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**July 18, 2012**

**TTAG Outreach and Education Subcommittee Face-to-Face Meeting Action Items**

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| **Action Item** | **Timeline** | **Person Responsible** | **Status** | **Notes** |
| Follow up with CCIIO concerning the use of the word “fee” with regard to IRS enforcement of the requirement to carry health insurance.  | ASAP | TAG Staff | Ongoing |  |
| Provide feedback on the proposed scripts to TAG and KAI. | July 23 | O&E Subcommittee Members |  |  |

**July 18, 2012**

**TTAG Outreach and Education Subcommittee Face-to-Face Meeting Minutes**

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| --- | --- | --- |
| **Agenda Item** | **Discussion** | **Action** |
| **Documents Received** | * KAI CMS Waiting Room Video Outline (Draft) (Attachment A)
* KAI American Indian and Alaska Native Walk-through Application Video (Draft) (Attachment B)
 |  |
| **Roll Call** | Participating in the meeting were: TTAG: David Antle Rhonda Butcher James Crouch Mim Dixon Diddy Nelson Jay Stiener Linda Triest Tribes and Tribal Organizations: Laura Bird Trevlyn Cross Monica Fite Cynthia Freeman Melissa Gower April Hale  Liz Malerba Karen Massey Melissa Gower Sherrie Varner CMS:  Linda Brown Bonnie Hillsberg John Johns Jim Lyon Kitty Marx Georgeline Sparks NIHB: Jennifer Cooper KAI: Joann Kauffman Julie Potter Other: Melissa Boney, IHS Sue Clain, ASPE |  |
| **Welcome and Call to Order** | **Ms. Dee Sabattus**, Tribal Technical Advisory Group (TTAG) Nashville Area Representative (Alternate) and Director, Tribal Health Program Support, United South and Eastern Tribes, Inc., welcomed the meeting participants and introduced herself as the new co-chair of the Outreach and Education (O&E) Subcommittee along with **Ms. Diddy Nelson**, TTAG Technical Advisor and Executive Director, Oklahoma City Inter-Tribal Health Board. Following introductions of all those present, she called the meeting to order.  |  |
| **Medicaid and CHIP PSAs** | **Ms. Georgeline Sparks**, Tribal Affairs Group (TAG), Office of Public Engagement (OPE), Centers for Medicare & Medicaid Services (CMS), reviewed the history of the video public service announcement (PSA) developed by Two Feathers Consulting & Media titled, “Partners in Health: Creating Healthy Communities.” The PSA, which focuses on children and CMS’ community partners, has been cleared and is moving into the production stage. TAG plans to order approximately 10,000 copies of the PSA for distribution. **Ms. Sparks** stated that TAG approached **Ms. Alvina Begay**, an Indian marathoner and Nike Ambassador, in 2012 about participating in the PSA. **Ms. Gale Marshall**, Two Feathers Consulting & Media, filmed **Ms. Begay** for the PSA, but later determined that her voice was too soft. **Ms. Marshall** then recruited **Mr. Wes Studi**, a notable Indian actor, to provide the narration. The PSA features several Children’s Health Insurance Program (CHIP) grantees. **Ms. Marshall** filmed in Arizona, New York (Mohawk iron workers), and North Carolina (Eastern Band of Cherokee language immersion program). **Ms. Sparks** played the PSA for the attendees. Feedback received as part of the clearance process was that **Mr. Studi** was too soft spoken and spoke too slowly; TAG staff did not agree with this feedback.**Ms. Sparks** indicated that TAG anticipates that the videos will be available for order by October 1. **Ms. Sparks** shared three PSAs (two 30-second videos and one 60-second video) developed by Kapcomm LLC. The subject of these PSA is also Indian youth, specifically older children who play lacrosse and basketball. **Dr. Mim Dixon**, TTAG Technical Advisor, Mim Dixon & Associates, observed that the music did not seem to fit the images, specifically that the music used during the lacrosse segments was Plains music, not that of the Eastern region. **Ms. Sparks** assured her that the music was from the region in which the scenes were filmed (the Seneca contacts provided it to Kapcomm).**Ms. Sparks** indicated that the three Kapcomm PSAs were not the final versions. The initial feedback that TAG received from CMS concerned the lack of safety equipment in the scenes of the girls playing lacrosse. Kapcomm shot new footage of the female lacrosse players wearing safety equipment and playing outside instead of inside. Another aspect of the PSAs that needed to be changed was the proper use of the term “CHIP.” Several of the speakers referred to the programs as “CHIPs” or “S-CHIPs.” Kapcomm had to retape the narration by the counselor and the mother to include the phrase “Medicaid and CHIP.” **Ms. Sparks** reported that TAG just received the final version of the PSAs from Kapcomm the previous afternoon.**Ms. Nelson** pointed out that one of the PSAs includes a section where a young man is speaking to his father but there is no audio to go along with it. **Ms. Sparks** indicated that the audio portion of the PSA played when she tested it earlier in the morning. The young man, **Mr. Zed Williams**, who is a nationally ranked high school lacrosse player, says that he is insured and that it is important for other young Indians to be insured as well. Kapcomm hosted a screening party with the Seneca Nation grantee after the first drafts were finished so that those involved in the project could see themselves in the videos. The firm also held focus groups concerning CHIP and Medicaid when it went back to reshoot the lacrosse segments. **Ms. Sparks** anticipated that the Kapcomm PSA would be available by October 1.**Ms. Sparks** added that Kapcomm was also responsible for developing print PSAs. She shared copies of the PSAs, one of which featured **Mr. Williams**, with the meeting participants. |  |
