

Serving Vulnerable and Underserved Populations



This communication printed was, published, or produced and disseminated at U.S. taxpayer expense.

Table of Contents

Course Introduction.....	6
Welcome.....	6
Disclaimer.....	9
Welcome.....	10
Course Goal	11
Vulnerable and Underserved Populations.....	13
Introduction.....	13
Definitions of Vulnerable and Underserved Populations	14
Underserved Populations	15
Vulnerable Versus Underserved.....	17
Examples of Vulnerable and/or Underserved Populations	18
Addressing Needs Through the FFM Process	20
Consumers With Pre-Existing Conditions.....	22
Married Same-Sex Couples	23
Factors Affecting Access to Health Care.....	24
Factors Affecting Access to Health Care: Coverage Status	25
Factors Affecting Access to Health Care: Costs.....	26
Factors Affecting Access to Health Care: Inconsistent Sources of Care.....	27
Knowledge Check.....	28
Key Points	30
How to Reach and Work Effectively with Vulnerable and Underserved Populations.....	31
Introduction.....	31
Conducting a Needs Assessment for Consumers.....	32
General Questions to Ask When Conducting a Needs Assessment.....	33
Importance of Identifying and Helping Vulnerable and Underserved Consumers.....	35
Factors Contributing to Unique Communication Needs	36
Cultural and Linguistic Competence.....	37
Tips and Examples: Treat Each Consumer as Unique and Avoid Assumptions	39
Tips and Examples: Acknowledging Different Linguistic Abilities and Cultures	41

Effectively Communicating With Consumers With Limited English Proficiency	43
Knowledge Check.....	44
Consumers with Low Literacy.....	46
Consumers with Low Health Literacy	48
How to Help Consumers with Low Literacy and Low Health Literacy	50
Knowledge Check.....	52
Consumers With Disabilities.....	53
Accommodations for Consumers with Disabilities.....	55
Consumers in Rural Communities.....	57
Reaching and Engaging Rural Consumers	58
Knowledge Check.....	59
Available Resources.....	61
Making Referrals to Additional Resources	62
Key Points	64
Working Effectively with American Indians and Alaska Natives.....	65
Introduction.....	65
Historical Background.....	67
Definition of AI/AN	68
Health Care Services for AI/ANs	69
Knowledge Check.....	71
Federally Recognized Tribes and AI/AN Population in the U.S.....	73
State of Health Care for AI/ANs.....	74
Eligibility for Marketplace Participation	75
Overview of Affordable Care Act Provisions Relevant to AI/ANs	76
Special Provision: Monthly Enrollment in QHPs.....	77
Special Provision: No Cost Sharing.....	78
AI/ANs and Employer-Provided Coverage	80
Indian Exemption (For Tax Years Prior to 2019).....	81
Stand-Alone Dental Plan	83
Knowledge Check.....	84

Medicaid and CHIP.....	85
FFM Application Process and Specific Issues for AI/ANs	86
Paper Applications.....	87
Paper Application: Health Coverage & Help Paying Costs	88
Paper Application: Health Coverage & Help Paying Costs (cont'd).....	89
Online FFM Application	90
Application Questions 1 and 2.....	91
Application Question 3.....	92
Key Points	93
Considerations for Working with Older Consumers	94
Introduction.....	94
How to Engage with Older Consumers	95
Working Effectively with Older Consumers	97
Considerations for Older Consumers with Incomes Over 138 Percent of the FPL	98
Older Consumers With Incomes Under 138 Percent of the FPL.....	99
Knowledge Check.....	101
Considerations for Older Immigrant Adults.....	102
Knowledge Check.....	104
Key Points	105
Assisting Households that Include Immigrants	106
Introduction.....	106
Background on Mixed Immigration Status Households.....	107
Scenario: Matou and her Parents.....	108
Correctly Identifying Applicants in Mixed Immigration Status Households.....	109
Sensitivity When Working With Mixed Immigration Status Households	110
Tips to Effectively Serve Mixed Immigration Status Households	111
Knowledge Check.....	112
Health Coverage Eligibility for Lawfully Present People.....	113
Documentation Requirements for Enrollment.....	114
Documents Used to Verify Immigration Status.....	116

Immigrants Who Aren't Lawfully in the United States.....	118
Medicaid and CHIP Eligibility Requirements for Immigrants	119
Additional Medicaid and CHIP Eligibility Requirements for Immigrants	120
Medicaid and CHIP Five-Year Waiting Period.....	121
Knowledge Check.....	123
Key Points	124
Conclusion	125
Resources	126

Course Introduction

Welcome

Course Introduction

Text Version Off Exit

Welcome

You need to be aware of these training disclaimers. Select "Next" on the tablet to read each of these disclaimers.

