

**From:** Lowe, Sheryl [<mailto:sheryl.lowe@wahbexchange.org>]

**Sent:** Monday, January 26, 2015 9:07 AM

**Subject:** Presentations

Good morning, everyone:

Attached are the presentations that were shown at our TAW meeting last Friday as an FYI:

- 1) Everything you need to know about tax season and premium tax credit reconciliation
- 2) Summary of assessment on whether the Exchange will incorporate family dental plans into the marketplace (proposal Board will review in February is a soft launch during special enrollment in 2016, offering plans in 2017)
- 3) Insurance carrier timeline/process for becoming certified to offer Qualified Health Plans in the HBE marketplace

I've also included the PowerPoint that Marilyn Scott and Aren Sparck presented to the Exchange Board last Thursday. Below is the interpretation by our legal director regarding whether TAW meetings were required to be made public. Basically, the workgroup does not fall under the Open Public Meetings Act but any materials that are developed as a result of the meetings are subject to the Public Records Act. If someone requests TAW minutes and other materials, we need to comply with these requests.

Please let me know if you have any questions.

Happy Monday!

Sheryl

The open public meetings act (OPMA) applies to the Exchange and Exchange board. The OPMA requires that the meetings of the governing body of a public agency shall be open and public and held according to the Act's requirements. Board committee meetings are also under the OPMA, as the law on committees is not entirely clear; but when a committee is meeting as a part of the Board, it is prudent to follow the act so that any subsequent action is not challenged. Large damage awards are not uncommon in lawsuits for OPMA violations.

As for other TACs and workgroups, they are open to the public (posted on our website, etc.) in order to promote and encourage public participation and transparency in the conduct of our business. The OPMA does not require that. The Tribal Advisory Workgroup is not covered by the OPMA, and there is no legal requirement that it be open to the public. All involved should be aware of the great value stakeholders place on openness and transparency.

Any documents created or generated by the TAW are subject to the public Records Act; if requested they must be disclosed to the requester.

Húy, yəhúiməct, (S'Klallam for "goodbye, take care")

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# Washington Health Benefit Exchange Healthplanfinder & Tax Credits: What to Expect at Tax Time

Exchange Board Meeting  
January 22, 2015

Molly Voris, Policy Director  
Michael Marchand, Communications Director  
Dustin Arnette, Senior Policy Analyst

# Reminders

- Affordable Care Act (ACA) created a new relationship between health care and taxes:
  1. Premium tax credits
  2. Individual shared responsibility provision
    - Minimum Essential Coverage
    - Exemptions
    - Shared Responsibility Payment
- Premium tax credits lower an individual's monthly premium
  - Available to those between 138-400% FPL who purchase a QHP through the Exchange
- Two tax credit options:
  - Get it **Now** – advance credit payments (APTC)
  - Get it **Later** – get all (or some) of the credit on tax return (PTC)



# What's the difference between APTC and PTC?

Differences	APTC	PTC
<b>When is it determined?</b>	When you submit your application	When you file your income tax return
<b>Who makes the determination?</b>	Exchange	IRS
<b>How is it calculated?</b>	Based on <u>estimated</u> household income and family size reported on your application	Based on <u>actual</u> household income and family size reported on your tax return
<b>Who receives it?</b>	Issuer	You
<b>When is it paid?</b>	“In advance” on a monthly basis throughout the coverage year	At then end of the tax year



# What happens when you file your taxes?

- If you enrolled in a QHP during the plan year through the Exchange, you should expect to receive a 1095-A statement
- If you took advance payments of the tax credit, you will reconcile your tax credit
  - If APTC is more than PTC, the individual has received excess APTC and must repay the excess (subject to repayment limitations)
  - If PTC is more than APTC, the individual will receive an increased refund for the difference (or reduction in tax payment due)
- If you did not take advance payments of the tax credit, you may claim all of your tax credit
  - Even if you did not seek financial assistance on your application, you may be eligible for the premium tax credit



# Reconciliation Flow

## Form 1095-A (by January 31<sup>st</sup>)

- Exchange sends your 1095-A Statement

## Form 8962 (January – April 15<sup>th</sup>)

- You use the 1095-A to complete Form 8962

## Form 1040 (by April 15<sup>th</sup>)

- If you received APTC (or if you want to try to claim it), you must file both Form 8962 and Form 1040
- *Note:* the premium tax credit cannot be claimed or reconciled using Form 1040-EZ



