

State of Nevada

Silver State Health Insurance Exchange
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Nevada Health Link State Based Exchange Platform

American Indian/Alaska Natives Quick Reference Guide

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Version 1.0

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1. Purpose

The American Indian/Alaska Native Quick Reference Guide provides specific guidance on how to assist federally recognized or descendant tribal members with the enrollment process on Nevada Health Link State Base Exchange (SBE) Platform for a Qualified Health Plan (QHP) and/or Stand Alone Dental Plan (SADP). This guide specifies enrollment processes for those tribal members who are of a **Federally** Recognized status as well as a **descendant's** status.

Federally recognized American Indian and Alaska Native tribes have the right to operate under their own governmental systems, but maintain a government-to-government relationship with the United States. Because of this relationship, American Indians and Alaskan Natives are entitled to certain benefits and services, including health care.

Federally recognized tribal members: Refers to enrolled members of a federally recognized tribe.

Descendants: Children/descendants of tribal members eligible to receive services or I/T/U facilities.

Please Note: This process is subject to change and this guide will be updated as needed.

2. American Indian/Alaska Native Health and Dental Coverage Application

The Single Stream Line Application (SSAP) allows the consumers to apply and enroll for their health and dental coverage on the Nevada Health Link SBE Platform. The application contains two main sections, i.e., Start Your Application and Family and Household. The other sections will be displayed based on the consumer information.

For detailed information on Consumer portal features, please refer to the Application and Enrollment Guide.

Help Applying for Coverage: Authorized Representative

The Help Applying for Coverage section will help you to understand the process if an Authorized Representative is helping you to complete your Health and Dental Coverage Application on Nevada Health Link SBE Platform.

If you are unable to electronically sign consenting your designation of an Authorized Representative, the Authorized Representative will need to upload a document that states a legal reason why you cannot sign.

PLEASE NOTE: A consumer may elect to work with an Authorized Representative and allow the Authorized Representative to receive mailed notifications on their behalf. In order to do so, the consumer needs, to list the representative's mailing address in the "Primary Contact Mailing Address" section, and select mail as their preferred method of contact in the "Primary Contact

Preferences” section (These sections are present under the "Primary Contact Information" section. This section appears prior to the Help Applying for Coverage section).

The screenshot shows the Nevada Health Link application interface. At the top left is the logo with the text "nevada health link" and "connecting you to health insurance". At the top right are links for "Help & Support" and "My Account". On the left side, there is a vertical navigation menu with the following items: "Steps", "Start Your Application", "Before We Begin", "Get Ready", "Primary Contact Information", "Help Applying for Coverage" (highlighted in pink), "Help Paying for Coverage", "Who Needs Coverage", "About Your Household", "Summary", "Family and Household", and "Review and Sign". The main content area is titled "Help Applying for Coverage" and contains three sections: 1. "Who is Helping you?" with a question "Is anyone helping you with this application?*" and two radio button options: "Someone is helping me" (selected) and "I am filling out this application for myself and/or my family". Below this is a link: "(If you would like assistance, let us help you find a [guide](#) or [licensed broker](#).)". 2. "Authorized Representative" with a paragraph explaining the role, a list of responsibilities: "Sign the application on your behalf" and "Act on your behalf for all matters related to the application and account", and a "Please note" section stating that an Authorized Representative is not certified by Nevada Health Link. 3. A question "Do you want to name someone as your authorized representative?*" with two radio button options: "Yes" and "No". At the bottom of the form are two buttons: "BACK" and "SAVE & CONTINUE".

About Your Household

The About Your Household section of the application should be utilized to input information about your household such as; the applicant’s, and all other household members’ information (e.g., “First Name” or “Date of Birth”) on Nevada Health Link SBE Platform.

PLEASE NOTE: If you choose to enroll your entire household in the same plan that may be of a mixed CSR status please reference the [Nevada Health Link Policy Manual](#) Section 6.13.

