

# An Introduction to CMS Stories



National Indian  
Health Board



A storyboard series from the National Indian Health Board  
For more information, visit [nihb.org/tribalhealthreform/](https://nihb.org/tribalhealthreform/)

Over the past few years, the National Indian Health Board (NIHB) worked with Tribal Enrollment Assistants to collect stories describing the real-life scenarios of obtaining health insurance coverage and how this affected Tribal communities and Tribal citizens. To protect identities and to comply with the Health Insurance Portability and Accountability Act (HIPAA), personal names have been omitted, but Tribal affiliation, age, family size, and health insurance coverage have been kept. These stories are meant to provide an inside look into Tribal citizens' experiences with health insurance coverage to discover how it has impacted not just the individuals themselves but also their communities. As Tribal communities have been known to be particular in the stories they share, and that trust is something they value to the utmost, Tribal Enrollment Assistants take pride in the trust and communication they can share with Tribal citizens. Because of this pride and respect, Tribal Enrollment Assistants at Indian Health Service, Tribally Operated or Urban Indian Health programs facilities were hesitant to share their clients' stories nationally. However, through the work of NIHB, these stories can now be told of how Medicaid, Children's Health Insurance Program, Medicare, and Health Insurance Marketplace are crucial resources for eligible American Indians and Alaska Natives who either have no insurance or are dealing with inadequate care through Indian Health Service's rationed system.

Additionally, it is the wish of the Tribal Enrollment Assistants and NIHB that these stories showcase hope and healing within Tribal communities and not be used as a marketing tool but as a teaching tool. These stories were provided by Enrollment Assistants who assist Tribal citizens with enrolling in health insurance coverage. Elders use stories as a teaching tool to demonstrate life lessons, teach traditions, or share important messages with their community and how these stories will be showcased.



# When You Do Not Qualify for Medicaid, There Are Other Health Insurance Choices

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Family of 5 | Confederated Tribes of Coos, Lower Umpqua and Suislaw Indians |  
Portland Area | CHIP, Marketplace, employer-sponsored health insurance



*“She reached out and applied to the health insurance marketplace. She was then able to obtain coverage through the health insurance marketplace, which directly helped the entire family to continue to receive quality health services.”*

For those like a 35-year-old Native Mother in the Portland area, qualifying for Medicaid can be a challenge. She was pushed out of the qualifying income bracket due to an increase in her husband's income, and she and her family lived outside of their Purchased/Referred Care Delivery Area (PRCDA)\*. Because of this, she and her husband did not qualify for Medicaid because they were over-income, so they had to rely heavily on private health insurance coverage\*\*. Luckily, her three children were eligible for coverage through the Children's Health Insurance Program (CHIP), and her husband gained employer-sponsored health insurance. However, adding herself to her husband's employer plan was too expensive for the family, so instead, she reached out and applied to the health insurance marketplace. She was then able to obtain coverage through the health insurance marketplace, which directly helped the entire family to continue to receive quality health services and help save valuable Purchased/Referred Care dollars for other American Indians and Alaska Natives in dire health need.

*\* PRCDA refers to the geographic area within which Purchased/Referred care will be made available by the IHS to members of an identified Indian community who reside in the area. Purchased/Referred Care funding, previously known as Contract Health Services, health services/specialty care provided at the expense of the Indian Health Service (IHS) from other public or private medical or hospital facilities other than those of the Service unit (e.g., dentists, physicians, hospitals, and ambulances.)*

*\*\* The key difference between private and public health insurance is the qualification factor. Private health insurance does not have income restrictions for a potential insurer, whereas some public health insurance does due to its increased affordability.*



# When You Have Difficulties Paying for Medicare Coverage

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Male | Diné | Navajo Area | Medicare, QMB program



*“He was referred to the Patient Benefits Coordinator, who assisted him with enrolling into Medicaid, and found that he would qualify for Qualified Medicare Benefits (QMB)\*.”*

For some people like this silversmith from the Diné Tribe of the Navajo Nation, paying for Medicare Part B premiums, copays, and deductibles can be challenging. He was living on a limited income, and after a trip to the IHS to see an eye doctor, he found out he desperately needed cataract surgery. When he went to get treatment, he was referred out of IHS to a specialty clinic but did not have health insurance because he could not afford it. He was referred to the Patient Benefits Coordinator, who assisted him with enrolling into Medicaid, and found that he would qualify for Qualified Medicare Benefits (QMB)\*. He was excited to find out that through QMB, he would receive extra assistance and not have to pay any out-of-pocket costs. As a result of his coverage under the limited income and resource benefits program, his Tribal clinic was able to preserve funding for Tribal citizens in dire health need who have limited resources. In turn, he was able to get his cataract surgery, and he was able to continue teaching silversmithing to his grandchildren.