# Form 1095-A (Health Insurance Marketplace Statement)

Form <b>1095-A</b>		<b>Health Insurance Marketplace Statement</b>		OMB No. 1545-2232	
Department of the Treasury Internal Revenue Service		▶ Information about Form 1095-A and its separate instructions is at <a href="http://www.irs.gov/form1095a">www.irs.gov/form1095a</a> .		<input type="checkbox"/> CORRECTED	
				<b>2014</b>	
<b>Part I Recipient Information</b>					
1 Marketplace identifier WASHINGTON		2 Marketplace-assigned policy number 1234546		3 Policy issuer's name Carrier XYZ	
4 Recipient's name John Doe		5 Recipient's SSN ***-**-6789		6 Recipient's date of birth	
7 Recipient's spouse's name Jane Doe		8 Recipient's spouse's SSN ***-**-6789		9 Recipient's spouse's date of birth	
10 Policy start date 2014-01-01		11 Policy termination date 2014-12-31		12 Street address (including apartment no.) 810 Jefferson St SE	
13 City or town Olympia		14 State or province Washington		15 Country and ZIP or foreign postal code USA 98501	
<b>Part II Coverage Household</b>					
A. Covered Individual Name		B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 John Doe		***-**-6789		2014-01-01	2014-12-31
17 Jane Doe		***-**-6789		2014-01-01	2014-12-31
18					
19					
20					
<b>Part III Household Information</b>					
Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit		
21 January	471.83		528.05	227	
22 February	471.83		528.05	227	
23 March	471.83		528.05	227	
24 April	471.83		528.05	227	
25 May	471.83		528.05	227	
26 June	471.83		528.05	227	
27 July	471.83		528.05	227	
28 August	471.83		528.05	227	
29 September	471.83		528.05	227	
30 October	471.83		528.05	227	
31 November	471.83		528.05	227	
32 December	471.83		528.05	227	
33 Annual Totals	5661.96		6336.60	2724	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					
			Cat. No. 60703Q		Form <b>1095-A</b> (2014)

- Final Instructions: <http://www.irs.gov/pub/irs-prior/i1095a--2014.pdf> and Form: <http://www.irs.gov/pub/irs-prior/f1095a--2014.pdf>

# Exchange Role Clarity

- Exchange responsible for accuracy of information on Form 1095-A
  - Answer general questions about Form 1095-A and correcting information
  - Direct consumers who have general questions about tax filing season to IRS resources or other assistance
  - IRS/CMS working on call center scripts which Exchange will leverage
  
- Exchange cannot provide tax advice
  - IRS does not expect Exchange to provide information about tax issues or to provide tax advice (such as how to fill out IRS tax forms)





# Customer Support

- Call Center CSRs can provide high level information
  - What the form is, what it reports
- Specialized account workers will be available to assist individuals who report inaccuracies on the form
- Any tax specific questions will be referred to the IRS
  - How to file taxes, fill out forms



# Progress to Date

- Preliminary testing and validation complete
- Discovered a flaw in data used to populate the form
- Quickly designed a fix for deployment
- Targeting January 31<sup>st</sup> to generate forms





