



American Indians and Alaska Natives

Quick Reference Guide for Assistors
September 2018

Table of Contents

Note: You can jump to a page if looking at this guide electronically. Press the Ctrl key while clicking on a topic to go to that page.

- Table of Contents2
- Federally Recognized American Indian/Alaska Native Tribes and HealthCare..... 3
 - Facilities and Services3
 - Tribal Members and Family Members4
 - American Indians/Alaska Natives and the Affordable Care Act (ACA)4
- Minnesota Native Tribes.....5
- Exemption from the Shared Responsibility Payment7
- Verifying Tribal Membership.....7
- Income for Tribal Members8
- Qualified Health Plan Rules and Benefits9
 - Enrollment Periods9
 - Advanced Premium Tax Credit (APTC) Eligibility9
 - Cost-Sharing Reductions (CSR) Eligibility9
- MinnesotaCare Rules and Benefits 11
 - MinnesotaCare Eligibility 11
 - Premium Rules 11
 - Cost-Sharing Reductions 11
- Medical Assistance Rules and Benefits 12
 - Medical Assistance Eligibility 12
 - Fee-for Service Coverage and Managed Care 12
 - Reporting Income for MA Eligibility 12

Quick reference guides are created by the instructional design team at MNsure. Please email MNsure_MNsureTraining@state.mn.us for any questions, requested changes or updates.

Federally Recognized American Indian/Alaska Native Tribes and HealthCare

Federally recognized American Indian and Alaska Native tribes have the right to operate under their own governmental systems, but maintain a government-to-government relationship with the United States. Because of this relationship, American Indians and Alaskan Natives are entitled to certain benefits and services, including health care.

Facilities and Services

Enrolled members of federally recognized tribes and their eligible descendants may receive free health services from:

- 1) Indian Health Services (IHS)
- 2) A tribal or urban Indian health facility

These are collectively referred to as I/T/U facilities or services. Tribal members and eligible descendants **do not pay** cost sharing at an I/T/U facility or if a referral is given to a non-I/T/U facility for a covered service. If consumers have any questions on this type of coverage, they should contact the [Department of Human Services \(DHS\) Member Help Desk](#).

Tribal Members and Family Members

There are three categories of American Indians that are relevant to understanding the rules and benefits that apply to this population.

- Tribal members: Refers to enrolled members of a federally recognized tribe.
- Household members: Not enrolled in a tribe, but living with a tribal member. May be eligible to receive services from an I/T/U facility.
- I/T/U descendants: Children/descendants of tribal members eligible to receive services of I/T/U facilities. Does not include stepchildren.

Examples

1. Mary is a Dakota Indian and a member of the Shakopee Mdewakanton tribes. She is married to Chris who is not an American Indian. They have one child together.

Mary: Tribal member

Chris: Household member

Child: I/T/U descendant

2. Alan is Ojibwe and a member of the Leech Lake Band. He is married to Betty who is not American Indian. She has two children from a previous marriage who are also not American Indian. The children live with Alan and Betty.

- Alan: Tribal member
- Betty: Household member
- Children: Household members

American Indians/Alaska Natives and the Affordable Care Act (ACA)

While access to I/T/U facilities provides many important primary health care services for tribal and eligible descendants, there may be reasons for individuals to seek help from outside health facilities. Because of this, American Indians also have different rules, benefits and timelines when applying and enrolling for health insurance through MNsure or public programs.

If qualified, American Indians can enroll in Medical Assistance, MinnesotaCare or qualified health plans, and still be able still receive the same access to I/T/U facilities, if needed.

Minnesota Native Tribes

There are eleven federally recognized tribal nations in the state of Minnesota. There are also thousands of American Indians living in Minnesota that are affiliated with other federally recognized tribes. They may not live on a reservation or have reservations located in other states.

Chippewa or Ojibwe (pronounced oh-jib-way) reservations in Minnesota include:

- Bois Forte (pronounced Boys Four-tay)
- Fond du Lac (pronounced Fawn Dew Lack)
- Grand Portage
- Leech Lake
- Mille Lacs Band (pronounced Mill Lacks Band)
- Red Lake
- White Earth

Dakota reservations in Minnesota include:

- Shakopee Mdewakanton (pronounced Shock-oh-pee Med-ee-waw-kah-tawn)
- Prairie Island
- Lower Sioux (pronounced Lower Sue or Soo)
- Upper Sioux (pronounced Upper Sue or Soo)

