

Serving Vulnerable and Underserved Populations



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Course Introduction

Welcome

Course Introduction Welcome



Hi! Welcome to the Serving Vulnerable and Underserved Populations course!

I'm Romain, and I'll be helping you learn the answers to these questions and more throughout the course. As an assister, you will work with many consumers who have difficulty getting health coverage and basic health care services.

- What are examples of vulnerable or underserved populations?
- Do you know how to do a needs assessment?
- What are the special provisions for American Indians/Alaska Natives (AI/ANs)?

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Course Goal

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When you help consumers who may be vulnerable and/or underserved apply for and enroll in coverage through the Marketplaces, you should be familiar with who they are, what barriers they face when getting coverage, any special rules or provisions for helping them access coverage, and your responsibilities when you assist them.



Goal:

This course will introduce you to some vulnerable and underserved populations and help you understand how to work effectively with these populations to improve their access to health coverage, including:

- American Indians/Alaska Natives (AI/ANs)
- Consumers eligible for Medicaid, the Children's Health Insurance Program (CHIP), or Medicare
- Older consumers
- Households with mixed immigration status



Topics:

By the end of this course, you will understand:

- Characteristics of these populations
- Factors affecting obtaining health coverage
- Marketplace application and enrollment
- Unique communication needs
- Approaches and techniques for working with these populations
- Conducting a needs assessment
- Working with older consumers
- Relationship between Medicare and the Marketplaces
- Working with older immigrant adults
- Eligibility and documentation requirements for enrollment and to verify immigrant status
- Immigration-related rules in the Marketplaces

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Vulnerable and Underserved Populations

Introduction

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Consumers who are considered vulnerable and/or underserved may face barriers that make it difficult to get health coverage and basic health care services. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Characteristics

Identify the characteristics shared by vulnerable and underserved populations



Examples

List examples of underserved and vulnerable consumers



Access to Coverage

Identify factors affecting access to health coverage for vulnerable and/or underserved populations

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Definition of Underserved Communities

Vulnerable and Underserved Populations Definition of Underserved Communities

The Department of Health and Human Services (HHS) and the [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, signed January 20, 2021](#), defines the term "underserved communities" as populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, including:

- Black/African American populations
- Latino populations
- AI/AN and other Indigenous populations
- Asian Americans and Pacific Islanders
- Other persons of color
- Members of religious minorities
- LGBTQI+ populations
- Individuals with disabilities
- People who live in [rural](#) areas
- Populations impacted by persistent poverty or inequality

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United States Census Bureau (Census) and the Office of Management and Budget (OMB) define rural areas. The Census doesn't use a formal definition for "rural" but considers "rural" to include all people, housing and territory that are not within an urban area. Any area that is not urban is rural. The Census defines urban as:

- Urbanized Areas (UAs) of 50,000 or more people
- Urban Clusters (UCs) of 2,500 - 49,999 people

OMB decides which counties are metropolitan (metro), micropolitan (micro), or neither. Counties that are micropolitan or outside of both metropolitan and micropolitan areas are considered rural. A metro area is defined as having an urban core of 50,000 or more people while a micro area is defined as having an urban core of 10,000-49,999 people.

More information can be found at [HRSA.gov/rural-health/about us/what-is-rural](https://www.hrsa.gov/rural-health/about-us/what-is-rural).

Characteristics of Vulnerable and Underserved Populations

Vulnerable and Underserved Populations Characteristics of Vulnerable and Underserved Populations



Here are some characteristics of vulnerable and underserved populations.

Select each button to learn more.



Vulnerable populations



Underserved populations

Vulnerable populations include consumers who share one or more of the following characteristics:

- Have a high risk for multiple health problems or pre-existing conditions
- Have limited options (e.g., financial, educational, housing)
- Display fear and distrust in accessing government programs or disclosing sensitive information about family members
- Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumers with limited English proficiency (LEP) or cognitive impairments)
- Have mobility impairments
- Lack access to transportation services
- Have a lowered capacity to communicate effectively
- Face any type of discrimination

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Underserved populations include consumers who share one or more of the following characteristics:

- Receive fewer health care services
- Face barriers to accessing primary health care services (e.g., economic, cultural, and/or linguistic)
- Aren't familiar with the health care delivery system
- Face a shortage of readily available providers

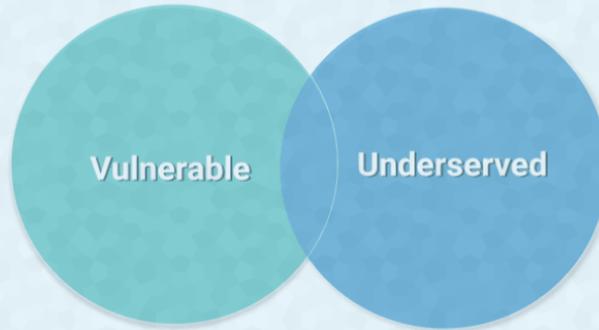
Vulnerable Versus Underserved

Vulnerable and Underserved Populations Vulnerable Versus Underserved

The term "vulnerable" is often used interchangeably with underserved. While underserved consumers have limited access to health care services, vulnerable consumers tend to experience additional barriers to getting care.

For example, an individual with LEP is considered vulnerable but might not be underserved (e.g., the consumer might have access to high-quality care).

Keep in mind that there's considerable overlap among vulnerable and underserved populations. Many consumers you serve may fall into both categories.



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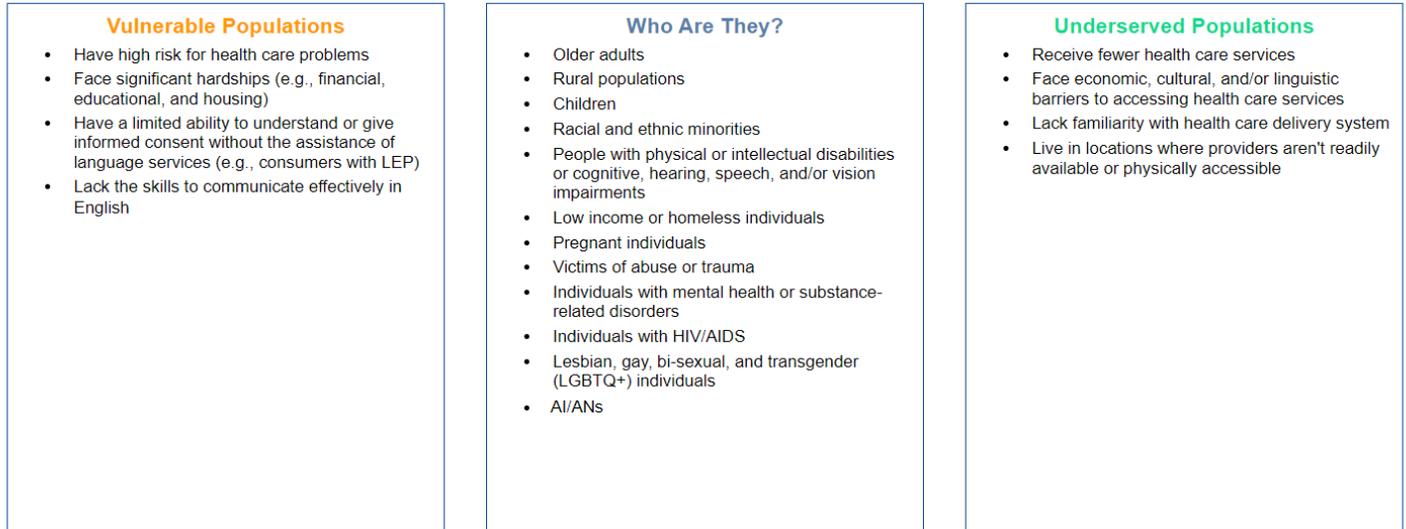
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Examples of Vulnerable and Underserved Populations

Vulnerable and Underserved Populations Examples of Vulnerable and Underserved Populations

You might work with consumers who are considered to be part of a vulnerable or underserved population. Some might even fall into both groups.

This graphic helps illustrate who they are and some of their characteristics.



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Vulnerable Populations

- Have a high risk for health care problems
- Face significant hardships (e.g., financial, educational, and housing)
- Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumer with LEP)
- Lack the skills to communicate effectively in English

Who Are They?

- Older adults
- Rural populations
- Children
- Racial and ethnic minorities
- People with physical or intellectual disabilities, or cognitive, hearing, speech, and/or vision impairments
- Low income or homeless individuals
- Pregnant women
- Victims of abuse or trauma
- Individuals with mental health or substance-related disorders
- Individuals with HIV/AIDS
- Lesbian, gay, bi-sexual, transgender, intersex, and asexual (LGBTQI+) individuals
- AI/ANs

Underserved Populations

- Receive fewer health care services
- Face economic, cultural, and/or linguistic barriers to accessing health care services
- Lack familiarity with the health care delivery system
- Live in locations where providers aren't readily available or physically accessible

Example: Consumers with Pre-existing Conditions

Vulnerable and Underserved Populations Example: Consumers With Pre-existing Conditions



Consumers with pre-existing conditions can be an underserved or vulnerable population. Health insurance companies generally can't refuse to sell a policy to consumers or charge them more just because they have a pre-existing condition. They also can't charge consumers more based on their sex under any new individual or small group market policy.

Certain existing plans, including [grandfathered individual market plans](#), may not offer these protections. Consumers enrolled in such plans may choose to enroll in new plans that offer these protections, either outside of the Marketplaces or through the Marketplaces, if they qualify.

- Eligible consumers can enroll in a qualified health plan (QHP) during the Open Enrollment Period (OEP). If they already have coverage, they should contact their current insurance company to learn more about terminating their current plan.
- Eligible consumers can enroll in a QHP outside the OEP if they qualify for a Special Enrollment Period (SEP). Losing coverage is one example of a circumstance that could allow for an SEP. However, voluntarily terminating coverage is generally not considered a loss of coverage.

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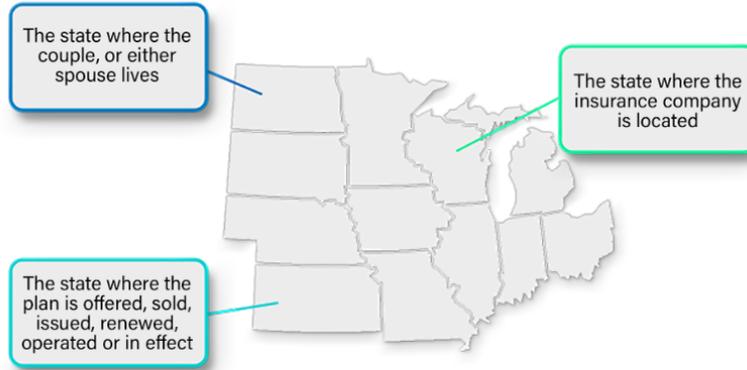
Grandfathered Plans

Grandfathered plans are plans that were purchased on or before March 23, 2010. Health plans must notify consumers with these policies that they have a grandfathered plan. There are two types of grandfathered plans: employer-sponsored plans and individual plans (the kind consumers buy themselves, not through an employer). As long as the plans haven't been changed in ways that substantially cut benefits or increase costs for consumers and the issuer has provided the required notice, health insurance companies can continue to offer them to consumers. For more information about grandfathered plans, refer to [HealthCare.gov/health-care-law-protections/grandfathered-plans](https://www.healthcare.gov/health-care-law-protections/grandfathered-plans).

Example: Married Same-Sex Couples

Vulnerable and Underserved Populations Example: Married Same-Sex Couples

On June 26, 2015, the U.S. Supreme Court issued a decision in *Obergefell v. Hodges*, holding that same-sex couples have a constitutional right to marry in all states and have their marriage recognized by other states. Therefore, the Marketplace and insurance companies can't discriminate against any couple on this basis.



The Centers for Medicare & Medicaid Services (CMS) regulations also provide that health insurance companies offering non-grandfathered group or individual health insurance coverage can't use marketing practices or benefit designs that discriminate on the basis of certain factors, including a consumer's sexual orientation.

The Marketplaces treat married same-sex couples the same as married opposite-sex couples when they apply for advanced premium tax credits (APTCs), cost-sharing reductions (CSRs), Medicaid, and Children's Health Insurance Program (CHIP). Like married opposite-sex couples, married same-sex couples must file a joint federal tax return for the year that they're seeking help paying for coverage through the Marketplaces to be eligible for APTC and CSRs.

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Factors Affecting Access to Health Care

Vulnerable and Underserved Populations Factors Affecting Access to Health Care



A few key barriers generally prevent vulnerable and underserved consumers from accessing necessary health coverage and health care services. Generally, access refers to the timely availability of health services to achieve the best health outcomes for a consumer.

Key barriers to accessing health care include:

- [High health care costs](#)
- [Inconsistent sources of care](#)
- [Lack of coverage](#)
- Lack of reliable transportation (private or public) or other difficulties physically accessing provider offices
- Low health literacy
- Unavailability of providers (e.g., medically underserved areas)

Understanding these barriers will help you:

- Give consumers specific coverage information
- Identify the most effective ways to communicate with vulnerable and underserved consumers

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High Health Care Costs

If coverage costs are too high, consumers may choose not to use health care services that they really need or may decide that there is no reason to enroll in coverage. Consumers might benefit from learning that there are several options that may make coverage and costs more predictable and that will better fit their budget and specific needs.

For example, the Affordable Care Act (ACA) puts annual limits on cost sharing for essential health benefits (EHB) for enrollees in non-grandfathered plans. It also provides other consumer protections, like requiring non-grandfathered health plans to cover certain preventive services without cost sharing, for coverage purchased both inside and outside the Marketplaces.

Inconsistent sources of care

Consumers without access to coverage are likely to get inconsistent treatment and care.

For example, a consumer who lacks coverage may get care for an illness by going to a hospital, free clinic,

and/or treatment center. This pattern is reactive treatment for a health emergency, not care that would **prevent** the emergency.

Research has proven that consumers who regularly visit the same doctor tend to have better health outcomes. If consumers have coverage and visit the same doctor regularly, then their quality of care improves. They're more likely to get health care that prevents a health emergency from occurring.

Lack of coverage

Coverage is very important because it helps reduce the financial burden of seeking health care. Consumers without coverage are less likely to get medical care and more likely to be in poor health. Underserved populations are particularly at risk for insufficient health insurance coverage; people with lower incomes are often uninsured, and minorities account for over half of the uninsured population.

As a best practice, you should explain the risks of insufficient coverage to the consumers you help.

Consumers without coverage may:

- Delay seeking care
- Get care that doesn't fit their specific needs
- Get a late diagnosis of their diseases
- Get less care
- Pay much higher costs for care and be in debt

Consumers might be better able to make informed decisions about enrolling in coverage if they understand the physical and mental health-related disadvantages of lacking coverage. Some consumers may not be aware that financial assistance may be available to lower the cost of their coverage.

Addressing Needs Through the Federally-facilitated Marketplace (FFM) Process

Vulnerable and Underserved Populations Addressing Needs Through the Federally-facilitated Marketplace (FFM) Process

Certain parts of the Marketplace application in individual market Federally-facilitated Marketplaces (FFMs) were designed to help address some of the challenges that vulnerable or underserved consumers face.

Select each item below to learn more about the characteristics of consumers who are vulnerable or underserved to the part of the online FFM application process that could help address their need.

Application Question	Can identify and help consumers who...
1. Income Information:	<p>Face significant economic hardship</p> <p>Individuals facing significant economic hardship can also enter their income information to determine if they're eligible for insurance affordability programs like APTC and CSRs and low-cost programs like Medicaid and CHIP.</p>
2. Question if the consumer has health conditions that cause limitations in daily activities:	<p>Have mobility impairments</p> <p>Individuals who have mobility impairments may also be eligible for low- or no-cost health coverage due to their disability and can indicate their disability on the application. Please note that it won't affect their ability to buy insurance, nor will it result in higher premiums for the consumer.</p>
3. Enter your doctors and medical facilities to determine if they're covered by the plan:	<p>Face a shortage of readily available providers</p> <p>Provider shortages can be a challenge, but you can help consumers find which providers in their area may be covered by a plan by using the doctor and drug coverage tool after the consumer has completed the application. You may also want to recommend that the consumer call any providers they want to visit to make sure that the provider is in the plan's network and taking new patients (if the consumer hasn't visited the doctor before).</p>
4. Preferred spoken language:	<p>LEP</p> <p>Individuals with LEP can notify an FFM of their preferred language to ensure future communications are in that preferred language. Individuals with disabilities also may notify an FFM that they need information in an alternate format to ensure effective communication.</p>
5. Address Information:	<p>Are experiencing homelessness</p>

[Additional Information for Consumers Experiencing Homelessness](#)

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Income Information: Face significant economic hardship

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Question if the consumer has health conditions that cause limitations in daily activities: Have mobility impairments

Individuals who have mobility impairments may also be eligible for low- or no-cost health coverage due to their disability and can indicate their disability on the application. Please note that it won't affect their ability to buy insurance, nor will it result in higher premiums for the consumer.

Enter your doctors and medical facilities to determine if they're covered by the plan: Face a shortage of readily available providers

Provider shortages can be a challenge, but you can help consumers find which providers in their area may be covered by a plan by using the doctor and drug coverage tool after the consumer has completed the application. You may also want to recommend that the consumer call any providers they want to visit to make sure that the provider is in the plan's network and taking new patients (if the consumer hasn't visited the doctor before).

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Address Information: Are experiencing homelessness

Additional Information for Consumers Experiencing Homelessness

A consumer who doesn't have an address may not be eligible for health coverage in a FFM.

It's important to note that an address is a required component of the application process. Therefore, consumers

who are homeless or don't have an address will need to provide one to complete a Marketplace application and get an eligibility determination.

Homeless consumers can list the following addresses on an application:

- Shelter, friend, or relative within the state in which they're applying for coverage
- Post office box (P.O. box)

Many consumers who are homeless may be eligible for Medicaid and other low-income services. If homeless consumers need additional help, you can direct them to the state Medicaid agency or other homeless service resources, like shelters and free community clinics. Be sure to follow all applicable [CMS guidance](#) when making referrals to organizations that aren't other FFM assisters or HHS entities.

Knowledge Check

Vulnerable and Underserved Populations Knowledge Check

You're advising a low-income, 28-year-old man about his coverage options through an FFM. He tells you that he hasn't been sick for the last three years, feels perfectly healthy, and doesn't think he needs coverage. He also tells you that he has a family history of diabetes and has moved several times over the past five years. Any time he felt like he needed care, he visited the local clinic and had everything "checked out." You would like to help him understand why coverage might benefit him. Which of the following statements is **FALSE**? Select the correct answer and then select **Check Your Answer**.

- A. Although you may feel healthy, regular care is still very important. Doctors can help you find health problems you may not know are there and treat them before they get more serious.
- B. If you got into an accident and didn't have health insurance, you'd have to pay out of pocket for your medical care. Emergency care can be extremely expensive.
- C. People who don't have coverage and don't visit a doctor regularly tend to have poor health and shorter life spans.
- D. If you're generally healthy, you don't need coverage.

✓ Check Your Answer



Correct!

The consumer might benefit from learning about the importance of visiting a doctor to help treat health problems before they get more serious. Also, coverage can help consumers avoid expensive medical bills in case of an emergency. Moreover, consumers who have coverage and a doctor they regularly visit tend to have better health and live longer. Finally, the quality of care and preventive services consumers get have been shown to improve when consumers visit a regular doctor.

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Answer: The consumer might benefit from learning about the importance of visiting a doctor to help treat health problems before they get more serious. Also, coverage can help consumers avoid expensive medical bills in case of an emergency. Moreover, consumers who have coverage and a doctor they regularly visit tend to have better health and live longer. Finally, the quality of care and preventive services consumers get have been shown to improve when consumers visit a regular doctor.

Key Points

Vulnerable and Underserved Populations Key Points



- You should be able to recognize when a consumer might be vulnerable and/or underserved and understand that vulnerable and/or underserved consumers might face barriers accessing health care programs and services.
- You should be able to recognize how lacking coverage creates barriers to accessing health care.
- You should be able to help consumers understand the importance of visiting a doctor regularly and having coverage, which can help reduce the costs of health care and allow consumers to get preventive care (without cost sharing), get a timely diagnosis, and live longer, healthier lives.

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Working with Vulnerable and Underserved Populations

Introduction

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An important part of your job is to help consumers get health coverage, possibly for the first time in their lives. Some consumers may know very little about the benefits of having health coverage. It's essential that you learn best practices for reaching these consumers and helping them make important coverage choices. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Needs Assessment

Learn how to conduct a needs assessment



Communication Needs

Understand the unique communication needs of vulnerable and underserved populations



Working Effectively

Identify strategies for communicating effectively with vulnerable and underserved populations



Consumers with Disabilities and Consumers from Rural Communities

Identify strategies for working effectively with consumers with disabilities and consumers in rural communities

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Consumers with Disabilities and Consumers from Rural Communities

Identify strategies for working effectively with consumers with disabilities and consumers in rural communities

Conducting a Needs Assessment

Working with Vulnerable and Underserved Populations Conducting a Needs Assessment



Before you begin working with consumers, it's a good idea to conduct an initial needs assessment for every vulnerable or underserved group in your community. You're required to develop and maintain general knowledge about all the racial, ethnic, and cultural groups in your Federally-facilitated Marketplaces (FFMs) service area.

Once you've determined consumers' understanding of health insurance, the Affordable Care Act (ACA), and the Marketplaces, you can begin to ask them questions about their current coverage status and their needs and preferences for getting coverage through an FFM.