Assister Training Content

The information provided in this training course is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This course summarizes current policy and operations as of the date it was uploaded to the Marketplace Learning Management System. Links to certain source documents have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, CMS assister webinars, and other interpretive materials for complete and current information.

In this course, there are some references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.

Back Next

Menu Help Glossary Resources Map Module 1 of 6 Page 1 of 4

You need to be aware of these training disclaimers.

Assister Training Content

The information provided in this training course is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This course summarizes current policy and operations as of the date it was uploaded to the Marketplace Learning Management System. Links to certain source documents have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, CMS assister webinars, and other interpretive materials for complete and current information.

In this course, there are some references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.

Shared Responsibility Payment and Exemptions

In this course, there are numerous references to the individual shared responsibility provision and exemptions from it. Under the Tax Cuts and Jobs Act of 2017, taxpayers must continue to report minimum essential coverage, qualify for an exemption, or pay an individual shared responsibility payment for tax years prior to 2019.

For tax year 2018 only (for which consumers generally filed taxes by April 2019), consumers do not have to fill out an application to get a hardship exemption certificate number (ECN). Consumers can claim the exemption without having to submit

documentation about the hardship on their 2018 federal tax returns.

Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to making shared responsibility payments. However, as set forth in §155.305(h), individuals age 30 and above must continue to obtain and report an ECN for an affordability or hardship exemption if they wish to purchase Catastrophic health coverage.

EHB QHP Benchmark Variations

Navigators in FFM(s) must be prepared to inform consumers of the essential health benefits (EHBs) that must be covered by qualified health plans (QHPs) offered in the FFM(s) they service. For plan years beginning on or after January 1, 2020, states have new options for selecting which benefits will be EHBs in their state. Instead of being limited to the 10 base-benchmark plan choices referenced in this course, states may:

1. Choose from the 50 EHB-benchmark plans that other states used for the 2017 plan year;
2. Replace one or more EHB categories of benefits under its EHB-benchmark plan used for the 2017 plan year with the same categories of benefits from another state's EHB-benchmark plan used for the 2017 plan year; or
3. Select a set of benefits to become its EHB-benchmark plan, provided that the new EHB-benchmark plan meets certain requirements, including that it does not exceed the generosity of the most generous among a set of comparison plans, and provides a scope of benefits that is equal to, or greater than, to the extent any supplementation is required to provide coverage within each EHB category, the scope of benefits provided under a typical employer plan, as required by the Affordable Care Act.

Navigator Physical Presence Requirement

Effective June 18, 2018, Navigators in FFM(s) will no longer be required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone), provided that such assistance is permissible under their organization's contract, grant terms and conditions, or agreement with CMS and/or their organization. For additional guidance on obtaining consumers' consent remotely over the phone, visit: <https://marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf>.

FFM Navigator Duties

Beginning with Navigator grants awarded in 2019, FFM Navigators may but are no longer required to assist consumers with the following services:

1. Understanding the process of filing Marketplace eligibility appeals;
2. Understanding and applying for exemptions from the individual shared responsibility provision granted through the Marketplace and/or claimed through the tax filing process;
3. Marketplace-related components of the premium tax credit reconciliation process;
4. Understanding basic concepts and rights related to health coverage and how to use it; and
5. Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared

responsibility payment, and premium tax credit reconciliations.


CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

Disclaimer


Course Introduction Text Version Off Exit

Disclaimer

In this lesson, the terms "you" and "assister" refer to the following types of assisters:
Select each nametag.



HealthCare.gov
Navigators
in Federally-facilitated Marketplaces



HealthCare.gov
Certified application counselors
in Federally-facilitated Marketplaces

Note:

This course is primarily addressed to Navigators in FFMs. CACs in FFMs electing to take this course will learn more about providing information and services in a manner that is accessible to vulnerable and underserved populations, including persons with limited English proficiency (LEP).

