? (Optional)

- Yes
- No

If yes, check which ones:

- Mexican, Mexican American, Chicano
- Salvadoran
- Guatemalan
- Cuban
- Puerto Rican
- Other Hispanic, Latino or Spanish origin:

Attachment A: For American Indians or Alaska Natives

🌟 Complete this if you or a family member is American Indian or Alaska Native.

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. Federally recognized American Indians and Alaskan Natives also may not have to pay out-of-pocket costs (such as co-pays) and may get special enrollment periods. Be sure to complete this form and send it in with your application and your proof of Native American or Alaska Native heritage. You may send a document from a federally recognized Indian tribe that shows you are a member of the tribe or affiliated with the tribe (documents may include a tribal enrollment card or certificate of degree of Indian blood.) If you think you qualify for Medi-Cal, you do not have to send proof of your Native American or Alaska Native heritage. See Attachment F to see if you can qualify for Medi-Cal.

If you need to tell us about more than four people who are American Indians or Alaska Natives, make a copy of this page, and be sure to send it with your application.
## QUESTIONS THAT ASK AIAN STATUS

**Attachment A**

<table>
<thead>
<tr>
<th>Person 1: First name</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix (examples: Sr., Jr., III, IV)</th>
</tr>
</thead>
</table>

### 1. Is this person a member of a federally recognized American Indian or Alaskan Native tribe?
- [ ] Yes
- [ ] No

*If yes, write the name of the tribe:* ____________________________ and *state of the tribe:* ____________________________

### 2. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?
- [ ] Yes
- [ ] No

*If no, is this person eligible to get services from the Indian Health services, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?*
- [ ] Yes
- [ ] No

### 3. Does this person get income from any of the sources below?
- [ ] Yes *if yes, answer the questions below.*
- [ ] No *if no, continue the application.*

- **Payments to the tribe that come from natural resources, usage rights, leases, or royalties**
  - Amount $ ___________
  - [ ] Weekly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Other ____________________________

- **Payments from leases or royalties for the use of Indian trust land for natural resources, farming, ranching, or fishing**
  - Amount $ ___________
  - [ ] Weekly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Other ____________________________

- **Money from selling things that have cultural value**
  - Amount $ ___________
  - [ ] Weekly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Other ____________________________

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*Covered California for American Indians*
QUESTIONS THAT ASK AIAN STATUS

Attachment B: Tell us about your family’s health insurance

If you need to tell us about more than four people who have other health insurance, make a copy of this page.

Tell us about the health insurance you have now
Answer these questions for everyone who needs help paying for health insurance.

We need to know if anyone applying for health insurance has coverage now. You do not have to tell us about coverage that is not considered minimum essential coverage. Examples of the types of plans you don’t have to tell us about are: flex savings plans, health savings accounts, disability insurance, or insurance available in another country.

We do need to know if anyone has any of the following health insurances now: COBRA, employer-sponsored insurance, Peace Corps, retiree health plan, TRICARE/CHAMPUS, veterans health program, Indian Health Service, tribal health program, urban Indian health program, or other health insurance? Does anyone have any of these insurances?

☐ Yes  If yes, fill in this page. If you need more space, attach another sheet of paper.
☐ No  If no, go to page 23.

Note: If you have private health insurance you bought on your own, check the box for “Other health insurance” under What type? (choose one).

<table>
<thead>
<tr>
<th>Name First, middle, last</th>
<th>What type? (choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1:</td>
<td>COBRA</td>
</tr>
<tr>
<td>Has this person been offered affordable full coverage health insurance for January 2014? ☐ Yes ☐ No</td>
<td>Employer-sponsored insurance</td>
</tr>
<tr>
<td></td>
<td>Peace Corps</td>
</tr>
<tr>
<td></td>
<td>Retiree health plan</td>
</tr>
<tr>
<td></td>
<td>TRICARE/CHAMPUS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How Is Federally Recognized Tribal Status Verified by Covered California?

Examples of acceptable documentation:

1. Tribal Identification Card
2. BIA Form
3. Certificates of Degree of Indian Blood (CDIB)
How Is American Indian Status Verified By Covered California?

Enrollee has 90 days to provide documentation that confirms Tribal enrollment. Without proof, Covered California will remove American Indian benefits from coverage.

CECs and Enrollment staff should have no issue in uploading documents as part of the enrollment process as long as the documents are not retained by the clinic related to the enrollment process. Should the clinic have other reasons for retaining documents, and would do so in the normal course of business [such as determining eligibility for IHS services], they will not run afoul of the regulations or policies governing CECs.”
Outreach Considerations for American Indian Enrollment in Covered California

American Indians:
• Currently have access to free (or significantly reduced cost) health care through Tribal and Urban Indian health programs.
• Are not required to maintain minimal coverage (exempt from the individual mandate).

By enrolling in Covered California:
• American Indian individual / family will be covered for services that their Tribal or Urban Indian health program does not provide, such as medical specialists, tests, emergency room visits, and hospital care.
• Community will have more IHS resources for health care and Contract Health Services.
• Benefits include coverage for "10 Essential Benefits".
American Indian’s are exempt from premiums and cost sharing, including copays, coinsurance and deductibles.

Eligibility: Any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program.
Modified Adjusted Gross Income

MAGI is used to determine eligibility for Covered California subsidies and Medi-Cal expansion.

Some examples of taxable American Indian Income which are excluded from MAGI are:

- Distributions or payment for tribal land.
- Distributions resulting from federally protected rights specific to American Indians.
- Student financial assistance provided by the B.I.A.
For Additional Information, please contact:

California Rural Indian Health Board (CRIHB)
Virginia.hedrick@crihb.org
916.929.9761

California Consortium for Urban Indian Health (CCUIH)
info@ccuih.org
415.345.1205