| **Enrollment Video** | **Ms. Kitty Marx**, Director, TAG, OPE, CMS, reported that KAI is developing a video that will help Indians fill out the streamlined application for Medicaid, CHIP, and coverage through the marketplaces. **Ms. Jo Ann Kauffman**, President and Chief Executive Officer, Kauffman & Associates, Inc. (KAI), indicated that the firm is working on two videos. The first is for use in waiting rooms and similar settings that encourages viewers to ask about the application for free or low-cost health insurance options. The second video goes through each step in the process of filling out the application. KAI anticipates getting the walk-through video out to users quickly while the paper application is available. **Ms. Kauffman** asked her sister, **Ms. Hattie Kauffman**, a former CBS reporter, to provide the introduction and narration for the waiting room video. **Ms. Kauffman i**ndicated that the script for the waiting room video (Attachment A) has been shared with the TTAG and the National Indian Health Outreach and Education project members. This script is similar to previous versions. In response to feedback, this version separates out the benefits and protections that are available to members to federally-recognized tribes and those available to users of IHS, tribal, and urban benefits.**Ms. Kauffman** stated that KAI and TAG are discussing using **Ms. Hattie Kauffman** as the voiceover narrator of the walk-through video as well. This would provide consistency with the waiting room video. **Ms. Kauffman** walked the meeting participants through the proposed waiting room script. The video begins with the CMS logo and a brief statement of the purpose of the video. KAI will use B-roll images of Native American families from multiple regions around the country. The section on the benefits that apply to American Indians/Alaska Natives (AI/ANs) eligible for services through the Indian/Tribal/Urban (I/T/U) health system will be illustrated with a graphic. **Dr. Dixon** noted that the portion of the script that discusses the “fee” imposed by the Internal Revenue Service (IRS) for not having health insurance should use another term as it could be very confusing. **Ms. Kauffman** asked whether the script would be bound by CMS terminology. **Ms. Marx** replied affirmatively. She pointed out that this issue was raised during the TTAG face-to-face meeting the previous day during the discussion with **Mr. Gary Cohen**, Deputy Administrator and Director, Center for Consumer Information and Insurance Oversight (CCIIO), CMS. She indicated that TAG would flag this for follow up. She also noted that the CMS press release on the hardship exemption referred to the “shared payment responsibility.”**Mr. James Crouch**, TTAG California Area Representative and Executive Director, California Rural Indian Health Board, Inc., pointed out that there were several small typographical errors and omissions that needed to be fixed in the script. He expressed his approval of the phrase concerning the absence of cost sharing and deductibles for those who continue to use I/T/U programs and described it as the nicest phrasing of this concept that he had seen. **Dr. Dixon** expressed her concern that the script seems to attempt to combine the two different definitions of Indian and their associated benefits into a single category. Since there are two groups with different benefits, she believed that the script should focus on the overarching idea that AI/ANs will have no co-pays or deductibles at Indian Health Service (IHS) or tribal clinics (users of urban clinics might have co-pays or deductibles). **Mr. Crouch** added that he was most concerned about what will happen when an Indian visits a non-IHS provider. **Dr. Dixon** though that an additional paragraph could explain how things will work with Indian health providers and how things will work within CHIP and Medicaid versus the marketplaces without rolling all of the programs into a single statement. **Ms. Kauffman** replied that it is a delicate balance between providing too much information and providing enough information. **Dr. Dixon** suggested using a graphic to illustrate which benefits are available to whom under each program. **Mr. Crouch** believed that the top bullet should deal with the marketplace programs and the bottom bullet should address Medicaid and CHIP; more in-depth explanations could be provided by the trained assisters.**Dr. Dixon** was concerned that consumers who view the video would not think about the various categories in the same way that the meeting participants do. Qualifiers added to the various statements might not catch the attention of the viewer. **Ms. Kauffman** suggested using a graphic that includes a list of all of the benefits available through the streamlined application and highlighting individual benefits as the various eligibility categories are discussed. **Ms. Rhonda Butcher**, TTAG Oklahoma Area Alternate and Citizen Potawatomi Nation, noted that the important breakdown is tribal enrollment status not the benefits for which people qualify for under the various programs. **Ms. Kauffman** indicated that KAI has been working on a strategy to address this.**Dr. Dixon** noted that the definitions of Indian used in the law make messaging about it very challenging. **Ms. Marx** stressed that the video provides an opportunity to state these concepts in the plainest way possible so that AI/ANs, navigators, and other assisters can easily understand them. The overarching idea is that nothing changes for those who are eligible for IHS services. Those who want to apply can use the video as a guide to filling out the streamlined application. **Ms. Kauffman** indicated that another possible approach would be to point out the opportunities for coverage – including Medicaid and CHIP – provided by filling out the application and adding that there are a variety of benefits and protections available to members of federally-recognized tribes and those eligible for I/T/U programs. **Dr. Dixon** agreed that the script should indicate that the streamlined application is used for three programs and that AI/ANs could continue to use I/T/U clinics without changes. The script should explain that the rules vary based on tribal enrollment status for coverage outside of the I/T/U system. **Mr. Crouch** pointed out that Indians in California must go out of the I/T/U system for services as basic as X-rays. He strongly believed that the inside the system/outside the system comparison is not as simple as **Dr. Dixon** stated. He stressed that the regulations apply to services outside of the I/T/U system. **Dr. Dixon** countered that the distinctions in the regulations related to tribal enrollment status arise when these individuals go outside of the system. **Ms. Kauffman** pointed out that the overall purpose of the video is to help individuals fill out the