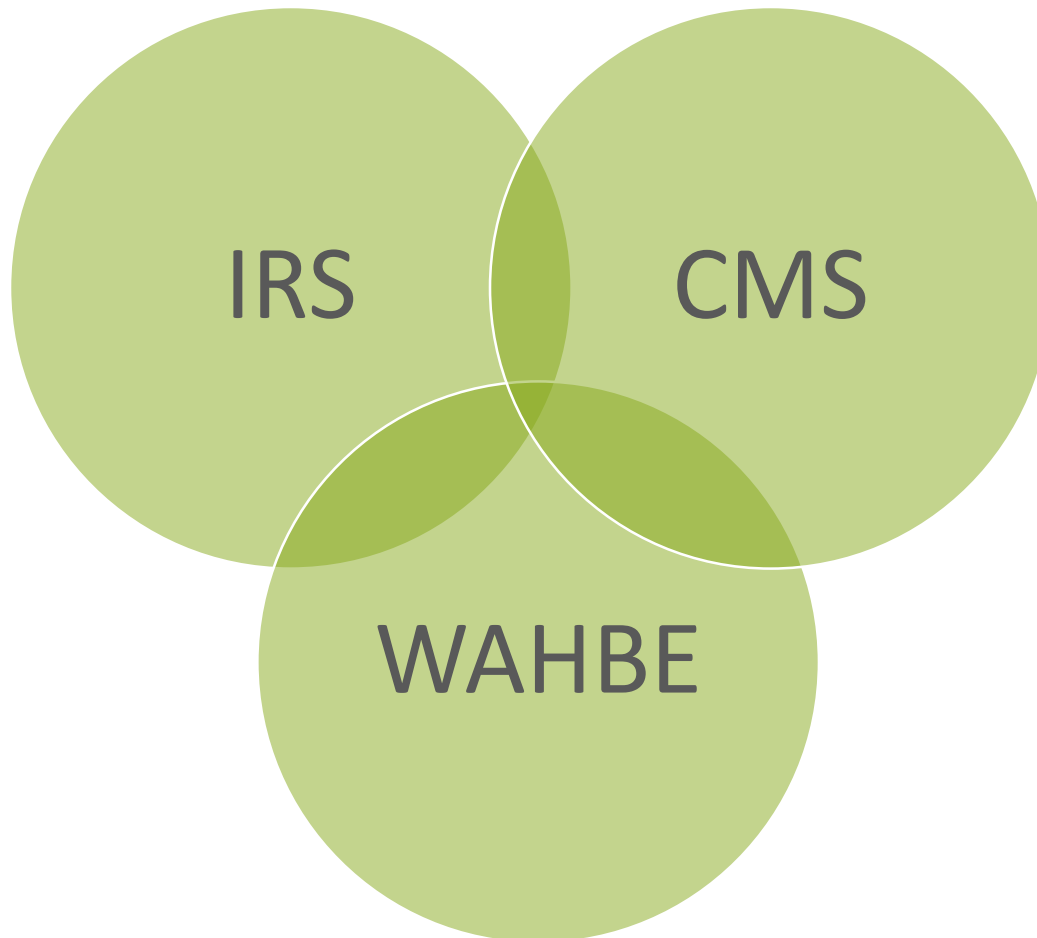
# Washington Health Benefit Exchange

“Your 1095-A Statement”

Tax Season Campaign

Michael Marchand, Communications Director  
Nelly Kinsella, Communications Associate

# Tax Season Campaign



# What Consumers Need to Know



# Communications & Support

- **Inform** customers that they will be receiving an important NEW tax return document from Healthplanfinder. Customers will need to use info from their 1095-A when they file their 2014 federal tax returns.
- **Educate** customers who to go to for help
  - IRS – Tax returns and process (including Form 8962)
  - CMS – Some exemptions
  - WAHBE – Your 1095-A Statement



# Communications & Support

- In-Person Assister & Broker webinar conducted Nov. 13
- New webpage! [wahbexchange.org/1095A](http://wahbexchange.org/1095A)
- “Your 1095-A Statement” FAQs for all customer support programs
- Infographic insert with first 1095-A mailing
- Dedicated customer support team to answer questions as well as correct and regenerate 1095-A if applicable
- Partnerships (tax preparers, VITA, etc.)
- Tax Season Campaign – GMMB
  - Social media
  - Digital ads



# Outreach and Education Roadmap

## VEHICLES:

- Partnerships
- Outreach
- Digital engagement
- Media

### Phase 1

- **Inform** customer support including Navigators, Brokers, other assisters as well as other stakeholders

### Phase 2

- **Educate** QHP customers about their 1095-A

### Phase 3

- **Help** QHP customers through tax filing





# Additional Resources

- The Internal Revenue Service has a dedicated page on IRS.gov for the Premium Tax Credit: [www.irs.gov/uac/The-Premium-Tax-Credit](http://www.irs.gov/uac/The-Premium-Tax-Credit)
- Publication 5187: Health Care Law: What's New for Individuals & Families: [www.irs.gov/pub/irs-pdf/p5187.pdf](http://www.irs.gov/pub/irs-pdf/p5187.pdf)
- Resources will also be updated regularly at: [www.wahbexchange.org/1095A](http://www.wahbexchange.org/1095A)





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## Appendix

# Form 8962 (Premium Tax Credit)

Form **8962** Premium Tax Credit (PTC) OMB No. 1545-0074  
 Department of the Treasury Internal Revenue Service **2014** Attachment Sequence No. 73  
 ▶ Information about Form 8962 and its separate instructions is at [www.irs.gov/form8962](http://www.irs.gov/form8962).  
 Name shown on your return Your social security number Relief (see instructions)