This module will help you understand key considerations to remember when helping and conducting a needs assessment for consumers who may be vulnerable or underserved.

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Conducting a Needs Assessment (Continued)

Working with Vulnerable and Underserved Populations Conducting a Needs Assessment (Cont.)



Here are some initial sample questions to ask consumers to find out important information about what they already know, what questions they have, and their general coverage needs.



Consumers seeking information



Consumers seeking coverage for themselves or their households

- What questions do you have about how the ACA affects your coverage?
- What questions do you have about the Marketplace application process?
- What questions do you have about the eligibility requirements for enrolling in coverage through a Marketplace?
- What information would you want to have before you choose your coverage options through a Marketplace?
- What questions do you have about paying for your coverage?
- What could I/we do to make this process easier for you?
- Are there any health care services you currently receive and would want covered by your plan?

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Consumers seeking coverage for themselves or their households

- What kind of coverage have you and your family had in the past?
- Who in your family needs coverage?
- What parts of coverage are most important to you (e.g., covered benefits and services, cost, keeping a doctor)?
- How does your employer help you and other employees with health care costs?

Importance of Helping Vulnerable and Underserved Consumers

Working with Vulnerable and Underserved Populations Importance of Helping Vulnerable and Underserved Consumers



When conducting an initial needs assessment, it's important to remember that individuals who are members of vulnerable and underserved populations might have poorer health than the average consumer. They might get fewer or inadequate health care services.

You can best help vulnerable and underserved consumers by:

- Identifying who may be vulnerable and underserved
- Considering their specific needs when informing them about how to access coverage

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- Considering their specific needs when informing them about how to access coverage

Factors Contributing to Unique Communication Needs

Working with Vulnerable and Underserved Populations Factors Contributing to Unique Communication Needs



You should be able to communicate appropriately and effectively when you're working with vulnerable and underserved consumers. Your main goal is to build a trusting relationship with them (and any family members or caregivers they have asked to participate in the enrollment process with them). Communication methods that work well with one community or individual within a community may not necessarily work well for other communities or individuals.

When you communicate with vulnerable and underserved consumers, you should consider:

- Accommodations for consumers with physical or intellectual disabilities
- Cultural and linguistic differences
- Demographic factors (like age)
- Geographic location
- Health literacy level
- Social risk factors (like financial instability, housing instability, food insecurity, lack of transportation)

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Cultural and Linguistic Competence

Working with Vulnerable and Underserved Populations Cultural and Linguistic Competence



Together, "cultural and linguistic competence" can be defined as behaviors, attitudes, and policies that come together in a system, agency, or among professionals to enable effective work in cross-cultural situations. It implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.



You're encouraged to review and follow the HHS Office of Minority Health (OMH) [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#), which give guidance on providing culturally and linguistically appropriate services to consumers. The National CLAS Standards will be reviewed in depth in a future training.

To be culturally and linguistically competent, you should be able to:

- Identify, understand, and respect differences in consumers' cultural beliefs, behaviors, and needs.
- Respond appropriately to consumers based on their cultural and language needs, which may include providing oral language assistance services—either in-person or via remote communication technology, translating documents, visiting [LEP.gov](#) for additional resources, etc.
- Acknowledge, respect, and accept cultural differences among consumers.

Characteristics and behaviors of cultural groups can't be presented as a checklist. It's important not to group people together—this may prevent you from recognizing and serving the needs and preferences of individual consumers.

As a best practice, you should ask consumers how they perceive or identify themselves, their partners, and their family members. Then, you should be careful to use the same terms. You can ask consumers to help clarify these terms, if appropriate. You should treat each person as a unique individual.

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Tips and Examples: Treat Each Consumer as Unique and Avoid Assumptions

Working with Vulnerable and Underserved Populations Tips and Examples: Treat Each Consumer as Unique and Avoid Assumptions

Keep the following tips and examples in mind as you work with consumers from different backgrounds.

<p style="text-align: center;">Tip: Respect the unique cultural needs of all consumers.</p> <p>For example, some consumers prefer to seek out traditional healer services like using herbs or acupuncture to treat illness, which is different from seeking service providers who are trained in Western medicine.</p> <p>When helping consumers with these beliefs, it might be helpful to:</p> <ul style="list-style-type: none">• Acknowledge your respect for their beliefs (whether or not you agree with them).• Explain the potential benefits of getting coverage.• Tell them you understand if they choose to decline coverage.	<p style="text-align: center;">Tip: Avoid making assumptions about a consumer's culture or identity based on the consumer's appearance, name, or other outward characteristics.</p> <p>All consumers are different.</p> <ul style="list-style-type: none">• A consumer who appears to you to be of a certain race or ethnicity may identify with something different like characteristics not commonly associated with that race or ethnicity.• A consumer's gender identity may also be different from your perception; so, it's recommended that you use gender-neutral pronouns (e.g., you, your spouse).
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Keep the following tips and examples in mind as you work with consumers from different backgrounds.

Tip: Respect the unique cultural needs of all consumers.

For example, some consumers prefer to seek out traditional healer services like using herbs or acupuncture to treat illness, which is different from seeking services providers who are trained in Western medicine.

When helping consumers with these beliefs, it might be helpful to:

- Acknowledge your respect for their beliefs (whether or not you agree with them).
- Explain the potential benefits of getting coverage.
- Tell them you understand if they choose to decline coverage.

Tip: Avoid making assumptions about a consumer's culture or identity based on consumer's appearance, name, or other outward characteristics

All consumers are different.

- A consumer who appears to you to be of a certain race or ethnicity may identify with something different like characteristics not associated with that race or ethnicity. A consumer's gender identity may also be different from your perceptions, so, it's recommended that you use gender neutral pronouns (e.g., your spouse).

Acknowledge Different Linguistic Abilities and Cultures

Working with Vulnerable and Underserved Populations Acknowledge Different Linguistic Abilities and Cultures

The consumers you work with may have different English speaking and writing abilities and may come from cultural or religious backgrounds very different from your own. Here are some tips to consider that will help you provide better service:

Tip:
Acknowledge and accept that consumers will sometimes have mixed levels of linguistic abilities where speaking and writing skills differ. Be aware of and sensitive to this and know how to respond appropriately.

There may be times when you interact with consumers who will be able to understand and speak English well but may not be able to read and write in English. In this case, you'll need to identify materials in their [preferred languages](#). However, be sure that they can read in that language before giving them written information. Also, you should know how to get translation or interpretation services, including American Sign Language (ASL) if necessary. You can also let consumers know that they can call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get help in another language or request information in an accessible format at no cost to the consumer.

Tip:
Acknowledge and accept that consumers will sometimes have cultural preferences that inform their health care decisions.

You may encounter consumers who have religious beliefs or a value system that discourages the use of medicine to treat illness (e.g., Christian Scientists) or that prohibit them from participating in an insurance plan that covers certain reproductive health services. Understand that they may reject coverage or request information about their coverage options. Note that when comparing plans on [HealthCare.gov](#), the Plan Details screen will show if the plan offers abortion coverage for which federal dollars can't be used.

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Preferred Languages

It's important to remember that consumers might feel they speak and understand English well. It's important to respect their opinions and ideals while acknowledging that they may have a preferred language other than English that they feel more comfortable communicating and receiving information in.

Effectively Communicating With LEP Consumers and People With Disabilities

Working with Vulnerable and Underserved Populations Effectively Communicating With LEP Consumers and People With Disabilities

Navigators in FFMs are required to provide information to consumers in plain language. Information you share with limited English proficiency (LEP) consumers should always be timely and accessible. To do this, you may need to provide LEP consumers with free written translations and oral interpretation services.

Navigators in FFMs must also provide information about the availability of appropriate auxiliary aids and services like audio and visual materials, Braille documents, and sign language interpreters when working with consumers who have hearing, speech, and/or vision impairments. To ensure effective communication, you must provide appropriate auxiliary aids and services to consumers with disabilities at no cost when necessary or upon request.

You can also let consumers know that they can call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get help in another language or request information in an accessible format at no cost to the consumer.



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Knowledge Check

Working with Vulnerable and Underserved Populations Knowledge Check

Let's pause here to review how you can provide linguistically appropriate services to Katarina and Felix. Neither of them is a native English speaker, but Felix speaks better English than Katarina. They don't have access to a car or enough money for public transportation. Based on this information, which of the following actions could you take to provide support to Katarina and Felix? Select the three correct answers and then select **Check Your Answer**.

- A. Ask Katarina and Felix about their preferred spoken and written language.
- B. Inform Katarina and Felix that you aren't able to help them during this visit. Due to language differences, you don't have to inform Katarina that professional interpreters are available or ask her what she prefers.
- C. Identify a location to meet close to Katarina and Felix's place of residence.
- D. Locate materials written in Katarina and Felix's native language or translate materials as necessary.



Check Your Answer

 **Correct!** It's a best practice to ask consumers about their preferred spoken and written languages. You should locate materials written in Katarina and Felix's preferred language or provide translated materials as necessary. You're responsible for providing the written and oral language services that consumers need, although in some cases you might be able to refer consumers to other available resources. You should also tell them that professional interpreters are available and ask what they prefer. The consumer can request that family or friends act as oral interpreters to satisfy the requirement to provide linguistically appropriate services as the preferred alternative to an offer of other interpretive services. However, using a certified interpreter should be the recommended approach. You should also do your best to accommodate Felix and Katarina's transportation limitations and identify a location to meet close to Katarina and Felix's place of residence.

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Consumers with Low Literacy

Working with Vulnerable and Underserved Populations Consumers with Low Literacy

Literacy generally refers to an individual's ability to read and write. The ability to read, write, and speak English or another language can affect how well consumers understand their coverage options.

Consumers may be embarrassed or ashamed about their low literacy and try to hide the fact that they have difficulty reading or writing. However, consumers who appear to have difficulty reading may have simply forgotten their glasses. Consider context to alert you that there might be a literacy issue.

Consumers may say or do things that could be an indicator of low literacy.

If you believe that you've identified someone with low literacy, you should reference the resources provided in this training to better prepare you to help them or seek guidance from another assister organization that has expertise with helping this type of consumer.



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Consumers may say or do things that could be an indicator of low literacy.

A consumer may say things like:

- "I forgot my glasses."
- "My eyes are tired."
- "What does this say?"
- "I'll take this home for my family to read."
- "I don't understand this."

A consumer may do things like:

- Ask others to take notes or fill in forms.
- Return forms that are only partially filled out.
- Call or visit you several times to clarify things.

If you believe that you've identified someone with low literacy, you should reference the resources provided in this training to better prepare you to help them or seek guidance from another assister organization that has expertise with helping this type of consumer.

Consumers with Low Health Literacy

Working with Vulnerable and Underserved Populations Consumers with Low Health Literacy

Health literacy in general is the ability to get and understand basic information about coverage and health care services, use the information about coverage and health care services to make decisions, and follow instructions for treatment. Generally, consumers who are health literate understand how to use their health coverage and navigate health coverage options available to them. However, some consumers may have high literacy, but low health literacy. Other consumers may have high health literacy about one aspect of their health coverage, but low health literacy about other aspects. Your job as an assister is to assess how consumers are processing the information they're receiving to determine their level of health literacy and help them understand the information they need to make informed choices.

A combination of several of the following characteristics may indicate low health literacy in consumers.

Low health literacy might be more prevalent among:

- Older adults
- Minority populations
- Recent immigrants
- Individuals with low socioeconomic status
- Medically underserved people
- Previously uninsured populations
- AI/ANs who only access health care services from Indian Health Service, Tribal, and Urban Indian health care providers

Patients with low health literacy may have difficulty:

- Understanding that they have to pay monthly premiums on time and copayments during a provider visit
- Finding providers and services
- Filling out complex health forms
- Sharing their medical history with providers
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- Understanding directions for taking medicine

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How to Help Consumers with Low Literacy and Low Health Literacy

Working with Vulnerable and Underserved Populations How to Help Consumers with Low Literacy and Low Health Literacy

Tips for working with low literacy consumers:

- Use commonly used words
- Ask open-ended questions
- Read written instructions out loud and check that consumers understand you
- Speak slowly
- Draw or point to pictures, posters, and other visuals
- Confirm that consumers understand what you're saying
- Use plain language and simple words, especially when you describe difficult coverage terms
- Write information down and share it with the consumer who can read it in greater detail at home
- Present complex information in small amounts to avoid potentially overwhelming the consumer
- Use active voice as much as possible (e.g., "I got a translator" and not "The translator was obtained by me")
- Provide or direct consumers to Coverage to Care materials at [Go.cms.gov/c2c](https://www.cms.gov/c2c)

Tips for working with low health literacy consumers:

- Avoid using acronyms
- Avoid technical language when possible
- Explain any necessary technical terms
- Ask consumers to repeat back key things that you say to them
- Give information in small chunks
- Understand that it may take additional time to help consumers
- Instead of "qualified health plans," you can say, "Health plans that have been approved by the Marketplace"
- Instead of "premium tax credit," you can say, "A tax credit that can be used to lower your monthly health insurance premiums"

How should you help all consumers – including those with low literacy and low health literacy?

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Knowledge Check

Working with Vulnerable and Underserved Populations Knowledge Check

You're assisting Nina, and she can't decide whether to enroll in health coverage. She's come to your office with questions a few times now and still hasn't completed her eligibility application. You provide Nina with brochures and flyers about available coverage options, but in your conversations, it becomes clear that she hasn't read the materials. You think Nina may have low literacy and/or low health literacy. Which of the following actions would be the most appropriate way to help her? Select the two correct answers and then select **Check Your Answer**.



- A. Schedule more time with Nina and ask her open-ended questions about why she's not filling out an eligibility application.
- B. Encourage Nina to fill out her eligibility application at home by delaying your next meeting until the application is completed.
- C. Use visual aids to help Nina understand the information because written materials may not be helping her.
- D. Refer Nina to an insurance company of your choice, which may be better able to meet her needs.

 **Check Your Answer**

 **Correct!**
It's important for you to understand what prevents Nina from filling out an eligibility application. Nina shows signs of a consumer with low literacy and/or low health literacy and may not understand the written materials you have provided. Try alternatives like pictures and audio recordings. It's ultimately your responsibility to provide Nina with the assistance she needs, and you're prohibited from providing biased information about her coverage options.

You're assisting Nina, and she can't decide whether to enroll in health coverage. She's come to your office with questions a few times now and still hasn't completed her eligibility application. You provide Nina with brochures and flyers about available coverage options, but in your conversations, it becomes clear that she hasn't read the materials. You think Nina may have low literacy and/or low health literacy. What actions would be the most appropriate way to help her?

Answer: It's important for you to understand what prevents Nina from filling out an eligibility application. Nina shows signs of a consumer with low literacy and/or low health literacy and may not understand the written materials you have provided. Try alternatives like pictures and audio recordings. It's ultimately your responsibility to provide Nina with the assistance she needs, and you're prohibited from providing biased information about her coverage options.

Consumers in Rural Communities

Working with Vulnerable and Underserved Populations Consumers in Rural Communities



You may have trouble contacting some vulnerable and/or underserved consumers because of where they live. Consumers in rural areas may face barriers to accessing essential health services, which contributes to poorer health outcomes. They're also likely to be underserved in terms of coverage, which is why they might need your help.

Access to Transportation

Rural residents may not be able to visit locations where they can get coverage information (like community centers). Note that urban residents may also have transportation issues (e.g., public transportation may not be located near their residence and/or they may not be able to afford it).

Access to Specialists

Specialists might be located in urban areas, making it more difficult for rural residents to visit them.

Access to Computers and Internet/broadband

Consumers may not have the ability or resources to access coverage information online. Internet access may not be available in some rural areas of the country, or consumers may not be able to afford it and have transportation barriers that limit their access to public internet access.

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Reaching and Engaging Rural Consumers

Working with Vulnerable and Underserved Populations Reaching and Engaging Rural Consumers

To reach, communicate, and work effectively with rural consumers, you should conduct outreach or other educational events in locations where rural populations may work, live, or access community services. Consider conducting outreach in the following locations:



To reach, communicate, and work effectively with rural consumers, you should conduct outreach or other educational events in locations where rural populations may work, live, or access community services. Consider conducting outreach in the following locations:

- Consumers' places of work
- Faith-based organizations or places of worship
- Libraries
- Community clubs
- United States Department of Agriculture (USDA) extension programs to reach farmers and schools
- Community health centers
- Tribal government offices and Indian health care facilities
- Schools
- Big box stores
- Local newspapers
- Post Offices

Knowledge Check

Working with Vulnerable and Underserved Populations Knowledge Check

Jasmine is a 27-year-old consumer who lives in rural Arkansas. She is a lawfully present person who identifies strongly with her Japanese culture and has LEP. She works full time as a hostess in a diner making \$10 per hour. Jasmine is single and also has limited vision. You have scheduled a meeting with Jasmine to discuss coverage options. Which of the following actions would be the most appropriate way to help her? Select the two correct answers and then select **Check Your Answer**.

- A. Learn about reasonable modifications and appropriate auxiliary aids and services under Section 1557, the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act. Be sure that you can meet vision-related needs that might come up for Jasmine.
- B. Provide Jasmine with the option of an interpreter prior to your meeting with her.
- C. Reschedule Jasmine's appointment with a colleague in your office because you don't identify with her culture.
- D. Ask Jasmine to read coverage information available online at [HealthCare.gov](https://www.healthcare.gov) in advance of your meeting so that she is well informed.

 **Check Your Answer**



Correct!

Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition (limited vision), may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine has LEP, which may require you to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting, depending on her preferences. Jasmine also has a visual impairment, so you might need to provide reasonable modifications and/or auxiliary aids and services (e.g., large-print materials and/or some written documents may have to be read aloud to her). Additionally, you should provide Jasmine with the same level of service that you provide to all of your consumers. You should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Finally, you don't know if Jasmine has access to the Internet and it wouldn't be appropriate to assume that she has access and ask her to read coverage information online.

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Answer: Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition (limited vision), may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine has LEP, which may require you to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting, depending on her preferences. Jasmine also has a visual impairment, so you might need to provide reasonable modifications and/or appropriate auxiliary aids and services (e.g., large-print materials and/or some written documents may have to be read aloud to her). Additionally, you should provide Jasmine with the same level of service that you provide to all of your consumers. You should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Finally, you don't know if Jasmine has access to the Internet and it wouldn't be appropriate to assume that she has access and ask her to read coverage information online.

Available Resources

Working with Vulnerable and Underserved Populations Available Resources

Finding the right information to help you reach and work effectively with diverse vulnerable and underserved populations may be challenging.

The **Resources** tab on the course menu offers many helpful resources for working with consumers:

- From different cultures
- With LEP
- With low health literacy
- From rural communities

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Making Referrals to Additional Resources

Working with Vulnerable and Underserved Populations Making Referrals to Additional Resources



Remember that Navigators in FFMs must provide information and services in a fair, accurate, and impartial manner. They must:

- Provide information that assists consumers with submitting their eligibility applications;
- Clarify the distinctions among health coverage options, including qualified health plans (QHPs); and,
- Help consumers make informed decisions during the health coverage selection process.

Such information must acknowledge other health programs like Medicare, Medicaid, and Children's Health Insurance Program (CHIP).

Navigators must also meet National CLAS Standards, including:

- Developing and maintaining general knowledge of the racial, ethnic, and cultural groups in their service area.
- Collecting and maintaining updated information to help understand the composition of the communities in the service area, including the primary languages spoken.
- Providing oral and written notice in a consumer's preferred language of their right to get translation or other language assistance services and guidance on how to obtain these services.

[Continue](#)

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Providing oral and written notice in a consumer's preferred language of their right to get translation or other language assistance services and guidance on how to obtain these services.

You might find it helpful to work with or refer consumers to outside organizations. These may include:

- Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services. Examples include your state Medicaid or CHIP agency, Veterans Affairs (VA) Health Benefits, Medicare & State Health Insurance Assistance Program (SHIP) counselors, Federally Qualified Health Centers, Ryan White HIV/AIDS programs, or AIDS Drug Assistance Programs for lower-cost prescription drugs.
- **Organizations that specialize in disease-specific or local patient groups.** Examples include the American Cancer Society or the American Diabetes Association.
- **Other local or community organizations.** Examples include homeless shelters, food banks, LGBTQI+ community centers, places of worship, legal aid organizations, and local colleges and universities.
- **Local businesses.** Examples include coffee shops, malls, farmer's markets, and grocery stores. For example, these businesses might allow you to leave outreach materials for their customers or to set up an

information table to engage with customers about enrolling in coverage.

Outside organizations

"Outside organizations" are organizations that aren't FFM assister organizations or the Department of Health & Human Services (HHS) entities like Centers for Medicare & Medicaid Services (CMS) Regional Offices. When working with or referring consumers to outside organizations, you should be sure to follow CMS guidance in [Tips For Assisters on Working with Outside Organizations](#). Working with outside organizations is also discussed in the *Customer Service Basics and Community Outreach* training course.

Key Points

Working with Vulnerable and Underserved Populations Key Points



- You should be prepared to help consumers who are vulnerable (e.g., consumers with limited life options, pre-existing conditions, LEP, and/or mobility impairments) and underserved (e.g., consumers who experience barriers to accessing care and/or are unfamiliar with the health care delivery system). While underserved consumers have limited access to health care services, vulnerable consumers tend to experience additional issues with getting care, though many consumers may fall into both categories.
- Key barriers to accessing health care for vulnerable and underserved populations may include lack of coverage, high health care costs, inconsistent sources of care, low health literacy, lack of reliable transportation, or other difficulties physically accessing provider offices.
- You should respect the needs of different consumers, understand how their needs affect your communication with them, and value how coverage needs can be different based on consumers' cultures.

