

Washington Healthplanfinder: American Indian/Alaska Native Verification Process for QHP/Tax Credit Eligible AI/AN Enrolled Members

The Patient Protection and Affordable Care Act (ACA) requires verification of enrollment in a federally-recognized tribe, Band, Pueblo or Rancheria, or Shareholder in an Alaska Native Regional or Village Corporation (ANC), in order to be eligible for special protections and benefits available to American Indians and Alaska Natives (AI/AN).¹ The process outlined below provides the necessary steps to verify AI/AN enrolled member status. See Appendix I for corresponding Healthplanfinder screenshots on the customer experience in verifying their Tribal status.

- 1. Special AI/AN Provisions Related to Qualified Health Plan (QHP) Enrollment in Washington Healthplanfinder.** During enrollment for health care coverage through the Washington Healthplanfinder an individual will indicate if he/she is AI/AN. AI/AN individuals will later be asked to specify whether he/she is an enrolled member of a federally-recognized tribe/ANC, and/or a descendant, and/or eligible to receive IHS services. **Only** enrolled members must specify which Tribe/ANC he or she is a member of. **Only enrolled AI/AN members who are determined eligible for a qualified health plan (QHP) will qualify for special QHP-related benefits.**²
- 2. Documentation Required for Verification of Enrolled Member Status.** As a general rule, AI/AN individuals who self-attest to being an enrolled member AND who are determined eligible for a qualified health plan/premium tax subsidy must submit a copy of documentation which verifies their enrolled status. **AI/AN Tribal descendants and eligible-IHS users are NOT required to provide verification documentation if they are determined eligible for a QHP.** Verification documentation includes any official document issued by a Federally Recognized Tribe or Alaska Native Corporation that demonstrates the individual is an enrolled member, such as:
 - a. Tribal Enrollment Card;
 - b. Certificate of Indian Blood Degree (CIBD) from Federally Recognized Tribe indicating enrollment (enrollment number listed);
OR
 - c. Letter from Federally Recognized Tribe or Alaska Native Corporation indicating enrollment.

Note: If AI/AN is determined eligible for Washington Apple Health (Medicaid or CHIP), then documentation DOES NOT need to be submitted to verify AI/AN status.

¹ This procedure does not apply to AI/AN Hardship Exemption which provides special protection from the Individual Mandate for members of federally recognized Tribes and other individuals who are eligible to receive services from an Indian Health Care Provider.

² This procedure does not apply to AI/AN individuals who qualify for Washington Apple Health (Medicaid or CHIP).

Exception. If a Tribal Assister is helping an enrolled AI/AN member and the documents listed in Section 2 are not available, the Tribal Assister can verify AI/AN status if the Tribe or urban Indian health organization for whom the Assister is employed has already confirmed this documentation for the purpose of providing clinical services and this documentation is: a) on file; and b) the documentation meets the criteria listed in Section 2. Instead of uploading documentation, the Tribal Assister will manually verify in Healthplanfinder the AI/AN member's enrolled status (See Appendix II for process in the Healthplanfinder). **Please note that the Exchange will need to be able to request that the AI/AN or affiliated Tribal Assister/Tribal Entity/Tribe produce this documentation if required by special circumstances (such as, an appeal/ legal proceeding, audit, or in response to a federal or state request).**

3. **How to Submit Required Documentation**

- a. **Electronic Upload:** A copy of any of the documents listed in Section 2 can be uploaded directly by a consumer into Healthplanfinder. If an enrolled AI/AN member is applying with the assistance of a Tribal Assister or an In-Person Assister, they can facilitate the verification process by uploading any of the documents listed in Section 2 into the Healthplanfinder.
- b. **Hard Copy:** To submit a hard-copy of the requested documents please contact the Tribal Liaison at the Exchange.