application. **Ms. Butcher** agreed that applicants should not be so focused on their tribal enrollment status that they cannot complete the application. **Ms. Sparks** asked the participants to consider aspects of the script would serve as a hook (e.g., a family that may be similar to many Indian families) to encourage people to fill out the application. **Dr. Dixon** agreed that starting with a discussion of regulations would cause many people to forego filling out the application. She believed that the video should highlight the idea that there is a single application for multiple programs and move quickly into the explanation of the process of filling it out. **Mr. David Antle**, TTAG Albuquerque Area Representative and Director, Health Services, Isleta Pueblo, expressed concern that the statement concerning Contract Health Services (CHS) was inaccurate. CHS eligibility is very different than that for direct services from an I/T/U facility. **Ms. Marx** indicated that CMS issued a final rule that addresses the Medicaid co-pays under CHS (there will be none). **Ms. Kauffman** moved on to the second page of the script and the part of the video that shows the family that will demonstrate the process of filling out the application walking into a clinic. The script assures viewers that information provided will be protected and kept confidential and be used to determine eligibility for health insurance. **Dr. Dixon** recommended removing the reference to tribal sponsorship because she anticipated that very few tribes would offer it. Including it in the video raises the expectation that tribes will provide it. **Ms. Sabattus** stressed that the number of tribes that elect to offer sponsorship will not be known until the start of enrollment on October 1. **Dr. Dixon** acknowledged that it is the responsibility of tribes to communicate their intentions concerning sponsorship to their members but maintained that including the phrase could cause confusion or raise false expectations. **Ms. Kauffman** pointed out that the fourth page of the script describes the family that is applying: a father who works for his tribe a mother who is a part-time student and beadwork artist, and an-unenrolled infant. The goal was to illustrate some of the complicated questions that might arise as AI/ANs fill out the application. **Dr. Dixon** thought that the scenario presented in the video was rather complex. The Center for Budget and Policy Priorities has been running a series of webinars that use examples of increasingly complex application scenarios (e.g., first a male applicant applies as a single person, as a married person, as a married person with children, as a part of a family with multiple enrollment statuses, etc.). She understood that the video under discussion was limited by the time available, but thought that the incremental approach was a good one. **Ms. Sparks** and **Dr. Dixon** discussed the possibility of including multiple scenarios in the video. **Dr. Dixon** was concerned that presenting too many scenarios would be intimidating. **Ms. Kauffman** indicated that including multiple scenarios would not be interesting to the viewer; this was why KAI tried to include people with different scenarios in the same family. **Dr. Dixon** was concerned that families with multiple scenarios might not be able to enroll in a single family plan (they might have to enroll in separate plans based). She was concerned that this would require a level of detail that is beyond the scope of the video. **Ms. Julie Potter**, Communications Associate, KAI, reported that KAI conducted a focus group concerning the application during the National Indian Health Board’s recent conference in Florida. The focus group included representatives from around the country, including representatives of urban programs, rural clinics, and large tribes. The scenario in the video is based on the participants’ feedback concerning the challenges they anticipated encountering most frequently as they helped people through the application process. As a result, the proposed scenario addresses the most common issues that participants anticipated will need to be addressed. KAI was concerned that including multiple scenarios would result in more confusion. The goal is to provide a basic understanding of the process and make viewers feel comfortable that they will be able to navigate the process. **Ms. Kauffman** noted that since there will only be one video and that people will probably watch it multiple times in a waiting room or other setting, it is important that the video be interesting. She suggested that the video could include other characters that could be used to illustrate additional scenarios. **Ms. Kauffman** stressed that the script is the latest version and has gone through multiple revisions. **Ms. Sparks** asked the meeting participants to provide feedback on the scripts to TAG and KAI by July 23. She stressed that the paper application is the only version currently available (the electronic version will be available on October 1). The goal is to get information on completing the application out to the Indian community. She acknowledged that it might be confusing to present multiple scenarios, and indicated that the video might have to be limited to addressing the scenarios associated with a hypothetical tribally-enrolled, three-member family and then introducing a person who is not enrolled and has a very different application scenario. **Ms. Butcher** recommended that the video include a list of the information and documentation that people will need to bring with them when they seek application assistance. The completion rates for the application will be higher if applicants have all of the information they need at hand the first time they sit down to work on the application. **Ms. Sparks** indicated that these are the types of comments that TAG would like to receive.  | TAG will follow up with CCIIO concerning the use of the word “fee” with regard to IRS enforcement of the requirement to carry health insurance. O&E Subcommittee members will provide feedback on the proposed scripts to TAG and KAI. |
| **Schedule Next Call** | The Subcommittee scheduled its next conference call for 3:00 p.m. EDT on July 25. |  |
| **Adjourn** | With no other business to discuss, Ms. Sabattus adjourned the Subcommittee. |  |

