

# Federally-facilitated Marketplace Assister Curriculum: Serving Vulnerable and Underserved Populations

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information & Insurance  
Oversight

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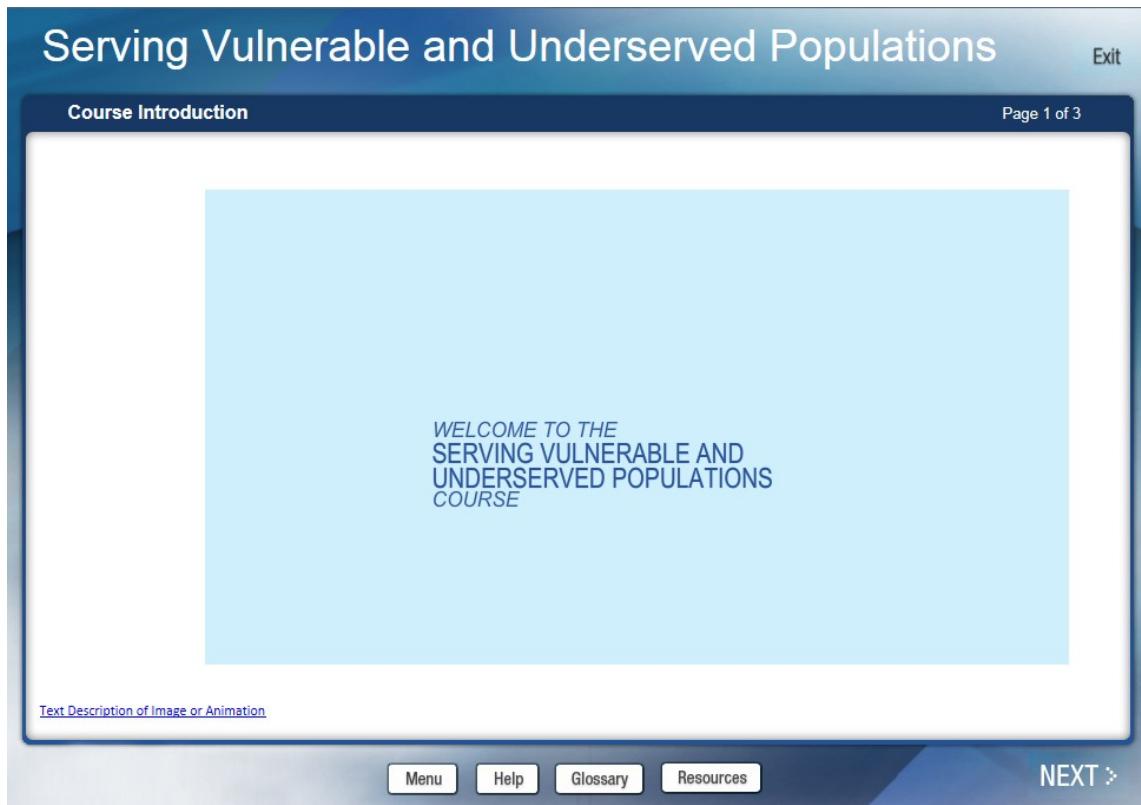
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## Serving Vulnerable and Underserved Populations Course

### Course Introduction Module



### Course Title

Welcome to the Serving Vulnerable and Underserved Populations Course

The screenshot shows a web-based course introduction for 'Serving Vulnerable and Underserved Populations'. At the top, it says 'Course Introduction' and 'Page 2 of 3'. On the right, there are 'Exit' and 'NEXT >' buttons. Below the header, a section titled 'Course Overview' contains the following text:

Welcome to the course on Serving Vulnerable and Underserved Populations! This course is designed to help you work effectively with consumers who may have difficulty getting health coverage and basic health care services.

The course includes information on:

- How to identify factors affecting access to health coverage for vulnerable and/or underserved populations, including how not having health coverage affects access to care
- How to work effectively with vulnerable and/or underserved populations, including American Indian and Alaska Native (AI/AN) consumers; consumers who may be eligible for Medicaid, the Children's Health Insurance Program (CHIP), and Medicare; older consumers, and families with mixed immigration status

In this lesson, "you" refers to the following types of assisters:

- Navigators in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
- Non-Navigator assistance personnel in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
- Non-Navigator assistance personnel in State-based Marketplaces and State Partnership Marketplaces that are funded with Marketplace Establishment Grant funds.

*Note: In some cases, "you" is also used to refer to a consumer, but it should be clear when this is the intended meaning.*

This lesson is not a required lesson for certified application counselors in the Federally-facilitated Marketplace or State Partnership Marketplaces. However, the basic health insurance information included in this lesson will be useful for certified application counselors to know as they help consumers enroll in health coverage through the Marketplace. This course concludes with an exam.

Click **NEXT** to begin.

At the bottom, there are navigation buttons: 'Menu', 'Help', 'Glossary', 'Resources', '< BACK', and 'NEXT >'.

## Course Overview

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## Vulnerable and Underserved Populations Module

**Serving Vulnerable and Underserved Populations**

**Vulnerable and Underserved Populations**

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**Introduction**

Consumers who are considered vulnerable and/or underserved may face barriers that make it difficult to get health coverage and basic health care services.

When helping consumers apply for and enroll in health coverage through the Health Insurance Marketplace<sup>SM</sup>, you're likely to meet with vulnerable and/or underserved consumers. You should be familiar with who they are, what the barriers to getting health coverage are, and what your responsibilities are to best help consumers that may be vulnerable and/or underserved.

This training will provide you with the skills to:

- Define vulnerable and underserved populations
- Identify factors affecting health coverage for vulnerable and/or underserved populations
- Help consumers with applying for and enrolling in health coverage through the Marketplace, including with applications for certain federal and state assistance programs

*Click **NEXT** to continue.*



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### Introduction

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## Serving Vulnerable and Underserved Populations

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Vulnerable and Underserved Populations

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### Definitions of Vulnerable and Underserved Populations

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

- Have a high risk for multiple health problems and/or pre-existing conditions
- Have limited life options (e.g., financial, educational, housing)
- Display fear and distrust in accessing government programs or disclosing sensitive information of family members
- Have a limited ability to understand or give informed consent (e.g., consumers with limited English proficiency [LEP] or cognitive impairments)
- Face mobility impairments
- Have a lack of access to transportation services
- Have a lowered capacity to communicate effectively
- Face any type of discrimination

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

- Receive fewer health care services
- Encounter barriers to accessing primary health care services (e.g., economic, cultural, and/or linguistic)
- Have a lack of familiarity with the health care delivery system
- Face a scarcity of readily available providers

Consumers from vulnerable and underserved populations might have difficulty finding health coverage or health care that meets their needs.



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## Serving Vulnerable and Underserved Populations

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Vulnerable and Underserved Populations

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### Vulnerable vs. 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 issues with getting care.

For example, a consumer with limited English proficiency (LEP) is considered vulnerable but might not be underserved (e.g., because he or she might have access to high-quality care).

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



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### Vulnerable and Underserved Populations

#### Examples of Vulnerable and/or Underserved Populations

This diagram shows the differences between vulnerable and underserved populations and illustrates that many of the consumers you'll serve fall into both categories.

```

graph LR
    V[VULNERABLE POPULATIONS] <-->|<-->| WHO[WHO ARE THEY?]
    U[UNDERSERVED POPULATIONS] <-->|<-->| WHO
    V <-->|<-->| U
  
```

The diagram consists of three main sections: 'VULNERABLE POPULATIONS' (blue box), 'WHO ARE THEY?' (green box), and 'UNDERSERVED POPULATIONS' (orange box). Double-headed arrows connect each section to the central 'WHO ARE THEY?' box, indicating that many consumers fall into both categories. The 'VULNERABLE POPULATIONS' section lists: Have a high risk for health problems, Face limited life options (e.g., financial, educational, and housing), Have a limited ability to understand or give informed consent (e.g., consumers with limited English proficiency (LEP)), Lack the capability to communicate effectively. The 'UNDERSERVED POPULATIONS' section lists: Receive fewer health care services, Face economic, cultural, and/or linguistic barriers to accessing primary medical care services, Lack familiarity with the health care delivery system, Live in locations where providers aren't readily available or physically accessible. The 'WHO ARE THEY?' section lists: 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 populations, Pregnant women, Victims of abuse or trauma, Individuals with mental health or substance-related disorders, Individuals with HIV/AIDS, LGBT (lesbian, gay, bisexual, and transgender) populations.

Vulnerable and underserved populations should have a right to equal access to health coverage programs and services.

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### Examples of Vulnerable and/or Underserved Populations

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#### Vulnerable Populations

- Have high risk for health care problems
- Face limited life options (e.g., financial, educational, and housing)
- Have a limited ability to understand or give informed consent (e.g., consumers with limited English proficiency)
- Lack the capability to communicate effectively

#### 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 populations
- Pregnant women
- Victims of abuse or trauma
- Individuals with mental health or substance-related disorders
- Individuals with HIV/AIDS
- LGBT (lesbian, gay, bisexual, and transgender) populations

#### Underserved Populations

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

Vulnerable and underserved populations have a right to equal access to health coverage programs and services.

## Serving Vulnerable and Underserved Populations

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Vulnerable and Underserved Populations

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### Consumers with Pre-Existing Conditions

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, or charge consumers more on this basis under any new policy. They also can't charge consumers more based on their gender under any new individual or small employer 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 Marketplace, or through the Marketplace, if they qualify.

- Eligible consumers can enroll in a qualified health plan (QHP) during the Open Enrollment period. 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 Open Enrollment period if they qualify for a special enrollment period. A loss of coverage is one example of a circumstance that could allow for a special enrollment period.

Click on the [BLUE](#) link(s) to enable NEXT button

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### More Information about Grandfathered Plans

Health plans must notify consumers with these policies that they have a grandfathered plan. There are two types of grandfathered plans: job-based plans and individual plans

(the kind consumers buy themselves, not through an employer). Grandfathered plans are those that were in existence on March 23, 2010. As long as these 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.

**Married Same-Sex Couples**

The Marketplace treats married same-sex couples the same as married opposite-sex couples. Insurance companies that offer health coverage to opposite-sex spouses must do the same for same-sex spouses. As long as a couple is legally married under the laws of the jurisdiction where the marriage was entered into, an insurance company can't discriminate against them when offering coverage. This means that same-sex spouses must be offered the same coverage that is offered to opposite-sex spouses.

This holds true regardless of the state where:

- The couple, or either spouse, lives
- The insurance company is located
- The plan is offered, sold, issued, renewed, operated, or in effect

Federal regulations provide that health insurance companies offering non- grandfathered group or individual health insurance coverage can't employ marketing practices or benefit designs that discriminate on the basis of certain specified factors, including consumers' sexual orientation. The Marketplace treats married same-sex couples the same as married opposite-sex couples when they apply for advance premium tax credits, cost-sharing reductions, Medicaid, and the 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 Marketplace to be eligible for premium tax credits and cost-sharing reductions.

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### Factors Affecting Access to Health Care

Vulnerable and/or underserved populations may face barriers to accessing health coverage and health care. 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:

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

Understanding these barriers will help you:

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



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### Factors Affecting Access to Health Care: Coverage Status

Health coverage is very important because it helps reduce the financial burden of seeking health care. Consumers who lack health coverage are less likely to get medical care and more likely to be in poor health. As a best practice, you should explain the dangers of lacking health coverage to the consumers you help.

Consumers who lack health coverage may:

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

Consumers might be better able to make informed decisions about obtaining coverage if they understand the physical and mental health-related disadvantages of lacking health coverage. They might also be better able to make informed decisions about getting coverage if they know about the individual shared responsibility payment, sometimes known as the individual mandate, which requires consumers to have minimal essential coverage (MEC) or pay a fee when they file their federal income taxes, unless they have an exemption. Financial assistance may be available to lower the cost of a consumer's coverage.



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### Factors Affecting Access to Health Care: Health Care Costs

Health coverage is intended to protect consumers from high health care costs. However, even with health coverage, the costs of health care can be limiting for consumers. For example, consumers who have health coverage may still experience expensive cost sharing (such as deductibles and coinsurance), which can be a serious barrier to getting care.

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

For example, the Affordable Care Act puts annual dollar limits on the out-of-pocket costs incurred by enrollees in non-grandfathered plans for essential health benefits, and provides other consumer protections, such as requiring health plans to cover certain preventive services without imposing cost-sharing obligations, for coverage purchased both inside and outside the Marketplace.



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### Factors Affecting Access to Health Care: Inconsistent Sources of Care

Consumers without access to health coverage are likely to get treatment off and on from inconsistent sources of care.

For example, a consumer who lacks health 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 such an emergency.

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



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The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "Serving Vulnerable and Underserved Populations". On the right side of the header are "Exit" and "Page 11 of 12" links. Below the header is a dark blue navigation bar with "Vulnerable and Underserved Populations" on the left and "Knowledge Check" on the right. The main content area has a white background. It starts with a scenario about advising a low-income 28-year-old man about health coverage options. Below the scenario is a question: "Which statement below is FALSE?". A note says to "Select the correct answer and then click Check Your Answer.". A list of four statements follows, each preceded by a radio button:

- 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 health coverage and don't see a doctor regularly tend to have poor health and shorter life spans.
- D. If you continue to visit local clinics wherever you relocate, that will help you get the important preventive care you need and will also fit your budget and specific needs.

A blue "Check Your Answer" button is located at the bottom left of the content area. At the bottom right, there is a note: "Complete the Knowledge Check to enable NEXT button". Below this are navigation links: "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

## Knowledge Check

You're advising a low-income 28-year-old man about his health coverage options through the Marketplace. He tells you that he hasn't been sick for the last three years, feels perfectly healthy, and doesn't think he needs health coverage. He also tells you that he has a family history of diabetes and has moved several times over the past five years. Everywhere he's lived, he's visited the local clinic and everything has "checked out." You would like to help him understand why health coverage might benefit him.

### Which statement below is FALSE?

Select the correct 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 health coverage and don't see a doctor regularly tend to have poor health and shorter life spans.

- D. If you continue to visit local clinics wherever you relocate, that will help you get the important preventive care you need and will also fit your budget and specific needs.

**Feedback:** The correct answer is D. The consumer might benefit from learning about the importance of seeing a doctor to help treat health problems before they get more serious. Also, health coverage can help consumers avoid expensive medical bills in case of an emergency. Moreover, consumers who have health coverage and a doctor they regularly see tend to have better health and live longer. Lastly, the quality of care and preventive services consumers get have been shown to improve when consumers see a regular doctor, as opposed to visiting a clinic in various locations.

## Serving Vulnerable and Underserved Populations

Exit

Vulnerable and Underserved Populations

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### 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 health coverage creates barriers to accessing health care.
- You should be able to help consumers understand the importance of seeing a doctor regularly and having health coverage, which can help reduce the costs of health care and allow consumers to get preventive care (often free of charge), get a timely diagnosis, and live longer, more healthy lives.

Click **NEXT** to continue.



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### Key Points

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## How to Reach and Work Effectively with Vulnerable and Underserved Populations Module

**Serving Vulnerable and Underserved Populations**

**How to Reach and Work Effectively with Vulnerable and Underserved Populations**

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**Introduction**

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 health coverage. It's essential that you learn how to best reach and help consumers make important health coverage choices.

This training will provide you with the skills to:

- Recognize unique communication needs of vulnerable and underserved populations
- Identify tips for working effectively with vulnerable and underserved populations

Click **NEXT** to continue.



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**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

Conducting a Needs Assessment for Consumers

Before beginning to help consumers, it's important to conduct an initial needs assessment.

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

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 for Consumers

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**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**General Questions to Ask When Conducting a Needs Assessment**

Here are some initial sample questions to ask consumers to find out important information about their general health coverage needs.