4. **Timing of Document Submission:**

- a. It is preferred that documentation be uploaded at the time the application is submitted.
- b. If an AI/AN is applying for coverage in Washington Healthplanfinder without documentation or without the assistance of a Tribal Assister, he or she can proceed with his or her enrollment in a QHP. If otherwise eligible, the enrolled AI/AN member will be determined conditionally eligible for all relevant AI/AN specific benefits and protections for up to 90 days.
 - i. **90-Day Verification Rule.**³ After submitting his or her application, the unverified individual will receive a notice from the Washington Healthplanfinder stating that he or she has 90 days to verify his or her tribal/ANC membership by uploading/sending in documents or working with a Tribal Assister.
 - ii. **Extension of 90-Day Rule (Demonstrated Good Faith Effort).** If within 90 days of receiving notice from the Washington Healthplanfinder the enrolled AI/AN member is unable to verify their enrolled status, AI/AN specific benefits and protections will be terminated, unless the individual requests an extension and demonstrates he or she has made a good faith effort to obtain the required documentation.⁴ The Exchange will consider

³ See 45 CFR 155.315(f).

⁴ See 45 CFR 155.315(f)(3).

any request for this type of good-faith extension on a case-by-case basis. The Affordable Care Act grants state-based Exchanges the authority to extend the verification people. The Tribal Liaison will work with I/T/Us on granting this 90-day extension on a case-by-case basis.

Documentation of Good Faith Effort. An individual seeking an extension of the 90-day period must complete a Statement of Good Faith Effort (form available from Tribal Liaison) which documents the efforts made to obtain required proof of tribal enrollment documents. These efforts may include (1) written requests; (2) phone calls; and/or (3) personal contact. Necessary documentation to demonstrate these efforts could include copies of written requests and a letter from the health clinic staff explaining the attempts made to obtain evidence of tribal enrollment. The Statement of Good Faith Effort must be sent to the Tribal Liaison at least five business days in advance of their 90 day deadline.

- iii. **Case-by-Case Exception.** If an AN/AN individual demonstrates a good faith effort as described above, but is unable to procure documents that verify his/her enrolled status the Exchange may provide an exception, on a case-by-case basis. A Statement of Exception (form available from Tribal Liaison) must be completed containing an applicant's attestation as to the information which cannot otherwise be verified along with an explanation of circumstances as to why the applicant does not have documentation.⁵

⁵ See 45 CFR 155.315(g).

Appendix I. Healthplanfinder Screen Flow

Step 1) ABOUT YOU SCREEN: Indicate if AI/AN status.

WHO ARE YOU APPLYING FOR? *

-Select an Option- ▼

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH? * ?

- YES
- NO

RACE

-Select an Option-
Aleut
Asian Indian
Black/African American

HISPANIC ORIGIN ?

-Select an Option- ▼

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? * ?

- YES
- NO


Yes, I have read the [Washington Healthplanfinder Privacy Policy](#)*

Next

DK

Step 2) ADDITIONAL QUESTIONNAIRE SCREEN: Indicate if AI/AN is an enrolled member.

HOME | WELCOME, JOJO SMITH (SIGN OUT) | ESPAÑOL | CUSTOMER SUPPORT



washington
healthplanfinder
click. compare. covered.

Tribal Membership * REQUIRED FIELD

Please indicate Tribal Membership for the following members:

Jojo Smith

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe?

Is this person a descendant of a Federally recognized Tribe Member or Alaska Native Corporation Shareholder? YES NO

Which Tribe?




Is this person eligible for Indian health services, including services available to Californian Indian, Eskimo, Aleut or other Alaska Native? YES NO

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SystemTime: 12/24/2013
Elig Service: Y

UAT1-1100-5709HF7 (12/26/2013 14:35:43 PST)
[VER_ManagedServer1]

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FIND US ON:   

If you need additional language or disability accommodations, you may call 1-855-WAFINDER (1-855-923-4633). The TTY Customer Support number is 1-855-627-9604. For individuals with a visual impairment, Braille and large print are also available on request. For individuals with a hearing impairment or disability accommodations are also available through 711 Washington Relay. These services will be provided at no additional cost.



Step 3) APPLICATION REVIEW SCREEN: AI/AN individual will be warned that their enrolled status needs to be verified.

Is any member on this application an American Indian or an Alaskan Native? Yes

Warning:
We were unable to verify the individual's information highlighted in Red. Please click "Edit" if you would like to modify this information.