**Attachment A:**

**KAI CMS Waiting Room Video Outline (Draft)**

**CMS Waiting room video outline – Application Introduction: Hattie Kauffman, Narrator**



**Open:**

*Location TBD:*

**Exterior:** Native American public art or mural, totem pole?

**Interior:** Native American art exhibit?

*News reporter, Hattie Kauffman, casually walks forward towards the camera and with a confident tone tells the audience about the Affordable Care Act.*

**V.O.:**

Hello, my name is Hattie Kauffman. I would like to talk to you about some very big changes in our nations’ health care system and what it means for us as American Indian and Alaska Native people.

The Affordable Care Act, which became law in 2010, opened the door to health insurance coverage, by expanding Medicaid and providing free or low-cost insurance options for millions of Americans, including you and your family.

**Cut to –**

*A visual of the signed Affordable Care Act and application for American Indians and Alaska Natives.*

**V.O.:**

Under the Affordable Care Act, American Indians and Alaska Natives can access free or low-cost health insurance. This insurance can be used at your local tribal, urban Indian or Indian Health Service clinic or hospital, and also at any other qualified health provider in your community. Enrolling in a health insurance plan through the Health Insurance Marketplace means you can still get services from the Indian Health Service, tribal health programs, or urban Indian health programs, plus you will be covered by your insurance for any additional services not offered by your local clinic, but required for your health.

Application for enrollment begins in October of 2013. There are trained staff and online instructions to help you with the application process. If you need assistance filling out the application there are special assistors to help you, just ask.

**Cut to –**

*A young mother and child talking to an enrollment coordinator in a health care clinic. The enrollment coordinator holds an application for health coverage and talks to the young mother about what her and her child are eligible for. The mother looks pleased and reassured. Voice over of Hattie:*

**V.O.:**

With health insurance coverage comes peace of mind. Knowing you have health insurance coverage will reassure you that whatever arises: necessary surgery, hospitalization, or referral to a specialist, you are covered. This is a big change! No more waiting on a medical priority list to cover special care. You will be covered.