The terms "Federally-facilitated Marketplace" and "FFM," as used in this training course, include FFMs where the state performs plan management functions. The terms "Marketplace" or "Marketplaces," standing alone, often (but not always) refer to FFMs.

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

Menu Help Glossary Resources Map Module 1 of 6 Page 2 of 4

In this lesson, the terms "you" and "assister" refer to the following types of assisters:

Navigators in Federally-facilitated Marketplaces

Certified application counselors in Federally-facilitated Marketplaces

Note:

This course is primarily addressed to Navigators in FFMs. CACs in FFMs electing to take this course will learn more about providing information and services in a manner that is accessible to vulnerable and underserved populations, including persons with limited English proficiency (LEP).

The terms "Federally-facilitated Marketplace" and "FFM," as used in this training course, include FFMs where the state performs plan management functions. The terms "Marketplace" or "Marketplaces," standing alone, often (but not always) refer to FFMs.

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

Welcome

The screenshot shows a digital course introduction slide. At the top, it says 'Course Introduction' on the left and 'Text Version' with a toggle switch and 'Exit' on the right. Below this is a blue header with the word 'Welcome'. The main content area features a whiteboard with three questions: 'What are examples of vulnerable or underserved populations?', 'Do you know how to do a needs assessment?', and 'What are the special provisions for American Indians/Alaska Natives (AI/ANs)?'. To the right of the whiteboard is a man in an orange shirt and tan pants, waving, with a speech bubble containing a welcome message. At the bottom, there is a navigation bar with icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 1 of 6', 'Page 3 of 4', and navigation arrows.

Course Introduction Text Version Exit

Welcome

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

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

Menu Help Glossary Resources Map Module 1 of 6 Page 3 of 4

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

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

What are examples of vulnerable or underserved populations?

Do you know how to do a needs assessment?


What are the special provisions for American Indians/Alaska Natives (AI/ANs)?

Course Goal

Course Introduction Text Version Exit

Course Goal

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


Goal:

This course introduces some vulnerable and underserved populations and how to work effectively with these populations to improve their access to health coverage, including:

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


Topics:

This course includes information on:

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

Menu Help Glossary Resources Map Module 1 of 6 Page 4 of 4

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

Goal:

This course introduces some vulnerable and underserved populations and how to work effectively with these populations to improve their access to health coverage, including:

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

Topics:

This course includes information on:

- Characteristics of these populations
- Factors affecting obtaining health coverage
- Marketplace application and enrollment

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

Vulnerable and Underserved Populations

Introduction

The screenshot shows a digital learning interface. At the top, the title 'Vulnerable and Underserved Populations' is displayed on the left, and 'Text Version' with a toggle switch and 'Exit' are on the right. Below the title is a blue header bar with the word 'Introduction'. The main content area contains a paragraph: 'Consumers who are considered vulnerable and/or underserved may face barriers that make it difficult to get health coverage and basic health care services.' Below this is a large graphic with three numbered steps: 01 Characteristics, 02 Examples, and 03 Access to Coverage. Each step is represented by a colored arrow pointing right, with the corresponding text box to its right. The '01 Characteristics' box contains the text 'Identify the characteristics shared by vulnerable and underserved populations'. The '02 Examples' box contains 'List examples of underserved and vulnerable consumers'. The '03 Access to Coverage' box contains 'Identify factors affecting access to health coverage for vulnerable and/or underserved populations'. At the bottom of the screen is a navigation bar with icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 2 of 6', 'Page 1 of 14', and navigation arrows.

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

Characteristics

Identify the characteristics shared by vulnerable and underserved populations

Examples

List examples of underserved and vulnerable consumers

Access to Coverage

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

Definitions of Vulnerable and Underserved Populations

Vulnerable and Underserved Populations Text Version Exit

Definitions of Vulnerable and Underserved Populations

The Department of Health and Human Services (HHS) characterizes underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities.

- Latino populations
- African American populations
- AI/AN populations
- Refugees
- Individuals with limited English proficiency (LEP)
- Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan
- New mothers and women with children
- Individuals with disabilities
- Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid

Menu Help Glossary Resources Map Module 2 of 6 Page 2 of 14

The Department of Health and Human Services (HHS) characterizes underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities.