Needs Category	Sample Questions
Consumers seeking information	<ul style="list-style-type: none"> <li>• What questions do you have about how the Affordable Care Act impacts your health coverage?</li> <li>• What questions do you have about the Marketplace application process?</li> <li>• What questions do you have about the eligibility requirements for enrolling in coverage through the Marketplace?</li> <li>• What information would you want to have before you choose your health coverage options through the Marketplace?</li> <li>• What questions do you have about paying for your health coverage?</li> <li>• What could I/we do to make this process easier for you?</li> </ul>
Consumers seeking health coverage for themselves or their families	<ul style="list-style-type: none"> <li>• What kind of health coverage have you and your family had in the past?</li> <li>• Who in your family needs health coverage?</li> <li>• What is most important to you in your health coverage (e.g., benefits and services, reduced cost, keeping a doctor)?</li> <li>• How does your employer help you and other employees with your health care costs?</li> </ul>

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## Serving Vulnerable and Underserved Populations

How to Reach and Work Effectively with Vulnerable and Underserved Populations

Importance of Identifying and Helping Vulnerable and Underserved Consumers

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

You can best help these consumers by:

- Identifying those who may fit into one of these populations
- Considering their specific needs when informing them about how to access health coverage



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**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**Factors Contributing to Unique Communication Needs**

To help vulnerable and underserved consumers, you should be able to communicate appropriately and effectively. Communication methods that work well with one community or individuals within a community may not necessarily work well for another.

Factors to consider when communicating with vulnerable and/or underserved populations may include:

- Cultural and linguistic differences
- Health literacy
- Accommodations for consumers with physical or intellectual disabilities
- Geographic location
- Demographic factors (i.e., age)



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The term cultural and linguistic competence is defined as a set of similar behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Remember that culture is defined as integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Factors that influence culture include: age, country of origin, education level, gender identity, health practices, language spoken, occupation, physical ability and limitations, gender, sexual orientation, and socioeconomic status.

For you, cultural and linguistic competence means you should:

- Know that consumers may have cultural and linguistic differences; and
- Be able to respond appropriately to the needs associated with these differences.

Always remember that characteristics and behaviors of cultural groups can't be presented as a checklist. It's important not to group people together because doing so may prevent you from recognizing and serving the needs and preferences of individual consumers.

To avoid stereotyping, ask consumers how they perceive or identify themselves, their partners, and their family members. Then you may use the same terms as the consumers, and ask for clarification of the terms used if appropriate. Remember to treat each person as a unique individual.

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**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 and encounter people that look different from one another:

Tips	Examples
Respect the unique cultural needs of all consumers.	<p>Some consumers may believe in culturally traditional medicine, like using herbs to treat illness, which is different from Western medicine.</p> <p>When helping consumers with these beliefs, it might be helpful to:</p> <ol style="list-style-type: none"> <li>1. Acknowledge your respect for their beliefs (which is different than agreeing with them);</li> <li>2. Explain the potential benefits of getting health coverage; and</li> <li>3. Tell them you understand if they choose to decline health coverage (but explain that there may be a fee if they don't get health coverage).</li> </ol>
Avoid making assumptions about a consumer's culture or identity based on the consumer's appearance, name, or other outward characteristics.	<p>Consumers are all different in their own way.</p> <ul style="list-style-type: none"> <li>• A consumer who appears to you to be of a certain race or ethnicity may identify with something different, with characteristics not commonly associated with that race or ethnicity. For instance, a consumer with dreadlocks may appear to you to be African American but may be from a biracial family and may primarily identify with another race.</li> <li>• A consumer's gender identity may also be different from your perception. It's therefore recommended that you use gender-neutral pronouns.</li> </ul>

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**Tips and Examples: Acknowledging Different Linguistic Abilities and Cultures**

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

Tips	Examples
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 <a href="#">preferred language</a> . However, be sure that they can read in that language before giving them written information. Also, be sure to know how to get translation or interpretation services, including American Sign Language (ASL), to help them if translation or interpretation is required.
Know that culture includes the expression of religious beliefs that can influence health coverage decisions, and you should respect these beliefs.	You may encounter consumers who have a value system that doesn't allow them to use medicine to treat illness (e.g., Christian Scientists). It might be helpful to: <ol style="list-style-type: none"> <li>1. Help them understand how health coverage can benefit them;</li> <li>2. Understand that they may reject health coverage, even after you explain how health coverage can benefit them; and</li> <li>3. Know how to help them file for an exemption from the individual shared responsibility payment.</li> </ol>

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### Preferred Language

Keep in mind that consumers might feel they speak and understand English well, when they actually don't. It's important to respect their opinion while acknowledging that they may have a preferred language other than English in which they feel more comfortable in communicating and receiving information.

**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

Effectively Communicating with Consumers with Limited English Proficiency

To communicate effectively with consumers with limited English proficiency (LEP), you can provide free translated written documents and oral interpretation services in plain language.

To communicate effectively with consumers who have hearing, speech, and/or vision impairments, you should provide information in plain language about the availability of audio and visual materials, Braille documents, and sign language interpreters. These services must be provided at no cost to consumers.



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The screenshot shows a knowledge check titled "Knowledge Check". It includes a scenario about Katarina and Felix, a question asking for steps to support them, and a list of four options to select. A "Check Your Answer" button is visible, along with a note about enabling the next button. Navigation links like Menu, Help, Glossary, and Resources are at the bottom.

**How to Reach and Work Effectively with Vulnerable and Underserved Populations**

Katarina and Felix aren't native English speakers. They both speak some English, 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 steps could you take to provide support to Katarina and Felix?**

Select all that apply and then click **Check Your Answer**.

A. Ask Katarina and Felix about their preferred spoken and written language.  
B. Without telling Katarina that professional interpreters are available or asking her what she prefers, inform Katarina and Felix that you aren't able to help them during this visit.  
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 provide translated materials as necessary.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Katarina and Felix aren't native English speakers. They both speak some English, but Felix speaks better English than Katarina. They don't have access to a car or enough money for public transportation.

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- 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.

**Feedback:** The correct answers are A, C, and D. It's a best practice to ask consumers about their preferred spoken and written language. 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 Katarina that professional interpreters are available and ask what Katarina prefers. Use of a consumer's family or friends as oral interpreters can satisfy the requirement that you provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services. 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.

In general, literacy 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 health 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, a consumer who appears to have difficulty reading may have simply forgotten his or her glasses. Consider the factors at hand to alert you that there might be a literacy issue.

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.

**A consumer may say things like:**

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

**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.

Text Description of Image or Animation

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## Consumers with Low Literacy

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Two boxes listing things a consumer may say or do to indicate lack of literacy:

### A consumer may say things like

- I forgot my glasses.
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- 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

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### Consumers with Low Health Literacy

Generally, health literacy is the ability to get and understand basic information about health coverage and health care services, use the information about health coverage and health care services to make decisions, and follow instructions for treatment. Health-literate consumers understand health coverage and coverage options.

A combination of several of the following signs 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

Patients with low health literacy may have difficulty:

- Locating 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 on taking medicine

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**How to Help Consumers with Low Literacy and Low Health Literacy**

How can you help consumers, especially those with low literacy and low health literacy?

Tips for Working with Low Literacy Consumers	Tips for Working with Low Health Literacy Consumers
<ul style="list-style-type: none"> <li>• Use commonly used words</li> <li>• Ask open-ended questions</li> <li>• Read written instructions out loud, and check that consumers understand you</li> <li>• Speak slowly</li> <li>• Draw or point to pictures, posters, and other visuals</li> <li>• Confirm that consumers understand what you're saying</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid using acronyms</li> <li>• Avoid technical language when possible</li> <li>• Explain any necessary technical terms</li> <li>• Ask consumers to repeat back vital or key things that you say to them</li> <li>• Give information in small chunks</li> <li>• Understand that it may take additional time to help consumers</li> </ul>

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## Serving Vulnerable and Underserved Populations

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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### Plain Language and Consumers with Low Literacy and Low Health Literacy

To accommodate consumers, especially those with low literacy and low health literacy, you should:

- Use plain language and simple words, including when you describe difficult health 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").

Plain language examples include:

- 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 payments."

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Plain language examples include:

- 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 payments."

The screenshot shows a knowledge check section titled "How to Reach and Work Effectively with Vulnerable and Underserved Populations". It includes a scenario about a consumer named Nina, a question asking for the most appropriate actions, and a list of four options with checkboxes. A "Check Your Answer" button is present, along with navigation links for Menu, Help, Glossary, Resources, BACK, and NEXT.

**Knowledge Check**

Nina is one of your consumers who can't seem to make up her mind about health coverage. She frequently visits your office with questions and hasn't completed her eligibility application. You provide Nina with brochures and flyers about available health 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 one of the following actions would be the most appropriate way to help her?**

Select **all that apply** and then click **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**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

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- D. Refer Nina to an insurance company of your choice, which may be better able to meet her needs.

**Feedback:** The correct answers are A and C. It's important for you to understand what keeps 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 health coverage options.

**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**Consumers with Disabilities**

Consumers with physical or intellectual disabilities may need special help to gain access to health coverage information.

The Americans with Disabilities Act (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), Section 504 of the Rehabilitation Act, and other disability laws might require you, or the organization you work with, to provide "reasonable modifications" and auxiliary aids and services for certain consumers with disabilities if you receive federal financial assistance.

Examples of reasonable modifications and auxiliary aids and services include:

- Modifying rules, policies or practices
- Removing architectural or communication barriers
- Providing aids, services, or assistive technology

You'll learn more about this subject later in this training.


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## Serving Vulnerable and Underserved Populations

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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Exit

### Accommodations for Consumers with Disabilities

What kind of reasonable modifications and auxiliary aids and services could you provide for consumers with physical or intellectual disabilities?

Here are some examples:

- Materials that are Section 508 compliant, like electronic documents that consumers who are blind can read with screen readers or Braille text (Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998, requires federal agencies to ensure that consumers with disabilities, both employees and members of the public, have equal access to, and use of, electronic information technology)
- Materials in large print for consumers who have low vision
- Sign language interpreters and closed-captioned video materials for consumers who are deaf
- Accessible equipment, like height-adjustable tables for consumers in wheelchairs
- Accessible buildings (e.g., buildings with ramps and offices, common spaces, and restrooms that can accommodate mobility devices) for in-person meetings for consumers with limited mobility
- Plain language materials for all consumers
- Accessible TTY phone lines

It's not a best practice to assume consumers with disabilities always need your help. It's polite to offer help, but once you've offered it, wait for a response before acting. If the consumer accepts your offer of help, the consumer may provide you with directions on how you can assist.

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The screenshot shows a web page with a blue header bar. The title 'Serving Vulnerable and Underserved Populations' is at the top left, and an 'Exit' link is at the top right. Below the header, a sub-header reads 'How to Reach and Work Effectively with Vulnerable and Underserved Populations'. On the right side of the sub-header, it says 'Page 18 of 22'. The main content area has a white background and a blue border. It features a section titled 'Consumers in Rural Communities' with a descriptive paragraph and a bulleted list of challenges. At the bottom of the page are navigation links: 'Menu', 'Help', 'Glossary', 'Resources', 'BACK', and 'NEXT'.

## 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 may also be underserved in terms of health coverage, which is why they need your help.

Rural consumers may have limited:

- Access to transportation: Rural residents may not be able to visit locations where they can get health coverage information (e.g., 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 health coverage information online; internet access may not be available in some very rural areas of the country.

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How to Reach and Work Effectively with Vulnerable and Underserved Populations

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### Reaching and Engaging Rural Consumers

What can you do to reach and work effectively with rural consumers?

- Conduct outreach or other marketing events in locations where rural populations may work, live, or get community services. Consider conducting outreach in the locations below:
  - For rural consumers in general: consumer places of work, faith-based institutions, libraries, community clubs, United States Department of Agriculture (USDA) extension programs to reach farmers and schools
  - For rural consumers with low incomes: places where they apply for or get help (e.g., shelters, day centers, food banks, state's energy assistance program or other social service organizations)
  - For rural consumers with disabilities: buildings with ramps that are otherwise accessible to consumers in wheelchairs or with limited mobility, and buildings with adequate signage.

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**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**Knowledge Check**

Jasmine is a 27-year-old consumer who lives in rural Arkansas. She is a lawfully present immigrant who identifies strongly with her Japanese culture. 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 for this week to discuss health coverage options. Which one of the following actions would be the most appropriate way to help her?

Select **all that apply** and then click **Check Your Answer**.

A. Learn about reasonable modifications and auxiliary aids and services under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, and be sure that you can meet vision-related needs that might come up for Jasmine.

B. Find out how well Jasmine speaks English and if she prefers to use an interpreter. If so, you need to arrange for one in advance of your meeting with Jasmine.

C. Reschedule Jasmine's appointment with a colleague in your office because you don't identify with her culture.

D. Tell Jasmine she must read health coverage information available online at HealthCare.gov in advance of your meeting so that she is well informed.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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- C. Reschedule Jasmine's appointment with a colleague in your office because you don't identify with her culture.
- D. Ask Jasmine to read health coverage information available online at HealthCare.gov in advance of your meeting so that she is well informed.

**Feedback:** The correct answers are A and B. Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition, may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine may speak English well, but if she doesn't, you might be required to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting with her, depending on Jasmine's preferences.

Jasmine also has a visual impairment, so you might need to provide reasonable accommodations. Jasmine may need large-print materials and 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, so you should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Lastly, at this point, you don't know if Jasmine has access to the Internet and it wouldn't be appropriate to ask her to read.

**Serving Vulnerable and Underserved Populations**

How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**Available Resources**

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

The "Resources" section offers many helpful resources in the following areas:

- Working with consumers from different cultures
- Working with consumers with LEP
- Working with consumers with low health literacy
- Working with consumers with disabilities
- Working with consumers from rural communities



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How to Reach and Work Effectively with Vulnerable and Underserved Populations

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**Key Points**

- You should be prepared to help consumers that 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 primary 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 health coverage, high health care costs, inconsistent sources of care, low health literacy, lack of reliable transportation, and/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 health coverage needs can be different based on the consumer's culture.

Click **NEXT** to continue.

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## Key Points

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## Working Effectively with American Indians and Alaska Natives (AI/ANs) Module

The screenshot shows a web-based training module. At the top, it says "Serving Vulnerable and Underserved Populations". On the right, there's a link to "Exit". Below that, the title "Working Effectively with American Indians and Alaska Natives (AI/ANs)" is displayed, along with "Page 1 of 24". A large section is titled "Introduction". It contains text about the special government-to-government relationship between the federal government and federally recognized tribes, mentioning the Alaska Native Claims Settlement Act (ANCSA). It also lists several benefits available to AI/ANs under the Affordable Care Act, such as year-round enrollment, cost-sharing reductions, and exemptions from individual shared responsibility payments. Below this, there's a note about assisters continuing education and outreach efforts. The next section is described as providing skills related to identifying tribal relationships, understanding the Indian health system, and applying for health coverage. A "NEXT" button is visible at the bottom left, and "BACK" and "NEXT" buttons are at the bottom right.

**Serving Vulnerable and Underserved Populations**

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

Page 1 of 24

**Introduction**

In the United States (U.S.), there's a special government-to-government relationship between the federal government and federally recognized tribes, including regional and village corporations that were established under the Alaska Native Claims Settlement Act (ANCSA). There are more than 560 federally recognized tribes, including over 200 ANCSA regional and village corporations. The members of these tribes and shareholders of ANCSA corporations are referred to in this training as American Indians and Alaska Natives (AI/ANs). Special benefits and exemptions are available to AI/ANs under the Affordable Care Act, including:

- Year-round enrollment and the ability to switch plans monthly
- Cost-sharing reductions at zero cost sharing and limited cost sharing in any health plan category, depending upon household income
- Eligibility for an exemption from the individual shared responsibility payment
- Ability to continue to get services from an Indian Health Service (IHS), tribal or urban Indian health care provider even after the AI/AN has enrolled in private insurance through the Marketplace

Assisters are encouraged to have ongoing education, outreach, and enrollment events with the AI/AN population and to continue these efforts throughout the year.

This training will provide you with the skills to:

- Identify the special relationship between the federal government and federally recognized tribes/ANCSA corporations
- Describe the structure of the Indian health system, the role of the IHS, and health challenges faced by the AI/AN population
- Recognize Affordable Care Act benefits and exemptions for eligible AI/ANs and the steps required to file for an exemption, or to apply to enroll in health coverage (including Medicaid or the Children's Health Insurance Program (CHIP)) through the Marketplace

Click **NEXT** to continue.