**Part 1: Annual and Monthly Contribution Amount**

1 Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d . . . . . 1

2a Modified AGI: Enter your modified AGI (see instructions) . . . . . 2a  
 b Enter total of your dependents' modified AGI (see instructions) . . . . . 2b

3 Household Income: Add the amounts on lines 2a and 2b . . . . . 3

4 Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a  Alaska b  Hawaii c  Other 48 states and DC . . . . . 4

5 Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.542 enter the result as 154, for 1.549 enter as 155.) (See instructions for special rules.) . . . . . 5 %

6 Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%.)  
 Yes. Continue to line 7.  
 No. You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.

7 Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . . 7

8a Annual Contribution for Health Care: . . . . . 8a  
 b Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount . . . . . 8b

**Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)  
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage.  No. Continue to line 10.

10 Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown on lines 21-32, columns A and B?  
 Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23.  No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	A. Premium Amount (Form(s) 1095-A, line 33A)	B. Annual Premium Amount of SLCSP (Form(s) 1095-A, line 33B)	C. Annual Contribution Amount (Line 8a)	D. Annual Maximum Premium Assistance (Subtract C from B)	E. Annual Premium Tax Credit Allowed (Smaller of A or D)	F. Annual Advance Payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	A. Monthly Premium Amount (Form(s) 1095-A, lines 21-32, column A)	B. Monthly Premium Amount of SLCSP (Form(s) 1095-A, lines 21-32, column B)	C. Monthly Contribution Amount (Amount from line 8b or alternative marriage monthly contribution)	D. Monthly Maximum Premium Assistance (Subtract C from B)	E. Monthly Premium Tax Credit Allowed (Smaller of A or D)	F. Monthly Advance Payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total Premium Tax Credit: Enter the amount from line 11E or add lines 12E through 23E and enter the total here . . . . .						24
25 Advance Payment of PTC: Enter the amount from line 11F or add lines 12F through 23F and enter the total here . . . . .						25
26 Net Premium Tax Credit: If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .						26

**Part 3: Repayment of Excess Advance Payment of the Premium Tax Credit**

27 Excess Advance Payment of PTC: If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here . . . . . 27

28 Repayment Limitation: Using the percentage on line 5 and your filing status, locate the repayment limitation amount in the instructions. Enter the amount here . . . . . 28

29 Excess Advance Premium Tax Credit Repayment: Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 . . . . . 29

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37784Z Form 8962 (2014)



- Final Instructions: <http://www.irs.gov/pub/irs-dft/i8962--dft.pdf> and Form: <http://www.irs.gov/pub/irs-dft/f8962--dft.pdf>



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# Washington Health Benefit Exchange

## Family Dental Plans

Exchange Board Meeting  
January 22, 2015  
Christine Gibert, Senior Policy Analyst

# Dental – Current Landscape

- In 2015, pediatric-only Qualified Dental Plans (QDPs) offered in the Exchange
  - Pediatric Essential Health Benefits (EHBs)
  - Ages 18 and younger
  - 300+% FPL
- Stand-alone dental plans
  - State statute requires dental benefits to be “offered and priced separately” in the Exchange
- Mandatory purchase for qualifying children
- Board requested a cost/benefit analysis of adding family dental plans to the Exchange



# Family Dental Cost/Benefit Analysis – Assumptions

- Family plans
  - Adult dental benefits must be offered in family plans that include pediatric EHB
- Retain mandatory dental purchase for qualifying children
- Standalone dental plans only
- 2% premium fee will apply to family dental plans
  - If provided via premium tax, statutory change might be needed
- Level 1 Grant funds available for implementation



# Cost/Benefit Analysis – Enrollment in Family Dental

- Estimated enrollment in family dental plans for first two years using 2014 dental take-up rates in FFM
  - 21% of all individuals buying a QHP also purchased a dental plan in FFM
- Applied the take-up rates by age group in FFM to our projected QHP adult enrollment

	Year 1	Year 2
Projected QHP Enrollment (Adults)	287,485	335,720
<b>Projected Adult Dental Enrollees</b>	<b>59,600</b>	<b>69,600</b>





# Cost/Benefit Analysis – Revenue

- Derived from 2% premium fee and assessment on family dental plan enrollments
- Used average premium information from 2014 family dental plans in FFM
- Potential revenue from family dental enrollments:
  - No cash receipts in Year 1
  - \$836,784 – \$1,115,712 in Year 2
  - \$569,520 – \$759,360 in Year 3



# Cost/Benefit Analysis – Costs

- Implementation costs
  - \$2M investment for development from Federal grant funds
- Ongoing costs<sup>1</sup>
  - \$365,456 in Year 1
  - \$370,786 in Year 2
  - \$376,277 in Year 3

<sup>1</sup> Includes savings from removing premium aggregation functionality from Healthplanfinder.