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Working Effectively with American Indians and Alaska Natives (AI/AN)

Introduction

Working Effectively with American Indians and Alaska Natives (AI/AN) Working Effectively with American Indians and Alaska Natives (AI/AN)

In the United States, there's a special government-to-government relationship between the Federal Government and federally recognized Indian Tribes. There are more than 570 federally recognized Indian Tribes, including Alaska Native regional and village corporations which were established under the Alaska Native Claims Settlement Act (ANCSA). Members of federally recognized Indian Tribes and shareholders of ANCSA corporations are referred to in this training as American Indians and Alaska Natives (AI/ANs). By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them

If you have AI/AN consumers living in your community, you are encouraged to have ongoing education, outreach, and enrollment events specifically designed for them and to continue these efforts throughout the year.



American Indians and Alaska Natives (AI/ANs)

Describe how AI/ANs are defined for the purposes of health coverage and what is considered a Federally recognized Indian Tribe



Current Health Services

Describe the special relationship between the Federal Government and federally recognized Indian Tribes and the current structure and challenges of the Indian health care system



Coverage under the Affordable Care Act (ACA)

Identify benefits for eligible AI/ANs under the ACA



Applying Through the Marketplaces

Explain the eligibility requirements, issues, and process for AI/ANs applying for health coverage through the Marketplaces

In the United States, there's a special government-to-government relationship between the Federal Government and federally recognized Indian Tribes. There are more than 570 federally recognized Indian Tribes, including Alaska Native regional and village corporations which were established under the Alaska Native Claims Settlement Act (ANCSA). Members of federally recognized Indian Tribes and shareholders of ANCSA corporations are referred to in this training as American Indians and Alaska Natives (AI/ANs). By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

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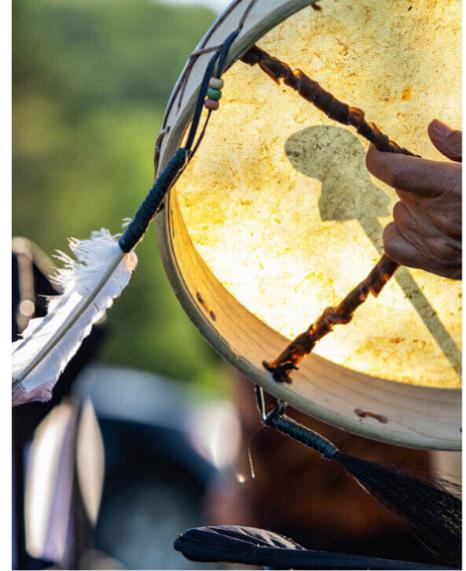
Explain the eligibility requirements, issues, and process for AI/ANs applying for health coverage through the Marketplaces

Historical Background

Working Effectively with American Indians and Alaska Natives (AI/AN) Historical Background

Federally recognized Indian Tribes, ANCSA regional and village corporations, and the Federal Government have a special government-to-government relationship.

As part of this unique relationship, the Federal Government provides quality health care, social services, housing, education, and other services to AI/ANs through federal agencies like the Department of Health & Human Services (HHS), Indian Health Service (IHS), and the Bureau of Indian Affairs (BIA), consistent with its statutory authorities.



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Definition of AI/AN



Who is an AI/AN?

- The definition of AI/AN is different for the United States Census Bureau, eligibility for IHS services, special benefits and protections under Medicaid and Children's Health Insurance Program (CHIP), and for the Marketplaces.
- For purposes of the special protections in the Marketplaces, an AI/AN is a member of a federally recognized Indian Tribe or a shareholder in an ANCSA corporation.
- For purposes of Medicaid and CHIP, an AI/AN is a member of a federally recognized Indian Tribe, an ANCSA shareholder, or any individual eligible to receive services from the IHS.

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Health Care Services for AI/ANs

Working Effectively with American Indians and Alaska Natives (AI/AN) Health Care Services for AI/ANs

Taken together and referred to as I/T/U, the IHS (I), Tribes and Tribal organizations (T), and urban Indian organizations (U), are the three components of the Indian health system. AI/ANs who enroll in a qualified health plans (QHPs) through a Marketplace can still get care at an I/T/U. Select each letter to learn more about each component.



AI/ANs may also receive health care services through an IHS or Tribal Purchased/Referred Care (PRC) Program. Subject to the availability of funding and specific eligibility requirements, this program covers health care services that aren't reasonably accessible/available in IHS and Tribal health care facilities or when the facilities can't provide the services needed, like:

- Inpatient and outpatient care
- Medical support services:
 - Laboratory
 - Pharmacy
 - Nutrition
 - Diagnostic imaging
- Physical therapy
- Routine emergency ambulatory care
- Specialty care
- Transportation

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I: The Indian Health Service

Over the years, many different U.S. government agencies have been responsible for providing health care to AI/ANs. In 1955, the Federal Government established the IHS under HHS to provide health care to people of Indian descent. The ACA reauthorized and made permanent the Indian Health Care Improvement Act, which is an underlying authority for the IHS. A large portion of AI/AN consumers access health care through providers in the Indian health care system, which may include tribal and urban Indian organizations. However, the IHS isn't an insurance program. AI/ANs don't pay premiums to I/T/Us and by law, are usually not charged for services provided in these facilities.

T: Tribes and Tribal Organizations

Currently, the Indian health care system includes 46 Indian hospitals and nearly 330 Indian health centers, clinics, and health stations. A large portion of these health facilities are managed by the tribes.

U: Urban Indian Organizations

Forty-one urban programs also offer services ranging from community health to comprehensive primary care in urban Indian communities.

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- Transportation

Knowledge Check

Working Effectively with American Indians and Alaska Natives (AI/AN) Knowledge Check

You scheduled your first meeting with Ann and Joe, a married AI/AN couple. You'd like to do some research before the meeting so that you can better help them. Which of the following topics would be most relevant? Select the three correct answers and then select **Check Your Answer**.

- A. The IHS and the services it offers in Ann and Joe's community or areas nearby.
- B. The legislative history of the ACA so that you can challenge Ann and Joe on their knowledge and ability to prove they qualify for Marketplace benefits for eligible AI/ANs.
- C. Available I/T/U service units in Ann and Joe's nearby community.
- D. ACA benefits for AI/ANs.

 **Check Your Answer**



Correct!

To take advantage of certain benefits and exceptions only available to AI/ANs through the Marketplaces, Ann and Joe will need to provide a copy of a document issued by a federally recognized Indian tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card); the document should have a signature and/or seal on it. If the consumer does not have documentation, you can refer the consumer to Tribal enrollment information at [DOI.gov/tribes/enrollment](https://www.doi.gov/tribes/enrollment). Ann and Joe can learn if they qualify for additional help paying for coverage through the Marketplace by completing an application.

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Federally-recognized Indian Tribes and AI/AN Population in the U.S.

Working Effectively with American Indians and Alaska Natives (AI/AN) Federally-recognized Indian Tribes and AI/AN Population in the U.S

Select each question to learn the answer.

What's considered a Federally recognized Indian Tribe in the U.S.?

How many AI/AN live in the U.S.?

Where do AI/AN live in the U.S.?

For Marketplace purposes, an "Indian" includes a member of a federally recognized Indian Tribe (i.e., an entity listed on the Department of the Interior's list under the Federally Recognized Indian Tribe List Act of 1994; this list is published annually) and shareholders of ANCSA regional and village corporations. There are over 570 federally recognized Indian Tribes in the U.S. You can find the full list of federally recognized Indian Tribes and Alaska Native entities by visiting the [BIA Tribal Directory](#) and the list of ANCSA corporations available from the [Alaska Department of Natural Resources](#).

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As of 2020, there are 9.7 million people in the U.S. who identify themselves as AI/AN, either alone or in combination with one or more other ethnicities. Approximately 2.6 million AI/ANs receive health services from I/T/Us.

While AI/AN consumers live in every state, in 2019, the 10 states with the largest AI/AN populations were Alaska, Arizona, California, New Mexico, New York, North Carolina, Oklahoma, South Dakota, Texas, and Washington.

State of Health Care for AI/ANs

Working Effectively with American Indians and Alaska Natives (AI/AN) State of Health Care for AI/ANs

Select the images below for data from publicly available reports.



In 2019, nearly 15 percent of AI/ANs had no health insurance, and more than 42 percent relied on Medicaid or public health insurance coverage.

AI/ANs may benefit from enrolling in a QHP through the Marketplace because a QHP may cover or provide greater access to services that may not be provided by their local I/T/U.

In 2019, nearly 15 percent of AI/ANs had no health insurance, and more than 42 percent relied on Medicaid or public health insurance coverage.

According to 2020 census data, more than 24 percent of AI/ANs live below the poverty level.

The poverty rate for low-income AI/ANs younger than age 65 is nearly twice as high as the poverty rate of all people in the U.S. younger than age 65.

AI/ANs have the highest rate of many health conditions with about one in five AI/ANs having two or more chronic conditions.

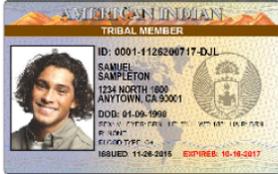
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Eligibility for Marketplace Coverage

Working Effectively with American Indians and Alaska Natives (AI/AN) Eligibility for Marketplace Participation



Consumers will need to submit documentation to demonstrate that they are a member of a [federally recognized Indian Tribe](#), including a copy of a document issued by a federally recognized Indian Tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card). This document should have a signature or seal on it. While Medicaid and CHIP agencies may require documents to prove AI/AN status, many state agencies accept self-attestation. A list of some of the tribal documents an AI/AN consumer may need is available at HealthCare.gov/american-indians-alaska-natives.



Continue

Consumers will need to submit documentation to demonstrate that they are a member of a federally recognized Indian Tribe, including a copy of a document issued by a federally recognized Indian Tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card). This document should have a signature or seal on it. While Medicaid and CHIP agencies may require documents to prove AI/AN status, many state agencies accept self-attestation. A list of some of the tribal documents an AI/AN consumer may need is available at HealthCare.gov/american-indians-alaska-natives.

If consumers want to apply for help paying for coverage through a Marketplace, they should indicate that on their application and answer all of the applicable questions. AI/AN consumers who want to apply for help paying for coverage may be asked about income from Indian trust land, natural resources, and items of cultural significance. While these types of income will be counted when determining eligibility for financial assistance through the Marketplace, they won't be considered in determining Medicaid and CHIP eligibility. For instance, if an individual earns income based on items of cultural significance (e.g., sale of Indian art, pottery, or jewelry), the income might be reported on a federal income tax return and be counted for financial assistance eligibility, but not counted for Medicaid and CHIP eligibility.

Federally recognized Indian Tribes

- Visit the list of [federally recognized Indian Tribes](#).
- Visit the list of [village or regional corporations formed under ANCSA](#).

For more information about how AI/ANs can apply for Marketplace coverage, including how consumers eligible for Indian health services who are age 30 and above can apply for an affordability or hardship exemption from the Marketplace to purchase Catastrophic coverage, visit [Health Coverage for American Indians and Alaska Natives](#) and [Health Coverage Options for American Indians and Alaska Natives](#).

Overview of Affordable Care Act Provisions Relevant to AI/ANs

Working Effectively with American Indians and Alaska Natives (AI/AN) Overview of Affordable Care Act Provisions Relevant to AI/ANs

AI/ANs have access to other special benefits under the ACA, too. These include:

- Year-round enrollment in QHPs and the ability to switch plans monthly.
- Cost-sharing reductions (CSRs) for QHP coverage regardless of Marketplace health plan category (Bronze, Silver, Gold, and Platinum), including special zero cost sharing or limited cost sharing if they meet certain household income requirements.

Even if AI/AN consumers choose to enroll in private insurance through the Marketplaces with advance payments of the premium tax credit (APTC) or CSRs, they can continue to get services from an I/T/U.

You should be able to explain how these special provisions affect AI/AN consumers.



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You should be able to explain how these special provisions affect AI/AN consumers.

Special Provision: Monthly Enrollment in QHPs

Working Effectively with American Indians and Alaska Natives (AI/AN) Special Provision: Monthly Enrollment in QHPs

AI/ANs have access to Special Enrollment Periods (SEPs), which allows them to enroll in coverage through the Marketplaces throughout the year rather than only during the yearly Open Enrollment Period (OEP). AI/ANs are also eligible to change health plans once a month. Consumers who aren't members of federally recognized Indian Tribes or ANCSA shareholders must enroll during the yearly OEP (unless they otherwise qualify for another SEP).

AI/ANs' effective date of coverage for plans chosen during this monthly SEP is the first day of the month following plan selection. However, it is important to note that if AI/ANs change their plans, cost-sharing requirements (like deductibles and out-of-pocket limits) will be reset, if applicable.

Consumers should be mindful of potential coverage gaps due to the effective dates of new plan selections. Consumers can select a later effective date if they want coverage to begin in a later month.



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Special Provision: No Cost Sharing

Working Effectively with American Indians and Alaska Natives (AI/AN) Special Provision: No Cost Sharing

AI/ANs with household incomes between 100 percent and **300 percent** of the federal poverty level (FPL) qualify for zero cost sharing. These consumers have no cost sharing, including deductibles, copays, and coinsurance, when they get care from an Indian health care provider or when getting essential health benefits (EHB) through their Marketplace plan's network providers. Zero cost sharing plans are available to AI/ANs who enroll in a Marketplace plan under any metal level health plan category. (Note that a consumer who is not an AI/AN must be enrolled in a plan from the Silver category to receive CSRs.)

AI/ANs with household incomes below 100 percent or above 300 percent of the FPL qualify for limited cost sharing. These consumers have no cost sharing when they get care from an Indian health care provider. However, they do need a referral from an I/T/U when getting EHBs outside of the I/T/U system to avoid paying copayments, deductibles, and coinsurance.

For households with both AI/ANs and non-Indians, the household members who aren't AI/ANs wouldn't qualify for a zero cost sharing or a limited cost sharing plan and might opt to choose a separate QHP. If the household wants to stay in the same plan, then the household members must decide if they want to give up the cost-sharing savings.

There are special rules for AI/ANs to qualify for CSRs that reduce cost sharing expenses like copays, coinsurance, deductibles, and other similar charges when enrolled in QHPs through the Marketplaces.

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300 percent

For Plan Year (PY) 2024, 300 percent of the FPL is equal to:

- A single consumer household income of \$43,740 or less (Alaska: \$54,630).
- A two-person family household income of \$59,160 or less (Alaska: \$73,920).
- A three-person family household income of \$74,580 or less (Alaska: \$93,210).

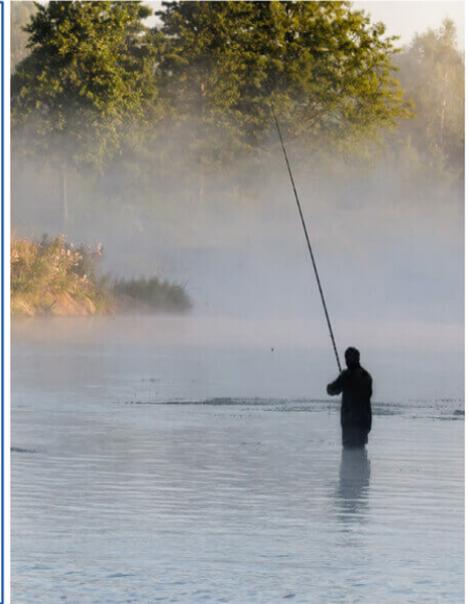
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AI/AN Eligibility for Medicaid and CHIP

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/AN Eligibility for Medicaid and CHIP

AI/ANs who have ever gotten services or are eligible to get services from Indian health care providers or through a referral under a Purchased/Referred Care (PRC) program and qualify for Medicaid or CHIP are exempt from Medicaid and CHIP premiums, enrollment fees and CHIP cost sharing, such as copayments, coinsurance, deductibles, and other similar charges. AI/ANs who are eligible to get services from I/T/U providers or through a referral under a PRC program but have never actually gotten those services may still have to pay Medicaid cost sharing.

Protected AI/AN income and resources, like property and rights related to trust resources like hunting, fishing, and natural resources, are exempt from being included as part of income eligibility determinations for Medicaid and CHIP. In general, the exemptions apply to income and property that are connected to the political relationship between the Tribes and the Federal Government and property with unique AI/AN significance.



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AI/ANs and Employer-provided Coverage

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/ANs and Employer-provided Coverage



If an AI/AN has employer-sponsored health insurance and has an income less than 300 percent of the FPL, does the consumer need to pay copayments and deductibles?

It depends. The consumer needs to pay if the employer plan charges copayments and deductibles. The protections from cost sharing for AI/ANs that are included in the ACA are only available with individual health insurance coverage through a Marketplace. However, this consumer shouldn't have to pay copayments and deductibles if they get their care at an IHS or an Indian health care provider because these facilities do not charge cost sharing to eligible AI/ANs.

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AI/ANs and Stand-alone Dental Plans

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/ANs and Stand-alone Dental Plans

AI/ANs are able to enroll in stand-alone dental plans offered through the Marketplaces when they buy a Marketplace health plan.

However, zero cost sharing doesn't apply to stand-alone dental plans. If an AI/AN consumer is enrolled in a stand-alone dental plan, the consumer will have to pay cost sharing like copayments and deductibles. But if the AI/AN consumer is enrolled in a dental plan offered as part of a QHP, the cost sharing limitations will apply. AI/ANs can still get dental services from I/T/U providers with no cost sharing.

Pediatric dental care is an essential health benefit, but cost-sharing savings only apply to the dental services included in the QHP or from an I/T/U.



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Knowledge Check

Working Effectively with American Indians and Alaska Natives (AI/AN) Knowledge Check

You're meeting with Ann and Joe, who provide you with documents indicating that they're members of a federally recognized Indian Tribe or shareholders in an ANCSA corporation. You're discussing special Marketplace benefits offered to AI/ANs. Which one of the following is **NOT** an accurate statement for you to share with Ann and Joe? Select the correct answer and then select **Check Your Answer**.

- A. If an AI/AN chooses to enroll in a QHP, they can continue accessing services at the I/T/U.
- B. AI/ANs have monthly opportunities to enroll in a QHP. AI/ANs are not restricted to enrolling during the yearly OEP.
- C. AI/ANs can enroll in stand-alone dental plans through a Marketplace and receive dental services from a non-I/T/U provider with no cost sharing.
- D. AI/ANs may enroll in a QHP to have access to a full range of health care coverage.



✓ Check Your Answer

 **Correct!**
The statement on stand-alone dental plans isn't accurate. If AI/AN consumers enroll in stand-alone dental plans, they'll have to pay additional costs like copayments and deductibles. All other statements are accurate.

You're meeting with Ann and Joe, who provide you with documents indicating that they're members of a federally recognized Indian Tribe or shareholders in an ANCSA corporation. You're discussing special Marketplace benefits offered to AI/ANs.

Answer: If AI/AN consumers enroll in stand-alone dental plans, they'll have to pay additional costs like copayments and deductibles. All other statements are accurate.

FFM Application Process for AI/ANs

Working Effectively with American Indians and Alaska Natives (AI/AN) FFM Application Process for AI/ANs



AI/AN consumers may complete eligibility applications for QHPs, Medicaid, and CHIP coverage through the FFM by paper or online. They may also apply over the phone through the FFM Call Center.

For both the paper and online applications, AI/ANs can attest to their tribal membership and will need to submit proof of tribal membership/enrollment/ANCSA shareholder status within 90 days of application. However, there are some differences between both application types.

It's your responsibility to help AI/AN consumers understand what these requirements are so that they're prepared for the application process they choose to use. This section of the course explains the paper and online applications in detail.

AI/AN consumers may complete eligibility applications for QHPs, Medicaid, and CHIP coverage through the FFMs by paper or online. They may also apply over the phone through the FFM Call Center.

For both the paper and online applications, AI/ANs can attest to their tribal membership and will need to submit proof of tribal membership/enrollment/ANCSA shareholder status within 90 days of application. However, there are some differences between both application types.

It's your responsibility to help AI/AN consumers understand what these requirements are so that they're prepared for the application process they choose to use. This section of the course explains the paper and online applications in detail.

Paper Applications

Working Effectively with American Indians and Alaska Natives (AI/AN) Paper Applications

There are two **paper** applications that AI/AN consumers can complete to apply for QHP coverage through the FFM.

Application for Health Coverage (Individuals or Families)

The Application for Health Coverage is intended for individuals who do not want to apply for help paying for health insurance costs. Step 3 of this application asks if a consumer or members of the consumer's household are AI/ANs. If the application is received outside of the annual OEP, the Marketplaces use the responses to this question to determine whether the AI/AN consumer is eligible for an SEP. This application can be found at: Marketplace.cms.gov/applications-and-forms/marketplace-application-without-financial-assistance.pdf

Application for Health Coverage & Help Paying Costs (Individuals or Families Who Want to Apply for Programs to Lower Costs)

The Application for Health Coverage & Help Paying Costs asks AI/ANs to complete Step 3 and Appendix B of the application. The Marketplaces use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a Marketplace QHP and for financial assistance, as well as whether the consumer is eligible for Medicaid or CHIP. This application can be found at: Marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf

There are two **paper** applications that AI/AN consumers can complete to apply for QHP coverage through the FFM.