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## Serving Vulnerable and Underserved Populations

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

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### Historical Background

Federally recognized tribes, ANCSA regional and village corporations, and the federal government have a historical government-to-government relationship based on U.S. treaties, laws, Supreme Court cases, Executive Orders, and the U.S. Constitution.

The federal government has a legal duty, known as the Indian trust responsibility, toward Indian tribes.

As part of this unique relationship, the federal government provides health care, social services, housing, education, and other services to AI/ANs, through federal agencies such as the Department of Health and Human Services (HHS) and the Bureau of Indian Affairs (BIA).



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## Serving Vulnerable and Underserved Populations

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

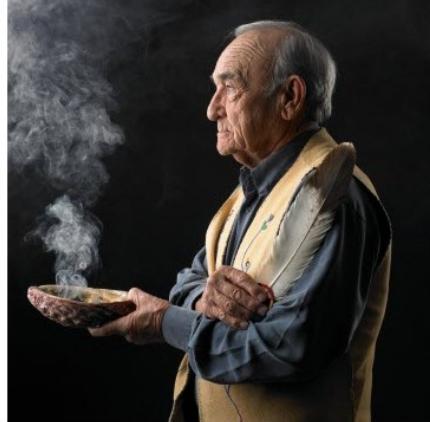
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**Definition of AI/AN**

Who is an AI/AN?

The definition of AI/AN is different for purposes of the U.S. Census, eligibility for IHS services, special benefits under Medicaid and CHIP, and for the Marketplaces.

For purposes of the special protections in the Marketplaces, an AI/AN is a member of a federally recognized tribe or a shareholder in an ANCSA corporation.



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## Serving Vulnerable and Underserved Populations

Working Effectively with American Indians and Alaska Natives (AI/ANs)      Page 4 of 24      Exit

### Health Care Services for AI/ANs

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 Affordable Care Act reauthorized and made permanent the Indian Health Care Improvement Act, which in addition to the [Snyder Act](#), is the 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 and are usually not charged for services provided in the facilities.

Currently, the Indian health care system includes 44 Indian hospitals and nearly 570 Indian health centers, clinics, and health stations. A large portion of these health facilities are managed by the tribes. When specialized services aren't available at these sites, health services are purchased from public and private providers through the Purchased/Referred Care Program, formerly known as the Contract Health Service (CHS) program. Thirty-four urban programs also offer services ranging from community health to comprehensive primary care in urban Indian communities.

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 the Marketplace can still get care at an I/T/U.

INDIAN HEALTH SERVICE  
PHS . 1955 .

Click on the [BLUE](#) link(s) to enable NEXT button

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### **More Information about the Snyder Act**

The Indian Health Care Improvement Act of 1976 and the Snyder Act of 1921 comprise the basic legislative authority for the IHS.

The Snyder Act provides authority for the expenditure of funds, as Congress may appropriate, for the benefit, care and assistance to Indians throughout the United States.

The screenshot shows a knowledge check section titled "Knowledge Check". The background is light blue with a dark blue header bar. The header bar contains the title "Working Effectively with American Indians and Alaska Natives (AI/ANs)" on the left and "Page 5 of 24" on the right. There is an "Exit" link in the top right corner. The main content area has a white background. It starts with a paragraph about scheduling a meeting with a married AI/AN couple and doing research. Below this is a question asking which topics are most relevant, followed by instructions to select all that apply. A list of four options is provided, each preceded by a checkbox. At the bottom of the content area is a blue button labeled "Check Your Answer". Below the content area is a footer bar with links for "Menu", "Help", "Glossary", and "Resources". On the right side of the footer bar are "BACK" and "NEXT" buttons.

You just scheduled your first meeting with Ann and Joe, a married American Indian/Alaska Native (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 **all that apply**.

A. The Indian Health Service (IHS) and the services it offers in Anna and Joe's community or areas nearby

B. The history of the relationship between the federal government and federally recognized tribes so that you can challenge Anna and Joe on their knowledge and ability to prove they qualify for Marketplace benefits and exemptions for eligible AI/ANs

C. Available Indian Health Service (I), tribes and tribal organizations (T), and urban Indian organizations (U) (I/T/U) service units in Anna and Joe's nearby community

D. Affordable Care Act benefits for AI/ANs

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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- D. Affordable Care Act benefits for AI/ANs

**Feedback:** The correct answers are A, C, and D. A large portion of AI/ANs access care through longstanding relationships with providers in the Indian health care system. You should learn more about the IHS, and I/T/U providers in general, to better help Ann and Joe. While it may be helpful to have basic knowledge of the historical government-to-government relationship between the federal government and federally recognized tribes, it would not be appropriate to quiz consumers on the history or to ask consumers for any additional information beyond the specified documentation required by the Marketplace for verifying status as an AI/AN.

**Federally Recognized Tribes and AI/AN Population in the U.S.**

**What's considered a federally recognized tribe in the U.S.?**

A federally recognized tribe is any Indian or Alaska Native tribe, band, nation, Pueblo, village, or community that the Department of the Interior (DOI) acknowledges as an Indian tribe, including ANCSA regional and village corporations. There are over 560 federally recognized tribes in the U.S. You may see the full list of federally recognized tribes and Alaska Native entities by visiting the Bureau of Indian Affairs (BIA) Tribal Directory and the list of ANCSA corporations available from the Alaska Department of Natural Resources.

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

According to the U.S. Census, there are 5.2 million people in the U.S. who identify themselves as AI/AN, either alone or in combination with one or more other races. Approximately, 2 million people receive services from I/T/Us.

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

While AI/AN consumers live in every state, the 10 states with the largest AI/AN populations are California, Oklahoma, Arizona, Texas, New York, New Mexico, Washington, North Carolina, Florida, and Michigan. Smaller AI/AN populations live in other states throughout the U.S.

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

According to the U.S. Census, there are 5.2 million people in the U.S. who identify themselves as AI/AN, either alone or in combination with one or more other races. Approximately, 2 million people receive services from I/T/Us.

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

While AI/AN consumers live in every state, the 10 states with the largest AI/AN populations are California, Oklahoma, Arizona, Texas, New York, New Mexico, Washington, North Carolina, Florida, and Michigan. Smaller AI/AN populations live in other states throughout the U.S.

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### State of Health Care for AI/ANs

According to publicly available reports:

- One in three non-elderly AI/ANs under age 65 is either uninsured or depends solely on services provided through the IHS.
- More than half of AI/ANs are low-income.
- The number of low income AI/ANs under age 65 is higher than for any other racial or ethnic group and about twice as high as the poverty rate of all people in the U.S. under 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.

Because the IHS has limited appropriations, there is no guarantee that it will meet all the health care needs of AI/ANs. For this reason, enrollment through a Marketplace may be important. By enrolling in a Marketplace qualified health plan, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U, and the tribal communities benefit through increased resources to their I/T/Us.



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### Eligibility for Marketplace Participation

Consumers must demonstrate that they meet certain eligibility criteria to show that they qualify as AI/ANs, by providing a copy of a document issued by a federally recognized tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card). This document should have a signature and/or seal on it.

To show their eligibility for Marketplace participation and premium assistance (advance payments of the premium tax credit and cost-sharing reductions), consumers must provide information about the size of their family and how much money they earn or receive, if they want to apply for help paying for coverage. In general, income from Indian trust land, natural resources, and items of cultural significance aren't counted for Marketplace, Medicaid, or CHIP eligibility, if the income isn't reported on a federal income tax return.



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The screenshot shows a knowledge check section titled "Knowledge Check". The question asks what information Ann and Joe need to provide to show their AI/AN status and take advantage of certain benefits available only to AI/ANs. The instructions say to select all that apply. Below the question is a list of four options, each preceded by a checkbox. A "Check Your Answer" button is at the bottom left, and a note says to complete the knowledge check to enable the next button. Navigation buttons for Menu, Help, Glossary, Resources, BACK, and NEXT are at the bottom.

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**Knowledge Check**

When scheduling your meeting with Ann and Joe, you learn that they would like to know more about the benefits of health coverage. You plan to discuss health coverage available through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP), but want to make sure they come prepared to your meeting.

**What information will Ann and Joe need to provide to show their American Indian/Alaska Native (AI/AN) status and take advantage of certain benefits and exceptions available only to AI/ANs, so that you can accurately advise them on their options in the Marketplace?**

Select all that apply and then click **Check Your Answer**.

A. The names of at least two ancestors for proof of tribal membership

B. A copy of a document issued by a federally recognized tribe, Bureau of Indian Affairs (BIA), or Alaska Native Claims Settlement Act (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

C. Tax return documents or other materials that provide income information for their family

D. The number of people in Ann and Joe's family

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

When scheduling your meeting with Ann and Joe, you learn that they would like to know more about the benefits of health coverage. You plan to discuss health coverage available through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP), but want to make sure they come prepared to your meeting.

**What information will Ann and Joe need to provide to show their American Indian/Alaska Native (AI/AN) status and take advantage of certain benefits and exceptions available only to AI/ANs, so that you can accurately advise them on their options in the Marketplace?**

Select all that apply.

- A. The names of at least two ancestors for proof of tribal membership
- B. A copy of a document issued by a federally recognized tribe, Bureau of Indian Affairs (BIA), or Alaska Native Claims Settlement Act (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
- C. Tax return documents or other materials that provide income information for their family
- D. The number of people in Ann and Joe's family

**Feedback:** The correct answers are B, C, and D. To take advantage of certain benefits and exceptions available only to AI/ANs, Ann and Joe will need to provide a copy of a document issued by a federally recognized tribe, 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 they want to apply for help paying for coverage, they also need to provide tax return documents or other materials that provide income information for their family, and the number of people in their family. Names of ancestors aren't necessary for proof of tribal membership for enrollment in the Marketplace.

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**Overview of Affordable Care Act Provisions Relevant to AI/ANs**

The Affordable Care Act provides AI/ANs with more health coverage choices. They can use an I/T/U, purchase affordable health coverage through the Marketplace, and/or access coverage through other sources, such as the Veteran's Health Administration program, Medicare, Medicaid, and CHIP, if they're eligible.

The benefit to health coverage through the Marketplace is that AI/ANs can access services they may not otherwise be able to get from I/T/U providers due to resource and staffing limitations. If AI/ANs choose to enroll in qualified health plans (QHPs) through the Marketplace, they'll still have access to I/T/U services and they may qualify for financial assistance.

AI/ANs have access to:

- Year-round enrollment in QHPs and the ability to switch plans monthly
- Cost-sharing reductions for QHP coverage through a Marketplace from zero cost sharing to limited cost sharing depending upon income, if they meet household income requirements
- An exemption from the individual shared responsibility payment

You should be able to explain to AI/ANs how these provisions affect them.



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### Special Provision: Monthly Enrollment in Qualified Health Plans (QHPs)

AI/ANs have access to a monthly special enrollment period (SEP), which allows them to enroll in health coverage through the Marketplace monthly, rather than only during the yearly Open Enrollment period. AI/ANs are eligible to change health plans once a month. Consumers who aren't members of federally recognized tribes or ANCSA shareholders must enroll during the yearly Open Enrollment period (unless they otherwise qualify for another SEP).

However, family members who are on a single Marketplace application are eligible for the SEP if one of the members on the application is a tribal member or ANCSA shareholder.

If one family member on the application is eligible for the SEP, all family members who apply on the same Marketplace application are eligible. This is true even if different family members are eligible for different Marketplace plan variations, based on differing AI/AN eligibility for lower monthly premiums or out-of-pocket costs.

For consumers who change their plan or enroll in a new QHP between the first and 15th day of any month, the effective date of coverage will be the first day of the following month. If the consumer changes plans and enrolls in a new health plan between the 16th and the last day of any month, the coverage effective date will be the first day of the second following month. However, it is important to note that if a consumer changes his or her plan, cost-sharing requirements (like deductibles and out-of-pocket limits) will be reset, if applicable.



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The screenshot shows a web page titled "Serving Vulnerable and Underserved Populations". At the top right is an "Exit" link. Below the title is a header bar with "Working Effectively with American Indians and Alaska Natives (AI/ANs)" on the left and "Page 12 of 24" on the right. The main content area has a heading "Special Provision: No Cost Sharing". It includes a paragraph about special rules for AI/ANs regarding cost sharing reductions like copays, coinsurance, and deductibles. It also discusses the "zero cost sharing plan" for members of federally recognized tribes and ANCSA shareholders with household incomes between 100% and 300% of the FPL. Below this is a list of income thresholds for 2017. Further down, it explains the difference between zero cost sharing and limited cost sharing, noting that AI/ANs qualify for limited cost sharing if their income is below 100% or above 300% of the FPL. It also mentions that households with both AI/ANs and non-Indians might opt for a separate QHP. At the bottom of the page are navigation links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

## Special Provision: No Cost Sharing

There are special rules for AI/ANs to qualify for cost sharing reductions, such as copays, coinsurance, deductibles, and other similar charges, when enrolled in QHPs offered through the Marketplace.

Members of federally recognized tribes and ANCSA shareholders with household incomes between 100% and 300% of the federal poverty level (FPL) have no cost sharing for essential health benefits (EHB). This is called a zero cost sharing plan and is available in any metal level Marketplace health plan, including Bronze level plans, which have the lowest premiums.

Until 2017, 300% of the FPL is equal to:

- A single consumer household income of \$35,640 or less (Alaska: \$44,520)
- A two-person family household income of \$48,060 or less (Alaska: \$60,060)
- A three-person family household income of \$60,480 (Alaska: \$76,600)

A zero cost-sharing plan for AI/ANs means that there's no cost sharing for AI/ANs when they get care from I/T/U providers, or when they get EHB when enrolled in a QHP through the Marketplace. AI/ANs don't need a referral under the Purchased/Referred Care Program (formerly known as a CHS referral) in order to qualify for zero cost sharing. Note that there may be cost sharing (determined by plan) for other services that aren't EHB.

AI/ANs qualify for limited cost sharing when enrolled in a QHP if their income is below 100% or above 300% of the FPL. A limited cost sharing plan means that there's no cost sharing for services received at an I/T/U and no cost sharing for EHB that are referred under the Purchased/Referred Care Program and received through the QHP.

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

The screenshot shows a web page titled "Working Effectively with American Indians and Alaska Natives (AI/ANs)" with a sub-section titled "Tribal Exemption". The page content describes the process for applying for a tribal exemption from the individual shared responsibility payment. It lists specific individuals eligible for exemption and provides links for application forms and instructions. Navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT" are visible at the bottom.

**Tribal Exemption**

Members of federally recognized tribes, ANCSA shareholders, and people who are eligible to use an I/T/U are able to apply for an exemption from the individual shared responsibility payment. They can submit the exemption application at any time through the mail or when they file their next federal income tax return.

The following individuals are eligible to apply for a tribal exemption and must file an application through the Marketplace:

- Members of an Indian tribe or ANCSA shareholder
- Members or descendants of federally recognized tribes, bands, or other organized groups of Indians, including Alaska Native villages or groups, and those tribes, bands, or groups terminated since 1940
- Members of or descendants (in the first or second degree) of state recognized tribes who reside in urban centers designated by the Secretary of HHS
- California Indians
- Eskimo, Aleut, or other Alaska Natives
- Children under 19 who are the natural, adopted child, stepchild, foster child, legal ward, or orphan of an Indian
- Spouses of an Indian, if the tribe passed a tribal resolution that makes spouses eligible to get services from the Indian health system
- Non-Indian women who are pregnant with the child of an eligible Indian
- Those who are Indians (as well as their spouses and descendants) who are eligible for services through an Indian health care provider

Applicants are required to submit documentation of tribal membership or eligibility for services through the I/T/U. The document requirements are listed in Step 5 of the exemption application.