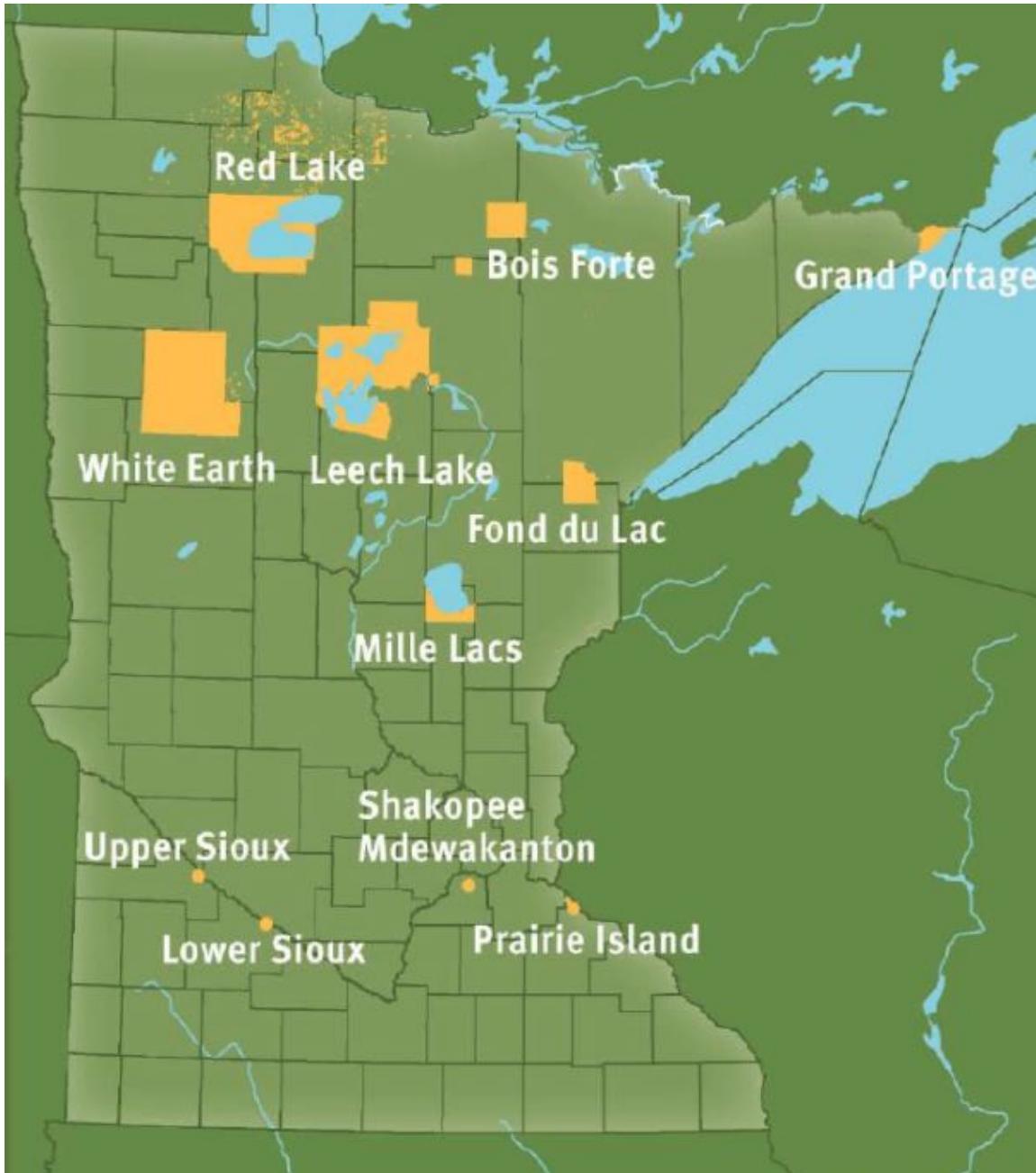


Figure 1 Map of Minnesota American Indian Tribe Reservation Locations

Exemption from the Shared Responsibility Payment

Tribal members and I/T/U descendants are exempt from the individual shared responsibility provision required by the ACA. This means they **do not** need to maintain minimum essential coverage (MEC). However these consumers **do** need to apply for their exemption at the [Healthcare.gov exemptions page](#) or claim it on their federal tax return, using Form 8965.

Refer to the [MNsure website](#) for more details.

Note: As of plan year 2019, the mandate penalty has been reduced to zero.

Verifying Tribal Membership

Depending on which health care program they are determined eligible for, the applicant may be asked to send verification of tribal membership. There is no electronic data source to verify this information. MNsure, DHS or the county or tribal agency will send a Request for Information letter asking for documentation. This letter would ask them to provide proof of tribal membership. The consumer will need to respond to this letter to receive or maintain their benefits. Inform the consumer that they may also receive a letter from DHS requesting verification if they have I/T/U eligible descendants. Reassure them that this is a standard procedure. Consumers have 95 days from the date of the notice to mail or fax the verification back to the processing agency.

Documents should include the tribe name, individual name and membership or affiliation. Examples of acceptable documentation:

- Tribal enrollment card
- Tribal enrollment or membership document, such as a certified letter from the tribe or Bureau of Indian Affairs (BIA) on an official letterhead
- Certificate of Degree of Indian Blood issued by the BIA or tribe (if this document proves tribal enrollment information)
- Documents issued by an Alaska Native village/tribe or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation
- Tribal census document

Income for Tribal Members

Certain types of American Indian/Alaska Native income are not included in income determination for Medical Assistance. This includes but is not limited to:

- Distributions from Alaska Native Corporations and Settlement Trusts
- Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation or otherwise under the supervision of the Secretary of the Interior
- Distributions and payments from certain rents, leases, rights of way, royalties, usage rights or natural resource extraction and harvest
- Distributions resulting from real property ownership interests related to natural resources and improvements

Qualified Health Plan Rules and Benefits

Enrollment Periods

Members of federally recognized tribes have a monthly special enrollment period, which is a period outside of MNsure's annual open enrollment. They can enroll in or change a QHP once a month.