Application for Health Coverage (Individuals or Families)

The Application for Health Coverage is intended for individuals who do not want to apply for help paying for health insurance costs. Step 3 of this application asks if a consumer or members of the consumer's household are AI/ANs. If the application is received outside of the annual OEP, the Marketplaces use the responses to this question to determine whether the AI/AN consumer is eligible for an SEP. This application can be found at: Marketplace.cms.gov/applications-and-forms/marketplace-application-without-financial-assistance.pdf

Application for Health Coverage & Help Paying Costs (Individuals or Families Who Wish to Apply for Programs to Lower Costs)

The Application for Health Coverage & Help Paying Costs asks AI/ANs to complete Step 3 and Appendix B of the application. The Marketplaces use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a Marketplace QHP and for financial assistance, as well as whether the consumer is eligible for Medicaid or CHIP. This application can be found at: Marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf

Paper Application: Health Coverage & Help Paying Costs

Working Effectively with American Indians and Alaska Natives (AI/AN)
Paper Application: Health Coverage & Help Paying Costs



[Appendix B](#) of the paper application for Health Coverage & Help Paying Costs asks the following questions:

Question	Explanation
Question #2 Member of a federally recognized Indian Tribe?	Explanation This question is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for CSRs through the Federally-facilitated Marketplaces (FFMs). Note: ANCSA shareholders are included in the definition of members of federally recognized Indian Tribes.
Question #3 Has this consumer ever gotten a service from the IHS, a tribal health program, or urban Indian health program, or through a referral from one of these programs? If no, is this person eligible to get services from the IHS, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?	Explanation This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.

Appendix B of the paper application for Health Coverage & Help Paying Costs asks the following questions:

Question #2

Member of a federally recognized Indian Tribe?

This question is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for CSRs through the Federally-facilitated Marketplaces (FFMs).

Note: ANCSA shareholders are included in the definition of members of federally recognized Indian Tribes.

Question #3

Has this consumer ever gotten a service from the IHS, a tribal health program, or urban Indian health program, or through a referral from one of these programs? If no, is this person eligible to get services from the IHS, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?

This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.

Paper Application: Health Coverage & Help Paying Costs (Continued)



[Appendix B](#) of the paper application for Health Coverage & Help Paying Costs asks the following final question:

Question	Explanation
<p>Question #4 Certain money received may not be counted for Medicaid or CHIP. List any income (amount and how often) reported on your application that includes money from these sources:</p> <ul style="list-style-type: none">• Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties• Payment from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)• Money from selling things (e.g. art, pottery, or jewelry) that have cultural significance	<p>This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the Internal Revenue Service (IRS) exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for Medicaid and CHIP. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it may not be counted for Medicaid and CHIP eligibility.</p>

Appendix B of the paper application for Health Coverage & Help Paying Costs asks the following final question:

Question #4

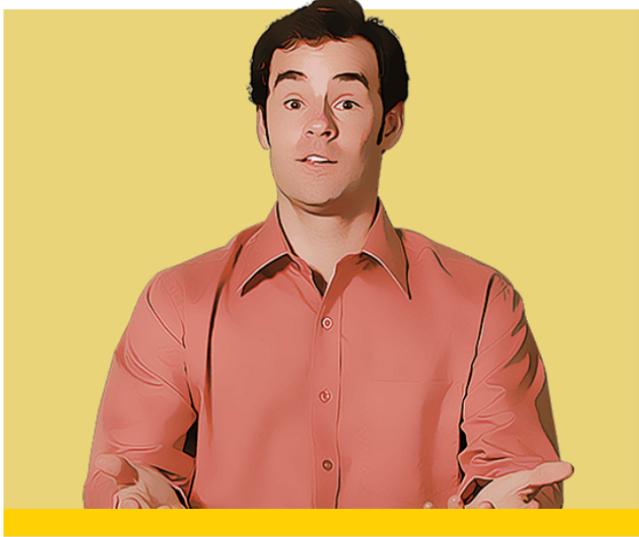
Certain money received may not be counted for Medicaid or CHIP. List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties
- Payment from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things (e.g. art, pottery, or jewelry) that have cultural significance

This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the Internal Revenue Service (IRS) exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for Medicaid and CHIP. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it may not be counted for Medicaid and CHIP eligibility.

Online FFM Application

Working Effectively with American Indians and Alaska Natives (AI/AN)
Online FFM Application



The **online** FFM application includes a question asking whether the applicant or household members are AI/ANs. Consumers who identify as AI/ANs should answer additional questions to find out if they're eligible for special benefits under Medicaid and CHIP.

These questions are covered on the following pages.

The **online** FFM application includes a question asking whether the applicant or household members are AI/ANs. Consumers who identify as AI/ANs should answer additional questions to find out if they're eligible for special benefits under Medicaid and CHIP.

These questions are covered on the following pages.

AI/AN-specific Application Questions

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/AN-specific Application Questions

These questions are used to determine whether any household members on an application are AI/AN so that appropriate questions about whether they have received or are eligible to receive care from an I/T/U can be asked. Please note: ANCSA shareholders are included in the definition of "federally recognized Indian Tribe" for this purpose.

HealthCare.gov Lori Menu

Back | 1 | Set up - Household - 2 | Coverage & changes - 3 | Review & submit

Household information

Do any of these situations apply to any household members?
Select all that apply. This information may help with savings on coverage.

- Is pregnant
- Is American Indian or Alaska Native
- Is currently incarcerated (detained or jailed)
- None of these apply to the people in the household

Save & continue

HealthCare.gov Lori Menu

Back | 1 | Set up - Household - 2 | Coverage & changes - 3 | Review & submit

Household information

Which of these people are American Indians or Alaska Natives?
Select all that apply.
[Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.](#)

- Lori
- Jonathan
- None of these people

Save & continue

These questions are used to determine whether any household members on an application are AI/AN so that appropriate questions about whether they have received or are eligible to receive care from an I/T/U can be asked. Please note: ANCSA shareholders are included in the definition of "federally recognized Indian Tribe" for this purpose.

AI/AN-specific Application Questions (Continued)

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/AN-specific Application Questions (Cont.)

If any household member indicates they are AI/AN, the application will ask whether they are a member of a federally recognized Indian Tribe, and they will be directed to choose their state from a drop-down list and then select the appropriate Tribe or ANCSA entity.

The consumer will also be directed to upload or mail in proof of tribal membership, enrollment, or shareholder status within 90 days of the date of application. The consumer is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant won't be eligible for the monthly Special Enrollment Period and zero or limited cost sharing. Consumers assessed or determined eligible for Medicaid or CHIP will receive additional information from the state if the state needs them to upload or mail in any documentation.

The screenshot shows a digital application form with the following sections:

- Is Jonathan a member of a federally recognized tribe?** This question has two radio button options: "Yes" (which is selected) and "No". A link for "Learn more about federally recognized tribes" is provided.
- Where's Jonathan's tribe located?** A dropdown menu is shown with "Oklahoma" selected.
- Which federally recognized tribe does Jonathan belong to?** A dropdown menu is open, showing a list of tribes. The "Cherokee Nation" option is highlighted in blue.

The list of tribes visible in the dropdown includes: Apache Tribe of Oklahoma, Caddo Nation of Oklahoma, Cherokee Nation, Cheyenne and Arapaho Tribes (formerly the Cheyenne-Arapaho Tribes of Oklahoma), Chickasaw Nation, and Choctaw Nation of Oklahoma.

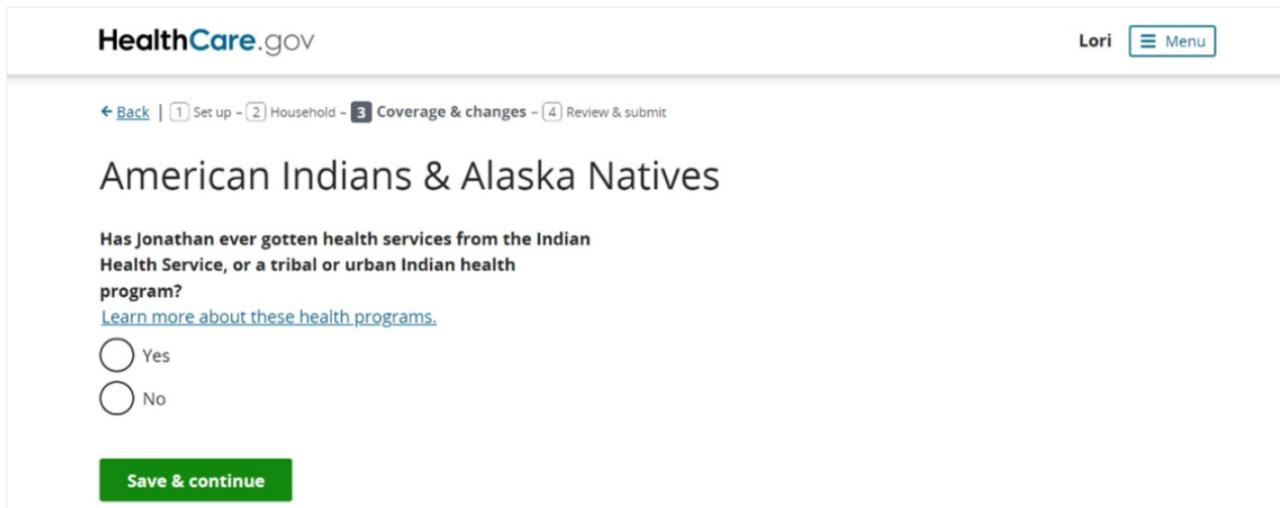
If any household member indicates they are AI/AN, the application will ask whether they are a member of a federally recognized Indian Tribe, and they will be directed to choose their state from a drop-down list and then select the appropriate Tribe or ANCSA entity.

The consumer will also be directed to upload or mail in proof of tribal membership, enrollment, or shareholder status within 90 days of the date of application. The consumer is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant won't be eligible for the monthly Special Enrollment Period and zero or limited cost sharing. Consumers assessed or determined eligible for Medicaid or CHIP will receive additional information from the state if the state needs them to upload or mail in any documentation.

AI/AN-specific Questions (Continued part 3)

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/AN-specific Questions (Cont.)

This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, or deductibles for their QHP, and other similar charges for Medicaid or CHIP.



The screenshot shows the HealthCare.gov website interface. At the top left is the logo "HealthCare.gov". At the top right, the name "Lori" is displayed next to a "Menu" button. Below the header is a breadcrumb trail: "← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit". The main heading is "American Indians & Alaska Natives". The question text reads: "Has Jonathan ever gotten health services from the Indian Health Service, or a tribal or urban Indian health program?". Below the question is a link: "Learn more about these health programs.". There are two radio button options: "Yes" and "No". At the bottom of the form is a green button labeled "Save & continue".

This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, or deductibles for their QHP, and other similar charges for Medicaid or CHIP.

AI/AN-specific Questions

Working Effectively with American Indians and Alaska Natives (AI/AN) AI/AN-specific Questions

This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the IRS exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP.

Add income for January \$0.00

[Learn more about types of income to include.](#)

Income type

-- Choose an income type --

-- Choose an income type --

Job (like salary, wages, commissions, or tips)

Self-employment (like own business, consulting, or freelance work)

Farming or fishing

Unemployment

Social Security benefits (retirement and disability)

Retirement (like IRA and 401(k) withdrawals)

Pension benefits

Investment (including interest and dividend income)

Capital gains

Rental or royalty

Alimony received

Scholarship

More income sources

Canceled debt

Cash support

Court awards

Gambling, prizes, or awards

Jury duty pay

Other income

[See what counts as American Indian or Alaska Native income.](#)

\$

This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the IRS exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP.

Scenario: Meet Louisa and Jonathan

Working Effectively with American Indians and Alaska Natives (AI/AN) Scenario: Meet Louisa and Jonathan

Louisa and Jonathan, a married AI/AN couple, ask for your help enrolling in health coverage for PY 2024 through their state's FFM.



Hello. My wife and I would like to shop for and enroll in a health plan, but we need help. We're both Cherokee Indians and use the IHS if we need to visit a doctor. We want to know more about what's available outside of the IHS. We also want to know if we qualify for any help paying for our premiums or other additional costs.

Thanks for coming in today. I'm happy to help you. Let's discuss the Marketplace application and enrollment process and the documents you need to demonstrate your tribal membership.



Louisa and Jonathan, a married AI/AN couple, ask for your help enrolling in health coverage for PY 2024 through their state's FFM.

Consumer: Hello. My wife and I would like to shop for and enroll in a health plan, but we need help. We're both Cherokee Indians and use the IHS if we need to visit a doctor. We want to know more about what's available outside of the IHS. We also want to know if we qualify for any help paying for our premiums or other additional costs.

Coach: Thanks for coming in today. I'm happy to help you. Let's discuss the Marketplace application and enrollment process and the documents you need to demonstrate your tribal membership.

Scenario: AI/AN Eligibility for CSRs

Working Effectively with American Indians and Alaska Natives (AI/AN)
Scenario: AI/AN Eligibility for CSRs



Now I'm going to ask a few questions about your family and household.

Louisa is a 38-year-old female, and Jonathan is a 40-year-old male.

They have no children.

Both work in the gift shop of a local historical museum, and together they make \$45,000 a year. They also make about \$6,000 a year from selling Jonathan's artwork at weekend flea markets.



Coach: Now I'm going to ask a few questions about your family and household.

Louisa is a 38-year-old female, and Jonathan is a 40-year-old male.

They have no children.

Both work in the gift shop of a local historical museum, and together they make \$45,000 a year. They also make about \$6,000 a year from selling Jonathan's artwork at weekend flea markets.

Scenario: AI/AN Eligibility for CSRs (Continued)

Working Effectively with American Indians and Alaska Natives (AI/AN) Scenario: AI/AN Eligibility for CSRs (Cont.)

In general, income from Indian trust land, natural resources, and items of cultural significance that is reported on a federal income tax return is counted as income by the Marketplace. These types of income are not counted for Medicaid or CHIP eligibility, but the Marketplace application will still ask for information about these sources of income.

Based on this information, it might be helpful to ask whether the couple reports the income from the sale of Jonathan's artwork on their federal income tax return.

They indicate that yes, they do report it as income on their federal income tax return.

Based on this information, Louisa and Jonathan should include the income from Jonathan's artwork in the estimate; therefore, Louisa and Jonathan's annual income is approximately \$51,000. As you have learned, the amount of cost sharing for which AI/ANs are eligible when they enroll in a Marketplace QHP varies depending on whether their household income is between 100 percent and 300 percent of the FPL.

In general, income from Indian trust land, natural resources, and items of cultural significance that is reported on a federal income tax return is counted as income by the Marketplace. These types of income are not counted for Medicaid or CHIP eligibility, but the Marketplace application will still ask for information about these sources of income.

Based on this information, it might be helpful to ask whether the couple reports the income from the sale of Jonathan's artwork on their federal income tax return.

They indicate that yes, they do report it as income on their federal income tax return.

Based on this information, Louisa and Jonathan should include the income from Jonathan's artwork in the estimate; therefore, Louisa and Jonathan's annual income is approximately \$51,000. As you have learned, the amount of cost sharing for which AI/ANs are eligible when they enroll in a Marketplace QHP varies depending on whether their household income is between 100 percent and 300 percent of the FPL.

Scenario: AI/AN Eligibility for Cost-Sharing Reductions (Continued Part 2)

Working Effectively with American Indians and Alaska Natives (AI/AN) Scenario: AI/AN Eligibility for Cost-Sharing Reductions (Cont.)



Based on your eligibility results, you qualify for a zero cost sharing plan. This is because your income is between 100 and 300 percent of the FPL for a household of two in 2023 [300 percent of the FPL for a household of two in 2023 is \$59,160 (\$73,920 in Alaska)].

This means that you will not pay for any costs like out of pocket like deductibles, copays, or coinsurance when you receive services from the IHS, another Indian Health Care Provider or when getting EHB through a Marketplace plan. You do not need a referral from an Indian health care provider when getting EHB through a Marketplace plan. You can also enroll in a plan at any metal level on the Marketplace; you must agree to have your income verified in order to enroll.

Good. As we said, we want to be able to access services outside of the IHS, but there are some providers and facilities within the IHS that we'd like to continue to use.



Right. You'll remain eligible to receive health care services through the IHS the same way you do now. By enrolling in a QHP, you may benefit from having greater access to services that may not be provided by your local I/T/U.

Coach: Based on your eligibility results, you qualify for a zero cost sharing plan. This is because your income is between 100 and 300 percent of the FPL for a household of two in 2023 [300 percent of the FPL for a household of two in 2023 is \$59,160 (\$73,920 in Alaska)].

This means that you will not pay for any costs like out of pocket like deductibles, copays, or coinsurance when you receive services from the IHS, another Indian Health Care Provider or when getting EHB through a Marketplace plan. You do not need a referral from an Indian health care provider when getting EHB through a Marketplace plan. You can also enroll in a plan at any metal level on the Marketplace; you must agree to have your income verified in order to enroll.

Consumer: Good. As we said, we want to be able to access services outside of the IHS, but there are some providers and facilities within the IHS that we would like to continue to use.

Coach: Right. You will remain eligible to receive health care services through the IHS the same way you do now. By enrolling in a QHP, you may benefit from having greater access to services that may not be provided by your local I/T/U.

Scenario: Verification of AI/AN Status

Working Effectively with American Indians and Alaska Natives (AI/AN)
Scenario: Verification of AI/AN Status

Louisa and Jonathan's eligibility results also request proof of tribal membership. The FFMs require each person who attests to being a member of a federally recognized Indian Tribe on a Marketplace application to verify their membership.

You then direct Louisa and Jonathan to the "Application details" screen where they can select the **Upload Documents** button to upload their tribal documents.

The screenshot displays a user interface for 'Application details'. On the left is a navigation menu with options: 'My plans & programs', 'My plan profile', 'Eligibility & appeals', 'Applications details' (highlighted), 'Report a life change', 'Communication preferences', 'Exemptions', and 'Tax forms'. The main content area is titled 'Application details' and includes the text 'Here's your current application information:'. A dark green banner at the top of the main content area states 'Status: Complete' with an ID# of 4388573455. Below this, a section titled 'Your application is complete' features two buttons: 'VIEW ELIGIBILITY RESULTS' and 'REMOVE MY APPLICATION'. A paragraph explains that the Marketplace application is complete and processed, and that users can view eligibility results to find out if they can enroll in health coverage. A section titled 'Send documents to verify your information' provides a warning that failing to send acceptable documents by the deadline could result in losing qualifications. It instructs users to select 'Upload Documents' and to send one or more documents to verify the income of the person below. A light blue box contains the text 'Atepa: send documents proving income.' and 'Important: Send documents by 10/01/2023', with a green 'UPLOAD DOCUMENTS' button.

Louisa and Jonathan's eligibility results also request proof of tribal membership. The FFMs require each person who attests to being a member of a federally recognized Indian Tribe on a Marketplace application to verify their membership.

You then direct Louisa and Jonathan to the "Application details" screen where they can select the **Upload Documents** button to upload their tribal documents.

Scenario: Verification of AI/AN Status (Continued)

Working Effectively with American Indians and Alaska Natives (AI/AN) Scenario: Verification of AI/AN Status (Cont.)

Jonathan has brought their Tribal identification cards, so he should select the arrow on the **Document Type** drop-down list on the "Resolve Inconsistencies" application screen and select **Tribal Enrollment/Membership Card**.

[Review information about tribal documents.](#)

The screenshot displays a web application interface for verifying AI/AN status. On the left, there is a sidebar with 'Exemptions' and 'Tax forms' options. The main content area is titled 'Verify Jonathan's American Indian and Alaska Native status' with a 'Collapse' link. Below the title, a message states: 'Jonathan- You need to send proof of your American Indian and Alaska Native status. Send one or more documents.' A blue box lists examples of documents that can be sent, including Tribal Enrollment/Membership Card, BIA-issued documents, tribal membership declarations, certificates of blood and status, and I-872 cards. A dropdown menu for 'Document type:' is open, showing a list of document types, with 'Tribal Enrollment / Membership Card' highlighted. Below the dropdown is a 'SELECT FILE TO UPLOAD' button. At the bottom, there is a section for 'Verify Louisa's American Indian and Alaska Native status' with an 'Expand' link.

Jonathan has brought their Tribal identification cards, so he should select the arrow on the **Document Type** drop-down list on the "Resolve Inconsistencies" application screen and select **Tribal Enrollment/Membership Card**.

Scenario: AI/AN Eligibility for an SEP

Working Effectively with American Indians and Alaska Natives (AI/AN)
Scenario: AI/AN Eligibility for a Special Enrollment Period

Now that they have uploaded their Tribal identification (ID) cards, you advise Louisa and Jonathan that the next step is to choose a QHP and make the first month's premium payment. Louisa and Jonathan feel they need more time to review the benefit packages and provider networks offered by the available QHPs before making a plan selection.

Because Louisa and Jonathan have AI/AN status, they can enroll in individual market health coverage through the Marketplace during any month, not just during the yearly OEP. Therefore, there's no deadline for enrolling in a QHP. Once they select and enroll in a QHP, they can change their plan once per month, if they so choose, throughout the year by using an SEP.

When Louisa and Jonathan select a plan or choose to change plans, their coverage will begin on the first day of the month, regardless of when the application is completed.

Now that they have uploaded their Tribal identification (ID) cards, you advise Louisa and Jonathan that the next step is to choose a QHP and make the first month's premium payment. Louisa and Jonathan feel they need more time to review the benefit packages and provider networks offered by the available QHPs before making a plan selection.

Because Louisa and Jonathan have AI/AN status, they can enroll in individual market health coverage through the Marketplace during any month, not just during the yearly OEP. Therefore, there's no deadline for enrolling in a QHP. Once they select and enroll in a QHP, they can change their plan once per month, if they so choose, throughout the year by using an SEP.