- Latino populations
- African American populations
- AI/AN populations
- Refugees
- Individuals with limited English proficiency (LEP)
- Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan
- New mothers and women with children
- Individuals with disabilities
- Medicaid-eligible consumers who are not enrolled in coverage despite being eligible for Medicaid

Underserved Populations

Vulnerable and Underserved Populations

Text Version Exit

Underserved Populations

Here are some characteristics of vulnerable and underserved populations. Select each button to learn more.

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 about family members
- Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumers with LEP or cognitive impairments)
- Have mobility impairments
- Have a lack of access to transportation services
- Have a lowered capacity to communicate effectively
- Face any type of discrimination

Vulnerable populations Underserved populations

Menu Help Glossary Resources Map Module 2 of 6 Page 3 of 14

Here are some characteristics 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 about family members
- Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumers with LEP or cognitive impairments)
- Have 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.

- 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 shortage of readily available providers.

Vulnerable Versus Underserved

Vulnerable and Underserved Populations Text Version Exit

Vulnerable Versus Underserved

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

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

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



A Venn diagram consisting of two overlapping circles. The left circle is teal and labeled 'Vulnerable'. The right circle is blue and labeled 'Underserved'. The overlapping area in the center is a darker shade of teal.

Menu Help Glossary Resources Map Module 2 of 6 Page 4 of 14

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

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

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

Examples of Vulnerable and/or Underserved Populations

Vulnerable and Underserved Populations Text Version Exit

Examples of Vulnerable and/or Underserved Populations

You might work with consumers who are considered to be part of a vulnerable or underserved population. Some might even fall into both groups.
This graphic helps illustrate who they are and some of their characteristics.

Vulnerable Populations

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

Who Are They?

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

Underserved Populations

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

Menu Help Glossary Resources Map Module 2 of 6 Page 5 of 14

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

Vulnerable Populations

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

Who Are They?

- Older adults
- Rural populations
- Children
- Racial and ethnic minorities
- People with physical or intellectual disabilities or cognitive, hearing, speech, and/or vision impairments
- Low income or homeless individuals
- Pregnant women
- Victims of abuse or trauma
- Individuals with mental health or substance-related disorders

- Individuals with HIV/AIDS
- Lesbian, gay, bi-sexual, and transgender (LGBT) individuals
- AI/ANs

Underserved Populations

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

Addressing Needs Through the FFM Process

Vulnerable and Underserved Populations Text Version Exit

Addressing Needs Through the FFM Process

Certain parts of the Marketplace application in individual market FFM were designed to help address some of the challenges that vulnerable or underserved consumers face.

Select each item on the left to match the characteristic of consumers who are vulnerable or underserved to the part of the online FFM application process that could help address their need.

Application Question	Can identify and help consumers who...
1. Income information	Face significant economic hardship
2. Question if the consumer has health conditions that cause limitations in daily activities	Have mobility impairments
3. Enter your doctors and medical facilities to see if they're covered by the plan	Face a shortage of readily available providers
4. Preferred spoken language	Limited English Proficiency (LEP)

[Additional Information](#)

Individuals with LEP can notify an FFM of their preferred language to ensure future communications are in that preferred language. Individuals facing significant economic hardship can also enter their income information to see if they are eligible for insurance affordability programs such as advance payments of the premium tax credit (APTC), cost-sharing reductions (CSRs), and low cost programs like Medicaid and CHIP. Individuals who have mobility impairments may also be eligible for low- or no-cost health coverage due to their disability and may wish to indicate that challenge on the application. Please note that it will not impact their ability to buy insurance nor will it result in higher premiums for the consumer. Finally, provider shortages can be a challenge, but you can help consumers see which providers in their area may be covered by a plan by using the doctor and drug coverage tool after the consumer has completed the application. You may also want to recommend that the consumer call any providers he or she needs to verify that the provider is in the plan's network and taking new patients (if the consumer has not been seen by the doctor before).

Menu Help Glossary Resources Map Module 2 of 6 Page 6 of 14

Certain parts of the Marketplace application in individual market FFM were designed to help address some of the challenges that vulnerable or underserved consumers face.

Below are characteristic of consumers who are vulnerable or underserved and the part of the online FFM application process that could help address their need.

Application Question

Income information

Can identify and help consumers who face significant economic hardship.

Application Question

Question if the consumer has health conditions that cause limitations in daily activities

Can identify and help consumers who have mobility impairments.

Application Question

Enter your doctors and medical facilities to see if they're covered by the plan

Can identify and help consumers who face a shortage of readily available providers.