# Cost/Benefit Analysis – Results

- Revenue likely outweighs costs
- Net revenue estimates
  - (\$365,456) in Year 1
  - \$465,998 - \$744,926 in Year 2
  - \$193,243 - \$383,083 in Year 3



# Family Dental Implementation – Timing

- Previously targeted offering family dental plans 1/1/16, but a later implementation date is probable
  - October 1, 2015 Open Enrollment earlier than anticipated
  - Unable to ensure a successful launch by October 1 with other planned system changes
- Possible to offer family dental plans later in 2016

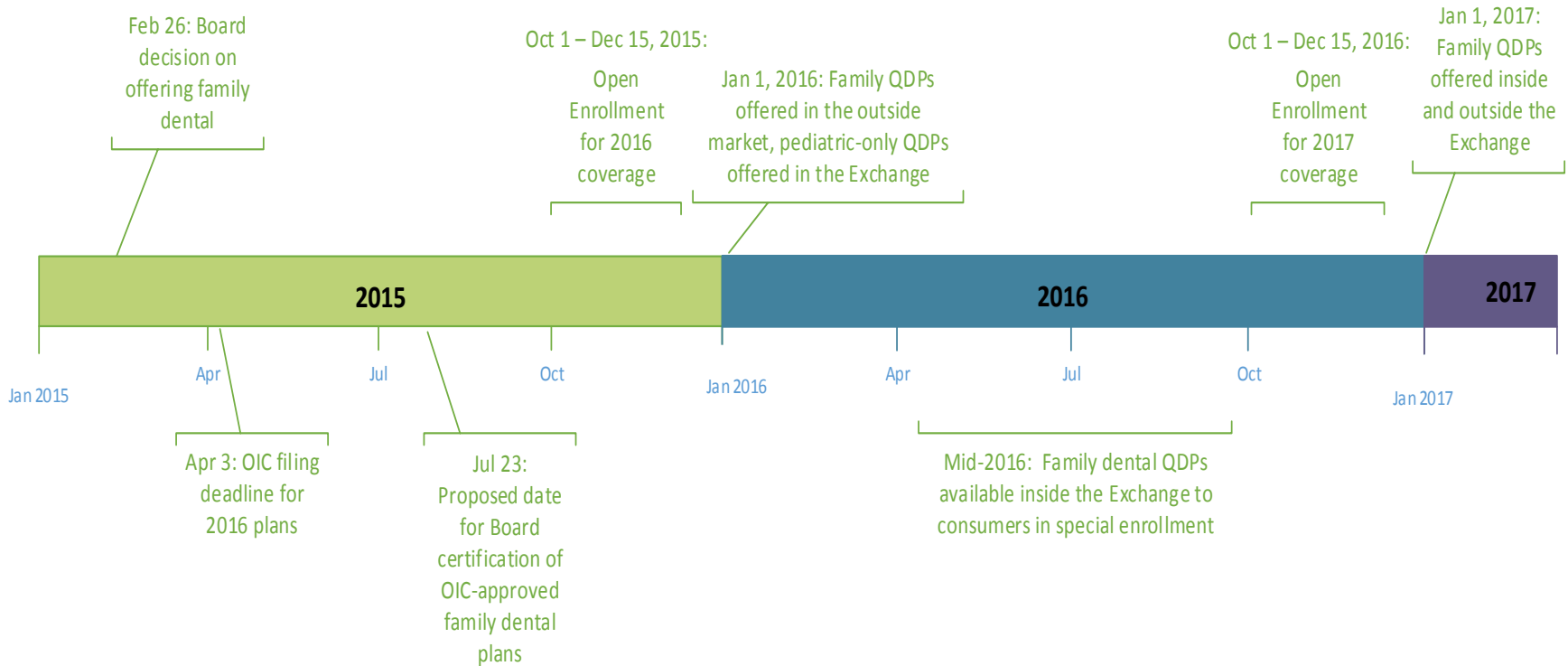


# Proposed Soft Launch of Family Dental During 2016

- Family dental plans available at some point in 2016 to consumers with special enrollment events
- Carriers must file plans in Spring 2015
  - Plans would be available outside Exchange on 1/1/16 and inside Exchange mid-2016 when Healthplanfinder upgrade is completed
- System changes for family dental plans slotted for December 2015 release
- Pediatric dental will continue to be offered as it is currently until family dental changes go live