**Cut to –**

*Visual bullet points and graphics as V.O. of Hattie addresses each*

**V.O. Hattie:**

If you are American Indian or Alaska Native, eligible to receive medical care through IHS, tribal clinics or urban Indian health organizations, you have certain benefits and protections, such as:

* No cost sharing, deductibles or co-pays at all if you continue to use our IHS, tribal or urban Indian health programs, including for services from a contract health service referral;
* You will not be assessed a fee by the IRS if you do not have health insurance;
* No cost-sharing, deductibles or co-pays for insurance through Medicaid and Children’s Health Insurance Program (or CHIP).

Plus, if you are an enrolled member of a federally recognized tribe, you have benefits in addition to the ones I just mentioned, such as:

* No cost sharing, deductibles or co-pays if your household income is below 300% poverty ($70,650 for family of 4 in lower 48, or $88,320 for family of 4 in Alaska);
* Monthly enrollment opportunities, instead of only annual enrollment periods; and
* Tribal sponsorships of tribal member insurance premiums is an option available to tribes;

**Cut back to –**

*Video Image: Hattie Kauffman as she addresses the camera*

**V.O.:**

In addition to the special provisions offered to American Indians and Alaska Natives, our people are also covered by the basic benefits of the Affordable Care Act that apply to all citizens of the United States. This means:

**Cut to –**

*Visual bullet points and graphics as Hattie addresses each*

**V.O.:**

* You cannot be denied coverage due to a pre-existing condition;.
* There is no lifetime limit on how much care is paid for if you get sick;
* Your coverage cannot be canceled due to a serious illness;
* Preventive health care is covered.

**Cut back to -**

**Hattie:**

This new plan honors our unique trust relationship with the Federal government as Indian tribes and Indian people. Special provisions continue so that certain income from Indian trust land and income from sales of items of cultural significance won’t be counted for determing Medicaid or CHIP eligibility.

**Cut back to -**

**Hattie:**

So, how do you apply? You can fill out a streamlined application by telephone, or you can ask your local clinic or hospital to help you fill out the application in person. A streamlined online application is also expected soon on healthcare.gov. Your information will remain confidential.

 **Cut to –**

*A young man in his mid 20s looking at the application online. He’s pleased with how easy the process is as he effortlessly answers each question.*  (Show close up of Appendix B - AIAN)(Highlight title of form indicating that it’s for AI/ANs)

**V.O. Hattie:**

There is a special section on the application just for American Indians and Alaska Natives. It is Appendix B. To take advantage of the special benefits and protections, you must fill out the full form and the special section for American Indians and Alaska Natives. Whether you are an enrolled member of a Federally Recognized Indian Tribe or a non-enrolled descendant of a tribe eligible for IHS, tribal or urban Indian health care, you may qualify for these special benefits and protections. But you must apply. On the application, you will be asked:

**Cut to -**

*Visual Bullet points and graphics as Hattie addresses each*

**V.O. Hattie:**

* Your Social Security numbers for you and others applying for coverage;
* Employment or income records;
* Information about current health insurance, including information about employer health coverage;
* Are you enrolled in a Federally Recognized Tribe?
* Have you ever received health services at an IHS, tribal or urban Indian health clinic?
* How much income do you receive from Indian trust land, natural resources, and items of cultural significance?

**Cut to –**

*A young AI/AN couple and an AI/AN doctor. The young woman is pregnant and receiving a midterm ultra sound. Her and her husband look on at the monitor at each other with joy as the doctor (smiling) points to the screen indicating where the fetus is.*

**V.O. Hattie:**

When you enroll in this new free or low-cost health coverage, your IHS, tribal or urban health program will also benefit, because they will be able to generate additional revenues for our Indian health centers, bringing in much needed resources for our communities. When you need to see a specialist, you will be referred to one, and you will not have to wait to see if there are Contract Health Service dollars available or wait on a CHS waiting list.

**Cut back to -**

**Hattie:**

Our American Indian and Alaska Native communities have done very much with very little for a long time. We have worked hard to protect the Federal trust responsibility to provide health care to our people. Now, finally, many more of our people—young, old, married, single, employed, unemployed, those with children and those adults without children,— have health insurance options.

Our people deserve the best coverage available. You deserve the best coverage available.

Protect yourself. Protect your family. Protect your people. Ask about applying with Health Insurance Marketplace today.

**Cut to –**

*CMS Logo or Healthcare.gov logo*

**V.O. Hattie:**

To learn more about the health insurance options available under the Affordable Care Act, Medicaid and CHIP, go to www.healthcare.gov or ask your clinic provider or business office for an application.