Name	Affiliated to a Tribe?	Alaskan Native ?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder ?	Name of the Tribe	Eligible for Indian Health Services ?
Jojo Smith	Yes	Yes	Cowlitz Indian Tribe	Yes	Cowlitz Indian Tribe	Yes

Step 4) Enrolled AI/AN will need to submit documentation to verify their enrolled status (an AI/AN individual can also work directly with a Tribal Assister to verify their enrolled status)

Documentation Required

We need the following documents to confirm eligibility:

Jojo Smith

Proof of Tribal Verification

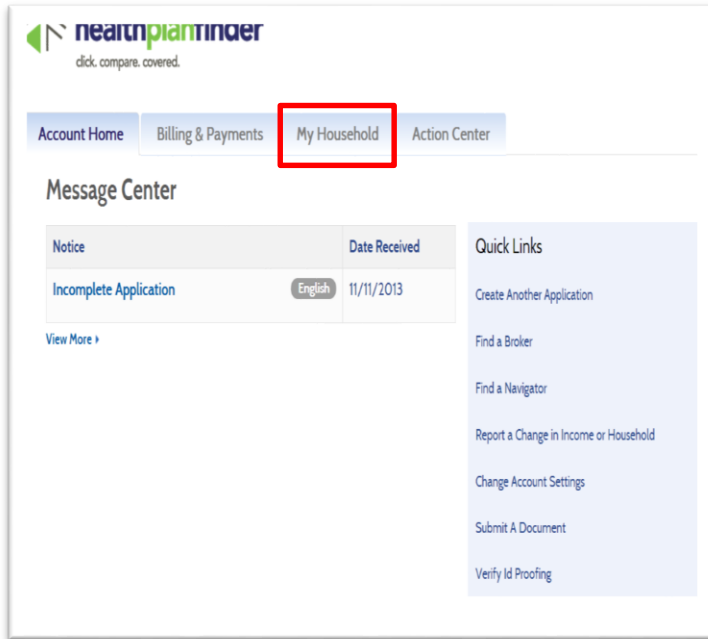
Any official document issued by a federally recognized tribe that demonstrates the individual is a member of that tribe, such as:

- Tribal Membership or Enrollment Card
- Official letter (that specifies membership or enrollment)
- Certificate of Indian Blood (that specifies membership or enrollment)

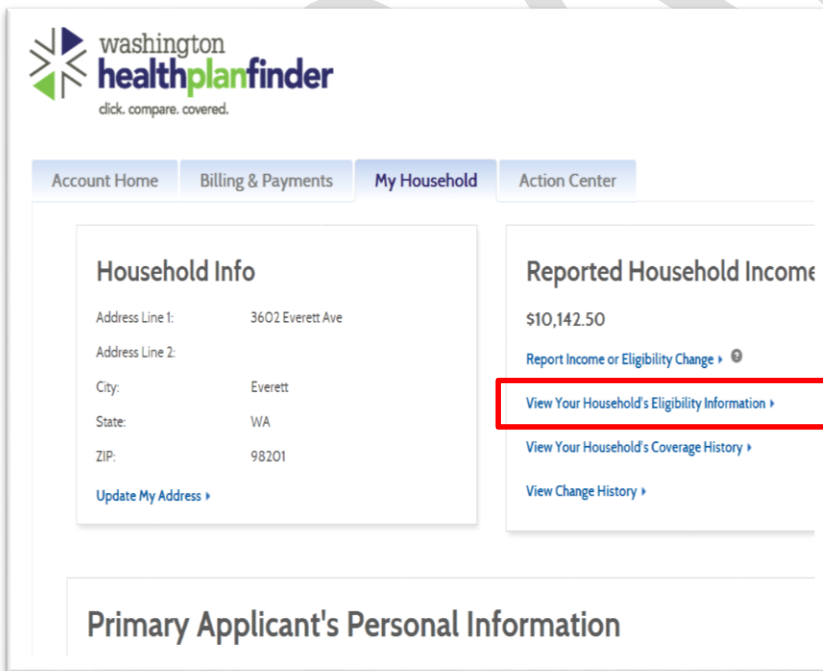
Back
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Appendix II. Tribal Assister Manual Verification Process

For a Tribal Assister to manually verify Tribal enrollment status, her or she would go to the Applicant's dashboard and select:



Then select. . .



