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Submitted via email: kitty.marx@cms.hhs.gov; nancy.goetschius@cms.hhs.gov

December 30, 2013
Ms. Kitty Marx,
Ms. Nancy Goetschius
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independent Avenue S.W.
Washington, DC 20201

REF: Response to December 20, 2013 Email Titled "TTAG Updates and Advice and Input Needed"

Dear Ms. Marx and Ms. Goetschius:

In follow-up to the TTAG ACA Policy Subcommittee teleconference call held Thursday, December 19th, we are providing you with our recommendations on the draft documents that CMS intends to include with the guidance and instructions to the Application for Exemption from the Shared Responsibility Payment for American Indians and Alaska Natives (AI/ANs). You requested these comments be provided to CMS by December 30, 2013.

We are providing you with our edits included on the two attached draft documents that CMS/CCIIO will include along with guidance to the Application for Exemption from the Shared Responsibility Payment for AI/ANs. The first document is a description of individuals eligible for services from Indian Health Care Providers. The second document is a table that outlines Tribal and other documents to support verification of eligibility for the exemption available to persons eligible for services from Indian Health Care Providers.

We believe you will find our recommendations self-explanatory. However if you should have questions, please contact Jim Roberts, at jroberts@npaihb.org or (503) 228-4185.

Thank you for the opportunity to provide these comments.

Sincerely,

Andy Joseph, Jr., NPAIHB Chair
Colville Tribal Council Member

Attachments: I/T/U Eligibility Criteria
Documents Showing Tribal Membership/Tables

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Indian Health Care Provider I/T/U Eligibility Criteria

Who is eligible for health services through the Indian Health Service, Tribes and tribal organizations, or urban Indian organizations (referred to as "Indian Health Care Providers" or "I/T/Us")?

Indians

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Individuals of Indian descent belonging to the Indian community served by the local facilities and program of the Indian Health Service are eligible for services. An individual may be regarded as within the scope of the Indian Health Service program if he or she is regarded as an Indian by the community in which he or she lives as evidenced by such factors as tribal membership, enrollment, residence on tax-exempt land, ownership of restricted property, active participation in tribal affairs, or other relevant factors in keeping with general Bureau of Indian Affairs practices in the jurisdiction. Eligibility based on one's status as a California Indian, Eskimo, Aleut, or other Alaska Native is included within this framework.

Non-Indians

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Additionally, the following non-Indians are eligible for services from the Indian Health Service:

- (A) Children under the age of 19 who are the natural child, adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian;
- (B) Spouses of an eligible Indian, if the Tribe passed a tribal resolution that makes spouses eligible to receive services from the Indian Health Service; or
- (C) Non-Indian women who are pregnant with the child of an eligible Indian.

Urban Indians

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The Indian Health Service also contracts with urban Indian organizations to provide services to urban populations for which special statutory eligibility criteria apply. To be eligible for services in an urban area, an individual must reside in the service area a city where an of an IHS urban Indian clinic or referral center is located n urban center and meet one or more of the following four criteria:

- (A) Be 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;
- (B) Be an Eskimo or Aleut or other Alaska Native;
- (C) Be considered by the Secretary of the Interior to be an Indian for any purpose; or
- (D) Be determined to be an Indian under regulations promulgated by the Secretary.

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NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-855-889-4325.

Documents Showing Tribal Membership or Eligibility for Services from the Indian Health Service, an Indian Tribe, Tribal Organization, or an Urban Indian Organization (“Indian Health Care Provider”)

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Documents to support the Tribal Hardship Indian Exemption and the Hardship Exemption for Personseople Eligible for Services fromHealth Care from an Indian Health Care Provider
from the Shared Responsibility Payment

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Submit only **copies** of documents, **not** originals.

Table 1. Documents to demonstrate eligibility for the **Indian Exemption and/or Exemption for Persons Eligible for Services from an Indian Health Care Provider-Hardship Exemption**
 (only one of these documents is needed)

<u>Status/Document Type</u>	<u>Source of document</u>	<u>Other requirement?</u>
Enrollment or membership document	Federally Recognized Tribe	Tribal letterhead or enrollment/membership card that contains tribal seal or official signature
Document issued by Alaska Native Village/ <u>Tribe, or an ANSCA</u> regional, or village corporation acknowledging descent, <u>or</u> affiliation, <u>or</u> shareholder status, or participation in village or Alaska Native community affairs.	Alaska Native Village/ <u>Tribe</u> or <u>ANSCA</u> ¹ corporation	For Alaska Natives only
Document 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 or document showing trust interests in public domain, national forest, or reservation allotments in California.	Bureau of Indian Affairs	For California Indians only
Letter from IHS, Tribal or urban Indian health care	IHS, Tribal, or urban Indian health care	Facility letterhead, <u>and with</u> official signature

¹ Alaska Native Claims Settlement Act

providers verifying eligibility for services	facility	
Other tribal document acknowledging membership, descent, participation in tribal community affairs, residence on tax exempt land, or that it regards the person as Indian	Federally Recognized Tribe	Tribal letterhead, and that <u>contains</u> tribal seal or official signature
BIA Form 4432	Bureau of Indian Affairs	Form, signature of BIA/Tribal Official
Certificate of Degree of Indian Blood (CDIB)	Bureau of Indian Affairs or Tribe	Form, signature of BIA/Tribal Official
<u>Other document issued by Department of Interior that shows person is considered to be an Indian.</u>	<u>Department of Interior</u>	<u>Urban Indian considered by Secretary of Interior to be an Indian for any purpose (such as a scholarship based on Indian status).</u>

Table 2.:

Types of eligibility for **Exemption for Persons Eligible for Services from an Indian Health Care Provider Hardship Exemption** that require more than one document to be submitted with application

Eligibility Type	Document 1		Document 2
	Documents related to person applying for exemption	Source of document	Second document required
Persons of Indian descent, including urban Indians, without personal documentation from Table I	Birth certificate (s)	State or local government	Document from Table 1 <u>showing eligible ancestor for applicant's parent or grandparent. If grandparent is used to qualify, a birth certificate linking parent to grandparent is also requested.</u> <u>Eligibility based on state recognized tribe must be no greater than 1st or 2nd degree</u>

Non-Indian natural child, adopted child, stepchild, foster child, legal ward, or orphan of an eligible Indian	Birth certificate or adoption papers	State or Tribal government	Documents from Table 1 required for eligible Indian parent or guardian
Non-Indian Spouses	Marriage certificate, if non-Indian spouses are made eligible for IHS services, as a class, by an appropriate resolution of the governing body of the Indian tribe or tribal organization	State or Tribe (issuer of marriage certificate)	Document from Table 1 required for eligible Indian spouse
Non-Indian woman pregnant with an eligible Indian's child	Verification of pregnancy	Any medical provider.	Unless married, paternity must be acknowledged in writing by the eligible Indian or determined by order of a court of competent jurisdiction. Document from Table 1 required for eligible Indian father of child.
Urban Indian from state-recognized tribe	Enrollment or membership card/ID or document from state-recognized tribe acknowledging membership	State-recognized Tribe	Document showing residency, such as a rent statement, mortgage, utility bill, voter registration card, etc.