**Fade Black.**

**Attachment B:**

**KAI American Indian and Alaska Native**

**Walk-through Application Video (Draft)**

**American Indian and Alaska Native**

**Walk-through Application Video**

**DRAFT**

**7-14-13**

**This video is intended to be available on DVD or online at sites such as healthcare.gov or YouTube. This video will walk the applicant through step-by-step instructions for completing the ACA streamlined form including Appendix B (for American Indians and Alaska Natives).**

**Start: Full screen graphic of CMS logo**

**Title: “How to Apply for Insurance Coverage: A Walk-through Video for American Indian and Alaska Native Applicants”**

***Screen Fade***

**Image: Announcer on camera**

**On-camera welcome from Native narrator:**

“Welcome! This video will help you complete your application for free or low cost health insurance. You can explore and apply for health insurance options offered through Medicaid, CHIP and private insurance through the Health Insurance Marketplace.

You can fill out your application at home, at your local health provider’s office, or online when the online application becomes available later this year.

## “With the passage of the Affordable Care Act, more American Indians and Alaska Natives will qualify for Medicaid, CHIP or private health insurance options through the Health Insurance Marketplace. Depending on your income, you can access free or low cost health insurance. But you must apply!”

***Video images****: b-roll of AI/ANs walking into a medical clinic, kids playing basketball, powwow, people at work...etc.*

## VO: “Special benefits and protections are available for American Indians and Alaska Natives enrolling in these programs. Some benefits and protections are for members of federally recognized tribes, and other benefits and protections are available for American Indians and Alaska Natives (whether enrolled in a federally recognized tribe or not) who meet the eligibility requirements for services at the Indian Health Service (or IHS), tribal clinics or urban Indian clinics.

“For example, if you are an American Indian or Alaska Native, whether enrolled not and, eligible to receive health services from the IHS, tribal health program or an urban Indian health program funded by IHS, the following benefits and protections apply to you *(Show Graphic of bullets below):*

* No cost sharing, deductibles or co-pays at all if you continue to use our IHS, tribal or urban Indian health programs, including for services from a contract health service referral;
* You will not be assessed a fee by the IRS if you do not have health insurance;
* No cost-sharing, deductibles or co-pays for insurance through Medicaid and Children’s Health Insurance Program (or CHIP).

## “If you are an enrolled member of a federally recognized tribe, you have even more benefits and protections, in addition to those just listed, including *(show graphic of bullets below):*

* No cost sharing, deductibles or co-pays if your household income is below 300% poverty ($70,650 for family of 4 in lower 48, or $88,320 for family of 4 in Alaska);
* Monthly enrollment opportunities, instead of only annual enrollment periods; and
* Tribal sponsorships of tribal member insurance premiums is an option available to tribes;

## What do we mean when we talk about no co-payments or cost-sharing?

**Video edit**: text definitions pop up: *Copayment: A fixed amount (for example, $15 or $20) you pay for a covered health care service, usually when you receive the service. Cost-sharing: The share of costs covered by your insurance that you pay out of your own pocket.*

## VO: “A copayment is a fixed amount (for example, $15 or $20) you have to pay for a covered health care service, usually when you receive the service. Cost-sharing is the share of costs for services covered by your insurance that you pay out of your own pocket.

## When you fill out the application, you'll find out if you qualify for certain benefits and protections.”

**“**This video will help American Indian and Alaska Native applicants complete a streamlined application for enrollment in Medicaid, the Children’s Health Insurance Program, and insurance options in the Health Insurance Marketplace. Applicants can obtain health insurance AND be matched with programs to make insurance more affordable.

**Image: A family of 3 walking into a clinic.... and also an adult male getting out of his car and walking over to a basketball court to play ball...**

**VO: “**Please remember, the law requires that your information is protected and confidential. Your answers on this form will only be used to determine eligibility for health insurance. Your information will be verified using existing federal databases, such as IRS tax returns, and you may be asked for additional documentation if needed.”

**VO:** “It is easier than it sounds! I will help you with the application process.”

***Video Image:*** *Video images of young Native man, mother and baby, getting printed information from files/drawer/ wallet.*

**VO:** “Having the following materials and information at hand helps make the application process easier.”

 **(Image: Full screen graphic with each bullet added as mentioned)**

* Social Security numbers for those applying
* Employer and income records like W-2 forms or paystubs
* Current insurance policy numbers, if any, and
* A copy of a document issued by a federally recognized tribe that shows membership in that tribe.
* You will also be asked if you or other family members applying for coverage have ever received care at an IHS, tribal, or Urban Indian health center. Be prepared to answer that question for all who are applying.

**Image:** Family of three (father, mother and infant) sitting at a table at a clinic being assisted in the process of filling out the application.