# Soft Launch – Proposed Timeline



# Carrier and Plan Considerations

- OIC approved one individual family dental plan for 2015 in the outside market
- Family dental plans likely to be structured as a pediatric dental EHB plan paired with a traditional adult dental plan
  - E.g., must include OOP maximums for children and likely to include annual limits for adults
- Potential for filing and/or federal reporting complexities
  - New type of dental offering



# Committee Feedback

- Desire for family dental coverage from consumers
- Support for soft launch in 2016, if possible
- Discussion about the value proposition of adult dental insurance
- Importance of transparency and education for consumers
- Preference for wide variety of dental plan structures
- Need to assure meaningful access to dental care
  - Carrier participation, provider networks, vulnerable populations
- Increased workload and training for Call Center, IPAs, and agents/brokers
- Questions about how tax credits apply to dental premiums





# Next Steps

- Board consideration of soft launch during 2016
- Need to move forward quickly if family dental plans to be offered in 2016
- Carriers must file plans by April 3
- Ongoing discussion with OIC and carriers about 2% premium fee
- Delay other, more complex policy questions for family dental plans until future years





# Washington Health Benefit Exchange

Appendix

# Cost/Benefit Analysis – Ongoing Costs

	Year 1	Year 2	Year 3
HBE Staff	\$177,689	\$183,019	\$188,510
Call Center	\$66,310	\$66,310	\$66,310
IT Maintenance	\$121,457	\$121,457	\$121,457
<b>Total</b>	<b>\$365,456</b>	<b>\$370,786</b>	<b>\$376,277</b>



# QDP Certification Criteria

Criteria	Monitoring Entity
Issuer must be in good standing	OIC
Issuer must pay user fees, if QDPs assessed	WAHBE
Issuer must comply with non-discrimination rules	OIC
QDP must meet marketing requirements	WAHBE
QDP must meet network adequacy requirements, which will include essential community providers	OIC
Issuers must display dental provider directory data	WAHBE
Issuers must submit dental plan data to be used in a standard format for presenting dental plan options	WAHBE
A QDP must comply with benefit design standards (e.g., cost-sharing limits, actuarial value limitations, essential health benefits)	OIC
Issuer must submit to WAHBE a QDP's service area and rates for a plan year	OIC
Issuer must provide to WAHBE QDP benefit and rate data for public disclosure	WAHBE



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# Washington Health Benefit Exchange

## TRIBAL REPORT TO WAHBE BOARD

Marilyn Scott, Vice-Chairwoman, Upper Skagit Tribe

Aren Sparck, Projects Coordinator, Seattle Indian Health Board/Urban Indian Health Institute

Sheryl Lowe, Tribal Liaison, HBE

January 22, 2014

# Overview

- Tribal-Exchange Government-to-Government Relationship and Consultation Policy
- Role of Tribal Advisory Workgroup
- QHP Education: ACA and Indian Health Care Improvement Act Provisions
- AI/AN System Functionality Improvements
- Tribal Sponsorship
- Tribal Get Covered Workgroup
- Tribal Outreach 2014-2015



# Government-to-Government/Tribal Consultation

*To comply with the ACA, WA Centennial Accord, SB6175, 5445 and RCW 43.71.020, the Exchange established a clear and concise Tribal consultation and collaboration process to work on a government-to-government basis with Tribes and urban Indian health programs (I/T/Us)*

## Consultation Principles:

- Occurs when a policy or critical event may impact I/T/Us
- Tribal governments should be involved in actual decision-making process **at earliest practicable moment**
- Interaction should be through officials of comparable governmental stature and authority
- Exchange staff should be trained about relationship Tribes and how consultation works
- Tribes are not just 'stakeholders;' treated in a manner different than other interested members of public in a conventional public participation process