Application Question

Preferred spoken language

Can identify and help consumers who have Limited English Proficiency (LEP).

Additional Information


Individuals with LEP can notify an FFM of their preferred language to ensure future communications are in that preferred language. Individuals facing significant economic hardship can also enter their income information to see if they are eligible for insurance

affordability programs such as advance payments of the premium tax credit (APTC), cost-sharing reductions (CSRs), and low cost programs like Medicaid and CHIP. Individuals who have mobility impairments may also be eligible for low- or no-cost health coverage due to their disability and may wish to indicate that challenge on the application. Please note that it will not impact their ability to buy insurance nor will it result in higher premiums for the consumer. Finally, provider shortages can be a challenge, but you can help consumers see which providers in their area may be covered by a plan by using the doctor and drug coverage tool after the consumer has completed the application. You may also want to recommend that the consumer call any providers he or she needs to verify that the provider is in the plan's network and taking new patients (if the consumer has not been seen by the doctor before).

Consumers With Pre-Existing Conditions

Vulnerable and Underserved Populations Text Version Exit

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. They also can't charge consumers more based on their gender under any new individual or small group policy.

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

- Eligible consumers can enroll in a qualified health plan (QHP) during the Open Enrollment Period. 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 (SEP). A loss of coverage is one example of a circumstance that could allow for an SEP. However, voluntarily terminating coverage is not considered a loss of coverage.

Menu Help Glossary Resources Map Module 2 of 6 Page 7 of 14

Health insurance companies generally can't refuse to sell a policy to consumers or charge them more just because they have a pre-existing condition. They also can't charge consumers more based on their gender under any new individual or small group policy.

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

- Eligible consumers can enroll in a qualified health plan (QHP) during the Open Enrollment Period. 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 (SEP). A loss of coverage is one example of a circumstance that could allow for an SEP. However, voluntarily terminating coverage is not considered a loss of coverage.

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 the plans haven't been changed in ways that substantially cut benefits or increase costs for consumers and the issuer has provided the required notice, health insurance companies can continue to offer them to consumers.

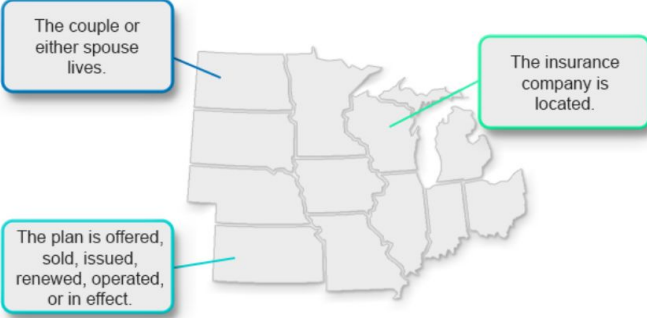
Married Same-Sex Couples

Vulnerable and Underserved Populations Text Version Exit

Married Same-Sex Couples

Married same-sex couples are another vulnerable population. The Marketplaces treat married same-sex couples the same as married opposite-sex couples. Insurance companies that offer 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 occurred, 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 where:



Federal regulations provide that health insurance companies offering non-grandfathered group or individual health insurance coverage can't use marketing practices or benefit designs that discriminate on the basis of certain factors, including a consumer's sexual orientation.

[More on the premium tax credit \(PTC\) and same-sex couples](#)

Menu Help Glossary Resources Map Module 2 of 6 Page 8 of 14

Married same-sex couples are another vulnerable population. The Marketplaces treat married same-sex couples the same as married opposite-sex couples. Insurance companies that offer 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 occurred, 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 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 use marketing practices or benefit designs that discriminate on the basis of certain factors, including a consumer's sexual orientation.

The Marketplaces treat married same-sex couples the same as married opposite-sex couples when they apply for APTC, CSRs, Medicaid, and CHIP. Like married opposite-sex couples, married same-sex couples must file a joint federal tax return for the year that they're seeking help paying for coverage through the Marketplaces to be eligible for APTC and CSRs.