For more information on how to help consumers apply for a tribal exemption, refer to the following resources:

- Application for Exemption for AI/ANs and Other Individuals who are Eligible to Receive Services from an Indian Health Care Provider
- Instructions to Help You Complete an Exemption Application at the Health Insurance Marketplace<sup>SM</sup>

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## Tribal Exemption

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### Stand-Alone Dental Plan

AI/ANs are able to enroll in stand-alone dental plans offered through the Marketplace. The elimination of cost sharing for AI/ANs with incomes between 100% and 300% of the FPL doesn't apply to stand-alone dental plans.

If an AI/AN consumer is enrolled in a stand-alone dental plan, they'll have to pay cost sharing, such as copays 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 EHB, but cost-sharing savings only apply to the dental services included in the QHP or from an I/T/U.



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

The screenshot shows a knowledge check section titled "Working Effectively with American Indians and Alaska Natives (AI/ANs)". The page includes a header with the title, a navigation bar with links to "Menu", "Help", "Glossary", and "Resources", and a footer with "BACK" and "NEXT" buttons. A central text area describes a scenario where the user is meeting with Ann and Joe, members of a federally recognized tribe or shareholders in an ANCSA corporation, discussing special Marketplace benefits and exemptions for AI/ANs. Below this, a question asks which statement is NOT accurate, followed by four multiple-choice options. A "Check Your Answer" button is present, along with a note that it must be completed to enable the "NEXT" button.

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**Knowledge Check**

You're finally meeting with Ann and Joe, who provide you with proof that they're members of a federally recognized tribe or shareholders in an Alaska Native Claims Settlement Act (ANCSA) corporation. You're discussing special Marketplace benefits and exemptions offered to American Indians and Alaska Natives (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 click **Check Your Answer**.

A. If AI/ANs choose to enroll in a qualified health plan (QHP), Medicaid or the Children's Health Insurance Program, the Indian Health Service (I), tribes and tribal organizations (T), and urban Indian organizations (U) (I/T/U) can bill that AI/AN's insurance program for the services it provides to that individual.  
B. AI/ANs have monthly opportunities to enroll in a QHP. The yearly open enrollment period doesn't apply to AI/ANs.  
C. AI/ANs can enroll in stand-alone dental plans 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**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

You're finally meeting with Ann and Joe, who provide you with proof that they're members of a federally recognized tribe or shareholders in an Alaska Native Claims Settlement Act (ANCSA) corporation. You're discussing special Marketplace benefits and exemptions offered to American Indians and Alaska Natives (AI/ANs).

**Which one of the following is NOT an accurate statement for you to share with Ann and Joe?**

Select the correct answer.

- A. If AI/ANs choose to enroll in a qualified health plan (QHP), Medicaid or the Children's Health Insurance Program, the Indian Health Service (I), tribes and tribal organizations (T), and urban Indian organizations (U) (I/T/U) can bill that AI/AN's insurance program for the services it provides to that individual.
- B. AI/ANs have monthly opportunities to enroll in a QHP. The yearly open enrollment period doesn't apply to AI/ANs.
- C. AI/ANs can enroll in stand-alone dental plans with no cost sharing.
- D. AI/ANs may enroll in a QHP to have access to a full range of health care coverage.

**Feedback:** The correct answer is C. 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 out-of-pocket costs such as copays and deductibles. All other statements are accurate.

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### Medicaid and CHIP

AI/ANs who currently get services or are eligible to get services from I/T/U providers, or through a referral under a Purchased/Referred Program and qualify for Medicaid or CHIP, are exempt from Medicaid premiums, enrollment fees, and cost sharing for copays, coinsurance, deductibles, and other similar charges.

Protected AI/AN income and resources such as property and rights related to hunting, fishing, and natural resources, are exempt for Medicaid and CHIP eligibility. 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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### Marketplace Application Process and Specific Issues for AI/ANs

To apply for health coverage through the Marketplace, including for Medicaid or CHIP, AI/AN consumers have the option to complete either the paper or online application or apply over the phone through the Marketplace Call Center.

The questions and processes are different for the paper and online application processes for AI/ANs. For both the paper and online application, AI/ANs can attest to their tribal membership but will need to submit proof of tribal membership/enrollment/ANCSA shareholder status within 90 days of application.

It's your responsibility to help AI/AN consumers understand what these requirements are, so that they're prepared for the application process. The following sections in this training will explain the paper and online applications in detail.



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### Marketplace Application Process and Specific Issues for AI/ANs

To apply for health coverage through the Marketplace, including for Medicaid or CHIP, AI/AN consumers have the option to complete either the paper or online application or apply over the phone through the Marketplace Call Center.

The questions and processes are different for the paper and online application processes for AI/ANs. For both the paper and online application, AI/ANs can attest to their tribal membership but will need to submit proof of tribal membership/enrollment/ANCSA shareholder status within 90 days of application.

It's your responsibility to help AI/AN consumers understand what these requirements are, so that they're prepared for the application process. The following sections in this training will explain the paper and online applications in detail.

The screenshot shows a web page titled "Working Effectively with American Indians and Alaska Natives (AI/ANs)" with a sub-section titled "Paper Applications". The page content discusses two paper applications available through the Marketplace: "Application for Health Coverage (individuals or families)" and "Application for Health Coverage & Help Paying Costs (individuals or families who wish to apply for programs to lower costs)". It also describes the purpose of each application and how responses are used to determine eligibility for an SEP. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

## Paper Applications

There are two paper applications that AI/AN consumers can complete to apply for QHP coverage through the Marketplace:

- Application for Health Coverage (individuals or families)
- Application for Health Coverage & Help Paying Costs (individuals or families who wish to apply for programs to lower costs)

The Application for Health Coverage is intended for individuals who don't 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 Open Enrollment period, the Marketplace uses the responses to this question to determine whether the AI/AN consumer is eligible for an SEP.

The Application for Health Coverage & Help Paying Costs asks AI/ANs to complete Step 3 and Appendix B of the Application. The Marketplace uses 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.

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**Paper Application: Health Coverage & Help Paying Costs: Appendix B Questions 2-3**

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

Question	Explanation of Question
2. Is this person a member of a federally recognized tribe? If yes, provide the tribe name.	Question 2 is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for cost-sharing reductions offered through the Marketplace. Please note: ANCSA shareholders are included in the definition of members of federally recognized tribes.
3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	Question 3 is used to determine whether AI/AN consumers have to make copayments, or pay deductibles or other similar charges for Medicaid or CHIP.

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## Paper Application: Health Coverage & Help Paying Costs: Appendix B Questions 2-3

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

### Question 2

Is this person a member of a federally recognized tribe? If yes, provide the tribe name?

### Explanation of Question 2

Question 2 is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for cost-sharing reductions offered through the Marketplace. Please note: ANCSA shareholders are included in the definition of members of federally recognized tribes.

### Question 3

Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?

### Explanation of Question 3

Question 3 is used to determine whether AI/AN consumers have to make copayments, or pay deductibles or other similar charges for Medicaid or CHIP.

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**Paper Application: Appendix B Question 4**

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

Question	Explanation of Question
<p>4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (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"> <li>• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li> <li>• Payments 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)</li> <li>• Money from selling things that have cultural significance</li> </ul>	<p>Question 4 is used to ensure that certain Indian income that might have been reported in the general income questions (Step 2 of the 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 purposes of 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>

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### Paper Application: Appendix B Question 4

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

<b>Question</b>	<p>4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (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"> <li>• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li> <li>• Payments 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)</li> <li>• Money from selling things that have cultural significance</li> </ul>
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**Explanation  
of Question**

Question 4 is used to ensure that certain Indian income that might have been reported in the general income questions (Step 2 of the 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 purposes of 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.

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### Online Application

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

These questions are covered on the following page.



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### Online Application

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

These questions are covered on the following page.

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**Application Questions 1-2**

The first two online application questions for AI/AN consumers are:

Question	Explanation of Question
1. Is this consumer eligible to get services from IHS, tribal health programs or urban Indian health programs, or through a referral from one of these programs?	Question 1 is used to determine eligibility for exemption from premium payments and enrollment fees when AI/AN consumers are enrolled in Medicaid or CHIP.
2. 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?	Question 2 is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.

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## Application Questions 1-2

The first two online application questions for AI/AN consumers are:

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1. Is this consumer eligible to get services from IHS, tribal health programs or urban Indian health programs, or through a referral from one of these programs?	Question 1 is used to determine eligibility for exemption from premium payments and enrollment fees when AI/AN consumers are enrolled in Medicaid or CHIP.
2. 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?	Question 2 is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.

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**Application Question 3**

The third online application question for AI/AN consumers is:

Question	Explanation of Question
<p>3. Certain money received may not be counted toward eligibility for Medicaid or CHIP. List any income (amount and how often) that the consumer reported on his or her application that comes from these sources:</p> <ul style="list-style-type: none"> <li>• Per capita (for each consumer) payments from a tribe that come from natural resources, usage rights, leases, or royalties.</li> <li>• Payments from natural resources, farming, ranching, fishing, leases, or profits from land said to be Indian trust land by the DOI (including reservations and former reservations).</li> <li>• Money from selling things that have AI/AN cultural significance, such as Indian jewelry or beadwork.</li> </ul>	<p>Question 3 is used to ensure that certain Indian income that might have been reported in the general income questions (Step 2 of the application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that 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 IRS but is excluded for purposes of Medicaid and CHIP.</p> <p>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>

The applicant will be directed to answer the following additional question: Is the applicant or household member(s) a member of a [federally recognized tribe?](#)

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## Application Question 3

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### Question 3

3. Certain money received may not be counted toward eligibility for Medicaid or CHIP. List any income (amount and how often) that the consumer reported on his or her application that comes from these sources:
- Per capita (for each consumer) payments from a tribe that come from natural resources, usage rights, leases, or royalties.
  - Payments from natural resources, farming, ranching, fishing, leases, or profits from land said to be Indian trust land by the DOI (including reservations and former reservations).
  - Money from selling things that have AI/AN cultural significance, such as Indian jewelry or beadwork.

### Explanation of Question 3

Question 3 is used to ensure that certain Indian income that might have been reported to the general income questions (Step 2 of the 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 IRS but is excluded for purposes of 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.

#### **More Information about a Federally Recognized Tribe**

If in response to this question, the consumer answers yes, the consumer will be directed to a drop down list of federally recognized tribes and ANCSA regional and village corporations, and will be asked to select the appropriate tribe from this list.

The consumer will be directed to upload or mail in proof of tribal membership/enrollment/shareholder status within 90 days of the date of application. These consumers are able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant will no longer be eligible for the special monthly enrollment period and zero or limited cost sharing.

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**Key Points**

- Federally recognized tribes and the federal government have a historical government-to-government relationship. Under U.S. treaties and laws, the federal government has a unique responsibility to provide members of federally recognized tribes with health care.
- By enrolling in a Marketplace QHP, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U, and the tribal communities benefit through increased resources to their I/T/Us.
- Eligible AI/ANs have certain benefits and exemptions under Medicaid, CHIP, and the Marketplace.
- For Medicaid and CHIP, AI/ANs are exempt from cost sharing and certain Indian income is excluded in determining eligibility.
- For the Marketplace, AI/ANs have special monthly enrollment periods, zero or limited cost sharing, and an ability to apply for an exemption from the individual shared responsibility payment.
- Whether an AI/AN enrolls in Medicaid, CHIP or in a QHP through the Marketplace, or applies for an exemption, the AI/AN can continue to get services from an I/T/U at no cost to the individual.
- The paper and online applications for health coverage have special details you should know about when helping AI/AN consumers.

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## Key Points

- Federally recognized tribes and the federal government have a historical government-to-government relationship. Under U.S. treaties and laws, the federal government has a unique responsibility to provide members of federally recognized tribes with health care.
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- The paper and online applications for health coverage have special details you should know about when helping AI/AN consumers.

## Considerations for Working with Older Consumers Module

### Serving Vulnerable and Underserved Populations

Considerations for Working with Older Consumers

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#### Introduction

The Affordable Care Act established the Marketplace, which facilitates enrollment in health coverage through qualified health plans (QHPs). The Affordable Care Act also gives states new opportunities to expand their Medicaid programs.

For purposes of this training, the term "older consumers" means individuals who are:

- Already eligible for Medicare (age 65); or
- Will soon become eligible for Medicare (nearly 65)
- Meet the age requirement for Medicare, but are not eligible.

Older consumers may need assistance to seamlessly transition between coverage offered through the Marketplace into [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 training will explore topics essential to engaging, educating, and helping older consumers get health coverage through the Marketplace or referring them to other programs.

This training will provide you with the skills to:

- Identify the relationship between Medicare and the Marketplace
- Identify the Marketplace options for older consumers who are soon to be eligible for Medicare

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#### Introduction

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- Identify the relationship between Medicare and the Marketplace
- Identify the Marketplace options for older consumers who are soon to be eligible for Medicare

### **More Information about Medicare**

Medicare is the federal health care program for certain consumers age 65 and older, certain younger consumers with disabilities, and certain consumers with End- Stage Renal Disease (ESRD). While not everyone with Medicare is an older consumer, the information provided in this topic addresses those who are age 65 or older, which is the majority of consumers eligible for Medicare.

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Considerations for Working with Older Consumers

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### How to Engage with Older Consumers

Remember that you should never stereotype and should always be respectful of each consumer you help. To best assist older consumers, you should be aware that they may face challenges in certain areas including:

Select **each term** to learn more.

[Disabilities](#)

[Health Literacy](#)

[Caregivers](#)



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## How to Engage with Older Consumers

Remember that you should never stereotype and should always be respectful of each consumer you help. To best assist older consumers, you should be aware that they may face challenges in certain areas including:

### Disabilities

The need for reasonable accommodations increases with age. Reasonable accommodations may be necessary to ensure 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. This includes providing reasonable accommodations to ensure compliance with the Americans with Disabilities Act (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and other relevant federal, state, or local laws. You'll learn more about this subject in another training.

### 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.

#### Caregivers

To the greatest extent possible, the consumer seeking health care coverage should be the primary source of information and decision-making about health care coverage, even if the person is accompanied by a caregiver, authorized representative, guardian, or family member. When another person is authorized to represent the consumer, make sure that the consumer is the focus of the discussion and participates in the conversation to the greatest extent possible.

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Considerations for Working with Older Consumers

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### Working Effectively with Older Consumers

Older consumers may be eligible for several health coverage options, including coverage through the Marketplace, job-based 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.

You may work with any of the following:

- Older consumers who already have Medicare and are interested in getting health coverage through the Marketplace (as well as younger consumers with Medicare)
- Older consumers applying for health coverage through the Individual Marketplace or Small Business Health Options Program (SHOP) Marketplace and who'll soon be eligible for Medicare
- Older consumers applying for health coverage through the Marketplace who aren't yet eligible for Medicare
- Older consumers with Medicare who are offered insurance through the SHOP Marketplace by their employer or former employer
- Older consumers with health coverage offered by the federal government, such as through TRICARE, the Veterans Health Administration program, or the Federal Employees Health Benefits program
- Older consumers who have Medicare but are interested in enrolling in Medicaid

To effectively help older consumers and educate them about their options for health coverage through a Marketplace, Medicare, or Medicaid, you should learn about the eligibility criteria and benefits for these programs.



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### Introduction to Medicare

Medicare is the federal health care program for certain consumers age 65 and older and certain consumers, regardless of age, with disabilities or end-stage renal disease.

Different parts of Medicare help cover specific services.

- Medicare Part A (Hospital Insurance):** Part A covers inpatient hospital stays, care in skilled nursing facilities, hospice care, and some home health care. Most consumers have Medicare Part A without a premium, but other consumers may have to pay a premium for Part A.
- Medicare Part B (Medical Insurance):** Part B covers certain doctors' services, outpatient care, home health care, durable medical equipment and supplies, preventive services, and other services. There's generally a premium for Part B.
- Medicare Part C (Medicare Advantage Plans):** Medicare Advantage Plans are a type of Medicare health plan offered by private health insurance companies that contract with Medicare to provide Part A and Part B benefits for their enrollees. Most Medicare Advantage Plans also offer prescription drug coverage (Part D). Consumers with a Medicare Advantage plan may have a premium in addition to the premium for Part B.
- Medicare Part D (Prescription Drug Coverage):** Part D covers prescription drugs. Health insurance companies approved by Medicare offer Part D coverage. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans. There's generally a premium for Part D.