When Louisa and Jonathan select a plan or choose to change plans, their coverage will begin on the first day of the month, regardless of when the application is completed.

Knowledge Check

Working Effectively with American Indians and Alaska Natives (AI/AN) Knowledge Check

Thomas comes to you for help. He explains he is an enrolled member of the Sioux Tribe and wants to know if he needs health coverage through an FFM. He feels he is generally healthy and currently gets a yearly physical from an IHS physician. Based on this information, which of the following would be an appropriate response to provide to Thomas? Select the two correct answers and then select **Check Your Answer**.

- A. You tell Thomas he must wait until the beginning of the next OEP to identify if he can get health coverage through the Marketplace.
- B. You tell Thomas he isn't required to enroll in a Marketplace plan, but he may want to apply for health coverage through the Marketplace. By enrolling in a QHP, he may benefit from having greater access to services that may not be included with services provided by the IHS.
- C. You tell Thomas he can apply for and enroll in Marketplace health insurance at any time during the year if he provides documents to verify his American Indian Tribal membership.
- D. You tell Thomas he isn't required to enroll in a Marketplace plan. If he feels generally healthy, he shouldn't enroll in a health plan.

 **Check Your Answer**



 **Correct!**
Based on his American Indian Tribal membership, Thomas can apply for health coverage through the Marketplace at any time during the year. The Marketplace may provide him with greater access to providers and services while allowing him to remain eligible to access health care services through the IHS the same way he does now.

Thomas comes to you for help. He explains he is an enrolled member of the Sioux Tribe and wants to know if he needs health coverage through an FFM. He feels he is generally healthy and currently gets a yearly physical from an IHS physician.

Based on this information, what would be an appropriate response to provide to Thomas?

Answer: Based on his American Indian Tribal membership, Thomas can apply for health coverage through the Marketplace at any time during the year. The Marketplace may provide him with greater access to providers and services while allowing him to remain eligible to access health care services through the IHS the same way he does now.

Key Points

Working Effectively with American Indians and Alaska Natives (AI/AN) Key Points



- Federally recognized Indian Tribes and the Federal Government have a special government-to-government relationship. The Federal Government has a unique responsibility to provide members of federally recognized Indian Tribes with quality health care, consistent with its statutory authorities.
- By enrolling in a QHP, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U, and Tribal communities benefit through increased resources to their I/T/Us.
- Eligible AI/ANs have certain benefits and exemptions under Medicaid, CHIP, and in the Marketplaces.
- For Medicaid and CHIP, AI/ANs who are furnished a service from an IHS or tribal provider or through the PRC program are exempt from cost sharing, and certain Indian income is excluded in determining eligibility.
- In the Marketplaces, AI/ANs have monthly SEPs and zero or limited cost sharing.
- Whether an AI/AN enrolls in Medicaid, CHIP, a QHP through the Marketplaces, or employer-sponsored coverage, an AI/AN can continue to get services from an I/T/U at no cost to the individual.
- The paper and online FFM applications for coverage have special details you should know about when helping AI/AN consumers.

- Federally recognized Indian Tribes and the Federal Government have a special government-to-government relationship. The Federal Government has a unique responsibility to provide members of federally recognized Indian Tribes with quality health care, consistent with its statutory authorities.
- By enrolling in a QHP, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U, and Tribal communities benefit through increased resources to their I/T/Us.
- Eligible AI/ANs have certain benefits and exemptions under Medicaid, CHIP, and in the Marketplaces.
- For Medicaid and CHIP, AI/ANs who are furnished a service from an IHS or tribal provider or through the PRC program are exempt from cost sharing, and certain Indian income is excluded in determining eligibility.
- In the Marketplaces, AI/ANs have monthly SEPs and zero or limited cost sharing.
- Whether an AI/AN enrolls in Medicaid, CHIP, a QHP through the Marketplaces, or employer-sponsored coverage, an AI/AN can continue to get services from an I/T/U at no cost to the individual.
- The paper and online FFM applications for coverage have special details you should know about when helping AI/AN consumers.

Assisting Consumers who are Immigrants

Introduction

Assisting Consumers who are Immigrants Assisting Consumers who are Immigrants

When helping consumers, you're likely to work with families that include people who come from other countries.

This module will prepare you to help consumers who need additional assistance verifying their immigration status or applying for health coverage programs and benefits. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Verification

Identify how to help individual market consumers attest to and complete verification of their citizenship or immigration status



Eligibility

Explain how immigration and citizenship status affect eligibility for coverage through the individual market Federally-facilitated Marketplaces (FFMs), insurance affordability programs, Medicaid, and Children's Health Insurance Program (CHIP).

When helping consumers, you're likely to work with families that include people who come from other countries.

This module will prepare you to help consumers who need additional assistance verifying their immigration status or applying for health coverage programs and benefits. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

Verification

Identify how to help individual market consumers attest to and complete verification of their citizenship or immigration status.

Eligibility

Explain how immigration and citizenship status affect eligibility for coverage through the individual market Federally-facilitated Marketplaces (FFMs), insurance affordability programs, Medicaid, and Children's Health Insurance Program (CHIP).

Key Terms

Assisting Consumers who are Immigrants Overview: Key Terms

You may work with consumers who have various immigration statuses. Let's begin by reviewing some common immigration status types you may encounter:

U.S.
Citizen

U.S.
National

Lawfully
Present

Naturalized
Citizen

Derived
Citizen

Qualified
Non-Citizen

U.S. Citizen

A U.S. citizen is someone born in the U.S. (including U.S. territories except for American Samoa) or born outside the U.S. if they:

- Were naturalized as a U.S. citizen
- Derived citizenship through the naturalization of their parent(s)
- Derived citizenship through adoption by U.S. citizen parents, provided certain conditions are met
- Acquired citizenship at birth because they were born to U.S. citizen parent(s)
- Are a U.S. citizen by operation of law

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- Acquired citizenship at birth because they were born to U.S. citizen parent(s)
- Are a U.S. citizen by operation of law

U.S. National

U.S. nationals are U.S. citizens or people who aren't U.S. citizens but owe permanent allegiance to the U.S. With extremely limited exceptions, all non-citizen U.S. nationals are people born in American Samoa or persons born abroad with one or more American Samoan parents under certain conditions.

Lawfully Present

For the purposes of Marketplace coverage and Medicaid and CHIP under the Children's Health Insurance Program Reauthorization Act (CHIPRA) 214 option, lawful presence generally describes an immigrant or other non-citizen who:

- Has been admitted into the U.S. legally, has not violated any conditions of the admission to the U.S., and is still present within the legally approved period, or
- Has permission from the U.S. Citizenship and Immigration Services (USCIS) to stay or live in the U.S.

Naturalized Citizen

Naturalized citizens are people who weren't born in the U.S. but became U.S. citizens by fulfilling certain requirements or acquired U.S. citizenship through their relationship to a U.S. citizen. Naturalization is the process by which U.S. citizenship is granted to foreign citizens or nationals after fulfilling the requirements established by

law.

Derived Citizen

Derived citizens are people who derive U.S. citizenship through their relationship to a U.S. citizen by operation of law. Derived citizenship may be conveyed to children through the naturalization of the children's parents, through passage of certain laws, or through adoption of foreign-born children by U.S. citizen parents.

Qualified Non-citizen

The following list contains most of the categories for "qualified non-citizens." An asterisk indicates the categories that are exempt from the five-year waiting period for Medicaid purposes.

- Lawful permanent residents (Green Card holders)
- Lawful permanent residents with 40 work quarters or with a military connection (e.g., active member or veteran) are eligible for Medicaid regardless of the date they entered the U.S.
- Consumers who adjust their status from a status exempt from the 5-year waiting period (e.g., refugee, Iraqi and Afghani Special Immigrants) to lawful permanent resident status continue to be exempt from the 5-year waiting period.
- Asylees*
- Refugees*
- Cuban/Haitian entrants*
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980*
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and their spouses, children, siblings, or parents or individuals with a pending application for a victim of trafficking visa*
- Granted withholding of deportation*
- Member of a federally recognized Indian Tribe or American Indian born in Canada*
- Amerasian Immigrants*
- Iraqi and Afghani Special Immigrants*
- Citizens of the Marshall Islands, Micronesia, and Palau who are living in one of the U.S. states or territories (referred to as Compact of Free Association, or COFA, migrants)*

Health Coverage Eligibility for Lawfully Present People

Assisting Consumers who are Immigrants Health Coverage Eligibility for Lawfully Present People



You should tell lawfully present consumers that they might be eligible for:

- **Health coverage through an FFM** if they reside in the U.S.
- **Advance payments of the premium tax credit (APTC)**
- **Cost-sharing reductions (CSRs)** if their income is less than 250 percent of the federal poverty level (FPL) - which is \$62,150 for a household of three in 2023 — and they meet other eligibility criteria.
- **Medicaid/CHIP coverage for children under age 21 and/or pregnant individuals in states that have elected the CHIPRA 214 option.**

Lawfully present people can be eligible for these benefits no matter how long they've been in the U.S.

Lawfully present consumers may also be eligible for Medicaid or CHIP coverage, depending on their immigration status and other factors.

To find other FPL amounts, select the **Resources** tab in the menu.

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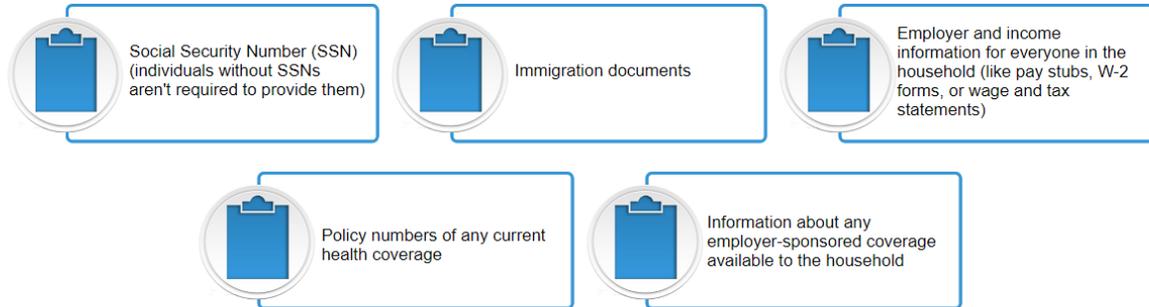
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Documentation Requirements for Enrollment

Assisting Consumers who are Immigrants Documentation Requirements for Enrollment

In addition to eligibility requirements, you should be able to describe the documents immigrant consumers need when they complete a Marketplace application in the individual market FFMs. These documents are necessary for consumers seeking qualified health plans (QHPs) coverage, APTC, CSRs, and Medicaid/CHIP eligibility.



Note that:

- The individual market FFM application requires only certain pieces of information from these documents – not the documents themselves – unless consumers' information can't be verified. Either electronic or authentic paper documents may be used.
- If consumers' information can't be verified and they encounter a citizenship/immigration data matching issue (DMI), consumers generally have 95 days to provide supporting documentation. They can either upload documents to their online account or send copies of documents to the FFMs by mail. During this time, applicants who are otherwise eligible are enrolled in the program they qualify for based on the information the application filer(s) provided.

Be sure to review your state's Marketplace application requirements and eligibility notice for any additional details or guidance.

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- Social Security Number (SSN) (individuals without SSNs aren't required to provide them)
- Immigration documents
- Employer and income information for everyone in the household (like pay stubs, W-2 forms, or wage and tax statements)
- Policy numbers of any current health coverage
- Information about any employer-sponsored coverage available to the household

Note that:

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- If consumers' information can't be verified and they encounter a citizenship/immigration data matching issue (DMI), consumers generally have 95 days to provide supporting documentation. They can either upload documents to their online account or send copies of documents to the FFMs by mail. During this time, applicants who are otherwise eligible are enrolled in the program they qualify for based on the information the application filer(s) provided.

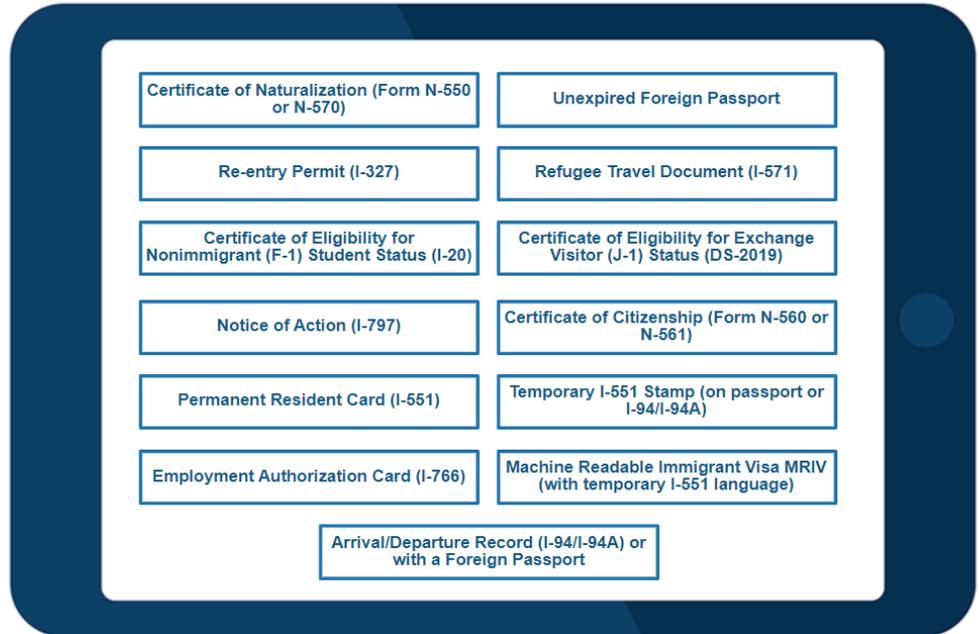
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Types of Immigration Documents

Assisting Consumers who are Immigrants Types of Immigration Documents

When completing Marketplace applications, immigrant consumers need to select the type of document that corresponds with their most current status and the documents they have to verify that status.

Select each document to view examples and learn how they are used.



When completing Marketplace applications, immigrant consumers need to select the type of document that corresponds with their most current status and the documents they have to verify that status.

Certificate of Naturalization (Form N-550 or N-570)

Enter the Certificate of Naturalization number and the alien number (also called the alien registration number or USCIS number).

Certificate of Citizenship (Form N-560 or N-561)

Enter the Certificate of Citizenship number and the alien number (also called the alien registration number or USCIS number).

Permanent Resident Card (I-551)

Enter the alien number (also called the alien registration or USCIS number), document expiration date, and card number (also called the receipt number) from this document. If a card number isn't available and only an alien number is available, consumers may select Other as the document type and provide an alien number and a description of the document.

Temporary I-551 Stamp (on passport or I-94/I-94A)

Enter the alien number, passport number, country of issuance, and document expiration date.

Machine Readable Immigrant Visa (MRIV) (with temporary I-551 language)

Enter the alien number (also called the alien registration number or USCIS number), passport number, document expiration date, and country of issuance.

Employment Authorization Card (I-766)

Enter the alien number (also called the alien registration number or USCIS number), card number, category code, and the card expiration date.

Arrival/Departure Record (I-94/I-94A) or with a Foreign Passport

Enter the I-94 number, passport number, expiration date, and country of issuance.

Unexpired Foreign Passport

Enter the passport number, passport expiration date, and country of issuance.

Re-entry Permit (I-327)

Form I-327, also known as Permit to Re-Enter, is a travel document similar to a Certificate of Identity; it is issued by the USCIS to U.S. lawful permanent residents to allow them to travel abroad and return to the U.S. Consumers need to enter the alien number (also called the alien registration number or USCIS number) and the document expiration date.

Refugee Travel Document (I-571)

Form I-571 entitles refugees to return to the U.S., provided such persons have not abandoned their residence, lost their refugee status, or become excludable. Consumers need to enter the alien number (also called the alien registration number or USCIS number) and document expiration date.

Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)

This document is issued by SEVP-certified schools (colleges, universities, and vocational schools) and provides supporting information on a student's F or M status. Consumers need to enter their Student & Exchange Visitor Information System (SEVIS) Identification (ID) from this document.

Certificate of Eligibility for Exchange Visitor (J-1) Status (DS-2019)

Form DS-2019 identifies an exchange visitor and their designated sponsor and provides a brief description of the exchange visitor's program, including the start and end date, category of exchange, and an estimate of the cost of the exchange program. Consumers need to enter their SEVIS ID, passport number, country of issuance, I-94 number, and document expiration date.

Notice of Action (I-797)

Enter the alien registration number (also called the USCIS number) or the I-94 number.

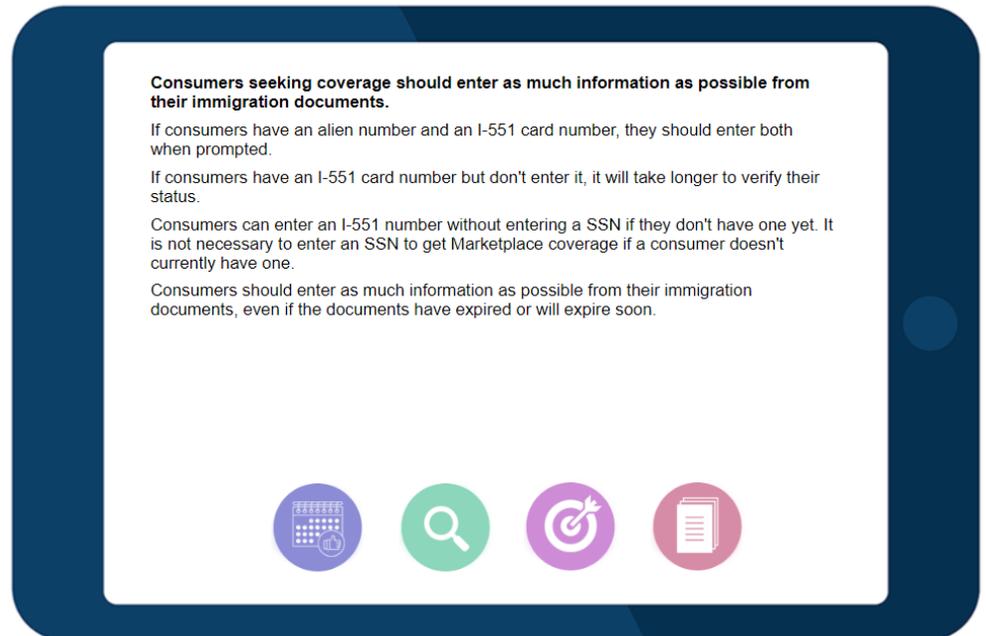
Consumers may select from a list of additional documents and status types or select "other" or "none of these". If consumers select "other," they should provide a description of the document type and then enter the alien number (also called the alien registration number or USCIS number) or the I-94 number.

Best Practices for Entering Immigration Document Information

Assisting Consumers who are Immigrants Best Practices for Entering Immigration Document Information

When you help consumers enter information from their immigration documents in a Marketplace application to verify their status, keep these best practices in mind.

Select each best practice for more information.



When you help consumers enter information from their immigration documents in a Marketplace application to verify their status, keep these best practices in mind.

Consumers should use the most current document available.

If consumers have more than one immigration document, they should select the most current document or the one that contains an alien number (also called alien registration or USCIS number), if possible.

You can learn to recognize an alien number.

An alien number starts with an A and ends with seven, eight, or nine numbers.

Consumers seeking coverage should enter as much information as possible from their immigration documents.

If consumers have an alien number and an I-551 card number, they should enter both when prompted.

If consumers have an I-551 card number but don't enter it, it will take longer to verify their status.

Consumers can enter an I-551 number without entering a SSN if they don't have one yet. It is not necessary to enter an SSN to get Marketplace coverage if a consumer doesn't currently have one.

Consumers should enter as much information as possible from their immigration documents, even if the documents have expired or will expire soon.

Consumers should enter other documents or statuses, if applicable.

If any additional types of immigration status apply, consumers should also:

- Attest to the relevant status or document type from the second list of documents or statuses.
- Enter the document name and any other information in the document.

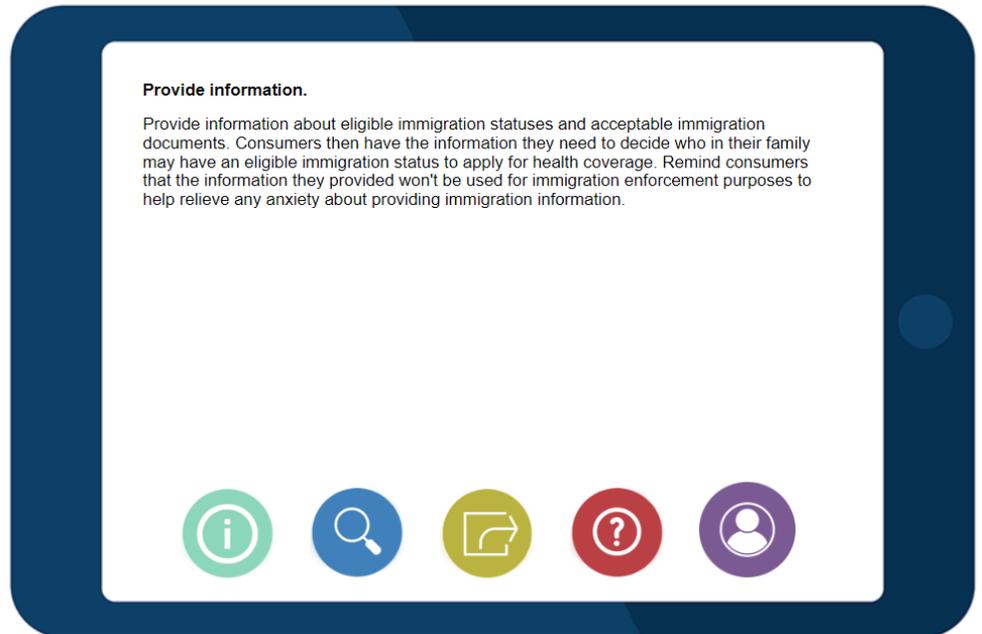
Consumers should provide this additional information even if they have selected one of the documents from the drop-down list of documents that can be used to show immigration status.