Factors Affecting Access to Health Care

Vulnerable and Underserved Populations Text Version Off On Exit

Factors Affecting Access to Health Care

Key barriers to accessing health care include:

- Lack of 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



Menu Help Glossary Resources Map Module 2 of 6 Page 9 of 14

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

Key barriers to accessing health care include:

- Lack of 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

Factors Affecting Access to Health Care: Coverage Status

Vulnerable and Underserved Populations Text Version Exit

Factors Affecting Access to Health Care: Coverage Status

Consumers who lack coverage may:

```
graph LR; A[Delay seeking care] --> B[Get care that doesn't fit their specific needs]; B --> C[Get a late diagnosis of their diseases]; C --> D[Get less care]; D --> E[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 coverage. They might also be better able to make informed decisions about getting coverage if they know about the individual shared responsibility requirement, which requires consumers to have minimum essential coverage (MEC) or pay a fee (for tax years prior to 2019) when they file their federal income taxes unless they qualify for an exemption. Financial assistance may be available to lower the cost of a consumer's coverage.

Menu Help Glossary Resources Map Module 2 of 6 Page 10 of 14

Coverage is very important because it helps reduce the financial burden of seeking health care. Consumers who lack 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 coverage to the consumers you help.

Consumers who lack coverage may:

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

Consumers might be better able to make informed decisions about obtaining coverage if they understand the physical and mental health-related disadvantages of lacking coverage. They might also be better able to make informed decisions about getting coverage if they know about the individual shared responsibility requirement, which requires consumers to have minimum essential coverage (MEC) or pay a fee (for tax years prior to 2019) when they file their federal income taxes unless they qualify for an exemption. Financial assistance may be available to lower the cost of a consumer's coverage.

Factors Affecting Access to Health Care: Costs

Vulnerable and Underserved Populations Text Version Exit

Factors Affecting Access to Health Care: Costs

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

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

Description	Code	Amount
room	851000095	87.00
	172001525	174.00
	225647700	37.60
	751004102	9.00

INSURANCE INFORMATION

Primary
Secondary

MEDICAL INSURANCE may also pursue payment from a third party if permitted by State Law. If we do, adjustments may no longer be applicable. We expect you to pay when allowed by State and Federal law and equity.

564.00
654.00
185.00
403.00

2015
2016

Menu Help Glossary Resources Map Module 2 of 6 Page 11 of 14

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

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

Factors Affecting Access to Health Care: Inconsistent Sources of Care

Vulnerable and Underserved Populations Text Version Exit

Factors Affecting Access to Health Care: Inconsistent Sources of Care

Consumers without access to coverage are likely to get treatment from inconsistent sources of care.

For example, a consumer who lacks coverage may get care for an illness by going to a hospital, free clinic, and/or treatment center. This pattern is reactive treatment for a health emergency, not care that would **prevent** such an emergency.

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

No Health Care

Trip to E.R.

More Expensive

VS

Regular Health Care Visits

Healthier

Less Cost

Menu Help Glossary Resources Map Module 2 of 6 Page 12 of 14

Consumers without access to coverage are likely to get treatment from inconsistent sources of care.

For example, a consumer who lacks coverage may get care for an illness by going to a hospital, free clinic, and/or treatment center. This pattern is reactive treatment for a health emergency, not care that would prevent such an emergency.

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


With no healthcare a trip to emergency room is likely more expensive.

With regular health care visits you are more likely to be healthier which can result in less cost.

Knowledge Check

Vulnerable and Underserved Populations Text Version Exit

Knowledge Check



You are advising a low-income, 28-year-old man about his coverage options through an FFM. He tells you that he has not been sick for the last three years, feels perfectly healthy, and does not think he needs coverage. He also tells you that he has a family history of diabetes and has moved several times over the past five years. Any time he felt like he needed care, he visited the local clinic and had everything "checked out." You would like to help him understand why coverage might benefit him.

Which of the following statements is false?
Choose the **correct answer** and then select **Check Your Answer**.

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

[Check Your Answer](#)

Menu Help Glossary Resources Map Module 2 of 6 Page 13 of 14

You are advising a low-income, 28-year-old man about his coverage options through an FFM. He tells you that he has not been sick for the last three years, feels perfectly healthy, and does not think he needs coverage. He also tells you that he has a family history of diabetes and has moved several times over the past five years. Any time he felt like he needed care, he visited the local clinic and had everything "checked out." You would like to help him understand why coverage might benefit him.

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


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, coverage can help consumers avoid expensive medical bills in case of an emergency. Moreover, consumers who have coverage and a doctor they regularly see tend to have better health and live longer. Finally, the quality of care and preventive services consumers get have been shown to improve when consumers see a regular

doctor as opposed to visiting a clinic in various locations.

Key Points

Vulnerable and Underserved Populations Text Version Exit

Key Points



