
TRIBAL MEMBERSHIP AND AMERICAN INDIAN HEALTH SERVICE

REVISED 09/22/2021 – CHANGE NO. 09-21

Current Change Notice: 09-21

- Section II, Tribal Membership Criteria and Verification
 - Contact information for DHB Medicaid Eligibility Services has been updated. The phone number previously noted has been removed. Caseworkers are instructed to send an encrypted email to the email address provided in policy when requesting that tribal membership evidence and verification be edited or removed
- Section III, Indian Health Service (IHS) Criteria and Verification
 - Instructions for contacting DHB Medicaid Eligibility Services has been added. The local agency should follow these instructions if the local agency discovers an error with evidence or verification for an individual
- Section V, Post Verification Item Requirements
 - Section V has been added to provide instructions to provide a copy of the tribal membership documentation to Cherokee Indian Hospital Authority (CIHA). CIHA will review the documentation and notify the local agency if the document is found to be invalid. All communication with CIHA should be via encrypted email address provided in policy

I. INTRODUCTION

Members of a federally recognized American Indian Tribe or non-tribal members who are eligible for Indian Health Service (IHS) may be exempt from paying Medicaid/NC Health Choice for Children cost sharing, enrollment fees, copayments, and premiums. IHS is an agency within the U. S. Department of Health and Human Services that is responsible for providing federal health services to American Indians, Alaska Natives (AI/AN) and non-tribal members who are determined to be eligible for IHS.

To be eligible for these exemptions, the Medicaid applicant/beneficiary (a/b) must provide a Native American tribal document that verifies membership in a federally recognized tribe or eligibility for IHS (see below for acceptable sources of verification).

II. TRIBAL MEMBERSHIP CRITERIA AND VERIFICATION

A. Criteria

Members of a federally recognized American Indian Tribe are exempt from paying Medicaid/NC Health Choice for Children cost sharing, enrollment fees, copayments, and premiums.

B. Verification

Individuals must provide verification of Tribal Membership before being exempt from Medicaid/NC Health Choice cost sharing, enrollment fees, copayments, and

premiums. Acceptable types of verification documents must be issued by a federally recognized American Indian Tribe.

1. Tribal Membership verification may include:
 - a. Tribal enrollment and membership ID card,
 - b. Certificate of degree of American Indian blood issued by Bureau of American Indian Affairs (BIA),
 - c. Tribal census documentation,
 - d. Documentation issued by Tribe (on Tribal letterhead) indicating individual affiliation,
 - e. American Indian card I-872 with KIC classification, or
 - f. Contact with the Tribal Office – documentation must also include date and time of contact, name of the tribe, and name and title of person verifying tribal membership
2. The Tribal Membership document must:
 - a. Identify the issuing federally recognized American Indian Tribe,
 - b. Identify the individual by name, and
 - c. Confirm the individual’s membership, enrollment in, or affiliation with the Tribe.

Verification of membership in a federally recognized American Indian tribe may also be used to verify citizenship. Additional documentation of tribal membership is not required from the a/b when one of these items has been provided to verify citizenship. (See [MA 2506/3332](#) US CITIZENSHIP REQUIREMENTS).

Tribal membership is for the individual’s lifetime. Caseworkers and local agency staff will not be able to edit, remove, or delete Tribal Membership evidence that has been verified in NC FAST. If the local agency discovers an error with evidence and verification for an individual, they must contact DHB Medicaid Eligibility Services at 919-855-4000 for assistance **with editing or removing the erroneous evidence or verification. The local agency should request assistance by encrypted email at Medicaid.BusinessSupport@dhhs.nc.gov.**

Refer to [NC FAST job aids](#): **Tribal Member Evidence** and **Tribal Member Evidence Verification**.

III. INDIAN HEALTH SERVICE (IHS) CRITERIA AND VERIFICATION

A. Criteria

Individuals who are not a member of a federally recognized American Indian tribe but who are eligible for IHS are exempt from paying Medicaid/NC Health Choice for Children cost sharing, enrollment fees, copayments, and premiums. Individuals eligible for IHS may not have lifetime eligibility.

These individuals will be in one of the following categories:

1. First descendants of a member of a federally recognized American Indian tribe.
2. Non-Indian pregnant woman carrying the child of a tribal member.

An IHS eligible pregnant woman carrying the child of a tribal member is exempt from paying Medicaid/NC Health Choice for children cost sharing, enrollment fees, copayments, and premiums until six weeks after the birth of the baby.

3. Children under 19 residing in the household of a tribal member.

B. Verification

Individuals must provide verification of eligibility for IHS service before being exempt from Medicaid/NC Health Choice cost sharing, enrollment fees, copayments, and premiums. Acceptable types of verification documents must be issued by a federally recognized American Indian Tribe or Indian Health Services.