On the APPLICATION REVIEW SCREEN, the Tribal Assister would select. . .

Phu Le	is the Parent of	Baby Le
Mrs Le	is the Spouse (including same sex marriage) of	Phu Le
Mrs Le	is the Parent of	Baby Le
Baby Le	is the Child of	Phu Le
Baby Le	is the Child of	Mrs Le

Additional Questions

Is every household member on this application a U.S. citizen? Yes

Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify
Phu Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Mrs Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Baby Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>

Is any member on this application an American Indian or an Alaskan Native? Yes

Warning:
We were unable to verify the individual's information highlighted in Red.

Name	Affiliated to a Tribe?	Alaskan Native?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder?	Name of the Tribe	Eligible for Indian Health Services?	Verify
Phu Le	No	N/A	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Mrs Le	Yes	Yes	Native Village of Nelson Lagoon	No	N/A	No	<input checked="" type="radio"/>

This will generate the Verification Modal:

Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit icon. Selecting the edit icon will take you to the edit screen.

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit icon. Selecting the edit icon will take you to the edit screen.

Verification of Tribal Status for Mrs Le

Submitted Documents

Document Type	Date Submitted	Date Required	View
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Is this person a member of federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? Yes

VERIFICATION STATUS * -Select an Option-

VERIFICATION DATE *

Is this person a descendant of a Federally recognized Tribe Member or Alaska Native Corporation Shareholder? No

VERIFICATION STATUS *

Physical Address

Address Line 1 123 Main
Address Line 2
City Olympia
State WA

Tribal Assister will then select "Manually Verified," then select "Update"

Please review the information you have entered before you submit your application.

Verification of Tribal Status for Mrs Le

Is this person a descendant of a Federally recognized Tribe Member or Alaska Native Corporation Shareholder? No

VERIFICATION STATUS * Manually Verified

VERIFICATION DATE *

Is this person eligible for Indian health services, including services available to Californian Indian, Eskimo, Aleut or other Alaska Native? No

VERIFICATION STATUS * Manually Verified

VERIFICATION DATE *

City Olympia

When the Tribal Assister goes back to the Application Review Screen, the red on the “Is any member on this application an American Indian Alaska Native?” will no longer show

Additional Questions

Is every household member on this application a U.S. citizen? Yes

Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify
Phu Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Mrs Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Baby Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>

Is any member on this application an American Indian or an Alaskan Native? Yes

Name	Affiliated to a Tribe?	Alaskan Native?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder?	Name of the Tribe	Eligible for Indian Health Services?	Verify
Phu Le	No	N/A	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Mrs Le	Yes	Yes	Native Village of Nelson Lagoon	No	N/A	No	<input checked="" type="radio"/>
Baby Le	No	N/A	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>

Is any household member on this application currently incarcerated? No

Name	Currently Incarcerated?	Pending disposition of charges	Verify
Phu Le	No	No	<input checked="" type="radio"/>
Mrs Le	No	No	<input checked="" type="radio"/>
Baby Le	No	No	<input checked="" type="radio"/>

Has any household member listed on this application regularly used tobacco products in the past 6 months? No

Name	Used Tobacco?
Phu Le	No
Mrs Le	No
Baby Le	No

At the bottom of the Application Review screen select, “Determine Eligibility”

Name	Long Term Care Services	In-home care-giver	Assisted Living Care Services	Divison of Developmental Disabilities Services	Hospice Care	Medical Personal Care Services	Unpaid Medical Expenses	Emergency Hospitalization
John J Smith	No	No	No	No	No	Yes	No	

This is where user can enter text...

[Return to Account Worker Dashboard](#)
[Return to Individual Dashboard](#)

This will update the status from “Conditionally Eligible” to “Eligible” for AI/AN special benefits.