01 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.

02 You should be able to recognize how lacking coverage creates barriers to accessing health care.

03 You should be able to help consumers understand the importance of seeing a doctor regularly and having coverage, which can help reduce the costs of health care and allow consumers to get preventive care (without cost sharing), get a timely diagnosis, and live longer, healthier lives.

Menu Help Glossary Resources Map Module 2 of 6 Page 14 of 14

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

How to Reach and Work Effectively with Vulnerable and Underserved Populations

Introduction

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Off Exit

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 having health coverage. It's essential that you learn best practices for reaching these consumers and helping them make important coverage choices.

- Needs Assessment**
Learn how to conduct a needs assessment
- Communication Needs**
Understand the unique communication needs of vulnerable and underserved populations
- Working Effectively**
Identify strategies for communicating effectively with vulnerable and underserved populations
- Consumers with Disabilities in Rural Communities**
Identify strategies for working effectively with consumers with disabilities and consumers in rural communities

Menu Help Glossary Resources Map Module 3 of 6 Page 1 of 22

An important part of your job is to help consumers get health coverage, possibly for the first time in their lives. Some consumers may know very little about the benefits of having health coverage. It's essential that you learn best practices for reaching these consumers and helping them make important coverage choices.

Needs Assessment

Learn how to conduct a needs assessment

Communication Needs

Understand the unique communication needs of vulnerable and underserved populations

Working Effectively

Identify strategies for communicating effectively with vulnerable and underserved populations

Consumers with Disabilities in Rural Communities

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

Conducting a Needs Assessment for Consumers


How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Conducting a Needs Assessment for Consumers

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

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

Before you begin working with consumers, it's a good idea to conduct an initial needs assessment for every vulnerable or underserved group in your community. You are required to develop and maintain general knowledge about all the racial, ethnic, and cultural groups that are present in your FFM's service area.



Menu Help Glossary Resources Map Module 3 of 6 Page 2 of 22

Before you begin working with consumers, it's a good idea to conduct an initial needs assessment for every vulnerable or underserved group in your community. You are required to develop and maintain general knowledge about all the racial, ethnic, and cultural groups that are present in your FFM's service area.

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

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

General Questions to Ask When Conducting a Needs Assessment

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version 08 Exit

General Questions to Ask When Conducting a Needs Assessment

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

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

Consumers seeking information Consumers seeking coverage for themselves or their households

Menu Help Glossary Resources Map Module 3 of 6 Page 3 of 22

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

Needs Category:

Consumers seeking information

- What questions do you have about how the Patient Protection and Affordable Care Act affects your coverage?
- What questions do you have about the Marketplace application process?
- What questions do you have about the eligibility requirements for enrolling in coverage through a Marketplace?
- What information would you want to have before you choose your coverage options through a Marketplace?
- What questions do you have about paying for your coverage?
- What could I/we do to make this process easier for you?

Needs Category:

Consumers seeking coverage for themselves or their households

- What kind of coverage have you and your family had in the past?
- Who in your family needs coverage?
- What parts of coverage are most important to you (e.g., covered benefits and services, cost, keeping a doctor)?

- How does your employer help you and other employees with health care costs?

Importance of Identifying and Helping Vulnerable and Underserved Consumers


How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Importance of Identifying and Helping Vulnerable and Underserved Consumers

You can best help vulnerable and/or underserved consumers by:

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

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. They might get fewer or inadequate health care services.



Menu Help Glossary Resources Map Module 3 of 6 Page 4 of 22

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. They might get fewer or inadequate health care services.

You can best help vulnerable and/or underserved consumers by:

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

Factors Contributing to Unique Communication Needs

The screenshot shows a digital learning interface. At the top, the title 'How to Reach and Work Effectively with Vulnerable and Underserved Populations' is displayed, along with a 'Text Version' toggle set to 'On' and an 'Exit' button. Below this, the main heading 'Factors Contributing to Unique Communication Needs' is shown in a blue bar. On the left, a man in an orange shirt and tan pants stands with his arms crossed. A speech bubble next to him contains text about communication with vulnerable consumers. To the right, a large white box with a drop shadow contains a list of factors to consider when communicating with vulnerable consumers. At the bottom, a navigation bar includes icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 3 of 6', 'Page 5 of 22', and navigation arrows.

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Factors Contributing to Unique Communication Needs