1. IHS verification may include:
 - a. Beneficiary Identification Card issued by IHS, or
 - b. Letter from a tribe that includes:
 - (1) Tribal name,
 - (2) Name and title of person verifying IHS eligibility,
 - (3) Length of time the individual is eligible for IHS, and
 - (4) The reason for eligibility (i.e. minor child descendent, pregnant woman, etc.), or
 - c. Contact with a federally recognized American Indian tribe that includes:
 - (1) Date and time of contact,
 - (2) Name of the tribe,
 - (3) Name and title of person verifying IHS eligibility,

- (4) Length of time the individual is eligible for IHS, and
 - (5) The reason for eligibility (i.e. minor child descendent, pregnant woman, etc.)
2. IHS verification document must:
 - a. Identify the issuing federally recognized American Indian tribe,
 - b. Identify the individual by name, and
 - c. Confirm the individual's eligibility for IHS

If the local agency discovers an error with evidence or verification for an individual, they must contact DHB Medicaid Eligibility Services for assistance with editing or removing the erroneous evidence or verification. The local agency should request assistance by **encrypted email** at Medicaid.BusinessSupport@dhhs.nc.gov.

Refer to [NC FAST Job Aids: IHS Eligibility Evidence](#) and [IHS Eligibility Evidence Verification](#).

IV. PENDING VERIFICATION OF TRIBAL MEMBERSHIP/IHS

Demonstrating membership in a federally recognized tribe or eligibility for IHS is the responsibility of the applicant/beneficiary. Failure to provide this documentation does not impact the individual's eligibility for Medicaid.

A. At application

Use the a/b's statement of membership to enter the evidence in NC FAST. Do not require verification prior to determining eligibility for Medicaid.

B. For NC Health Choice or Health Care for the Working Disabled (HCWD) where an enrollment fee or premium (if applicable) is required

1. Notify applicant who states they are a member of a Federally recognized American Indian Tribe or eligible for IHS that they may be exempt by generating / mailing a [DHB-2040 Pending Verification Notice for Tribal and IHS](#) to the applicant advising that they may be exempt. Refer to NC FAST job aid Generating and Completing Forms for instructions on how to generate form in NC FAST
2. Do NOT request verification of Tribal membership or IHS eligibility on a [DHB-5097 Request for Information](#)
3. Do not deny or delay processing of an application if this verification is not provided and the individual is otherwise eligible
4. Exemptions begin when verification is received

5. Verification provides exemption for future expenses only
6. For cost sharing, enrollment fees, premiums or co-pays already paid when verification is received, no refund will be given

C. At recertification

If the individual reports new Tribal membership or IHS eligibility, follow the steps above.

D. For approved cases where no enrollment fee is required

1. NC FAST will generate and mail [DHB-2040 Pending Verification Notice for Tribal and IHS](#).
2. This notice explains the exemptions the beneficiary may be eligible for and provides a list of acceptable verification items. The notice will be mailed to individuals who have indicated that they are a member of a federally recognized Indian tribe or individuals eligible for IHS, and verification has not been entered in NC FAST.
3. Exemptions begin when verification is received
4. Verification provides exemption for future expenses only
5. For cost sharing, enrollment fees, premiums or co-pays already paid when verification is received, no refund will be given

If the a/b fails to provide verification they will be required to pay cost sharing, enrollment fees, premiums, and co-pay expenses associated with Medicaid and NC Health Choice benefits. Failure to provide this verification will have no impact on Medicaid/NC Health Choice ongoing benefits.

V. POST VERIFICATION ITEM REQUIREMENTS

- A. Contact CIHA by sending an encrypted email, following local agency procedures for encryption, to: CIHA_PTREG@cherokeehospital.org. (Please note, the space between CIHA and PTREG is an underscore and must be included in the email address.)**
- B. Attach a copy (front and back) of the tribal membership documentation to the encrypted email.**
- C. CIHA will review the documentation and will ensure that the documentation is valid. CIHA will reply via encrypted email with either confirmation that the documentation is valid or with explanation if the document is found to be invalid. The caseworker should include documentation of the outcome of the validation request in the case narrative and upload the email response from CIHA in NC FAST.**

D. If it is determined that the document provided is not valid and the individual is not a member of a federally recognized tribe and not eligible for IHS, CIHA will respond to the caseworker via encrypted email.

E. In the event that CIHA verifies that the a/b is not a member of a federally recognized tribe and is not eligible for IHS, the caseworker should take the following actions:

1. Communicate with the a/b to advise the a/b that further documentation is required for continued exemption from Medicaid/NC Health Choice cost sharing, enrollment fees, copayments, and premiums.
2. Do **NOT** request this documentation using the DHB-5097 Request for Information. The [DHB-2040B Pending Verification Notice for Tribal and IHS](#) should be manually generated and mailed to the a/b when it is discovered that the documentation provided is not valid.
3. Contact DHB Medicaid Eligibility Services for assistance with editing or removing the erroneous evidence or verification. The local agency should request assistance by **encrypted** email at Medicaid.BusinessSupport@dhhs.nc.gov.

F. Caseworkers must document in NC FAST when the verification document is found to be invalid. Documentation must include:

1. How it was determined that the document is invalid, i.e., the source of validation, such as CIHA.
2. Steps taken to validate the documentation and what new documentation was provided to verify tribal membership or IHS eligibility.
3. Upload documentation, including copies of emails and other communications from CIHA.

G. Verification of tribal membership or IHS eligibility is not an eligibility requirement. Timely notice is not required prior to removing the verification from NC FAST.