Best Practices for Discussing Consumers' Immigration Status

Assisting Consumers who are Immigrants Best Practices for Discussing Consumers' Immigration Status

These best practices can help you discuss immigration status with immigrant consumers who are seeking health coverage for themselves or on behalf of someone else.

Select each best practice for more information.



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Provide information

Provide information about eligible immigration statuses and acceptable immigration documents. Consumers then have the information they need to decide who in their family may have an eligible immigration status to apply for health coverage. Remind consumers that the information they provided won't be used for immigration enforcement purposes to help relieve any anxiety about providing immigration information.

Share information about other resources

Share information with consumers about other resources in the community that might be able to help them.

Identify the applicant.

Be sure to correctly identify the consumer or consumers who are applying for health coverage by asking them if they're seeking coverage for themselves or on behalf of someone else.

Avoid unnecessary questions

- Don't ask unnecessary questions, especially questions about the immigration status of consumers who aren't applying for health coverage and live in mixed immigration status households.
- Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration status types and documents at [HealthCare.gov](https://www.healthcare.gov) and ask them if they have any of the statuses or documents on those lists: [HealthCare.gov/immigrants/immigration-status](https://www.healthcare.gov/immigrants/immigration-status) or [HealthCare.gov/immigrants/documentation](https://www.healthcare.gov/immigrants/documentation).

Allow each consumer to act on their own behalf

- Consumers should always input their own information in an online or paper application.
- If a consumer asks for help typing or using a computer to learn about, apply for, or enroll in coverage in an FFM, you may only use the keyboard or mouse to follow the consumer's specific directions.

Answering Immigration Questions on a Marketplace Application

Assisting Consumers who are Immigrants Answering Immigration Questions on a Marketplace Application

Let's consider the issues consumers may face when they try to verify their immigration status in an FFM at [HealthCare.gov](https://www.healthcare.gov). This can be challenging depending on what that status is and what documents they have.

When applying for coverage through the FFMs, all consumers will be asked if they are U.S. citizens or U.S. nationals. Consumers who are naturalized or derived citizens should select **Yes** when answering this question.

If a consumer attests to being a U.S. citizen or U.S. national, but the Social Security Administration can't successfully verify the consumer's citizenship, the application also asks whether the consumer is a naturalized or derived citizen. Naturalized and derived citizens should select **Yes** when answering this question as well.

Is Susan a U.S. citizen or U.S. national?

[Learn more about being a U.S. citizen or U.S. national.](#)

Yes

No

Save & continue

Let's consider the issues consumers may face when they try to verify their immigration status in an FFM at [HealthCare.gov](https://www.healthcare.gov). This can be challenging depending on what that status is and what documents they have.

When applying for coverage through the FFMs, all consumers will be asked if they are U.S. citizens or U.S. nationals. Consumers who are naturalized or derived citizens should select **Yes** when answering this question.

If a consumer attests to being a U.S. citizen or U.S. national, but the Social Security Administration can't successfully verify the consumer's citizenship, the application also asks whether the consumer is a naturalized or derived citizen. Naturalized and derived citizens should select **Yes** when answering this question as well.

Natural or Derived Citizenship Verification

Assisting Consumers who are Immigrants Natural or Derived Citizenship Verification

Naturalized and derived citizens may optionally enter identifying information from their applicable immigration documents:

- A naturalized citizen should have a Certificate of Naturalization (Form N-550 or N-570). They should enter the Naturalization Certificate number and alien number (also called the alien registration number or USCIS number).
- A derived citizen may have a Certificate of Citizenship (Form N-560 or N-561). They should enter the Certificate of Citizenship number and alien number.

If consumers don't have a Certificate of Naturalization or Certificate of Citizenship, the FFMs can't electronically verify their status as naturalized or derived citizens. However, consumers can still submit an application, get an eligibility determination, and provide copies of their citizenship documents later to verify their eligibility. Consumers may provide a combination of other document types to verify their status, like their:

- U.S. passport
- State-issued driver's license or ID card
- Birth certificate

Susan's citizenship

Is Susan a naturalized or derived citizen?

[Learn more about naturalized or derived citizenship.](#)

- Yes
 No

Does Susan have one of these documents?

Optional.

[Learn more about these documents.](#)

- Naturalization Certificate
 Certificate of Citizenship

None of these

[Clear your selection](#)

[Save & continue](#)

Application ID: 4387748807

Susan's citizenship

Is Susan a naturalized or derived citizen?

[Learn more about naturalized or derived citizenship.](#)

- Yes
 No

Does Susan have one of these documents?

Optional.

[Learn more about these documents.](#)

Naturalization Certificate

Susan's Naturalization Certificate number

Optional.

[Learn where to find this document number.](#)

Susan's alien number

Optional.

[Learn where to find this document number.](#)

Certificate of Citizenship

None of these

[Clear your selection](#)

[Save & continue](#)

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Non-U.S. Citizens and Non-U.S. Nationals

Assisting Consumers who are Immigrants Non-U.S. Citizens and Non-U.S. Nationals

Non-U.S. Citizens and Non-U.S. Nationals must complete a more extensive process to verify their immigration status in the FFMs. When the Marketplace application asks whether they are U.S. citizens or U.S. nationals, they must select **No**.

Is Susan a U.S. citizen or U.S. national?

[Learn more about being a U.S. citizen or U.S. national.](#)

Yes

No

Save & continue

The following question will ask if the consumer has eligible immigration status. The consumer can select **Learn more about eligible immigration status** in the application to view a list of eligible immigration statuses. If they are eligible non-citizens, they should select **Yes** to indicate that they have an eligible immigration status.

Does Susan have eligible immigration status?

[Learn more about eligible immigration status.](#)

Yes, Susan has eligible immigration status.

I would like to continue through the application without answering this question. I understand that if I don't answer it, **Susan won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Non-U.S. Citizens and Non-U.S. Nationals must complete a more extensive process to verify their immigration status in the FFMs. When the Marketplace application asks whether they are U.S. citizens or U.S. nationals, they must select **No**.

The following question will ask if the consumer has eligible immigration status. The consumer can select **Learn more about eligible immigration status** in the application to view a list of eligible immigration statuses. If they are eligible non-citizens, they should select **Yes** to indicate that they have an eligible immigration status.

Non-citizen Immigration Documents

Assisting Consumers who are Immigrants Non-citizen Immigration Documents

Consumers should select the most current immigration document that supports their immigration status. However, if the only document the consumer possesses is expired, you can still enter the information from that document. You can help them enter required information in the fields that appear for each document and understand any document-specific information that appears in the application.

Remember, consumers who aren't applying for coverage for themselves won't be asked and don't need to provide information about their citizenship or immigration status.

If consumers have an immigration document that isn't on this list, they should select the **Other document or status** option.

If eligible non-citizens select **Other document or status** from the list, the application will provide a second list of documents or statuses on the following page. If any of these apply, they should select it and continue to complete their application.

Susan's immigration status

Does Susan have eligible immigration status?

[Learn more about eligible immigration status.](#)

- Yes, Susan has eligible immigration status.
- I would like to continue through the application without answering this question. I understand that if I don't answer it, **Susan won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Susan's most current documentation and status.

Optional

- Permanent Resident Card (Green Card) or Reentry Permit
I-551, Temporary I-551 stamp, I-327
- Machine Readable Immigrant Visa
with temporary I-551 language
- Employment Authorization Card
I-766
- Arrival/Departure Record
I-94, I-94A
- Refugee Travel Document
I-571
- Nonimmigrant Student or Exchange Visitor Status
I-20, D52019
- Notice of Action
I-797
- Other document or status
- Unexpired foreign passport
- None of these

[Clear your selection](#)

[Save & continue](#)

Susan's alien number
Optional
A.

Susan's card number
Optional

Document expiration date
Optional. For example: 4/12/2022
Month / Day / Year
 / /

Does the name below match the name on the I-551?
Optional.
Susan Griffith
 Yes
 No
[Clear your selection](#)

Does Susan also have one of these document types or statuses?
Optional.
[Learn more about these document types and statuses.](#)

Document indicating member of a federally recognized Indian tribe or American Indian born in Canada

Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)

Office of Refugee Resettlement (ORR) eligibility letter (if under 18)

Cuban/Haitian entrant

Resident of American Samoa

Battered spouse, child, or parent under the Violence Against Women Act

None of these
Select if this person doesn't have a listed document. You can continue the application without selecting a document or status type.

[Save & continue](#)

Consumers should select the most current immigration document that supports their immigration status. However, if the only document the consumer possesses is expired, you can still enter the information from that document. You can help them enter required information in the fields that appear for each document and understand any document-specific information that appears in the application.

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Non-citizen Immigration Documents (Continued)

Assisting Consumers who are Immigrants Non-citizen Immigration Documents (Cont.)

In some cases, consumers may need to select the **Other document or alien number/I-94 number** check box from this list, enter a description of their document, and enter either their alien number or I-94 number beneath the description.

On some documents, an alien number may also be called an alien registration number or USCIS number. Remember, it starts with an A and ends with seven, eight, or nine numbers. Some documents may include an 11-digit I-94 number instead of an alien number.

You should advise consumers to enter as many fields from their immigration documents as possible, even though some fields may be labeled **Optional**. If consumers provide all available information, it will:

- Facilitate a smoother and faster application process,
- Ensure consumers' eligibility results are correct, and
- Prevent consumers from having to provide more information later.

Consumers should attest to all immigration statuses or document types that apply to them.

The image displays two screenshots from the HealthCare.gov application process. The left screenshot is titled 'Select the document type that corresponds with Susan's most current documentation and status.' It lists various document types with radio buttons, and the 'Other document or status' option is selected. Below the list are 'Clear your selection' and 'Save & continue' buttons. The right screenshot is titled 'Susan's immigration status' and includes a section 'Does Susan have one of these document types or statuses?' with several checkboxes. The 'Other document or Susan's alien number/I-94 number' checkbox is checked. Below this, there are input fields for 'Enter a description of the document', 'Enter either Susan's alien number or I-94 number', 'Susan's alien number', and 'Susan's I-94 number'. A 'None of these' checkbox is also present at the bottom. Both screenshots have a 'Select to zoom' icon in the top left corner.

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- Prevent consumers from having to provide more information later.

Consumers should attest to all immigration statuses or document types that apply to them.

Other Application Questions

Assisting Consumers who are Immigrants Other Application Questions

Consumers must answer a question to confirm whether the name that appears on their document(s) is the same as the name of the consumer applying for coverage.

For some consumers, the application may ask a series of optional questions that help the FFMs assess or determine their eligibility for Medicaid or CHIP. These questions include:

- Whether they've lived in the U.S. since 1996.
- The date (month and year) they were granted their current immigration status.
- Whether they or their family members are veterans or on active duty in the Armed Forces.

Has Susan lived in the U.S. since 1996?

Optional.

[Learn more about how to answer this question.](#)

Yes

No

[Clear your selection](#)

Save & continue

Consumers must answer a question to confirm whether the name that appears on their document(s) is the same as the name of the consumer applying for coverage.

For some consumers, the application may ask a series of optional questions that help the FFMs assess or determine their eligibility for Medicaid or CHIP. These questions include:

- Whether they've lived in the U.S. since 1996.
- The date (month and year) they were granted their current immigration status.
- Whether they or their family members are veterans or on active duty in the Armed Forces.

Knowledge Check

Assisting Consumers who are Immigrants Knowledge Check

You're helping Lena and her husband, Tomas, complete a Marketplace application. Lena tells you she has a Green Card and Tomas is a refugee from Cuba. Lena is concerned that she and Tomas aren't eligible for health coverage. Which of the following is an appropriate response to address Lena's concerns? Select the correct answer and then select **Check Your Answer**.

- A. You must be a U.S. citizen to qualify for a QHP.
- B. Immigrants automatically qualify for Medicaid, so they don't need to enroll in a QHP.
- C. Consumers who are Lawful Permanent Residents (Green Card holders) and refugees are eligible for Marketplace health coverage because both of those immigration statuses are considered "lawfully present."
- D. You should ask consumers whether they are here in the U.S. illegally before letting them fill out the application.



✓ Check Your Answer



Correct!

Consumers who are "lawfully present" are eligible for coverage through the Marketplace. The term "lawfully present" includes immigrants who have "qualified non-citizen" immigration status, and the term "qualified non-citizen" includes lawful permanent residents (LPRs, or Green Card Holders) and refugees. Therefore, Lena and Tomas are each considered "lawfully present" and are eligible for Marketplace coverage.

Consumers who are immigrants need to confirm their immigration status, but only if they are applying for coverage through an FFM. Individuals who aren't applying for coverage don't need to be included on an application. Consumers don't have to be U.S. citizens to qualify for Marketplace insurance, but they must be lawfully present. Immigrants don't automatically qualify for Medicaid. Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration statuses or immigration documents available at [HealthCare.gov](https://www.healthcare.gov).

You're helping Lena and her husband, Tomas, complete a Marketplace application. Lena tells you she has a Green Card and Tomas is a refugee from Cuba. Lena is concerned that she and Tomas aren't eligible for health coverage. What is an appropriate response to address Lena's concerns?

Answer: Consumers who are "lawfully present" are eligible for coverage through the Marketplace. The term "lawfully present" includes immigrants who have "qualified non-citizen" immigration status, and the term "qualified non-citizen" includes lawful permanent residents (LPRs, or Green Card Holders) and refugees. Therefore, Lena and Tomas are each considered "lawfully present" and are eligible for Marketplace coverage.

Consumers who are immigrants need to confirm their immigration status, but only if they are applying for coverage through an FFM. Consumers don't have to be U.S. citizens to qualify for Marketplace insurance, but they must be lawfully present. Immigrants don't automatically qualify for Medicaid. Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration statuses or immigration documents available at [HealthCare.gov](https://www.healthcare.gov).

Scenario: Ronna

Assisting Consumers who are Immigrants Scenario: Ronna

Ronna emigrated to the U.S. from Italy three years ago and doesn't currently have coverage. She arrives at your office for her appointment and asks whether she's eligible for coverage through the Marketplace.

Let's help Ronna as she completes some questions from her Marketplace application.

The Marketplace application asks consumers applying for coverage about their citizenship and immigration status. Remember, consumers must be U.S. citizens, U.S. nationals, or lawfully present immigrants with [eligible](#) immigration status to be eligible for Marketplace coverage.

After Ronna gives you consent to access her personally identifiable information (PII), you guide her through the application and come to a screen that asks whether she's a U.S. citizen or U.S. national.

Since Ronna has a Green Card, she is a permanent U.S. resident. Ronna should select **No** to indicate that she is not a U.S. citizen or U.S. national.

Is Ronna a U.S. citizen or U.S. national?
[Learn more about being a U.S. citizen or U.S. national.](#)

Yes
 No

Save & continue

Ronna emigrated to the U.S. from Italy three years ago and doesn't currently have coverage. She arrives at your office for her appointment and asks whether she's eligible for coverage through the Marketplace.

Let's help Ronna as she completes some questions from her Marketplace application.

The Marketplace application asks consumers applying for coverage about their citizenship and immigration status. Remember, consumers must be U.S. citizens, U.S. nationals, or lawfully present immigrants with eligible immigration status to be eligible for Marketplace coverage.

After Ronna gives you consent to access her personally identifiable information (PII), you guide her through the application and come to a screen that asks whether she's a U.S. citizen or U.S. national.

Since Ronna has a Green Card, she is a permanent U.S. resident. Ronna should select **No** to indicate that she is not a U.S. citizen or U.S. national.

Eligible

Immigrants without eligible immigration status aren't eligible to buy Marketplace health coverage or for premium tax credits and other savings on Marketplace plans. But they may apply for coverage on behalf of individuals with eligible immigration status.

Scenario: Ronna (Continued)

Assisting Consumers who are Immigrants Scenario: Ronna (Cont.)

The following question will ask Ronna if she has eligible immigration status, and she should select **Yes, Ronna has eligible immigration status.**

Does Ronna have eligible immigration status?
[Learn more about eligible immigration status.](#)

Yes, Ronna has eligible immigration status.

I would like to continue through the application without answering this question. I understand that if I don't answer it, **Ronna won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Ronna should select **I-551 (Permanent Resident Card, "Green Card")** from the Document type drop-down list and select **Save & continue.**

Select to zoom 🔍

Select the document type that corresponds with Ronna's most current documentation and status.

Optional

Permanent Resident Card (Green Card) or Reentry Permit
I-551, Temporary I-551 stamp, I-327

I-551 (Permanent Resident Card, "Green Card")

Machine Readable Immigrant Visa with temporary I-551 language

Employment Authorization Card
I-766

Arrival/Departure Record
I-94, I-94A

Refugee Travel Document
I-571

Nonimmigrant Student or Exchange Visitor Status
I-20, DS2019

Notice of Action
I-797

Other document or status

Unexpired foreign passport

None of these

[Clear your selection](#)

[Save & continue](#)

The following question will ask Ronna if she has eligible immigration status, and she should select **Yes, Ronna has eligible immigration status.**

Ronna should select **I-551 (Permanent Resident Card, "Green Card")** from the Document type drop-down list and select **Save & continue.**

Scenario: Helping Ronna

Assisting Consumers who are Immigrants Scenario: Helping Ronna (Cont.)

You help Ronna find and enter her **Alien number** (also called an alien registration number or USCIS number), which is listed under the heading **A#** or **USCIS#** on the card. Then you help Ronna enter her card number, which is listed on the card as her "I-551 number." The card number starts with three letters and ends with 10 numbers. The last number you help Ronna find and enter is her card expiration date, which is listed next to the heading **Card Expires**.

Next, ask Ronna to confirm whether her name is spelled exactly as it appears on her Green Card. If it is, she'll select **Yes** to answer the next question.

Ronna doesn't have any additional document or status types listed in the drop-down menu, so she selects **None of these**.

Select to zoom 

All questions about immigration status are optional, but answering them will make getting coverage easier.
[Learn more about entering U.S. information.](#)

Ronna's alien number
Optional

Ronna's card number
Optional

Document expiration date
Optional. For example: 11/30/2021
Month: / Day: / Year:

Does the name below match the name on the I-551?
Optional
Ronna Griffith
 Yes
 No
[View your selection](#)

Does Ronna also have one of these document types or statuses?
Optional
[Learn more about these document types and statuses.](#)

Document indicating member of a federally recognized Indian tribe or American Indian born in Canada
 Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
 Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
 Cuban/Haitian entrant
 Resident of American Samoa
 Battered spouse, child, or parent under the Violence Against Women Act

None of these
Select if the person doesn't have a listed document. You can continue the application without selecting a document or status type.

[Save & continue](#)

You help Ronna find and enter her Alien number (also called an alien registration number or USCIS number), which is listed under the heading **A#** or **USCIS#** on the card. Then you help Ronna enter her card number, which is listed on the card as her "I-551 number." The card number starts with three letters and ends with 10 numbers. The last number you help Ronna find and enter is her card expiration date, which is listed next to the heading **Card Expires**.

Next, ask Ronna to confirm whether her name is spelled exactly as it appears on her Green Card. If it is, she'll select **Yes** to answer the next question.

Ronna doesn't have any additional document or status types listed in the drop-down menu, so she selects **None of these**.

Scenario: Helping Ronna (Continued)

Assisting Consumers who are Immigrants Scenario: Helping Ronna (Cont.)

On the next page, ask Ronna to confirm whether she has lived in the U.S. since 1996. This question helps the Marketplaces determine Ronna's eligibility for Medicaid or CHIP. Ronna selects **No** since she didn't move to the U.S. until 2011.

After Ronna selects **Save & Continue**, the Marketplace will attempt to verify her immigration status and eligibility.

Note: All questions about immigration status are optional, but the more information consumers enter from their documents, the less likely a DMI will occur.

[Additional Information](#)

Has Ronna lived in the U.S. since 1996?
Optional.
[Learn more about how to answer this question.](#)

Yes
 No

On the next page, ask Ronna to confirm whether she has lived in the U.S. since 1996. This question helps the Marketplaces determine Ronna's eligibility for Medicaid or CHIP. Ronna selects **No** since she didn't move to the U.S. until 2011.

After Ronna selects **Save & Continue**, the Marketplace will attempt to verify her immigration status and eligibility.

Note: All questions about immigration status are optional, but the more information consumers enter from their documents, the less likely a DMI will occur.

Additional Information

If an FFM can't verify certain consumers' citizenship or immigration status on the first attempt using the Systematic Alien Verification for Entitlements (SAVE) Program, it will make a second attempt using the SAVE. This process can take three to five days. Consumers who encounter data matching issues while completing a Marketplace application must submit additional documents to the FFMs to resolve them.

Immigration Status and Insurance Affordability Programs

Assisting Consumers who are Immigrants Immigration Status and Insurance Affordability Programs

Lawfully present immigrants may apply for APTC and CSRs to help lower their costs based on their household size, income, and other eligibility criteria.