Household members of a federally recognized tribal member can also enroll or change plans under the AI/AN monthly special enrollment period **when the tribal member does**, otherwise they must follow the same timeline as other consumers: can enroll or change plans during open enrollment, or when eligible for the other special enrollment period reasons.

For a special enrollment, you will need to contact the ARC/Broker line, or the consumer must call the MNsure Contact Center.

Advanced Premium Tax Credit (APTC) Eligibility

There are no additional rules for American Indians for QHP premiums and APTC.

Some Minnesota tribes may help qualifying members pay premiums. Consumers should check with their respective tribal agencies to determine if premium assistance is available.

Cost-Sharing Reductions (CSR) Eligibility

- 1) Tribal members with household income between 201% and 301% of the FPG can enroll in **any available metal level plan** (bronze, silver, gold or platinum) to receive the CSR, but they must enroll in a QHP and be eligible to receive APTC.
 - If tribal members enroll in a QHP through MNsure and get services outside of an I/T/U facility, they receive 100% CSR benefit, which means there are zero out-of-pocket costs. These tribal members can enroll in any metal level plan and still take advantage of the 100% CSR benefit.
 - To receive 100% CSR benefit, **all** enrolled in the plan must be tribal members. Non-tribal members must enroll in a **separate** plan in order for the tribal member to get the 100% CSR benefit.
- 2) I/T/U eligible descendants and non-American Indian household members below 250% of the FPG **must enroll in a silver plan** to take advantage of cost-sharing reductions.

NOTE: Regardless of income, a tribal member enrolled in a QHP who receives an item or service from an I/T/U facility or through a referral under purchased/referred care has no cost sharing under the plan for such item or service.

- 3) For tribal members with household income above 301% of the FPG:
 - Regardless of income, an American Indian tribal member enrolled in a QHP who receives an item or service from an I/T/U facility through a referral under the Purchased/Referred Care (PRC) program has no cost sharing under the plan for the

item or service. PRC funds may pay for cost sharing for eligible American Indians if PRC rules are followed.

- Note: The PRC program is for medical/dental care provided away from an I/T/U facility. PRC is not an entitlement program and an I/T/U referral does not imply that care will be paid. If an I/T/U is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priority and use of alternate resources. Non-tribal members must enroll in a separate plan in order for the tribal member to take advantage of the 100% CSR.

MinnesotaCare Rules and Benefits

MinnesotaCare Eligibility

As with other consumers, American Indians, their I/T/U eligible descendants and their non-American Indian household members are eligible for MinnesotaCare if they have a household income up to the applicable FPG.

Premium Rules

- Tribal members and their non-Indian household members (if they are members of the MinnesotaCare household) are exempt from premiums.
- MinnesotaCare accepts self-attestation of American Indian status when applying but post-eligibility verification may be requested.

Cost-Sharing Reductions

- American Indians enrolled in a federally recognized tribe have no cost sharing for any covered services regardless of where they receive care.
- Descendants who are I/T/U eligible are responsible for cost sharing, except when receiving care at an I/T/U facility or when referred by an I/T/U facility for covered services to other providers.
- Non-American Indian household members are responsible for cost sharing.

Medical Assistance Rules and Benefits

Medical Assistance Eligibility

As with other consumers, American Indians, their I/T/U eligible descendants and their non-American Indian household members are eligible for MA if they have a household income up to the applicable FPG.

Visit the [MNsure Financial Assistance webpage](#) for qualifying income.

MA is a premium-free program for all eligible consumers.

Fee-for Service Coverage and Managed Care

Tribal members and I/T/U eligible descendants who live on a reservation may be covered on a fee-for-service basis (where the MA pays the health care provider directly), but American Indians eligible for MA may voluntarily enroll in managed care on an individual basis regardless of residence on the reservation.

IMPORTANT: Although managed care is an option for tribal members living on a reservation, many MA recipients find they are automatically enrolled in a managed care plan and are not receiving care under the fee-for-service arrangement. If they prefer not to be in a managed care plan, they must explicitly request the fee-for-service coverage by contacting the [DHS Member Help Desk](#).

NOTE: Household members who are not enrolled in a federally recognized tribe and who are not I/T/U eligible would not qualify for the fee-for-service arrangement.

Reporting Income for MA Eligibility

The following types of income should be reported but will be excluded from the modified adjusted gross income (MAGI) calculations when determining MA eligibility for American Indians. The application will ask additional questions to confirm the correct income type for MA determination.

- 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 aid provided by the BIA or a tribe
- Income that falls within the IRS General Welfare Doctrine
- Distributions deriving from Alaska Native Claims Settlement Act (ANCSA) corporations and settlement trusts
- Any other income that is considered nontaxable according to IRS/federal law

Note: Gaming per capita payments are taxable and must be included in the MAGI calculations. This is reported under “Other Taxable Income.”