The screenshot shows the 'About Your Household' section of the Nevada Health Link application. On the left is a sidebar with a list of steps: Start Your Application, Before We Begin, Get Ready, Primary Contact Information, Help Applying for Coverage, Help Paying for Coverage, Who Needs Coverage, **About Your Household** (highlighted), Summary, Family and Household, Income information, Additional information, and Review and Sign. The main form area is titled 'About Your Household' and contains a checkbox labeled 'Are you seeking coverage?' which is checked. Below this are input fields for 'First Name*', 'Middle Name' (with placeholder text 'Enter Middle Name'), 'Last Name*', and a 'Suffix' dropdown menu. The 'Date of Birth *' field is split into 'Month', 'Day', and 'Year' dropdowns. At the bottom of the form area, there is a section titled 'Need to include someone else?' with an 'ADD PERSON' button. At the very bottom of the page, there are 'BACK' and 'SAVE & CONTINUE' buttons. The top of the page features the Nevada Health Link logo and navigation links for 'Help & Support' and 'My Account'.

American Indian/Alaska Native

The American Indian/Alaska Native section of the application should be utilized to select the members who are Federally Recognized American Indian/Alaska Native status and to provide the membership information for those household members.

This will include providing the State (e.g., “Nevada”) and Tribe Name (e.g., “Reno-Sparks Indian Colony” or “Las Vegas Tribe of Paiute Indians of the Las Vegas Indian Colony”).

If someone from the listed household members is not federally recognized with a tribe, then select the option “None of Above”.

PLEASE NOTE: If you choose to enroll your entire household in the same plan that may be of a mixed CSR status please reference the [Nevada Health Link Policy Manual](#) Section 6.13.

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Home Help & Support My Account

American Indian/Alaska Native

Are any of the people below American Indian/Alaska Native?*

[Redacted Name]

Select [Redacted Name] membership

State*

Tribe Name*

None of the Above

[BACK](#) [SAVE & CONTINUE](#)

Steps

- Start Your Application
- Family and Household
- Get Ready
- Factsheet Individual
- Military Service
- Household information
- American Indian/Alaska Native**
- Medicaid/ CHIP Denial Information
- Disability Information
- Summary
- Income Information
- Additional information
- Review and Sign

Facilities and Services

The Facilities and Services question will be provided under Additional Information section of the application. This section of the application is to confirm if the applicant is the applicant eligible to get health services from the Indian Health Service (IHS), a tribal health program, or an urban Indian health program or through referral from one of these programs.

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Additional Information

Is [Redacted Name] eligible to get health services from the Indian Health Service, a tribal health program, or an urban Indian health program or through referral from one of these programs?*

Yes
 No

Has [Redacted Name] ever gotten a health service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?*

Yes
 No

Would [Redacted Name] like help paying for medical bills from the last 3 months?*

Yes
 No

[BACK](#) [SAVE & CONTINUE](#)

Steps

- Start Your Application
- Family and Household
- Income information
- Additional information
- Factsheet Individual
- Other Health Coverage
- Reconciliation of APTC
- Employer Coverage Detail
- State Employee Health Benefit
- Additional Information**
- Summary
- Review and Sign

3. Enroll in a Qualified Health and/or Dental Plan

The Enroll in a Qualified Health and/or Dental Plan section will explain you how to enroll in a health and dental plan on Nevada Health Link SBE Platform. Once your application has been completed you will need to shop for a plan to conclude your enrollment. When you begin shopping you have the options to select a Qualified Health Plan (QHP) and/or a Stand Alone Dental Plan (SADP) for coverage.

When you are ready to purchase you will select who within your household will be receiving coverage. Once you have selected a plan you will need to pay for your plan to effectuate the coverage. You will be redirected to your selected health and/or dental insurance carrier to pay for your plan selection.

PLEASE NOTE: If you choose to enroll your entire household in the same plan that may be of a mixed CSR status please reference the [Nevada Health Link Policy Manual](#) Section 6.13. Also, please see Section 6.3 of the Nevada Health Link Policy Manual regarding Coverage Effective Dates.

Document Revision History

Version	Issue Date	Changes	Drafted	Approved
1.0	10/31/2019	Initial Release	Vinit Yagnik	Jamie Sawyer