For Plan Year (PY) 2024, if their estimated annual household income is...	Lawfully present immigrants may be eligible for...
Above 250 percent of the FPL <ul style="list-style-type: none"> \$49,300 for a family of two \$75,000 for a family of four in 2023 *Higher in Alaska and Hawaii	APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through the Marketplaces.
Between 100 percent and 250 percent of the FPL <ul style="list-style-type: none"> \$19,720 to \$49,300 for a family of two \$30,000 to \$75,000 for a family of four in 2023 *Higher in Alaska and Hawaii	<ul style="list-style-type: none"> APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through the Marketplaces, and CSRs that lower consumers' out-of-pocket health coverage costs.
Below 100 percent of the FPL <ul style="list-style-type: none"> \$19,720 for a family of two \$30,000 for a family of four in 2023 *Higher in Alaska and Hawaii	<ul style="list-style-type: none"> APTC, and CSRs *as long as they meet all other eligibility requirements and aren't eligible for Medicaid based on their immigration status.

Note: Most consumers must enroll in a Silver plan through an FFM to receive CSRs. Remember, this requirement doesn't apply to American Indians and Alaska Natives.

Lawfully present immigrants may apply for APTC and CSRs to help lower their costs based on their household size, income, and other eligibility criteria.

For Plan Year (PY) 2024, if their estimated annual household income is...	Lawfully present immigrants may be eligible for...
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Below 100 percent of the FPL in 2023 <ul style="list-style-type: none"> \$19,720 for a family of two \$30,000 for a family of four in 2023 *Higher in Alaska and Hawaii	<ul style="list-style-type: none"> • APTC, and • CSRs *as long as they meet all other eligibility requirements and aren't eligible for Medicaid based on their immigration status.

Note: Most consumers must enroll in a Silver plan through an FFM to receive CSRs. Remember, this requirement doesn't apply to American Indians and Alaska Natives.

Federal Poverty Level (FPL)

Federal poverty level amounts are higher in Alaska and Hawaii. The latest FPL guidelines can be found at the [Department of Health and Human Services Assistant Secretary for Planning and Evaluation \(HHS ASPE\) website](#).

Application Question About Eligibility for Medicaid and CHIP

Assisting Consumers who are Immigrants Application Question About Eligibility for Medicaid and CHIP

Lawfully present immigrants who have an income below 100 percent of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for coverage through an FFM, as well as APTC and CSRs.

The application may ask whether a consumer or any person in the consumer's household was found ineligible for Medicaid or CHIP coverage since a specified date.

After this question, there's a check box next to each consumer's name. Consumers should only check the box next to an individual's name if both of the following circumstances apply:

- The individual was denied Medicaid or CHIP coverage by their state (not by an FFM), and
- The family's income and household size have not changed since the denial.

Otherwise, consumers should check the box next to **None of these people**.

You can find additional information and instructions for responding to this question at [HealthCare.gov](https://www.healthcare.gov).

Medicaid or CHIP denial

Were any of these people found not eligible for Delaware Medicaid or Delaware Healthy Children Program (CHIP) by Delaware since 11/19/2021?

Select all that apply.

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Ronna

Joel

None of these people

Save & continue

Lawfully present immigrants who have an income below 100 percent of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for coverage through an FFM, as well as APTC and CSRs.

The application may ask whether a consumer or any person in the consumer's household was found ineligible for Medicaid or CHIP coverage since a specified date.

After this question, there's a check box next to each consumer's name. Consumers should only check the box next to an individual's name if both of the following circumstances apply:

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- The family's income and household size have not changed since the denial.

Otherwise, consumers should check the box next to None of these people.

You can find additional information and instructions for responding to this question at [HealthCare.gov](https://www.healthcare.gov).

Knowledge Check

Assisting Consumers who are Immigrants Knowledge Check

While helping Maru complete her FFM application, she asks you whether she qualifies for help paying her monthly premium if she enrolls in a QHP through a Marketplace. Maru is a lawfully present immigrant with a valid Green Card. However, she heard that immigrants aren't eligible for help to lower their costs. What do you tell Maru about the criteria for qualifying for help to lower her costs through the FFM? Select the correct answer and then select **Check Your Answer**.

- A. Tell her she should call the FFM Call Center for help.
- B. Since Maru is a lawfully present immigrant, she should check with her state to identify if she can get help to lower the cost of her health coverage.
- C. Since Maru is a lawfully present immigrant, she can complete a Marketplace application to learn if she's eligible for lower costs on her monthly premiums and lower out-of-pocket costs based on her income.



✓ Check Your Answer

 **Correct!**
You should tell Maru she may be eligible for help to lower her costs based on her income, household size, and other eligibility criteria, and her immigration status doesn't affect her eligibility for lower costs. You should also explain the eligibility criteria to Maru so she can learn if she may qualify for programs to help lower her costs. Ordinarily, you wouldn't tell Maru to call the FFM Call Center for help because you should generally be able to help her compile and report the information required by the FFMs as part of the eligibility determination process.

While helping Maru complete her FFM application, she asks you whether she qualifies for help paying her monthly premium if she enrolls in a QHP through a Marketplace. Maru is a lawfully present immigrant with a valid Green Card. However, she heard that immigrants aren't eligible for help to lower their costs.

What do you tell Maru about the criteria for qualifying for help to lower her costs through the FFM?

Answer: You should tell Maru she may be eligible for help to lower her costs based on her income, household size, and other eligibility criteria, and her immigration status doesn't affect her eligibility for lower costs. You should also explain the eligibility criteria to Maru so she can learn if she may qualify for programs to help lower her costs. Ordinarily, you wouldn't tell Maru to call the FFM Call Center for help because you should generally be able to help her compile and report the information required by the FFMs as part of the eligibility determination process.

Medicaid and CHIP Eligibility Requirements for Immigrants

Assisting Consumers who are Immigrants Medicaid and CHIP Eligibility Requirements for Immigrants

Remember, the following consumers may be eligible for Medicaid and CHIP:

- Qualified non-citizens who entered before August 1996
- Qualified non-citizens who reach the end of the five-year waiting period (e.g., lawful permanent residents, Green Card holders)
- Qualified non-citizens exempt from the five-year waiting period (e.g., refugees, asylees, Cuban/Haitian entrants, trafficking victims, veteran families, COFA migrants (for Medicaid only)).

Note: Federal funding doesn't cover noncitizens who don't have satisfactory immigration status except for the for the treatment of an emergency medical condition if they otherwise meet all other eligibility requirements.

Other eligible consumers, if otherwise eligible, include:

- Consumers with conditional entrant status, granted U.S. entry because of a natural catastrophe, or because they're asylees that fear persecution in their home country due to race, religion, and/or political opinion.
- Certain victims of human trafficking.
 - If non-citizens are age 18 or older, they must be certified by HHS as victims of trafficking. Children younger than age 18 need an HHS eligibility letter.
 - T-visa (a special visa for victims of human trafficking and their families) holders' spouses and/or children
- In states that have elected the CHIPRA 214 option in Medicaid and CHIP, lawfully present children under age 21 and pregnant individuals.

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Note: Federal funding doesn't cover noncitizens who don't have satisfactory immigration status except for the for the treatment of an emergency medical condition if they otherwise meet all other eligibility requirements.

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- If non-citizens are age 18 or older, they must be certified by HHS as victims of trafficking. Children younger than age 18 need an HHS eligibility letter.
- T-visa (a special visa for victims of human trafficking and their families) holders' spouses and/or children
- In states that have elected the CHIPRA 214 option in Medicaid and CHIP, lawfully present children under age 21 and pregnant individuals.

Scenario: The Tran Family

Assisting Consumers who are Immigrants Scenario: The Tran Family



Let's help the Tran family determine which health coverage programs they are eligible for.

The Tran family lives in a state that expanded its Medicaid program to cover adults ages 19 through 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$27,214 for a family of two and \$41,400 for a family of four in 2023). However, their state has not elected to cover lawfully residing children during their first five years in the U.S. You meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old father, Thu.



Let's help the Tran family determine which health coverage programs they are eligible for.

The Tran family lives in a state that expanded its Medicaid program to cover adults ages 19 through 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$27,214 for a family of two and \$41,400 for a family of four in 2023). However, their state has not elected to cover lawfully residing children during their first five years in the U.S. You meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old father, Thu.

The Tran Family: Verify Eligibility Status

Assisting Consumers who are Immigrants
The Tran Family: Verify Eligibility Status



Hello. My family would like to enroll in health coverage, but we need some help. None of us have coverage right now, but my dad could get Medicare if we could afford the premium. We want to know how our immigration status affects our eligibility for Marketplace insurance, Medicaid, and CHIP.

Thanks for coming in today. I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplaces, Medicaid, and CHIP. Your state has expanded Medicaid for adults, and the Marketplace will make a final determination of your family's eligibility for Medicaid and CHIP coverage.



Consumer: Hello. My family would like to enroll in health coverage, but we need some help. None of us have coverage right now, but my dad could get Medicare if we could afford the premium. We want to know how our immigration status affects our eligibility for Marketplace insurance, Medicaid, and CHIP.

Coach: Thanks for coming in today. I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplaces, Medicaid, and CHIP. Your state has expanded Medicaid for adults, and the Marketplace will make a final determination of your family's eligibility for Medicaid and CHIP coverage.

The Tran Family: Verify Eligibility Status (Continued)

Assisting Consumers who are Immigrants The Tran Family: Verify Eligibility Status (Cont.)



We also want to know if we can get lower costs based on our family income. I earn \$25,000 a year and claim my son and father as dependents on my federal income tax return. My dad has no income, and I'm not eligible for health coverage through my job.

After you get consent from the adult family members, you help them complete a Marketplace application.

As you review the family's immigration status and supporting documents, you learn that:

- Hong has been a lawful permanent resident for seven years.
- Her son, Hien, has been a lawful permanent resident for two years.
- Her father, Thu, has been a lawful permanent resident for seven years.

After you get consent from the adult family members, you help them complete a Marketplace application.

As you review the family's immigration status and supporting documents, you learn that:

- Hong has been a lawful permanent resident for seven years.
- Her son, Hien, has been a lawful permanent resident for two years.
- Her father, Thu, has been a lawful permanent resident for seven years.

Consumer: We also want to know if we can get lower costs based on our family income. I earn \$25,000 a year and claim my son and father as dependents on my federal income tax return. My dad has no income, and I'm not eligible for health coverage through my job.

Tran Family: Eligibility Results

Assisting Consumers who are Immigrants Tran Family: Eligibility Results

After the Tran family submits a Marketplace application, they receive the following eligibility determination based on their income and each household member's immigration status. Select each family member's photo to learn more.

Hien



Hong



Thu



Hien Tran

Hien has qualified non-citizen status for Medicaid but hasn't met the applicable five-year waiting period, and the state he and his family live in has not elected to cover lawfully present children. Hien must have the lawful permanent resident status (LPR) for five years before being eligible for full Medicaid or CHIP coverage. Therefore, he is not eligible for Medicaid even though he would otherwise qualify based on income. Hien is still eligible to enroll in a QHP through the Marketplace since he's lawfully present. He's also eligible for the premium tax credit because he doesn't meet the Medicaid qualified non-citizen five-year waiting period requirement.

After the Tran family submits a Marketplace application, they receive the following eligibility determination based on their income and each household member's immigration status.

Hien Tran

Hien has qualified non-citizen status for Medicaid but hasn't met the applicable five-year waiting period, and the state he and his family live in has not elected to cover lawfully present children. Hien must have the lawful permanent resident status (LPR) for five years before being eligible for full Medicaid or CHIP coverage. Therefore, he is not eligible for Medicaid even though he would otherwise qualify based on income. Hien is still eligible to enroll in a QHP through the Marketplace since he's lawfully present. He's also eligible for the premium tax credit because he doesn't meet the Medicaid qualified non-citizen five-year waiting period requirement.

Hong Tran

Hong has qualified non-citizen status for Medicaid and has met the applicable five-year waiting period. Hong is eligible for Medicaid since her household income is below 138 percent of the FPL and she lives in a state that expanded Medicaid for adults up to 138 percent of the FPL.

Thu Tran

Thu has qualified non-citizen status for Medicaid and has met the applicable five-year waiting period. Thu is eligible for Medicaid since his household income is below 138 percent of the FPL. The Marketplaces don't determine Medicare eligibility; however, Thu might also be eligible for Medicare since he is above age 65. If he qualifies, he may be able to purchase Medicare Premium Part A. He may also qualify for a Medicare Savings Program if he needs help paying for coverage and Extra Help (Part D) if he needs help with Medicare prescription drug plan costs. Thu can apply for Medicare through the Social Security Administration to find out whether he meets the eligibility requirements.

Medicare Premium Part A

U.S. citizens and qualified lawfully present immigrants age 65 and older who have at least 40 quarters of coverage (10 years for most people), which are earned through payment of payroll taxes during a consumer's working years, may get Premium-free Part A. Some consumers may also use the work history of a spouse to qualify for premium-free Part A.

Consumers who meet these requirements but don't have sufficient quarters of coverage to be entitled to premium-free Part A may elect to enroll in Medicare Part B coverage (which also has a five-year residency

requirement for immigrants) and then purchase Part A coverage. Because consumers with this type of Medicare coverage pay monthly premiums for Part A, it is called Medicare Premium Part A. If consumers don't purchase Premium Part A when they first become eligible, they may have to pay late enrollment penalties if they choose to sign up after their initial eligibility period.

Medicare Savings Program

Consumers can get help from their state with paying their Medicare premiums. Consumers must be eligible for Medicare Part A and meet specific income and resource limits to qualify. In some cases, Medicare Savings Programs may also pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments if consumers meet certain income and resource requirements.

Extra Help (Part D)

Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

The Tran Family: Explain the Eligibility Determinations

Assisting Consumers who are Immigrants The Tran Family: Explain the Eligibility Determinations

Hong, your Marketplace eligibility determination says you and your father, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, like the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your father are eligible for PTCs/CSRs if you enroll in a QHP through the Marketplace.

The Marketplace generally doesn't screen consumers for Medicare eligibility; however, your father may also be eligible for Medicare based on his age. But since he qualifies for Medicaid and hasn't paid Medicare taxes long enough to qualify for premium-free Part A, he will be required to pay a premium if he enrolls in Medicare. Thu can apply for Medicare Premium Part A through the Social Security Administration to find out if he meets the eligibility requirements.



Your son, Hien, is not eligible for Medicaid or CHIP since he hasn't met the five-year waiting period required for lawful permanent residents for and the state you all live in has not elected to cover lawfully residing children during their first five years in the U.S. However, he is eligible to enroll in a QHP through the Marketplace. Based on your income and household size, he's also eligible for a premium tax credit to help lower his monthly costs. May I help you select a QHP for Hien?



Yes, thank you for explaining that to me. Let's enroll Hien in a QHP.

Coach: Hong, your Marketplace eligibility determination says you and your father, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, like the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your father are eligible for PTCs/CSRs if you enroll in a QHP through the Marketplace.

The Marketplace generally doesn't screen consumers for Medicare eligibility; however, your father may also be eligible for Medicare based on his age. But since he qualifies for Medicaid and hasn't paid Medicare taxes long enough to qualify for premium-free Part A, he will be required to pay a premium if he enrolls in Medicare. Thu can apply for Medicare Premium Part A through the Social Security Administration to find out if he meets the eligibility requirements.

Your son, Hien, is not eligible for Medicaid or CHIP since he hasn't met the five-year waiting period required for lawful permanent residents and the state you all live in has not elected to cover lawfully residing children during their first five years in the U.S. However, he is eligible to enroll in a QHP through the Marketplace. Based on your income and household size, he's also eligible for a premium tax credit to help lower his monthly costs. May I help you select a QHP for Hien?

Consumer: Yes, thank you for explaining that to me. Let's enroll Hien in a QHP.

The Tran Family: Medicare Eligibility and Immigration Status

Assisting Consumers who are Immigrants The Tran Family: Medicare Eligibility and Immigration Status



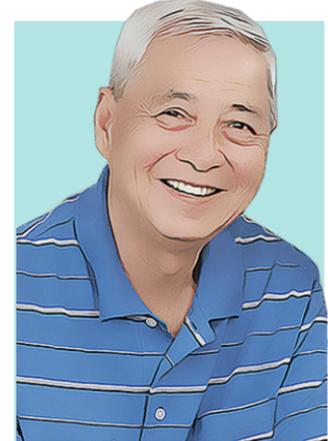
Remember to consider the Medicare eligibility requirements for immigrants who might qualify.

In this scenario, Thu Tran might also be [eligible for Medicare Premium Part A](#) and Part B because he meets the following criteria:

- His age (75)
- His lawful permanent resident (LPR) status
- His continuous U.S. residency for at least five years

If eligible, he would still have to pay monthly premiums for Medicare Part A in addition to his Part B premiums because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for or enrolled in Medicare aren't eligible to receive a premium tax credit in the FFMs. However, consumers who are only eligible for Medicare Premium Part A may qualify for a premium tax credit.

- Here's a [key tip](#) on helping immigrants age 65 and older who may be eligible for Medicare.



Remember to consider the Medicare eligibility requirements for immigrants who might qualify.

In this scenario, Thu Tran might also be [eligible for Medicare Premium Part A](#) and Part B because he meets the following criteria:

- His age (75)
- His lawful permanent resident (LPR) status
- His continuous U.S. residency for at least five years

If eligible, he would still have to pay monthly premiums for Medicare Part A in addition to his Part B premiums because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for or enrolled in Medicare aren't eligible to receive a premium tax credit in the FFMs. However, consumers who are only eligible for Medicare Premium Part A may qualify for a premium tax credit.

Considerations for Medicare Eligibility

- Consumers who are lawfully present in the U.S. and eligible for but not enrolled in Medicare Premium Part A may be eligible to enroll in QHPs through the FFMs.
- Depending on their household income and other eligibility criteria, those consumers may be eligible for Marketplace programs to help lower costs of health coverage (i.e., APTC and CSRs).
- Consumers who don't have a lawfully present immigration status aren't eligible for Medicare or coverage through the FFMs.

Key Tip

Remember that immigrants age 65 and older may not qualify for premium-free Medicare Part A if they haven't earned enough quarters of coverage based on payroll taxes on their earnings or, in limited cases, the earnings of a spouse, parent, or child.

Knowledge Check

Assisting Consumers who are Immigrants Knowledge Check

Suahila and Bilal entered the U.S. as refugees four years ago and became lawful permanent residents (LPRs) two years ago. They earn a combined income of 95 percent of the FPL and live in a state that expanded Medicaid. Because they live in a state where the FFM can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid coverage through the FFM based on their income and immigration status. Which of the following should you tell them? Select the correct answer and then select **Check Your Answer**.

- A. Although their income may qualify them for Medicaid, they must be in the U.S. for five years before being eligible for Medicaid coverage.
- B. Because they live in a state that hasn't expanded Medicaid coverage, they must apply for health coverage through their state Medicaid agency regardless of their immigration status.
- C. Because they entered the U.S. as refugees, they don't have to meet the five-year waiting period to be eligible for Medicaid coverage, and they should complete the Marketplace application to determine their Medicaid eligibility based on their income.
- D. When they became lawful permanent residents two years ago, they lost their refugee status and now must wait three more years to meet the Medicaid five-year waiting period.



✓ Check Your Answer

 **Correct!** Suahila and Bilal are exempt from the five-year waiting period for qualified non-citizens for Medicaid eligibility because of their previous refugee status. They don't lose their five-year waiting period exemption when they become lawful permanent residents. Residents of any state with an FFM can complete a Marketplace application to receive a determination or assessment for Medicaid (depending on the state), regardless of whether their state expanded Medicaid eligibility.

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Answer: Suahila and Bilal are exempt from the five-year waiting period for qualified non-citizens for Medicaid eligibility because of their previous refugee status. They don't lose their five-year waiting period exemption when they become lawful permanent residents. Residents of any state with an FFM can complete a Marketplace application to receive a determination or assessment for Medicaid (depending on the state), regardless of whether their state expanded Medicaid eligibility.

Immigrants Who Aren't Lawfully in the United States

Assisting Consumers who are Immigrants Immigrants Who Aren't Lawfully in the United States

Consumers who aren't lawfully present don't qualify for health coverage through a Marketplace. However, they can still apply for coverage for their family member(s) who are lawfully present.

Individuals applying for coverage for a family member who is lawfully present can do so without being asked to provide proof of their own citizenship or immigration status.

Federal and state Marketplaces and state Medicaid and CHIP agencies can't require applicants to provide information about the citizenship or immigration status of any family or household members who aren't applying for coverage.

States also can't deny benefits to an applicant because a family or household member who isn't applying hasn't disclosed his or her citizenship or immigration status.

Information provided by applicants or beneficiaries won't be used for immigration enforcement purposes. [Get more information from the U.S. Department of Homeland Security \(PDF\)](#).

Consumers who aren't lawfully present aren't eligible for:

- Health coverage through a Marketplace, even at full price.
- Programs to lower their costs through a Marketplace (e.g., the PTC and CSRs).

Here's a [key tip](#) you should remember about helping consumers who aren't lawfully present in the U.S.

Consumers who aren't lawfully present may be eligible for:

- Emergency medical assistance (Emergency Medicaid) for treatment of an emergency medical condition under the Medicaid program, if they otherwise meet all other eligibility requirements in the state.
- Prenatal coverage for their unborn child through the CHIP unborn child option in some states, for pregnant consumers.
- Public health programs, community health centers, and hospital care.
- Private coverage offered outside the Marketplaces at full price.