## How Consultation Works:

- Any individual Tribe, a consortium of Tribes or Exchange Leadership can call a consultation
- A formal written request or invitation must be provided
- The issue, proposed action or policy that is the basis of the consultation request must be fully explained
- The goal should be consensus where there is full agreement between all parties on the consultation topic; however
- While consultation means more than simply providing information, it does NOT mean that the parties being consulted have the power to stop an Exchange action
- Follow-up requirements on action items discussed and agreed upon





# Tribal Advisory Workgroup

- Co-facilitates the goals of the Tribal Consultation Policy to ensure all specific protections, exceptions and benefits extended to American Indians/Alaska Natives
- Policy-Level Workgroup
- 17 representatives selected from diverse Tribal groups
  - Large Tribes
  - Small Tribes
  - Eastern and Western Washington Tribes
  - IHS-Operated, contracted, compacted clinics
  - Urban Indian health programs
- All Tribes invited to participate in monthly meetings

“Expertise, experience and professional perspective of the Indian health delivery system, needs of American Indians/Alaska Natives, and the government-to-government process”



# QHPs and Indian Health Care Providers



- AI/AN Access to Indian Health Providers
- QHP Contracting with Indian Health Providers
  - Required by OIC to offer contracts to all Indian Health Providers
  - Washington State Indian Addendum
  - **CHALLENGE:** “Must Offer” Interpretation – JOINT Tribal-OIC-HBE Meeting w/ QHP carriers May 2015
- Cost of Services to AI/ANs
  - No co-pays, deductibles, co-insurance for AI/ANs under 300% FPL
  - **CHALLENGE:** no cost-sharing regardless of income when referred to another provider by Tribal health clinic
- State licensure and credentialing of Indian health providers
  - Issuers are not responsible for credentialing providers and facilities that are part of Indian health system
  - Allows licensed health professional employed by tribal health program to be exempt, if licensed in any State, from the licensing requirements of WA



# AI/AN System Functionality Improvements

- Addition of Alaska Native Corporations
- Year-round enrollment outside of qualifying event process
- Offer of AI/AN Plan Variations
- Verification of Tribal Status
- Medicaid Plan Selection – AI/ANs not mandated to enroll in managed care plans
- Income for children under 14



# Tribal Sponsorship

- 14 of 29 Tribes now sponsoring premium payments
- American Indian Health Commission Assessment
  - 2 Focus Groups – sponsoring Tribes, interested Tribes
  - Site Visits
  - Assess Tribal best practices, challenges, processes in implementing sponsorship
  - Development of tools to encourage other Tribes to sponsor
- Recommendations for system improvements
- 2015: Presentations/Technical Assistance to Tribes





# Tribal Get Covered Workgroup

- Certified Tribal Assisters
  - Approximately 100 across state in 26 or 29 Tribes, 2 urban Indian health programs
  - Assisted 10,000 individuals to enroll in 2013-2014
- Tribal Get Covered Workgroup
  - Meets weekly
  - Support for each other
  - Trouble-shooting applications
  - Resource to WAHBE on all AI/AN issues and culturally-appropriate services



# Tribal Outreach

*Greetings*

**PUYALLUP**

*Tribal Members*

*S'Puyalupubsh*

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# A New Way to Get Health Insurance

## For American Indians and Alaska Natives

Special Provisions for Tribal Members Enrolled  
in Federally-Recognized Tribes include:

- Free and low-cost coverage
- No costs for using Indian Health Service
- Special open enrollment periods
- No Federal mandate or penalties
- You may also continue using your Indian Health Service, Tribal or Urban Indian health clinic
- And even receive care from non-Indian providers you might otherwise not have been eligible to see.



To learn more  
about insuring yourself  
or your family, visit:

[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)  
or email us at [info@wahbexchange.org](mailto:info@wahbexchange.org)  
or contact your Tribal or urban Indian health clinic today!



# A New Way to Get Health Insurance

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- And even receive care from non-Indian providers you might otherwise not have been eligible to see.

To learn more  
about insuring yourself  
or your family, visit:

[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)  
or email us at [info@wahbexchange.org](mailto:info@wahbexchange.org)  
or contact your Tribal or urban  
Indian health clinic today!





# 2015 Outreach

- Indian-owned businesses
- American Indian programs at colleges, universities
- Reaching out to Indian community partners in urban areas
- Messaging to QHP “eligibles but not enrolled”
- Culturally-appropriate AI/AN booklet for distribution
- Tribal sponsorship education
- Participation in Tribal community events





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January 2015 Tribal Advisory Workgroup  
Plan Certification Timeline – Plan Year 2016