**VO:** “OK! Let’s get started. We will follow the hardcopy printed version of the application. We will also follow a fictional family through the process: John and Jane and their infant daughter, Judy.”

**Screen shot: *First page of application is shown.***

**VO:** “This is the first page of the application.”

**Screen shot: “Step 1: Tell us about yourself” Page of Application**

**Image: Narrator**

**VO**: “Step 1: Tell us about yourself. Jane will enter her name, home address, mailing address, and phone number. **(image: computer screen or paper application being filled out)** She will alsowrite down if she wants to receive information by e-mail. She can also indicate if there is another language used by her family other than English.

**Screen shot: “Step 2: Tell us about your family”**

**VO**: “Step 2: The application allows for more than one person to apply using a single form. Jane and John will provide information for each of them, plus they will add information specifically about their daughter Judy.

**VO:** “The application allows for each person to be identified specifically. Jane will write in the name, birthdate, gender, and social security number for herself, for her husband John and for their daughter Judy, as Person 1, Person 2 and Person 3 applying for health insurance.”

***Screen shot: Close up of Question 6***

**VO:** “Question 6 is about your tax filing plans, including if you plan to file jointly with a spouse, the names of your dependents that you plan to claim, or if you will be claimed as a dependent by someone else. Jane and John file joint tax returns. This will be their first year to claim a dependent. Also be sure to answer Question 7 about any new babies expected to join your family.”

**VO:** “This income and family size information will help determine the plan and programs you are eligible for, so it is very important to complete these questions.”

**VO:** “You will be asked if you need health coverage or not. Please remember that the Indian Health Service, tribal clinics and urban Indian health clinics are NOT considered health insurance and should NOT be considered health coverage.

***Video image: John Jane and baby walking into or standing in front of the I/T/U clinic.***

**VO**: Even though John, Jane and their daughter use the tribal health clinic, they still need health insurance coverage. John is working at the tribal museum and he is not sure about health benefits offered from his job. So, they will check the ‘YES’ box: *Yes, we need health coverage*.”

**VO:** “Questions 9 through 17 ask about your health, US citizenship status, previous medical bills, children you are caring for, and student status.

**VO:** “Question 16 and 17 seek to confirm race and ethnicity identification. These two questions are optional, but please remember, you must identify yourself as American Indian or Alaska Native to be considered for the special benefits and protections for our population.”

***Screen shot: Step 2: Person 1. Current Job and Income Information***

**VO:** “Because eligibility for Medicaid, CHIP and health insurance options will be based upon household income, there are questions about your income and employment. :

***Video Image: John going to work at a tribal museum, office or other tribal enterprise.***

**VO: “**John works full-time for his tribe. Jane is a part-time student and also does award winning beadwork, which she sometimes sells. They will fill in information about John’s employer, wages, and hours. John fills out information about his work history. Jane fills out information about her prior work history, including her unemployment income and whether she reported income on her tax returns from her beadwork. Jane is also paying off a student loan, and she indicates that on her application.”

***Video Image: American Indian family walking into a tribal, IHS or UIHO clinic.***

**Image: Narrator Speaking to Camera:**

**VO:** *“*American Indian and Alaska Native people are provided special protections and benefits under the Affordable Care Act, Medicaid and CHIP. In order to take advantage of these benefits, you will need to complete Appendix B. There are protections and benefits for enrolled members of federally recognized tribes AND for users of the IHS, Tribal and Urban Indian health clinic system.”

***Video Image: John, Jane and baby laughing and talking to each other while waiting for care in a medical clinic.***

**VO:** John is an enrolled member of a federally recognized. Jane is not enrolled in any tribe, but she is a descendent and she has been using the tribal clinic for several years. Their daughter Judy is not eligible to be enrolled in her dad’s tribe, but she has been using the tribal clinic since she was born.”

**VO:** “There are only 4 questions on Appendix B. Each question is important in determining the benefits, cost-sharing reductions, and protections for which you might qualify. John and Jane will answer Appendix B questions for each them individually and also for baby Judy.”

**Screen shot: Appendix B - American Indian or Alaska Native (AI/AN) family members**

**VO:** “John answers ‘yes’ , he is a member of a federally recognized tribe, and then enters the name of his tribe. Jane answers ‘no’, she is not a member of a federally recognized tribe. She will also enter ‘no’ for their daughter, Judy.