Visit Medicare.gov for more information on Medicare benefits and enrollment processes.

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## Introduction to Medicare

Medicare is the federal health care program for certain consumers age 65 and older and certain consumers, regardless of age, with disabilities or end-stage renal disease.

Different parts of Medicare help cover specific services.

### Medicare Part A (Hospital Insurance)

Part A covers inpatient hospital stays, care in skilled nursing facilities, hospice care, and some home health care. Most consumers have Medicare Part A without a premium, but other consumers may have to pay a premium for Part A.

### Medicare Part B (Medical Insurance)

Part B covers certain doctors' services, outpatient care, home health care, durable medical equipment and supplies, preventive services, and other services. There's generally a premium for Part B.

### Medicare Part C (Medicare Advantage Plans)

Medicare Advantage Plans are a type of Medicare health plan offered by private health insurance companies that contract with Medicare to provide Part A and Part B benefits for their enrollees. Most Medicare Advantage Plans also offer prescription drug coverage

(Part D). Consumers with a Medicare Advantage plan may have a premium in addition to the premium for Part B.

#### **Medicare Part D (Prescription Drug Coverage)**

Part D covers prescription drugs. Health insurance companies approved by Medicare offer Part D coverage. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans. There's generally a premium for Part D.

Visit Medicare.gov for more information on Medicare benefits and enrollment processes.

## Serving Vulnerable and Underserved Populations

Considerations for Working with Older Consumers

Premium-Free Part A Medicare

To be eligible for premium-free Part A Medicare, consumers must first be qualified based on their own work history and contributions to the Social Security program or those of a spouse, parent, or child. To be insured, consumers must have a specified number of quarters of coverage (QCs), which are earned through payment of payroll taxes under the Federal Insurance Contributions Act (FICA) during consumers' working years. The exact number of required QCs depends on whether consumers are filing for Part A on the basis of age, disability, or End-Stage Renal Disease (ESRD). Most people pay the full FICA tax, so the QCs they earn can be used to qualify them for both monthly Social Security benefits and premium-free Part A Medicare.

**Consumers who have premium-free Part A Medicare generally can't enroll in QHPs through the Marketplace because it is against the law for a private insurer to sell an individual market Marketplace plan to someone who has Medicare coverage, when the insurer knows the plan will provide duplicate benefits.**

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## Premium-Free Part A Medicare

To be eligible for premium-free Part A Medicare, consumers must first be qualified based on their own work history and contributions to the Social Security program or those of a spouse, parent, or child. To be insured, consumers must have a specified number of quarters of coverage (QCs), which are earned through payment of payroll taxes under the Federal Insurance Contributions Act (FICA) during consumers' working years. The exact number of required QCs depends on whether consumers are filing for Part A on the basis of age, disability, or End-Stage Renal Disease (ESRD). Most people pay the full FICA tax, so the QCs they earn can be used to qualify them for both monthly Social Security benefits and premium-free Part A Medicare.

**Consumers who have premium-free Part A Medicare generally can't enroll in QHPs through the Marketplace because it is against the law for a private insurer to sell an individual market Marketplace plan to someone who has Medicare coverage, when the insurer knows the plan will provide duplicate benefits.**

## Serving Vulnerable and Underserved Populations

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### Medicare Premium Part A

In general, consumers age 65 and older who don't have premium-free Part A Medicare (because they haven't earned enough QCs) but who meet eligibility requirements, including enrollment in Medicare Part B may elect to purchase Medicare premium Part A coverage by filing an application at the Social Security office. These consumers will need to pay monthly premiums, so this type of Medicare coverage is called Medicare premium Part A. In order to be eligible to enroll in Medicare premium Part A and/or Part B, consumers must be either U.S. citizens or lawful permanent residents who have lived in the U.S. continuously for at least five years at the time their applications are filed.

Older consumers desiring Medicare premium Part A can only file for coverage during a prescribed enrollment period and must also enroll in or already be enrolled in Medicare Part B. In order to be eligible to enroll in Part B and premium Part A, consumers must be either U.S. citizens or lawful permanent residents who have lived in the U.S. continuously for at least 5 years at the time the application is filed.

Assisters can find more information on Medicare benefits at Medicare.gov, and can search for their local State Health Insurance Assistance Program at Shiptalk.org.



Medicare Enrollment Form

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### Medicare Premium Part A

In general, consumers age 65 and older who don't have premium-free Part A Medicare (because they haven't earned enough QCs) but who meet eligibility requirements, including enrollment in Medicare Part B may elect to purchase Medicare premium Part A coverage by filing an application at the Social Security office. These consumers will need to pay monthly premiums, so this type of Medicare coverage is called Medicare premium Part A. In order to be eligible to enroll in Medicare premium Part A and/or Part B, consumers must be either U.S. citizens or lawful permanent residents who have lived in the U.S. continuously for at least five years at the time their applications are filed.

Older consumers desiring Medicare premium Part A can only file for coverage during a prescribed enrollment period and must also enroll in or already be enrolled in Medicare Part B. In order to be eligible to enroll in Part B and premium Part A, consumers must be either U.S. citizens or lawful permanent residents who have lived in the U.S. continuously for at least 5 years at the time the application is filed.

Assisters can find more information on Medicare benefits at Medicare.gov, and can search for their local State Health Insurance Assistance Program at Shiptalk.org

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### Older Consumers Enrolled in Medicare Who Are Interested in the Marketplace

Consumers who don't have Medicare coverage but who qualify to enroll through the Marketplace may choose to enroll in coverage through the Marketplace rather than purchase Medicare premium Part A and/or Part B coverage. These consumers may be interested in getting more information about the Marketplace. Consumers who submit an eligibility application through the Marketplace to find out if they qualify for Medicaid or the advance payment of the premium tax credit and cost-sharing reductions must include nontaxable household income, such as Social Security and Railroad Retirement benefits, in their reported income.

Coverage Facts	Messages to Consumers
<ul style="list-style-type: none"> <li>Consumers who have premium-free Part A Medicare may not be able to enroll in QHPs through the Individual Marketplace regardless of their income, because it's generally against the law for a private insurer to sell a Marketplace plan that's known to duplicate Medicare coverage to someone who has Medicare coverage.</li> <li>Consumers who are eligible for Medicare premium Part A but aren't enrolled in it can be eligible to enroll in QHPs through the Individual Marketplace and may be eligible for the premium tax credit and cost-sharing reductions.</li> <li>Consumers who have Medicare or are considering enrolling in Medicare who meet the Medicare eligibility requirements can access programs available to help pay for Medicare costs for eligible consumers, including Medicare Savings Programs (MSPs) and the Low-Income Subsidy or Extra Help for Medicare Part D costs</li> <li>Consumers who have only Medicare Part B could become able to enroll in QHPs through the Marketplace, and may be eligible to get the premium tax credit and cost-sharing reductions, only if they voluntarily end their Medicare Part B coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Premium-free Part A Medicare already covers most medically-necessary inpatient and hospital benefits.</li> <li>Once you have premium-free Part A Medicare, you generally can't enroll in a QHP through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan to someone with Medicare coverage (either Part A or Part B), when the insurer knows the plan will provide duplicate benefits.</li> <li>If you already have QHP coverage through the Marketplace once you become entitled to premium-free Part A Medicare, you'll stop being eligible for Marketplace-based help with your costs once your Medicare Part A coverage begins.</li> <li>If you'd like additional health coverage for things that Medicare doesn't pay for, you should consider purchasing a Medicare Supplement Insurance (Medigap) policy. In addition, Medicare Advantage plans (Medicare Part C) may offer additional services beyond what Medicare Part A and Part B cover in the original Medicare program.</li> </ul>

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### Older Consumers Enrolled in Medicare Who Are Interested in the Marketplace

Consumers who don't have Medicare coverage but who qualify to enroll through the Marketplace may choose to enroll in coverage through the Marketplace rather than purchase Medicare premium Part A and/or Part B coverage. These consumers may be interested in getting more information about the Marketplace. Consumers who submit an eligibility application through the Marketplace to find out if they qualify for Medicaid or the advance payment of the premium tax credit and cost-sharing reductions must include nontaxable household income, such as Social Security and Railroad Retirement benefits, in their reported income.

#### Coverage Facts

- Consumers who have premium-free Part A Medicare may not be able to enroll in QHPs through the Individual Marketplace regardless of their income, because it's generally against the law for a private insurer to sell a Marketplace plan that's known to duplicate Medicare coverage to someone who has Medicare coverage.
- Consumers who are eligible for Medicare premium Part A but aren't enrolled in it can be eligible to enroll in QHPs through the Individual Marketplace and may be eligible for the premium tax credit and cost-sharing reductions.
- Consumers who have Medicare or are considering enrolling in Medicare who meet the Medicare eligibility requirements can access programs available to help pay

for Medicare costs for eligible consumers, including Medicare Savings Programs (MSPs) and the Low-Income Subsidy or Extra Help for Medicare Part D costs

- Consumers who have only Medicare Part B could become able to enroll in QHPs through the Marketplace, and may be eligible to get the premium tax credit and cost-sharing reductions, only if they voluntarily end their Medicare Part B coverage.

#### Messages to Customers

- Premium-free Part A Medicare already covers most medically-necessary inpatient and hospital benefits.
- Once you have premium-free Part A Medicare, you generally can't enroll in a QHP through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan to someone with Medicare coverage (either Part A or Part B), when the insurer knows the plan will provide duplicate benefits.
- If you already have QHP coverage through the Marketplace once you become entitled to premium-free Part A Medicare, you'll stop being eligible for Marketplace-based help with your costs once your Medicare Part A coverage begins.
- If you'd like additional health coverage for things that Medicare doesn't pay for, you should consider purchasing a Medicare Supplement Insurance (Medigap) policy. In addition, Medicare Advantage plans (Medicare Part C) may offer additional services beyond what Medicare Part A and Part B cover in the original Medicare program.

The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "Serving Vulnerable and Underserved Populations". On the right side of the header are "Exit" and "Page 8 of 19" buttons. Below the header, a white content area has a dark blue border. The title "Considerations for Working with Older Consumers" is at the top left, and "Knowledge Check" is centered below it. A text box contains a scenario about Eduardo, a 71-year-old Medicare enrollee. Below the scenario is a question: "Which of the following discussions would be appropriate to have with Eduardo?". Instructions say to "Select all that apply" and click "Check Your Answer". A list of four options follows, each preceded by a checkbox. At the bottom of the content area is a blue button labeled "Check Your Answer". Below the content area is a footer with links: "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT". A note in the footer says "Complete the Knowledge Check to enable NEXT button".

## Knowledge Check

Eduardo, who is 71 years old, comes to your office for information on his health coverage options. He's currently enrolled in Medicare premium-free Part A and Medicare Part B. He wants to know more about other options that might be available to help lower his costs.

**Which of the following discussions would be appropriate to have with Eduardo?**

Select **all that apply**.

- A. Tell him you can't help him and that he should contact his local State Health Insurance Assistance Program (SHIP) to find out if he qualifies for state-based financial assistance to lower his costs.
- B. Tell him that he can keep his current Medicare premium Part A and Medicare Part B and apply for programs through the Marketplace to help him with Medicare premium costs.
- C. Tell him that he can stay with his current Medicare premium Part A and Medicare Part B and apply for a Medicare Savings Program (MSP) to see if he's eligible to get help paying for his Medicare costs.
- D. Tell him that because he's enrolled in Medicare premium Part A and Medicare Part B, currently insurers cannot sell him a qualified health plan (QHP) through a Marketplace. However, if he wants to enroll in a QHP, he could contact the Social Security office to learn about stopping his Medicare coverage. If he

stops his Medicare coverage, he might become eligible for financial assistance through the Marketplace.

**Feedback:** The correct answers are C and D. You should tell Eduardo of the various programs that might help him lower his premium costs for Medicare. If he wants to compare his Medicare premium costs with the possible cost of enrolling in a QHP, you should help Eduardo fill out an eligibility application to see if he's eligible to enroll in a QHP through the Marketplace and/or qualifies for programs to lower his costs. When Eduardo gets his eligibility determination, you can review it with him to make sure he has the information he needs, including financial implications, to decide whether he should keep his Medicare premium-free Part A coverage and apply for an MSP or opt out of Medicare premium Part A, and contact the Social Security office to end his Medicare coverage and enroll in a QHP through the Marketplace.

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### Medicare and the SHOP Marketplace

Consumers who have Medicare can still get health coverage from an employer or former employer through the SHOP Marketplace, which is job-based group health coverage. If consumers receive health coverage from an employer through the SHOP Marketplace based on the consumers' or their spouses' current employment and have Medicare coverage, [Medicare Secondary Payer](#) rules apply.

Consumers that have job-based coverage through the SHOP Marketplace should check with their employer to determine whether that coverage pays before Medicare. If it does, the consumer should sign up for Medicare Part A and consider delaying enrollment in Part B until the current employment or the job-based coverage ends, whichever occurs first.



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## Medicare and the SHOP Marketplace

Consumers who have Medicare can still get health coverage from an employer or former employer through the SHOP Marketplace, which is job-based group health coverage. If consumers receive health coverage from an employer through the SHOP Marketplace based on the consumers' or their spouses' current employment and have Medicare coverage, [Medicare Secondary Payer](#) rules apply.

Consumers that have job-based coverage through the SHOP Marketplace should check with their employer to determine whether that coverage pays before Medicare. If it does, the consumer should sign up for Medicare Part A and consider delaying enrollment in Part B until the current employment or the job-based coverage ends, whichever occurs first.

### More Information about Medicare Secondary Payer Rules

Medicare Secondary Payer rules govern the coordination of benefits between Medicare and current employment-based group health plan coverage.

**Considerations for Working with Older Consumers**

**Considerations for Older Consumers with Incomes Over 133% of the FPL**

Older consumers who are ineligible for Medicaid (in most states, those who have incomes over 133% of the FPL or \$21,307 for a family of two in 2016) may be interested in getting information about the Marketplace.

Coverage Facts	Messages to Consumers
<ul style="list-style-type: none"> <li>Eligible consumers first become Medicare- eligible based on age at the start of the month of their 65th birthday. They may also qualify after they've received Social Security or Railroad Retirement Board disability benefits for 24 months or have been diagnosed with End-Stage Renal Disease. All entitlement to free Part A requires that the consumer or, in some cases, the spouse, child or family member to have enough quarters of coverage.</li> <li>Consumers newly eligible for Medicare have an Initial Enrollment Period (IEP) to sign up for Medicare (Part A and Part B). During the individual's IEP, they may also enroll in Medicare Advantage and Part D. For individuals who didn't enroll during the IEP or who lost/ended coverage, there's also a General Enrollment Period from January 1st to March 31st each year for individuals to enroll in Part B (or Medicare premium Part A) with coverage beginning July 1 of that year.</li> <li>If consumers don't sign up for Medicare during their IEP or aren't eligible to enroll during a special enrollment period, they may be assessed a late enrollment penalty and have a coverage gap. This financial penalty is a permanent premium increase for Medicare Part B and/or Part D. There is also a late enrollment penalty associated with premium Part A.</li> <li>In addition, for consumers who are already enrolled in Medicare, there's an annual Open Enrollment period for switching to Medicare Advantage or enrolling in Part D from October 15 – December 7 for coverage to begin January 1 of the following calendar year. This annual Open Enrollment period provides individuals with Medicare an opportunity to change or enhance their Medicare Part A and Part B coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Once you have Medicare, you generally can't enroll in QHPs through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan to someone with Medicare coverage (either Part A or Part B), when the insurer knows the plan will provide duplicate benefits. You also will stop getting Marketplace-based help with your costs through the Marketplace.</li> <li>If you need help paying for Medicare prescription drug costs, you should call Social Security to apply for Extra Help.</li> </ul>

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## Considerations for Older Consumers with Incomes Over 133% of the FPL

Older consumers who are ineligible for Medicaid (in most states, those who have incomes over 133% of the FPL or \$21,307 for a family of two in 2016) may be interested in getting information about the Marketplace.