Consumers who aren't lawfully present don't qualify for health coverage through a Marketplace. However, they can still apply for coverage for their family member(s) who are lawfully present.

Individuals applying for coverage for a family member who is lawfully present can do so without being asked to provide proof of their own citizenship or immigration status.

Federal and state Marketplaces and state Medicaid and CHIP agencies can't require applicants to provide information about the citizenship or immigration status of any family or household members who aren't applying for coverage.

States also can't deny benefits to an applicant because a family or household member who isn't applying hasn't disclosed his or her citizenship or immigration status.

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- Emergency medical assistance (Emergency Medicaid) for treatment of an emergency medical condition under the Medicaid program, if they otherwise meet all other eligibility requirements in the state.
- Prenatal coverage for their unborn child through the CHIP unborn child option in some states, for pregnant consumers.
- Public health programs, community health centers, and hospital care.
- Private coverage offered outside the Marketplaces at full price.

Here's a key tip you should remember about helping consumers who aren't lawfully present in the U.S. You should explore other health care programs in your state that might provide services to consumers who aren't lawfully present in the U.S.

Knowledge Check

Assisting Consumers who are Immigrants Knowledge Check

Recall that Pierre and LaGrande aren't lawfully present in the U.S. but their daughter Matou was born in the U.S. Which of the following statements are correct about this family's eligibility status? Select the correct answer and then select **Check Your Answer**.

- A. Since Matou is a U.S. citizen, Pierre and LaGrande may apply and enroll Matou in a QHP through a Marketplace.
- B. Pierre and LaGrande may be eligible for emergency medical assistance from Medicaid based on their income.
- C. Pierre and LaGrande aren't eligible to buy coverage through a Marketplace—even at full price.
- D. All the above.

✓ Check Your Answer



✓ **Correct!** Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S citizen, can apply and enroll Matou in a QHP through a Marketplace. Pierre and LaGrande may be eligible for limited Medicaid to treat an emergency medical condition if eligible under the state's plan based on income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a U.S. citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

Pierre and LaGrande aren't lawfully present in the U.S., but their daughter Matou was born in the U.S. What are some correct statements about this family's eligibility status?

Answer: Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S citizen, can apply and enroll Matou in a QHP through a Marketplace. Pierre and LaGrande may be eligible for limited Medicaid to treat an emergency medical condition if eligible under the state's plan based on income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a U.S. citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

Key Points

Assisting Consumers who are Immigrants Key Points



- Regardless of the parents' immigration status, if their child is born in the U.S., that child is a U.S. citizen and may be eligible for health coverage through an FFM.
- You may be violating Section 1557 of the Affordable Care Act (ACA) or Title VI of the Civil Rights Act if you ask questions regarding the citizenship status, immigration status, or SSN of non-applicants and thus deter, delay, or deny eligible consumers from getting health coverage.
- Consumers who aren't lawfully present can:
 - Apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
 - Purchase coverage outside of the FFMs and may be eligible for emergency medical assistance from Medicaid.

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- Consumers who aren't lawfully present can:
 - Apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
 - Purchase coverage outside of the FFMs and may be eligible for emergency medical assistance from Medicaid.

Key Points (Continued)

Assisting Consumers who are Immigrants Key Points (Cont.)



- The immigration eligibility rules that apply in the individual market FFMs don't apply in a Federally-facilitated Small Business Health Options Program (FF-SHOP) Marketplace.
- The individual market FFM application asks consumers who aren't U.S. citizens or U.S. nationals to provide information from documents to verify their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find relevant information on each document.
- Lawfully present immigrants who aren't eligible for Medicaid may be eligible for PTCs and CSRs based on their household income, even if it is less than 100 percent of the FPL.
- Consumers who are in a satisfactory immigration status and have a "qualified non-citizen" status may be eligible for Medicaid or CHIP. Some qualified non-citizens are only eligible for Medicaid after a five-year waiting period. Some noncitizens must wait five years before being eligible for full Medicaid or CHIP coverage, but lawfully residing children and pregnant individuals may be eligible for full Medicaid and CHIP in states that have elected the CHIPRA 214 option. Consumers who haven't yet met the five-year waiting period (and aren't in a state that elected the CHIPRA 214 option for children and pregnant individuals) may still be eligible to enroll in QHPs through the Marketplaces. They may also qualify for APTC and CSRs.

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- Lawfully present immigrants who aren't eligible for Medicaid may be eligible for PTCs and CSRs based on their household income, even if it is less than 100 percent of the FPL.
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Considerations for Working with Older Consumers

Introduction

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The Affordable Care Act (ACA) gives states new opportunities to expand their Medicaid programs to certain adults. Some older consumers enrolled in qualified health plans (QHPs) through the Marketplaces may need assistance to seamlessly transition between coverage from QHPs to Medicare.

Older consumers include those approaching age 65 and those older than age 65, regardless of whether they're currently eligible for Medicare or if they will soon become eligible for Medicare.

This module will explore topics essential to engaging, educating, and helping older consumers get health coverage through the Marketplaces or referring them to other programs. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Working Effectively

Describe strategies for working effectively with older consumers



Income Level

Describe financial considerations for older consumers obtaining health coverage



Non-U.S. Citizens

Identify the issues and options for obtaining coverage through the Marketplaces for older consumers who are not U.S. citizens

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How to Engage with Older Consumers

Considerations for Working with Older Consumers How to Engage with Older Consumers



Remember that you should always be respectful of everyone you help. To best assist older consumers, you should be aware that they may face challenges with the following:

Select each shape to learn more about the topics.



Caregivers

To the greatest extent possible, consumers seeking coverage should be the primary source of information and decision making about their health care coverage, even when consumers are accompanied by caregivers, authorized representatives, guardians, or family members. These listed individuals can participate in the discussion of the consumer's health care; however, when others are authorized to represent the consumers, you should make sure that the consumers are the focus of the discussion and participate in the conversation to the greatest extent possible.

Remember that you should always be respectful of everyone you help. To best assist older consumers, you should be aware that they may face challenges with the following:

Disabilities

The need for reasonable modifications increases with age. Reasonable modifications may be necessary to ensure that health coverage options are effectively communicated to older consumers with cognitive, hearing, speech, and/or vision impairments, as well as consumers with physical or intellectual disabilities. Providing reasonable modifications may include appropriate auxiliary aids and services to ensure compliance with laws that apply to you or your organization. You'll learn more about this subject in another training course.

Caregivers

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Health Literacy

Health literacy is the ability to receive and understand basic health care information and services, use the information and services to make decisions, and follow instructions for health-related treatment. Many health problems faced by older consumers may be complicated by low literacy and low health literacy. Recognizing and addressing this challenge will help you provide effective assistance to this population. For instance, you may need to spend time explaining health insurance terminology and how health insurance works before helping older consumers compare their health coverage options.

Working Effectively with Older Consumers

Considerations for Working with Older Consumers Working Effectively with Older Consumers



Older consumers may be eligible for several health coverage options, including coverage through the Marketplaces, employer-sponsored coverage, and public programs like Medicare and Medicaid. Providing older consumers with accurate information about their health coverage options is an important part of your job.

For example, you may work with any of the following:

- Older consumers who already have Medicare and are interested in getting health coverage through the Marketplaces (as well as younger consumers with Medicare)
- Older consumers applying for health coverage through the Marketplaces for individuals and families or Small Business Health Options Program (SHOP) Marketplaces and who'll soon be eligible for Medicare
- Older consumers applying for health coverage through the Marketplaces who aren't yet eligible for Medicare

To effectively help older consumers and educate them about their options for health coverage, you should learn about these programs. For more information, refer to the *Affordable Care Act Basics* course.

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Considerations for Older Consumers with Incomes Over 138 Percent of the Federal Poverty Level (FPL)

Considerations for Working with Older Consumers

Considerations for Older Consumers with Incomes Over 138 Percent of the Federal Poverty Level (FPL)

Older consumers who are [ineligible for Medicaid](#) may ask you for help applying for coverage through the Marketplaces.

For Plan years (PYs) 2021 and 2022, the American Rescue Plan Act of 2021 reduces the percentage of household income consumers at all income levels are expected to contribute to their monthly premiums for a benchmark plan. It also makes premium tax credit available to taxpayers with household income above 400 percent of the FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent. The Inflation Reduction Act signed into law on August 16, 2022, extended the enhanced Marketplace tax credits through PY 2025.

If older consumers can't afford Marketplace coverage and are ineligible for Medicaid and Medicare, you could also refer them to a local community health center for free or low-cost medical and dental care. At a community health center, consumers can get services like vaccines, prescription drugs, and general primary care. The amount consumers pay for these services depends on their income.



Older consumers who are ineligible for Medicaid may ask you for help applying for coverage through the Marketplaces.

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If older consumers can't afford Marketplace coverage and are ineligible for Medicaid and Medicare, you could also refer them to a local community health center for free or low-cost medical and dental care. At a community health center, consumers can get services like vaccines, prescription drugs, and general primary care. The amount consumers pay for these services depends on their income.

Ineligible for Medicaid

In states that expanded their Medicaid programs, non-pregnant, non-disabled, adult consumers under age 65 who have income at or below 133 percent of the FPL may be eligible for Medicaid. Because of the way income is calculated, the Medicaid income threshold is effectively 138 percent of the FPL, with a few states using a different income limit. As discussed later in this course, low-income individuals age 65 and older need to contact their state to find out if they qualify for Medicaid on a different basis, including under one of the Medicare Savings Programs, which are Medicaid programs that assist individuals with Medicare premiums and cost sharing.

Older Consumers With Incomes Under 138 Percent of the FPL

Considerations for Working with Older Consumers Older Consumers With Incomes Under 138 Percent of the FPL



Older consumers who qualify for Medicaid may be interested in getting information about Medicare, Medicaid, and the Marketplaces.

Select the links to learn more.



Coverage Facts

Messages to Consumers

In states that expanded Medicaid to cover low-income adults, consumers who are age 19 through 64, not pregnant, not eligible for Medicare, and with incomes under 138 percent of the FPL may qualify for the adult group.

In states that expanded Medicaid to low-income adults, consumers who become Medicare-eligible will no longer be eligible for the Medicaid adult group. State Medicaid agencies are required to screen consumers for all other forms of Medicaid eligibility, including Medicare Savings Programs (MSPs), before terminating a beneficiary's Medicaid coverage.

MSPs are Medicaid-administered programs for people on Medicare who have limited income and resources. MSPs help low-income individuals pay their Medicare premiums and cost-sharing obligations, like copays and deductibles. In addition, the Extra Help (Part D) program can help consumers with paying for Medicare prescription drug costs. Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

Older consumers who qualify for Medicaid may be interested in getting information about Medicare, Medicaid, and the Marketplaces.

Coverage Facts

In states that expanded Medicaid to cover low-income adults, consumers who are age 19 through 64, not pregnant, not eligible for Medicare, and with incomes under 138 percent of the FPL may qualify for the adult group.

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MSPs are Medicaid-administered programs for people on Medicare who have limited income and resources. MSPs help low-income individuals pay their Medicare premiums and cost sharing obligations, like copays and deductibles. In addition, the Extra Help (Part D) program can help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

Messages to Consumers

If you become eligible for Medicare and are no longer eligible for full Medicaid benefits, you may qualify for programs that help you pay your Medicare costs.

If you need help paying for Medicare prescription drug costs, you should call Social Security to apply for Extra Help (Part D). Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

If you need help paying for your Medicare Part B premiums or other Medicare cost sharing, you should contact your state's Medicaid office to apply for one of the MSPs.

If you aren't eligible for Medicaid or don't have Medicare, you may still be eligible for financial assistance or health coverage through the Marketplaces.

Knowledge Check

Considerations for Working with Older Consumers Knowledge Check

Sahand, who is 64 years old, contacts you for information regarding his health coverage options. He is the only source of income for the household, and his annual income is \$50,000 a year, which is below 133 percent of the FPL for his family of six that includes himself, his wife, and their four children. Sahand thinks that it will be difficult to afford health coverage premiums. He hopes that he can get help through his state's Marketplace. What should you tell Sahand? Select the correct answer and then select **Check Your Answer**.



- A. Tell him that he may be eligible for Medicaid and help him fill out a Marketplace eligibility application. The Marketplace will automatically assess or determine his Medicaid eligibility, depending on the state.
- B. Tell him that he may be eligible for Medicaid, but he can only apply for Medicaid through his state agency.
- C. Tell him that, because he'll be eligible for Medicare when he turns 65 next year, he's not eligible for Medicaid this year.
- D. Tell him that he doesn't meet the income requirements to be eligible for Medicaid.

✓ Check Your Answer

 **Correct!** Sahand's income is under 133 percent of the FPL, so he may be eligible to enroll in Medicaid. The Marketplace will assess or determine his Medicaid eligibility and the Marketplace or state Medicaid agency will be able to notify him of next steps.

Sahand, who is 64 years old, contacts you for information regarding his health coverage options. He is the only source of income for the household, and his annual income is \$50,000 a year, which is below 133 percent of the FPL for his family of six that includes himself, his wife, and their four children. Sahand thinks that it will be difficult to afford health coverage premiums. He hopes that he can get help through his state's Marketplace. What should you tell Sahand?

Answer: Sahand's income is under 133 percent of the FPL, so he may be eligible to enroll in Medicaid. The Marketplace will assess or determine his Medicaid eligibility and the Marketplace or state Medicaid agency will be able to notify him of next steps.

Considerations for Older Immigrant Adults

Considerations for Working with Older Consumers Considerations for Older Immigrant Adults



Let's review some special considerations for Medicare that apply to older consumers who are not U.S. citizens.

If a consumer isn't a U.S. citizen and doesn't meet other Medicare eligibility requirements, that consumer may be eligible to purchase coverage through a Marketplace if they are lawfully present in the U.S.

Coverage Facts

Messages to Consumers

If a consumer and/or the consumer's spouse paid Medicare taxes for at least 10 years while working in the U.S. [i.e., if the consumer has a sufficient number of quarters of coverage (QCs)] and meets the other Medicare eligibility requirements, that consumer won't have to pay a monthly fee or premium for Part A. This is called premium-free Medicare Part A coverage.

Consumers who don't have a sufficient number of QCs may still be eligible to enroll in Part A and pay a monthly premium, but only if they are already enrolled in Medicare Part B and meet the other Medicare eligibility requirements. This is called Medicare Premium Part A coverage.

In general, to be eligible for Part B when a consumer is not entitled to premium-free Part A, a consumer must:

- Live in the U.S.,
- Be a U.S. citizen or a lawful permanent resident having lived in the U.S. for at least five continuous years; and
- Be age 65 or older.

Part B coverage has a premium.

Let's review some special considerations for Medicare that apply to older consumers who aren't U.S. citizens.

If a consumer isn't a U.S. citizen and doesn't meet other Medicare eligibility requirements, that consumer may be eligible to purchase coverage through a Marketplace if they're lawfully present in the U.S.

Coverage Facts

If a consumer and/or the consumer's spouse paid Medicare taxes for at least 10 years while working in the U.S. [i.e., if the consumer has a sufficient number of quarters of coverage (QCs)] and meets the other Medicare eligibility requirements, that consumer won't have to pay a monthly fee or premium for Part A. This is called premium-free Medicare Part A coverage.

Consumers who don't have a sufficient number of QCs may still be eligible to enroll in Part A and pay a monthly premium, but only if they're already enrolled in Medicare Part B and meet the other Medicare eligibility requirements. This is called Medicare Premium Part A coverage.

In general, to be eligible for Part B when a consumer isn't entitled to premium-free Part A, a consumer must:

- Live in the U.S.;
- Be a U.S. citizen or a lawful permanent resident having lived in the U.S. for at least five continuous years; and
- Be age 65 or older.

Part B coverage has a premium.

Messages to Consumers

If you have enough quarters of work history to qualify for Social Security, you qualify for premium-free Part A if you meet the eligibility requirements, but you aren't eligible to have claims paid by Medicare if you're not lawfully present in the U.S. If you're entitled to premium-free Part A, you can enroll in Part B (which requires you to pay a premium), but you aren't eligible to have claims paid by Medicare if you're not lawfully present in the U.S.

If you don't have enough quarters of coverage to qualify for Social Security but are a U.S. citizen or a lawful permanent resident who has lived in the U.S. for five continuous years, you may still be able to enroll in Medicare if you meet the eligibility requirements. You'll have to pay monthly premiums for Part A and Part B coverage.

If you need help or have questions about Medicare, contact your local [State Health Insurance Assistance](#)

[Program \(SHIP\) office](#).

If you have questions about how to get help with your premiums, you should call your state Medical Assistance (Medicaid) office and ask about MSPs.

- If you aren't eligible for Medicaid or don't have Medicare, you may still be eligible to enroll in a QHP – with or without financial assistance – through the Marketplaces.

Knowledge Check

Considerations for Working with Older Consumers Knowledge Check

Flora, who is 70 years old, is an immigrant. She came to the U.S. two years ago as a lawful permanent resident to live with her distant relative. She doesn't have a job or health coverage. She has health problems that require her to visit a doctor. Which of the following should you tell Flora? Select the correct answer and then select **Check Your Answer**.

- A. She's not eligible for insurance because she's an immigrant.
- B. Because she's 70 years old, she has to apply for Medicare.
- C. She may be eligible for coverage through a Marketplace, and you should help her with the application process.
- D. Her only option is to enroll in Medicaid, and you should refer her to her state's Medicaid agency.

✓ Check Your Answer



Correct!

Flora isn't eligible for Medicare coverage because she doesn't meet the citizenship and length of residency requirement to enroll in Medicare Part B (which is necessary to purchase premium Part A) and doesn't appear to have the necessary quarters of coverage to be entitled to premium-free Part A. She may be eligible for coverage through a Marketplace.

Flora, who is 70 years old, is an immigrant. She came to the U.S. two years ago as a lawful permanent resident to live with her distant relative. She doesn't have a job or health coverage. She has several health conditions that require her to visit a doctor. What should you tell Flora?

Answer: Flora isn't eligible for Medicare coverage because she doesn't meet the citizenship and length of residency requirement to enroll in Medicare Part B (which is necessary to purchase premium Part A) and doesn't appear to have the necessary quarters of coverage to be entitled to premium-free Part A. She may be eligible for coverage through a Marketplace.

Key Points

Considerations for Working with Older Consumers Key Points



- Be mindful that older consumers can face many challenges that may require various accommodations when assisting them with Marketplace coverage options.
- Older consumers with incomes under or over 138 percent of the FPL may be eligible for different resources and coverage options available in their communities and states.
- Older consumers who aren't U.S. citizens must be lawfully present in the U.S. for five continuous years to be eligible for Medicare coverage.

- Be mindful that older consumers can face many challenges that may require various accommodations when assisting them with Marketplace coverage options.
- Older consumers with incomes under or over 138 percent of the FPL may be eligible for different resources and coverage options available in their communities and states.
- Older consumers who aren't U.S. citizens must be lawfully present in the U.S. for five continuous years to be eligible for Medicare coverage.

Conclusion

Conclusion Conclusion



Great job! In this course, you learned about factors that affect access to health care for vulnerable and underserved consumers. You also reviewed which consumers meet this definition.

You've finished the learning portion of this course. Select the link to take the [Serving Vulnerable and Underserved Populations](#) exam, or you can close the course and return to the exam later.

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Resources

Resources Page for Assisters on Marketplace.cms.gov:

Technical assistance resources, including guidance and regulations on assister programs, tip sheets, and other resources for assisters, can be found on this assister resources page on Marketplace.cms.gov.

[Marketplace.cms.gov/technical-assistance-resources/assister-programs/guidance-regulations-on-assister-programs.html](https://www.cms.gov/technical-assistance-resources/assister-programs/guidance-regulations-on-assister-programs.html)

CMS Risk Management Handbook Chapter 08: Incident Response:

This handbook addresses CMS' breach and incident handling procedures. [CMS.gov/files/document/rmh-chapter-08-incident-response.pdf](https://www.cms.gov/files/document/rmh-chapter-08-incident-response.pdf)

National Do Not Call Registry Online:

Official National Do Not Call Registry website where phone numbers can be registered and complaints can be filed.

[Donotcall.gov/](https://www.donotcall.gov/)

Office of the Inspector General (OIG) Fraud Hotline:

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in the Department of Health and Human Services' programs.

[OIG.hhs.gov/fraud/report-fraud/](https://www.oig.hhs.gov/fraud/report-fraud/)

Secure Complaint Form:

Links to the Federal Trade Commission's online complaint assistant where consumers can report suspected fraud and abuse.

[Ftccomplaintassistant.gov](https://www.ftccomplaintassistant.gov)

Navigator Program Standards:

Standards applicable to Navigators and Navigator grantees in Federally-facilitated Marketplaces.

[eCFR.gov/cgi-bin/text-idx?SID=650e96dc505fa179429733753c3af8cb&mc=true&node=se45.1.155_1210&rqn=div8](https://www.ecfr.gov/cgi-bin/text-idx?SID=650e96dc505fa179429733753c3af8cb&mc=true&node=se45.1.155_1210&rqn=div8)

Certified Application Counselor Standards:

Standards applicable to certified application counselors and certified application counselor organizations in Federally-facilitated Marketplaces.

<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-155/subpart-C/section-155.225>

Harmonized Security and Privacy Framework:

Official CMS guidance on federal privacy and security requirements.

[CMS.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Harmonized-Security-and-Privacy-Framework-ERA-Supp-v-1-0-08012012-a.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Harmonized-Security-and-Privacy-Framework-ERA-Supp-v-1-0-08012012-a.pdf)