***Video Image: John and Jane filling out the application together.***

**VO:** “Question 3 of Appendix B asks about using services from the IHS, tribal, or urban Indian health programs. All three members of our family, John, Jane and baby Judy have used the tribal health clinic and so each will answer ‘yes’ to this question. Even though Jane and Judy are not enrolled in a tribe, they both use the tribal clinic. By answering ‘yes’ to this question, they become eligible for other benefits and protections under the Affordable Care Act, Medicaid and CHIP.”

***Video Image:******B-roll video of tribal income examples such as cattle on tribal lands, heavy farm equipment, timber stands, oil or gas equipment, and finally some video showing someone selling something of cultural significance, such as beadwork, silverwork, carvings or salmon..***

**VO:** “Question 4 of Appendix B asks about Indian-specific income. Certain Indian income is not counted against your income-eligibility for insurance, so be sure to mention any income you reported on your taxes that might qualify, such as payments you received from trust land, natural resource payments, or any payments generated by trust or tribal lands that are paid out evenly to tribal members, also known as per capita payments. (Text on screen here: “Per capita payments: payments generated by trust or tribal lands that are paid out evenly to tribal members.”)

**VO:** “Don’t worry—this new health care law honors our traditions and our unique trust relationship, and does not penalize us for receiving certain Indian-specific income.

“John receives an annual payment for trust land that he leases to a rancher on his reservation. These funds do not count against his income-eligibility for insurance. John lists this annual trust income on Appendix B.”

“Jane does not have any trust income. But she occasionally sells some of her beadwork. Income from these sales does not count against her income-eligibility.”

***Video Image: Narrator speaking to camera.***

**VO:** “After completing Appendix B, John and Jane go back and complete the rest of the application, starting with Step 4.”

**Screen Shot: Step 4: Your Family’s Health Coverage**

**VO:** “Step 4: This section lets us know if anyone has health insurance coverage currently, whether from one of the programs offered by healthcare.gov or other programs like the Veteran’s Administration or your employer’s health plan. Remember, the IHS, Tribal and Urban clinics are not considered ‘health coverage’.”

**Vide Image: Jane with books and diaper bag, loading baby into a car seat..**

**VO:** “Jane does not have any health insurance coverage at all. She is a part-time student and does some traditional beadwork from her home. She is not currently enrolled in any of the health insurance options available. She has not yet enrolled her daughter, Judy in CHIP or another other program. She checks the box for ‘no’. She has no health insurance coverage.”

***Video Image: John at work talking to his boss about his health benefits and handing him Appendix A.***

**VO:** “Her husband John receives health insurance benefits through his employment with the tribe. His health premium is paid by his employer, but he could not afford the out-of-pocket premiums required to add his wife Jane and daughter Judy onto his insurance.” John and Jane answer ‘yes’ to the question about job covered health insurance for John only.”

VO: “John completed Appendix A, which describes his job related health insurance coverage. Because he did not have all the specific details about the insurance provided by his job, he took Appendix A to his employer and asked them to fill-in the coverage information, and used the Appendix A worksheet to assist in identifying his benefits. He and Jane will need to include a completed Appendix A as a part of their application.”

***Video Image: A worker in a clinic setting helping single male basketball player go through all the details of his application to make sure it is correct and ready for submission***.

**VO:** Because some individuals might be unsure about filling out their application, they can also request assistance for someone to help them. Attachment C of the application will allow for the designation of another individual who will be your assister in completing this application. By completing Appendix C you can designate a trusted person, for example someone from your tribal or Indian clinic, to be your representative and to help answer any questions about your application.

**Screen Shot: Step 5: Review and Sign the Application**

**VO:** “Step 5: Take a moment to review your application. You can call 1-800-318-2596 if you have any questions about this application.”

***Video Image****: Native family calling with graphic of number shown on screen: 1-800-318-2596*

**VO**: “When signing the application you will also be asked about how frequently you want to have your eligibility automatically renewed. Automatic renewal of your eligibility will mean you do not have to repeat this application process. Instead, your income and other data will be automatically verified for continued eligibility. John and Jane decide to check the box to have their eligibility automatically renewed every 3 years.”

**VO:** “Now it is time to sign the application.”

***Video Image:*** *John and Jane signing an application.*

**VO:** “You can mail your completed application to:

Health Insurance Marketplace

1005 XYZ Drive, WA DC 20005”

***Image****: graphic showing address*

***Video Image:*** *A happy family walking through a clinic to see the doctor...or talking to doctor.*

**VO:** Nothing is more precious than our health and that of our loved ones. Thank you for taking the time to apply for the health insurance options available to you. As American Indian and Alaska Native people, these new health insurance options will provide added protection for each of us.... our families.... and our future.

 ***Image:*** *CMS Logo, healthcare.gov web site...................Fade Black*