### Coverage Facts

- Eligible consumers first become Medicare- eligible based on age at the start of the month of their 65th birthday. They may also qualify after they've received Social Security or Railroad Retirement Board disability benefits for 24 months or have been diagnosed with End-Stage Renal Disease. All entitlement to free Part A requires that the consumer or, in some cases, the spouse, child or family member to have enough quarters of coverage.
- Consumers newly eligible for Medicare have an Initial Enrollment Period (IEP) to sign up for Medicare (Part A and Part B). During the individual's IEP, they may also enroll in Medicare Advantage and Part D. For individuals who didn't enroll during the IEP or who lost/ended coverage, there's also a General Enrollment Period from January 1st to March 31st each year for individuals to enroll in Part B (or Medicare premium Part A) with coverage beginning July 1 of that year.
- If consumers don't sign up for Medicare during their IEP or aren't eligible to enroll during a special enrollment period, they may be assessed a late enrollment

penalty and have a coverage gap. This financial penalty is a permanent premium increase for Medicare Part B and/or Part D. There is also a late enrollment penalty associated with premium Part A.

- In addition, for consumers who are already enrolled in Medicare, there's an annual Open Enrollment period for switching to Medicare Advantage or enrolling in Part D from October 15 – December 7 for coverage to begin January 1 of the following calendar year. This annual Open Enrollment period provides individuals with Medicare an opportunity to change or enhance their Medicare Part A and Part B coverage.

#### Messages to Consumers

- Once you have Medicare, you generally can't enroll in QHPs through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan to someone with Medicare coverage (either Part A or Part B), when the insurer knows the plan will provide duplicate benefits. You also will stop getting Marketplace-based help with your costs through the Marketplace.
- If you need help paying for Medicare prescription drug costs, you should call Social Security to apply for Extra Help.

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**Older Consumers with Incomes Under 133% of the FPL**

Older consumers who have incomes that qualify them for Medicaid (generally lower than 133% of the FPL, or \$21,307 for a family of two through 2016) and who live in states that expanded their Medicaid programs may be interested in getting information about Medicare, Medicaid, and the Marketplace.

Coverage Facts	Messages to Consumers
<ul style="list-style-type: none"> <li>In states with an expanded Medicaid program, consumers under age 65 with incomes under 138% of the FPL who aren't eligible for Medicare may qualify for the new Medicaid adult eligibility group.</li> <li>In states with an expanded Medicaid program, consumers who become Medicare-eligible will no longer be eligible for the new adult Medicaid eligibility category and will be automatically disenrolled.</li> <li>States must screen consumers for all Medicaid programs, including MSPs.</li> <li>If an older consumer isn't eligible for any Medicaid program, there are programs that may help pay for Medicare costs, including MSPs and/or Extra Help.</li> </ul>	<ul style="list-style-type: none"> <li>If you become eligible for Medicare and are no longer eligible for Medicaid, you may qualify for programs that help you pay for your Medicare costs.</li> <li>If you need help paying for Medicare prescription drug costs, you should call Social Security to apply for Extra Help.</li> <li>If you need help paying for your Medicare Part B premiums, you should call your state Medical Assistance (Medicaid) office to apply for one of the MSPs.</li> <li>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 Marketplace.</li> </ul>

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## Older Consumers with Incomes Under 133% of the FPL

Older consumers who have incomes that qualify them for Medicaid (generally lower than 133% of the FPL, or \$21,307 for a family of two through 2016) and who live in states that expanded their Medicaid programs may be interested in getting information about Medicare, Medicaid, and the Marketplace.

### Coverage Facts

- In states with an expanded Medicaid program, consumers under age 65 with incomes under 138% of the FPL who aren't eligible for Medicare may qualify for the new Medicaid adult eligibility group.
- In states with an expanded Medicaid program, consumers who become Medicare-eligible will no longer be eligible for the new adult Medicaid eligibility category and will be automatically disenrolled.
- States must screen consumers for all Medicaid programs, including MSPs.
- If an older consumer isn't eligible for any Medicaid program, there are programs that may help pay for Medicare costs, including MSPs and/or Extra Help.

**Messages to Consumers**

- If you become eligible for Medicare and are no longer eligible for Medicaid, you may qualify for programs that help you pay for your Medicare costs.
- If you need help paying for Medicare prescription drug costs, you should call Social Security to apply for Extra Help.
- If you need help paying for your Medicare Part B premiums, you should call your state Medical Assistance (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 Marketplace.

The screenshot shows a knowledge check section titled "Considerations for Working with Older Consumers". The scenario describes Sahand, a 64-year-old consumer with an annual income of \$14,000 who is concerned about affording health coverage premiums. The question asks what should be told to Sahand. Four options are provided, each preceded by a checkbox:

- A. Tell him that he may be eligible for Medicaid, and help him fill out an eligibility application through the Marketplace. 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 the Marketplace can't determine his eligibility.
- 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.

A "Check Your Answer" button is located at the bottom left of the main content area. At the bottom right, there is a note: "Complete the Knowledge Check to enable NEXT button". Navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT" are also visible.

## Knowledge Check

Sahand, who is 64 years old, contacts you for information regarding his health coverage options. With an annual income of \$14,000 a year, Sahand thinks that it'll be difficult to afford premiums for health coverage. He hopes that he can get help through the Marketplace.

### What should you tell Sahand?

Select the correct answer.

- A. Tell him that he may be eligible for Medicaid, and help him fill out an eligibility application through the Marketplace. 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 the Marketplace can't determine his eligibility.
- 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.

**Feedback:** The correct answer is A. Sahand has an income under 133% of the federal poverty level (FPL) and 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.

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**Considerations for Working with Older Consumers**

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**Considerations for Older Immigrant Adults**

Older consumers who are lawfully present immigrants may be interested in getting more information about the Marketplace. There are special considerations for Medicare that apply to older consumers who are not U.S. citizens.

Coverage Facts	Messages to Consumers
<ul style="list-style-type: none"> <li>Lawfully present immigrants who have a sufficient number of QCs may get premium-free Part A Medicare.</li> <li>To be eligible to enroll in Medicare premium Part A and/or Part B a consumer needs to be age 65 or older, and be either a U.S. citizen or a lawful permanent resident having lived in the U.S. for five continuous years prior to the application for Medicare.</li> <li>If a consumer isn't a U.S. citizen, but is lawfully present in the U.S. and doesn't have Medicare, the consumer may be eligible to purchase coverage through the Marketplace.</li> </ul>	<ul style="list-style-type: none"> <li>If you have enough quarters of work history to qualify for Social Security, you may be eligible for premium-free Part A Medicare if you meet the eligibility requirements. You are not eligible for Medicare if you're not lawfully present in the U.S. If a consumer is entitled to premium-free Part A Medicare, the consumer can enroll in Part B (which requires a premium).</li> <li>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, but you'll have to pay monthly premiums for Medicare Part A and Part B coverage.</li> <li>If you need help or have questions about Medicare, contact your local State Health Insurance Assistance Program (SHIP).</li> <li>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.</li> <li>If you aren't eligible for Medicaid or don't have Medicare, you may still be eligible for QHP health coverage, with or without financial assistance, through the Marketplace.</li> </ul>

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## Considerations for Older Immigrant Adults

Older consumers who are lawfully present immigrants may be interested in getting more information about the Marketplace. There are special considerations for Medicare that apply to older consumers who are not U.S. citizens.

### Coverage Facts

- Lawfully present immigrants who have a sufficient number of QCs may get premium-free Part A Medicare.
- To be eligible to enroll in Medicare premium Part A and/or Part B a consumer needs to be age 65 or older, and be either a U.S. citizen or a lawful permanent resident having lived in the U.S. for five continuous years prior to the application for Medicare.
- If a consumer isn't a U.S. citizen, but is lawfully present in the U.S. and doesn't have Medicare, the consumer may be eligible to purchase coverage through the Marketplace.

### Messages to Consumers

- If you have enough quarters of work history to qualify for Social Security, you may be eligible for premium-free Part A Medicare if you meet the eligibility requirements. You are not eligible for Medicare if you're not lawfully present in the U.S. If a consumer is entitled to premium-free Part A Medicare, the consumer can enroll in Part B (which requires a premium).
- 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, but you'll have to pay monthly premiums for Medicare Part A and Part B coverage.
- If you need help or have questions about Medicare, contact your local State Health Insurance Assistance Program (SHIP).
- 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 for QHP health coverage, with or without financial assistance, through the Marketplace.

the U.S. If a consumer is entitled to premium-free Part A Medicare, the consumer can enroll in Part B (which requires a premium).

- 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, but you'll have to pay monthly premiums for Medicare Part A and Part B coverage.
- If you need help or have questions about Medicare, contact your local State Health Insurance Assistance Program (SHIP).
- 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 for QHP health coverage, with or without financial assistance, through the Marketplace.

The screenshot shows a knowledge check section titled "Considerations for Working with Older Consumers". The question asks which of four options should be told to Flora, who is 70 years old and an immigrant. The correct answer is C: She may be eligible for coverage through the Marketplace, and you should help her with the application process. A "Check Your Answer" button is present, along with a note that it must be completed to enable the "NEXT" button. Navigation links for Menu, Help, Glossary, and Resources are at the bottom.

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Considerations for Working with Older Consumers

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**Knowledge Check**

Flora, who is 70 years old, is an immigrant. She came to the United States (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. Unfortunately, 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 click 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 the 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**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Flora, who is 70 years old, is an immigrant. She came to the United States (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. Unfortunately, she has health problems that require her to visit a doctor.

### Which of the following should you tell Flora?

Select the correct 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 the 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.

**Feedback:** The correct answer is C. Flora doesn't meet the citizenship and residency requirement to enroll in Medicare Part B and does not appear to have the necessary quarters of coverage to be entitled to premium-free Part A. She may be eligible for coverage.

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**Considerations for Working with Older Consumers**

### Transition to Medicare

If consumers...	Then consumers...	And...
Are receiving Social Security Retirement or Social Security Disability benefits,	Will get information about Medicare a few months before they're automatically enrolled in Medicare Part A and Part B.	They should consider signing up for Medicare Part D at the beginning of their Initial Enrollment Period, so that they'll have prescription drug coverage on their first day of eligibility.
Are newly eligible for Medicare and don't get Social Security benefits yet,	Will have an Initial Enrollment Period (IEP) to sign up for Medicare Part A and Part B and should apply for Medicare Part D at that time.	For someone turning 65 years old, the IEP includes the three months prior to, the month of, and the three months after a consumer turns 65. They can choose to sign up for Medicare during their IEP, or if they don't have job-based coverage (including coverage through the SHOP Marketplace) based on current employment, they may: <ul style="list-style-type: none"> <li>Become uninsured</li> <li>Pay a higher premium when they sign up for Medicare</li> <li>Have to make the individual shared responsibility payment for not having minimal essential coverage (MEC)</li> </ul>
Have job-based coverage based on current employment, including coverage through the SHOP Marketplace,	Should sign up for premium-free Medicare Part A (if eligible) when their IEP begins and consider delaying enrollment in Part B until the job-based coverage or the current employment ends, whichever occurs first.	
Are close to age 65 and are in a Medicaid expansion program,	Should enroll in Medicare when their IEP begins and check with their State Medical Assistance (Medicaid) office to determine whether they qualify for Medicaid under another coverage group.	
Are eligible for programs to lower their costs through the Marketplace,	Eligibility for these programs will end when their Medicare Part A coverage starts.	

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

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### Transition to Medicare

It's important that consumers close to age 65 who are applying for coverage through the Marketplace know about the benefits of enrolling in Medicare as soon as they become eligible.

IF Consumers...	THEN Consumers ...	AND
Are receiving Social Security Retirement or Social Security Disability benefits,	Will get information about Medicare a few months before they're automatically enrolled in Medicare Part A and Part B.	They should consider signing up for Medicare Part D at the beginning of their Initial Enrollment Period, so that they'll have prescription drug coverage on their first day of eligibility.

<b>IF Consumers...</b>	<b>THEN Consumers ...</b>	<b>AND</b>
Are newly eligible for Medicare and don't get Social Security benefits yet,	Will have an Initial Enrollment Period (IEP) to sign up for Medicare Part A and Part B and should apply for Part D at that time.	<p>For someone turning 65 years old, the IEP includes the three months prior to, the month of, and the three months after a consumer turns 65.</p> <p>If consumers don't sign up for Medicare during their IEP and if they don't have job-based coverage (including coverage through the SHOP Marketplace), they may:</p> <ul style="list-style-type: none"> <li>• Become uninsured</li> <li>• Have to pay a higher premium when they sign up for Medicare</li> <li>• Have to make the individual shared responsibility payment for not having minimal essential coverage (MEC)</li> </ul>
Have job-based coverage based on current employment, including coverage through the SHOP Marketplace,	Should sign up for Medicare Part A and consider delaying enrollment in Part B until the job-based coverage or the current employment ends, whichever occurs first.	
Are close to age 65 and are in a Medicaid expansion program	Should enroll in Medicare when their IEP begins and check with their State Medical Assistance (Medicaid) office to determine whether they qualify for Medicaid under another coverage group.	
Are eligible for programs to lower their costs through the Marketplace,	Will lose eligibility for these Marketplace programs when their Medicare Part A coverage starts.	

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### Help with Medicare Premiums and Cost Sharing

Under the Affordable Care Act, consumers who have premium-free Part A Medicare aren't eligible for the premium tax credit and/or cost-sharing reductions, but they may be eligible for help with paying Medicare costs under other programs:

- Extra Help/Low-Income Subsidy (LIS) for help with Medicare Prescription Drug costs
- Medicare Savings Programs (MSPs) for help with Medicare Part A/B costs, which include:
  - Qualified Medicare Beneficiary (QMB) program
  - Specified Low-income Medicare Beneficiary (SLMB) program
  - Qualifying Individual (QI) program
- Dual eligibility for Medicare and Medicaid coverage

Consumers who enroll in a QHP before they enroll in Medicare may stay in the QHP, but they will lose any premium tax credits or cost-sharing reductions when their Medicare Part A coverage starts. More information on eligibility and coverage is available in the "Resources" section.



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### Help with Medicare Premiums and Cost Sharing

Under the Affordable Care Act, consumers who have premium-free Part A Medicare aren't eligible for the premium tax credit and/or cost-sharing reductions, but they may be eligible for help with paying Medicare costs under other programs:

- Extra Help/Low-Income Subsidy (LIS) for help with Medicare Prescription Drug costs
- Medicare Savings Programs (MSPs) for help with Medicare Part A/B costs, which include:
  - Qualified Medicare Beneficiary (QMB) program
  - Specified Low-income Medicare Beneficiary (SLMB) program
  - Qualifying Individual (QI) program
- Dual eligibility for Medicare and Medicaid coverage

Consumers who enroll in a QHP before they enroll in Medicare may stay in the QHP, but they will lose any premium tax credits or cost-sharing reductions when their Medicare Part A coverage starts. More information on eligibility and coverage is available in the "Resources" section.

The screenshot shows a knowledge check section titled "Considerations for Working with Older Consumers". The question asks: "Which of the following is the best option for older consumers enrolled in individual market qualified health plans (QHPs) and about to become eligible for Medicare?" Below the question, it says: "Select the correct answer and then click Check Your Answer." A list of four options is provided:

- A. Apply for Medicare immediately, or as soon as their Initial Enrollment Period (IEP) begins
- B. Stay enrolled in their current QHP
- C. Wait until after they become eligible for Medicare to decide whether to apply for Medicare
- D. Switch to another QHP with health coverage options similar to what Medicare provides

A blue button labeled "Check Your Answer" is visible. At the bottom, a note says: "Complete the Knowledge Check to enable NEXT button". Navigation buttons include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

## Knowledge Check

**Which of the following is the best option for older consumers enrolled in individual market qualified health plans (QHPs) and about to become eligible for Medicare?**

Select the correct answer.