*\*QMB is a state program that pays for Medicare premiums, co-insurance, and deductibles.*



# When You're Struggling to Pay Your Employer-Sponsored Health Insurance Premiums

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Family of 4 | Mescalero Apache | Oklahoma City Area |  
Medicaid, employer-sponsored health insurance



*“She spoke with a Patient Benefits Coordinator, who assisted the mother and discovered that her state Medicaid program could assist with paying for her employer-sponsored health insurance premiums for the rest of the family.”*

For some, like a woman from the Mescalero Apache Tribe, the cost of employer-sponsored healthcare premiums can be expensive, especially with three children. This was extremely difficult because one son is disabled and did qualify for Medicaid, but the other two children and the mother did not qualify. The mother could not afford any private insurance coverage for her and the other two children. She spoke with a Patient Benefits Coordinator, who assisted the mother and discovered that her state Medicaid program could assist with paying for her employer-sponsored health insurance premiums for the rest of the family. In turn, she applied for insurance coverage through her employer and was approved for coverage for the entire family under both the Medicaid and employer-sponsored health insurance plan. The benefits of health insurance coverage helped the family access quality healthcare services for the entire family and supported the Urban clinic.



# When your Tribal Clinic Is Not Enough, Health Insurance Marketplace Coverage Can Provide Access to a Specialist

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Couple | Choctaw Nation | Oklahoma Area | Marketplace



“Without the help of the Chickasaw Nation Medical Center and the ACA, this couple would not have been able to get the care needed.”

For some people, like this couple from the Choctaw Nation, Tribal healthcare coverage is often not enough. Recently, the husband was required to have both knees and both shoulders replaced. As citizens of the Choctaw Nation, they had healthcare benefits, but these benefits were insufficient to cover all the surgery expenses. The family did not know what they needed to do, so they sat down with the Chickasaw Nation Medical Center benefit coordinators to figure out what kind of options were available. They found out they were eligible to participate in the Affordable Care Act (ACA). With help from the Chickasaw Nation Medical Center, the couple applied for health insurance coverage, supported through the Health Insurance Marketplace application process, and the family was shown all health insurance options available. They selected the perfect plan that ensured the surgical procedures were covered. Furthermore, the family received help with referrals and ensured they were in place to guarantee all claims were paid. Without the help of the Chickasaw Nation Medical Center and the ACA, this couple would not have been able to get the care needed. By the family getting help with insurance coverage, the Tribal clinic was able to continue to preserve valuable Purchased/Referred Care dollars for Tribal citizens experiencing dire health needs without other resources.



# When You Have a Health Emergency but You Don't Have Health Insurance

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21-year-old male | Mescalero Apache Tribe | Albuquerque Area | Medicaid



“*The Tribal Enrollment Assister at his local Tribal clinic reached out and assisted him in gathering the missing information. Helping him submit the supporting documents. In turn, his Medicaid application was approved. With that, his medical services were covered, and, as a result, he was able to get quality care and continue receiving quality health care services.*”

Sometimes, like for a 21-year-old Mescalero Apache Tribe citizen, an emergency pops up, and immediate medical services are needed. In this instance, because of appendicitis, he needed to be transferred from his local clinic to a better-equipped hospital unit for care. He did not have health insurance to cover services outside of his local clinic and did not know what to do. While at the hospital, he completed a Medicaid application, but it was incomplete, and coverage for his surgery was at risk. The Tribal Enrollment Assister at his local Tribal clinic reached out and assisted him in gathering the missing information. Helping him submit the supporting documents. In turn, his Medicaid application was approved. With that, his medical services were covered, and, as a result, he was able to get quality care and continue receiving quality health care services. In addition, his Tribal clinic saved valuable Purchased/Referred Care Dollars for other American Indians and Alaska Natives in dire health need.



# When You're Over-Income for Medicaid Coverage

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Male | Diné | Navajo Area | Marketplace



“After getting assistance from the Patient Benefits Coordinator... he purchased a qualified Health Insurance Marketplace plan with a low premium with no out-of-pocket costs.”

For some, like this maintenance worker from the Diné Tribe of the Navajo Nation, qualifying for Medicaid was difficult, especially when a person earns more than the qualifying income amount. The maintenance worker was injured while riding his horse and needed immediate treatment for his arm. At his community clinic, he was referred to a specialty service to treat the arm injury, but because the worker only worked part-time, he did not qualify for employer-sponsored health insurance. The concerns were if he did not get the treatment for his arm soon, the injury to the arm would hinder his ability to return to work. In turn, this caused him to lose income and perhaps even put him at risk for homelessness.

With much relief, after getting assistance from the Patient Benefits Coordinator with enrolling in the Health Insurance Marketplace and qualifying for a zero cost-sharing plan and an Advanced Premium Tax Credit, he purchased a qualified Health Insurance Marketplace plan with a low premium with no out-of-pocket costs. After enrolling through the Marketplace, he expanded his coverage, got his arm treated, and helped his Tribal clinic preserve its valuable Purchased/Referred Care dollars for Tribal citizens in dire health need without other available resources.