- A. Apply for Medicare immediately, or as soon as their Initial Enrollment Period (IEP) begins
- B. Stay enrolled in their current QHP
- C. Wait until after they become eligible for Medicare to decide whether to apply for Medicare
- D. Switch to another QHP with health coverage options similar to what Medicare provides

**Feedback:** The correct answer is A. If consumers are about to become eligible for Medicare, their best option is to enroll in Medicare immediately, or as soon as their IEP begins. They may experience increased costs, penalties, and gaps in coverage if they don't sign up when they first become eligible.

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**Considerations for Working with Older Consumers**

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**Referrals for Older Consumers**

Make sure to refer consumers to their State Health Insurance Assistance Program (SHIP) and other resources for in-depth information about Medicare and other services for older consumers that aren't within the scope of the Marketplace.

Learn more about additional resources available for older consumers by selecting these options:

[State Health Insurance Assistance Program \(SHIP\)](#)

[Area Agencies on Aging \(AAA\)](#)

[Aging and Disability Resource Centers \(ADRCs\)](#)

[Centers for Independent Living \(CILs\)](#)

[Benefits Checkup](#)

[Benefits 101 \(National Council on Aging\)](#)



Click on the **BLUE** link(s) to enable NEXT button

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## Referrals for Older Consumers

Make sure to refer consumers to their State Health Insurance Assistance Program (SHIP) and other resources for in-depth information about Medicare and other services for older consumers that aren't within the scope of the Marketplace.

### State Health Insurance Assistance Program (SHIP)

A program in every state that offers one-on-one Medicare counseling and assistance to consumers and their families. Consumers with questions about Medicare should be referred to their local SHIP. [Search for a SHIP](#).

### Area Agencies on Aging

The AAA determines the needs of older consumers and works to address those needs through advocacy and the funding of local services. Locate a state and/or area AAA.

### Aging and Disability Resource Centers (ADRCs)

ADRCs are programs where consumers of all ages, incomes, and disabilities go to get information and one-on-one counseling on the full range of long-term services and support options. ADRCs offer the following services: information and assistance, long-term care options counseling, benefits counseling, emergency response, prevention and early intervention, and access to publicly funded long-term care programs. Nearly every state and territory has an ADRC. [Search for an ADRC](#).

### Centers for Independent Living (CILs)

CILs are community-based, cross-disability, non-profit organizations that are designed and operated mainly by consumers with disabilities. Their core services include peer support, information and referral services, individual and systems change advocacy, and independent living skills training. CILs often offer additional services, including transition from institutional to community settings. [Search for a CIL.](#)

### Benefits Checkup

The National Council on Aging (NCOA) developed a free Internet service that helps consumers age 55 and older (and their caregivers) identify federal, state, and private benefits programs that can save them money and cover the costs of everyday expenses. Consumers can apply for many of the programs online or print an application form. [View Benefits Checkup.](#)

### Benefits 101 (National Council on Aging)

This is a webinar training series offering an introduction to public benefits relevant to older consumers and younger consumers with disabilities. [View the webinar training series here.](#)

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Considerations for Working with Older Consumers

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**Key Points**

- Older consumers who already have Medicare Part A and/or Part B generally can't enroll in QHPs through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan that is known to duplicate Medicare coverage to someone who has Medicare coverage.
- If consumers are enrolled in QHPs and getting financial assistance through the Marketplace, they'll lose their eligibility for Marketplace-based financial assistance when their Medicare Part A coverage begins. However, consumers with premium-free Part A Medicare typically pay less for health coverage.
- Older consumers who don't have Medicare may be able to enroll in QHPs through the Marketplace and may be eligible for the premium tax credit and cost-sharing reductions.
- Older consumers who have Medicare Part B only or Medicare premium Part A and Part B may be eligible to enroll in QHPs through a Marketplace, but an insurer that knows of their Medicare coverage can only sell them a QHP if they voluntarily end all their Medicare coverage.
- Additional programs for lowering consumers' costs may be available through Medicare.
- Also, make sure you know how to direct consumers to other sources of information and help, such as their local SHIP and other resources like ADRCs, CILs, and NCOA materials.

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## Key Points

- Older consumers who already have Medicare Part A and/or Part B generally can't enroll in QHPs through the Marketplace because it's against the law for a private insurer to sell a Marketplace plan that is known to duplicate Medicare coverage to someone who has Medicare coverage.
- If consumers are enrolled in QHPs and getting financial assistance through the Marketplace, they'll lose their eligibility for Marketplace-based financial assistance when their Medicare Part A coverage begins. However, consumers with premium-free Part A Medicare typically pay less for health coverage.
- Older consumers who don't have Medicare may be able to enroll in QHPs through the Marketplace and may be eligible for the premium tax credit and cost-sharing reductions.
- Older consumers who have Medicare Part B only or Medicare premium Part A and Part B may be eligible to enroll in QHPs through a Marketplace, but an insurer that knows of their Medicare coverage can only sell them a QHP if they voluntarily end all their Medicare coverage.

- Additional programs for lowering consumers' costs may be available through Medicare.
- Also, make sure you know how to direct consumers to other sources of information and help, such as their local SHIP and other resources like ADRCs, CILs, and NCOA materials.

## Mixed Immigration Status Families Module

**Serving Vulnerable and Underserved Populations**

**Mixed Immigration Status Families**

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**Introduction**

When helping consumers, you're likely to work with families who come from other countries. Sometimes, one or more members of the same family will be lawfully present, qualified aliens, or citizens of the United States (U.S.), while other members won't. A family like this is considered a mixed immigration status family.

This training will provide you with the skills to:

- Identify how health coverage eligibility may be different for each consumer in a mixed immigration status family and how to best help these families
- Recognize eligibility and documentation requirements for specific types of health coverage: Marketplace qualified health plan (QHP), Medicaid, Children's Health Insurance Program (CHIP)
- Identify how immigration-related rules apply in the Small Business Health Options Program (SHOP) Marketplace

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### Introduction

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### Definition of Lawfully Present

To qualify for health coverage through the Marketplace, a consumer must be a U.S. citizen or national, or lawfully present in the U.S. For the purposes of Marketplace coverage, lawful presence generally describes an immigrant or other non-citizen who either:

- Has been admitted into the U.S. legally 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.



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### Background on Mixed Immigration Status Families

Pierre and LaGrande aren't lawfully present in the U.S. They have a daughter, Matou, who was born in the U.S. and is a U.S. citizen. Matou (who is a resident of the state served by the Marketplace and is not incarcerated, other than pending the disposition of charges) is eligible to purchase for health coverage through the Marketplace, but her parents are not. This is an example of a mixed immigration status family seeking health coverage through the Marketplace.

Keep in mind that those who aren't lawfully present can still apply for health coverage for their family member(s) who are in the U.S. legally without being asked to give a Social Security number (SSN) or proof of being lawfully present. Parents like Pierre and LaGrande who aren't lawfully present, but have a child who is a U.S citizen, can apply for health coverage for that child without any penalties from the Department of Homeland Security (DHS). Additionally, information provided to the Marketplace will not be used for immigration enforcement purposes.

You can reference additional information about mixed immigration status families, including "A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs," on the fourth page of the "Resources" section. Also, review your state's guidance on lawfully present immigrants. In addition, there might be health care services in your state offered to individuals who aren't lawfully present in the U.S. It's helpful to explore other health care service options in your state.



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## Serving Vulnerable and Underserved Populations

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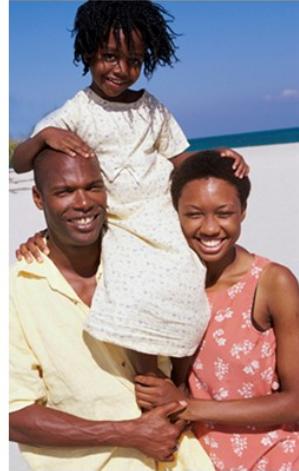
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### Correctly Identifying Applicants in Mixed Immigration Status Families

A consumer's immigration status may be a sensitive topic. You should be mindful of this during your conversations with consumers. In working with immigrant families, be sure to correctly identify the applicant by asking consumers whether they're seeking health coverage for themselves or on behalf of someone else.

Correctly identifying the applicant matters, because asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act or its implementing regulations.

Returning to Pierre, LaGrande, and Matou, all questions about citizenship or immigration status that you ask Pierre and LaGrande when filling out the application for Matou should be in reference to Matou. For example, if a question on the application states, "Are you a U.S. citizen?" the question is referring to Matou's citizenship and not that of her parents. The eligibility determination Matou's parents receive from the Marketplace will only provide information about Matou's coverage options, since she is the applicant.



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**Mixed Immigration Status Families**

**Sensitivity When Working with Mixed Immigration Status Families**

Some consumers who are immigrants may not:

- Know their immigration status or have correct information about their status
- Know if they're eligible for coverage and/or have correct information about their eligibility
- Have an SSN or a Green Card, even when they're lawfully present

To effectively help mixed immigration status families, you should:

- Avoid asking questions that could cause consumers who are immigrants to say they, or another family member, aren't lawfully present in the U.S.
- Avoid words like "undocumented," "unauthorized," or "illegal," and use words like "eligibility status."
- Ask consumers who are immigrants applying for help paying for coverage about their income status before asking about their immigration status.
- Tell consumers who are immigrants that in the Marketplace, DHS only reviews their status to determine eligibility and not for any other purpose.
- Avoid providing information that could discourage eligible applicants from applying. For example, if you tell a non-applicant who is filing an application for an eligible child that all persons unlawfully in the U.S. will be reported to U.S. Immigration and Customs Enforcement (ICE), you could be in violation under Title VI of the Civil Rights Act because the statement could deter, delay, or deny eligible consumers from getting health coverage.

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**Tips to Effectively Serve Mixed Immigration Status Families**

To effectively help mixed immigration status families, you should also:

- Avoid asking for a non-applicant's citizenship status or immigration status.
- Avoid asking for the SSN of a non-applicant, unless that non-applicant is a tax filer whose tax information would be used to determine eligibility for an applicant for financial assistance.
- Help all consumers, even if an applicant or a non-applicant representative hasn't disclosed his or her citizenship status, immigration status, or SSN.
- Keep fact sheets and other resource materials on eligible immigration status handy, and ensure that the materials are in a language consumers can understand.
- Give consumers who are immigrants reassuring messages about privacy and confidentiality, especially about citizenship status, immigration status, and SSNs. Specifically, reassure them that information provided to the Marketplace will not be used for immigration enforcement purposes.
- Provide free interpretation services and translated documents to consumers who don't speak English.



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## Tips to Effectively Serve Mixed Immigration Status Families

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**Serving Vulnerable and Underserved Populations**

**Mixed Immigration Status Families**

**Mixed Immigration Status Families and Privacy**

To provide effective assistance to immigrants, you need to know what personal information can be collected, how it can be shared, and potential harmful outcomes for consumers if information isn't kept secure.

Keep in mind these key points:

- Personally identifiable information (PII), which can include a consumer's name, address, income, or SSN, may be collected, used, and disclosed only if necessary to determine Marketplace, Medicaid, or CHIP eligibility or in a manner consistent with the scope of the consumer's specific consent.
- PII should only be disclosed to, and used by, those persons who are authorized to get or view the information. You should never retain any PII without proper consent.
- Marketplace applications or supplemental forms may request the SSN of non-applicants; however, a non-applicant tax filer will not have to provide one unless a premium tax credit would be provided to a non- applicant tax filer to help pay premiums for the applicant.

Always keep privacy issues in mind when working with all consumers.

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The screenshot shows a knowledge check section titled "Knowledge Check". The scenario describes a family where Aakash and Nita are not lawfully present in the U.S., and their son Bhaskar was born there. The question asks which statements are true about this family. The user is instructed to select all that apply. There are four options:

- A. Bhaskar isn't a U.S. citizen because his parents aren't U.S. citizens.
- B. Aakash, Nita, and Bhaskar are an example of a mixed immigration status family.
- C. Aakash and Nita should provide you with the information about their immigration status so that you can help them apply for health coverage for Bhaskar.
- D. Aakash and Nita can apply for health coverage for Bhaskar without worrying about immigration-related legal issues.

A "Check Your Answer" button is visible at the bottom left of the main content area. Below the content area, a message says "Complete the Knowledge Check to enable NEXT button". At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

## Knowledge Check

Aakash and Nita aren't lawfully present in the United States (U.S.). They have a son, Bhaskar, who was born in the U.S.

### Which of the following statements are true about this family?

Select all that apply.

- A. Bhaskar isn't a U.S. citizen because his parents aren't U.S. citizens.
- B. Aakash, Nita, and Bhaskar are an example of a mixed immigration status family.
- C. Aakash and Nita should provide you with the information about their immigration status so that you can help them apply for health coverage for Bhaskar.
- D. Aakash and Nita can apply for health coverage for Bhaskar without worrying about immigration-related legal issues.

**Feedback:** The correct answers are B and D. Bhaskar is a U.S. citizen, and this is an example of a mixed immigration status family. Aakash and Nita can apply for health coverage for Bhaskar without worrying about immigration-related legal issues. However, you shouldn't ask Aakash or Nita questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Bhaskar.

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### Health Coverage Eligibility for Lawfully Present Immigrants

When you meet with consumers who are lawfully present immigrants, you should tell them that they're required to have health coverage or they may have to pay a fee, unless they have an exemption.

You should also tell lawfully present consumers that they're likely to be eligible for the following:

- Health coverage through the Marketplace, if they reside in the U.S. and aren't incarcerated (other than pending the disposition of charges)
- A premium tax credit to help lower costs if their household income is less than 400% of the federal poverty level (FPL), which is \$80,640 for a family of three in 2016, and they meet other eligibility criteria (like not having access to affordable, job-based coverage that provides minimum value) (Note, for U.S. citizens or nationals or lawfully present immigrants whose immigration status makes them eligible for Medicaid or CHIP, annual household income must be at least 100% of FPL to be eligible for a premium tax credit.)
- Cost-sharing reductions if their income is less than 250% of the FPL, which is \$50,400 for a family of three in 2016, and they meet other eligibility criteria

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

To find out other FPL amounts, visit the "Resources" section.



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**Mixed Immigration Status Families**

**Documentation Requirements for Enrollment**

In addition to eligibility requirements, you should be able to describe to immigrant consumers the type of documents they'll need to have in order to apply for enrollment in a QHP through the Marketplace, the premium tax credit, cost-sharing reductions, Medicaid, and CHIP.

When applying for coverage, consumers may need to have available:

- SSN (individuals without SSNs are not required to provide them)
- Immigration documents
- Employer and income information for everyone in the family (e.g., paystubs, W-2 forms, or wage and tax statements)
- Policy numbers of any current health coverage
- Information about any job-related health insurance available to the family

Note that:

- The Marketplace application only asks for certain pieces of information from these documents, not the documents themselves, unless consumers' information can't be verified. Electronic documentation, as well as authentic paper documents, may be used.
- If consumers' information can't be verified (called a "data matching issue") the consumers generally have 90 days to provide supporting documentation either by uploading documents to their online account or by sending documents by mail. During this time, if otherwise eligible, applicants are enrolled in the program for which they appear to qualify based on information the application filers provided.

Also, remember to review the application requirements in your state which may have additional details not provided here.

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Also, remember to review the application requirements in your state which may have additional details not provided here.

## Documents Used to Verify Immigration Status

When filling out an application at HealthCare.gov for Marketplace coverage, consumers may be asked questions about their immigration status and need to attest to being in an eligible immigration status. Here's a list of the documents that can be used to show immigration status.

Document	Description
Permanent Resident Card, "Green Card," (I-551)	Issued to lawful permanent resident (LPR), which is a person who isn't a citizen of the U.S., but who's residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant
Reentry Permit (I-327)	Allows permanent residents to leave and re-enter the U.S.
Refugee Travel Document (I-571)	Issued to refugees and asylees for travel purposes
Employment Authorization Card (I-766)	Issued to some people who are authorized to work temporarily in the U.S.

Document	Description
Machine Readable Immigrant Visa (with temporary I-551 language)	Indicates permanent resident status
Temporary I-551 Stamp (on passport or I-94/I-94A)	Can be used to attest to permanent resident status
Arrival/Departure Record (I-94/I-94A)	Issued to foreign travelers when they enter the U.S.
Foreign Passport	Used when entering the U.S.
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	Documents that support applications for student visa statuses (F-1s or F-2s)
Certificate of Eligibility for Exchange Visitor Status (DS2019)	Documents that support applications for exchange visitor visa statuses (J-1s or J-2s)
Notice of Action (I-797)	Communication from U.S. Citizenship and Immigration Service about immigration benefits

Consumers should select the document type from the drop-down list that corresponds with their most current documentation and status.

The screenshot shows a user interface for applying for health care coverage. At the top, it says "Get Coverage" and "Application ID: 99990000". On the left, there's a sidebar with steps: "GET STARTED", "FAMILY & HOUSEHOLD", "Joseph Carlson" (which is highlighted in blue), "More about this household", "Summary", "INCOME", "ADDITIONAL INFORMATION", and "REVIEW & SIGN". The main area has a message: "If this person's immigration status isn't listed here, he or she may still be able to get help paying for emergency services, including for labor and delivery if they have a baby. In some states, pregnant women may also be able to get health care coverage." Below this is a section titled "Document type (select one)". A dropdown menu is open, showing "Other documents or status types" as the selected option. The list includes: Permanent Resident Card ("Green Card"), I-551; Temporary I-551 Stamp (on passport or I-94, I-94A); Machine Readable Immigrant Visa (with temporary I-551 language); Employment Authorization Card (EAD), I-766; Arrival/Departure Record (I-94, I-94A); Arrival/Departure Record in foreign passport (I-94); Foreign passport; Refugee Permit (I-227); Refugee Travel Document (I-571); Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20); Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019); Notice of Action (I-797). At the bottom of the dropdown, it asks "Is just part of this document the same name that appears on this document?" with two radio button options: "Yes" (selected) and "No".

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### Immigrants Who Aren't Lawfully in the United States

Immigrants who aren't lawfully present in the U.S. qualify for an exemption from the Affordable Care Act's individual shared responsibility provision. They aren't required to have health coverage and won't have to pay a fee if they don't have health coverage and apply for an exemption.

Consumers who aren't lawfully present are generally NOT eligible for:

- Health coverage through the Marketplace, even at full price
- The premium tax credit or cost-sharing reductions

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

- Emergency medical assistance (Emergency Medicaid) for emergency treatment
- Prenatal care through CHIP, in some states
- Public health programs, community health centers, and hospital care
- Private health insurance coverage offered outside the Marketplace

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

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

**Key Tip**

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.

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### Medicaid and CHIP Eligibility Requirements for Immigrants

Some or all of the members of the mixed immigrant status families may be eligible to get Medicaid and/or CHIP coverage, depending on the specific circumstances. You should be aware that being eligible for these programs is different from being eligible for a QHP through the Marketplace. You should learn to recognize which consumers might be eligible for Medicaid and CHIP.

Eligible consumers, who are qualified aliens, include:

- Lawful Permanent Residents (LPR) or Green Card holders
- Refugees
- Certain immigrants granted asylum
- Immigrants in withholding of deportation or removal
- Immigrants paroled into the U.S. for at least one year
- Cuban and Haitian entrants
- Certain victims of domestic violence, including:
  - A non-citizen who meets the requirements upon first review or has an approved visa petition filed by a spouse or parent who's a U.S. citizen or an LPR
  - A non-citizen who has filed his or her own petition under the Violence Against Women Act (VAWA), or who has applied for a "cancellation of removal/suspension of deportation" under VAWA
  - A non-citizen who's the parent of a battered child or the child of a battered spouse



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### Additional Medicaid and CHIP Eligibility Requirements for Immigrants

Other eligible consumers include:

- Consumers with conditional entrant status, granted U.S. entry because of a natural catastrophe, or because they are asylees that fear persecution in their home country due to race, religion, and/or political opinion

Certain victims of human trafficking:

- If the non-citizen is age 18 or older, they must be certified by the Department of Health & Human Services (HHS) as a victim of trafficking. Children under age 18 need an HHS eligibility letter.
- T-visa (a special visa for victims of human trafficking and their families) holder's spouse and/or child are also eligible for Medicaid and CHIP.
- In some states, lawfully present children and/or pregnant women (five-year waiting period doesn't apply). Eligibility for this group varies by state (approximately half of the states and Washington, D.C. grant eligibility to this group).
- Supplemental Security Income (SSI) recipients

You'll learn more about this subject later in the training.

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- Consumers with conditional entrant status, granted U.S. entry because of a natural catastrophe, or because they are asylees that fear persecution in their home country due to race, religion, and/or political opinion

Certain victims of human trafficking:

- If the non-citizen is age 18 or older, they must be certified by the Department of Health & Human Services (HHS) as a victim of trafficking. Children under age 18 need an HHS eligibility letter.
- T-visa (a special visa for victims of human trafficking and their families) holder's spouse and/or child are also eligible for Medicaid and CHIP.
- In some states, lawfully present children and/or pregnant women (five-year waiting period doesn't apply). Eligibility for this group varies by state (approximately half of the states and Washington, D.C. grant eligibility to this group).
- Supplemental Security Income (SSI) recipients

You'll learn more about this subject later in the training.

## Serving Vulnerable and Underserved Populations

Exit

Mixed Immigration Status Families

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### Medicaid and CHIP Five-Year Waiting Period

Qualified immigrants are eligible for non-emergency Medicaid, CHIP, and other major federal programs with certain conditions and restrictions. One important restriction is a five-year waiting period for many of those who entered the U.S. after August 22, 1996. The clock on the five-year waiting period begins on the date the individual first received qualified non-immigrant status.

State policies aren't all the same. A few states don't offer federal Medicaid to immigrants even if the five-year waiting period has passed, while some states provide Medicaid to refugees, those seeking asylum, and persons granted "withholding of removal" only for five to seven years. About one-half of states provide some coverage to some groups of immigrants who are ineligible for full Medicaid coverage under federal rules. About one-half of states cover lawfully present children and/or pregnant women without a waiting period.

With a mixed immigration status family like Pierre and LaGrande's, the five-year waiting period won't apply to Matou because she's a U.S. citizen and, depending on the family's income, she may qualify for public coverage programs. Remember that eligibility will also depend on the state in which a consumer lives. As for Pierre and LaGrande, because they are not lawfully present they are not eligible for full Medicaid, but may qualify for emergency medical assistance from Medicaid. If Pierre and LaGrande are granted refugee status or another status described above, they would meet the immigration eligibility requirements for full Medicaid. They would still need to meet other Medicaid requirements (including financial limits and residency requirements) under the State's plan.



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## Medicaid and CHIP Five-Year Waiting Period

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requirements for full Medicaid. They would still need to meet other Medicaid requirements (including financial limits and residency requirements) under the State's plan.

The screenshot shows a knowledge check page titled "Knowledge Check". The page header includes "Mixed Immigration Status Families" and "Page 16 of 19". A blue bar at the top says "Serving Vulnerable and Underserved Populations" with an "Exit" link. The main content area has a white background with a blue border. It contains a text paragraph, a question, instructions, a list of options, and a "Check Your Answer" button. At the bottom, there are navigation links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT". A note above the "NEXT" button says "Complete the Knowledge Check to enable NEXT button".

Recall that Pierre and LaGrande aren't lawfully present in the United States (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 all that apply and then click **Check Your Answer**.

A. Since Matou is a U.S. citizen, she's required to have health coverage, be granted an exemption, or pay a fee.  
 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 the Marketplace, even at full price.  
 D. To qualify for the Children's Health Coverage Program (CHIP), Matou will be subject to a five-year waiting period.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Recall that Pierre and LaGrande aren't lawfully present in the United States (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 all that apply.

- A. Since Matou is a U.S. citizen, she's required to have health coverage, be granted an exemption, or pay a fee.
- 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 the Marketplace, even at full price.
- D. To qualify for the Children's Health Coverage Program (CHIP), Matou will be subject to a five-year waiting period.

**Feedback:** The correct answers are A, B, and C. Since Matou is a U.S. citizen, she's required to have health coverage or be granted an exemption, or her family must pay a fee. 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 the Marketplace. Because Matou is a citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

**Serving Vulnerable and Underserved Populations**

**Mixed Immigration Status Families**

**Immigration-Related Rules in the SHOP Marketplace**

The SHOP Marketplace is designed to help small employers find health coverage for their employees, former employees, and dependents of employees and former employees. You should know that the immigration eligibility rules that apply in the Individual Marketplace don't apply in the SHOP Marketplace. Disclosure of citizenship and immigration status isn't required as part of the SHOP Marketplace eligibility application for employers or employees.

When you interact with a small employer, you shouldn't:

- Ask for the citizenship and immigration status of employees.
- Tell the employer anything you learn from an employee or former employee applying for coverage offered by the employer through a SHOP about the employee's or former employee's spouse or dependents, other than name, address, and birth date

When you interact with a small employer, you should:

- Ask the small employer for:
  - Business name, location, number of employees
  - Employer Identification Number (EIN)
  - A list of qualified employees and their Taxpayer Identification Numbers (TINs)
- Comply with the Affordable Care Act privacy requirements

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**OPEN**



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## Immigration-Related Rules in the SHOP Marketplace

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The screenshot shows a knowledge check page titled "Knowledge Check". The page header includes "Mixed Immigration Status Families" and "Page 18 of 19". A sub-header "When a small employer comes to you for information on applying for health insurance for their employees in the SHOP Marketplace, which of the following is NOT recommended?" is followed by instructions to "Select all that apply and then click Check Your Answer." Below this are four multiple-choice options (A, B, C, D) with checkboxes. A "Check Your Answer" button is at the bottom left, and a note says "Complete the Knowledge Check to enable NEXT button". Navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT" are at the bottom.

## Knowledge Check

The immigration eligibility rules that apply in the Marketplace don't apply in the Small Business Health Options Program (SHOP) Marketplace.

**When a small employer comes to you for information on applying for health insurance for their employees in the SHOP Marketplace, which of the following is NOT recommended?**

Select **all that apply**.

- A. Ask for citizenship and immigration status information of employees
- B. Request the business name, location, and number of employees
- C. Disclose to the employer information you learn from an employee who's applying for the coverage offered by the employer through the FF-SHOP about the employee's spouse or dependents, other than name, address and date of birth
- D. Ask the employer for a list of qualified employees and their Taxpayer Identification Numbers (TINs)

**Feedback:** The correct answers are A and C. When a small employer applies to offer coverage through an FF -SHOP Marketplace, there's no need for you to ask for citizenship and immigration status information of employees, because the FF-SHOP Marketplaces

don't collect that information through the FF-SHOP Marketplace applications . It's also strongly recommended that you not disclose to the employer any information that you learn from an employee or former employee applying for the coverage offered by the employer through the FF-SHOP about the employee's spouse or dependents, other than name, address, and birth date, because the FF-SHOP Marketplace is prohibited from doing so. You can, however, request the business name, location, and number of employees, as well as ask for a list of qualified employees and their TINs, if necessary to assist a small employer with applying to participate in an FF-SHOP Marketplace and offering FF-SHOP Marketplace coverage to employees.

**Serving Vulnerable and Underserved Populations**

Mixed Immigration Status Families

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**Key Points**

- When immigrant parents not lawfully present in the U.S. give birth to a child in the U.S., that child is a U.S. citizen and may be eligible for health coverage through the Marketplace.
- You may be violating 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.
- Immigrants not lawfully present can still purchase health coverage outside of the Marketplace and may be eligible for emergency medical assistance from Medicaid.
- Unlawfully present immigrants are eligible for an exemption for not having health coverage.
- The immigration eligibility rules that apply in the Individual Marketplace don't apply in the SHOP Marketplace.

You've successfully completed this course.

Click **EXIT** to leave the course and take the Serving Vulnerable and Underserved Populations exam. Once you've started an exam, you must complete it. If you need to stop and return to it later, your progress won't be saved. You'll need to start the exam over from the beginning.

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## Key Points

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- The immigration eligibility rules that apply in the Individual Marketplace don't apply in the SHOP Marketplace.

You've successfully completed this course.

## Serving Vulnerable and Underserved Populations Resources

### Specific Populations

Learn about the unique mental health and substance use issues faced by different U.S. population groups and how SAMHSA addresses them.

<http://www.samhsa.gov/specific-populations>

### National Partnership for Action to End Health Disparities Toolkit for Community Action

This Toolkit for Community Action will help individuals, communities and organizations from the public and private sectors work together to implement programs and policies and engage with the NPA to reach that goal.

[http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA\\_Toolkit.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf)

### Health Disparities

Official website for the U.S. National Library of Medicine and National Institutes of Health on health disparities.

<http://www.nlm.nih.gov/medlineplus/healthdisparities.html>

### Bureau of Indian Affairs (BIA) Tribal Directory

Official website of the BIA, providing a directory of federally recognized tribes and a variety of resources on tribal government services.

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/>

### Alaska Department of Natural Resources

Official website for the Alaska Department of Natural Resources, providing information relevant to serving consumers who are Alaska natives.

<http://dnr.alaska.gov/>

### Instructions to Help You Complete an Exemption Application at the Health Insurance Marketplace<sup>SM</sup>

Provides detailed instruction on completing an application for an exemption from the individual shared responsibility payment through the Marketplace.

<http://marketplace.cms.gov/applications-and-forms/exemption-application-instructions.pdf>

**Application for Exemption for AI/ANs and Other Individuals who are Eligible to Receive Services from an Indian Health Care Provider**

A paper application for an exemption from the individual shared responsibility payment based on eligibility for services from an Indian Health Care Provider.

<http://marketplace.cms.gov/applications-and-forms/tribal-exemption.pdf>

**Application for Health Coverage**

A paper Marketplace application.

<http://marketplace.cms.gov/applications-and-forms/marketplace-application-without-financial-assistance.pdf>

**Application for Health Coverage & Help Paying Costs**

A paper Marketplace application for coverage and affordability programs.

<http://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf>

**Medicare**

Official Medicare website offering resources about the Medicare program.

<http://Medicare.gov>

**State Health Insurance Assistance Program (SHIP)**

Official website for the SHIP.

<http://Shiptalk.org>

**Area Agencies on Aging (AAA)**

A locator tool that identifies Area Agencies on Aging by geographic location.

[http://www.aoa.gov/AoA\\_programs/OAA/How\\_To\\_Find/Agencies/find\\_agencies.aspx](http://www.aoa.gov/AoA_programs/OAA/How_To_Find/Agencies/find_agencies.aspx)

**Aging and Disability Resource Centers (ADRCs)**

A locator tool that identifies ADRCs by geographic location.

<http://www.adrc-tae.acl.gov/tiki-index.php?page=ADRCLocator>

**Independent Living Research Utilization (ILRU)**

Official website of the Independent Living Research Utilization (ILRU) that provides resources and information on independent living for people with disabilities as well as a locator tool for Centers for Independent Living.

<http://www.ilru.org/>

**Benefits Checkup**

A resource that helps consumers identify and locate federal, state and private benefits programs.

<https://www.benefitscheckup.org/>

**Benefits 101 (National Council on Aging)**

A resource for older consumers that provides information on health, health care and economic stability programs.

<http://www.ncoa.org/>

**A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs**

This resource provides information about eligibility and other rules governing immigrants' access to federal and state public benefits programs.

<http://www.nilc.org/access-to-bens.html>

**Federal Poverty Level Guidelines 2016**

Official HHS guidance on FPL levels for 2016.

<https://aspe.hhs.gov/poverty-guidelines>

**Health Communication, Health Literacy and e-Health**

The Department of Health and Human Services' (HHS) Office of Disease Prevention and Health Promotion (ODPHP) has pulled together key tools, research and reports, and resources for public health and health communication professionals.

<http://www.health.gov/communication/>

**Getting Help in a Language other than English**

A CMS document that provides instructions for accessing the Marketplace Call Center written in the major languages spoken in the United States (U.S.).

<http://marketplace.cms.gov/outreach-and-education/getting-help-in-a-language-other-than-english.pdf>