You should be able to communicate appropriately and effectively when you're working with vulnerable or underserved consumers. Your primary goal is to earn their trust. Communication methods that work well with one community or individual within a community may not necessarily work well for other communities or individuals.

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

- Cultural and linguistic differences
- Their level of health literacy
- Accommodations for consumers with physical or intellectual disabilities
- Geographic location
- Demographic factors (e.g., age)

Menu Help Glossary Resources Map Module 3 of 6 Page 5 of 22

You should be able to communicate appropriately and effectively when you're working with vulnerable or underserved consumers. Your primary goal is to earn their trust. Communication methods that work well with one community or individual within a community may not necessarily work well for other communities or individuals.

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

- Cultural and linguistic differences
- Their level of health literacy
- Accommodations for consumers with physical or intellectual disabilities
- Geographic location
- Demographic factors (e.g., age)

Cultural and Linguistic Competence

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version On Exit

Cultural and Linguistic Competence

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

Select the image for more on cultural and linguistic competence.

- Age
- Country of Origin
- Education Level
- Gender Identity
- Health Practices
- Language Spoken
- Occupation
- Physical Limitations
- Gender
- Sexual Orientation
- Socio-economic Status

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

Menu Help Glossary Resources Map Module 3 of 6 Page 6 of 22

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

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

Age, Country of Origin, Education Level, Gender Identity, Health Practices, Language Spoken, Occupation, Physical Ability and Limitations, Gender, Sexual Orientation, and Socioeconomic Status.

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

- Identify, understand, and respect differences in consumers' cultural beliefs, behaviors, and needs.
- Respond appropriately to consumers based on their culture and language needs, which may include making referrals or asking for help (e.g., getting interpretation and translation services).
- Acknowledge, respect, and accept cultural differences among consumers.

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

serving the needs and preferences of individual consumers.

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

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

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Off Exit

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

Keep the following tips and examples in mind when you work with consumers from different backgrounds and encounter people who look different from one another.

Tip: Respect the unique cultural needs of all consumers.

Examples:
Some consumers prefer to seek out traditional healer services, like using herbs or acupuncture to treat illness, which is different from seeking allopathic service providers who are trained in Western medicine.

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

- Acknowledge your respect for their beliefs (whether or not you agree with them).
- Explain the potential benefits of getting coverage.
- Tell them you understand if they choose to decline coverage, but explain that there may be a fee if they don't get coverage or an exemption.

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

Examples
All consumers are different.

- A consumer who appears to you to be of a certain race or ethnicity may identify with something different such as 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 identify with another race.
- A consumer's gender identity may also be different from your perception; therefore, it's recommended that you use gender-neutral pronouns (e.g., you, your spouse).

Menu Help Glossary Resources Map Module 3 of 6 Page 7 of 22

Keep the following tips and examples in mind when you work with consumers from different backgrounds and encounter people who look different from one another.

Tip: Respect the unique cultural needs of all consumers.

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

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

- Acknowledge your respect for their beliefs (whether or not you agree with them).
- Explain the potential benefits of getting coverage.
- Tell them you understand if they choose to decline coverage, but explain that there may be a fee if they don't get coverage or an exemption.

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

All consumers are different.

- A consumer who appears to you to be of a certain race or ethnicity may identify with something different such as 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 identify with another race.
- A consumer's gender identity may also be different from your perception;

therefore, it's recommended that you use gender-neutral pronouns (e.g., you, your spouse).

Tips and Examples: Acknowledging Different Linguistic Abilities and Cultures

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Off Exit

Tips and Examples: Acknowledging Different Linguistic Abilities and Cultures

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

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

There may be times when you interact with consumers who will be able to understand and speak English well but may not be able to read and write in English. In this case, you'll need to identify materials in their [preferred languages](#). However, be sure that they can read in that language before giving them written information. Also, you should know how to get translation or interpretation services, including American Sign Language (ASL) to help them, if necessary.

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

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:

- Help them understand how coverage can benefit them.
- Understand that they may reject coverage even after you explain how coverage can benefit them.
- Know how to help them file a [Religious Sect Exemption Application](#) from the individual shared responsibility payment (for tax years prior to 2019). The fee is sometimes called the "penalty," "fine," or "individual mandate."

Menu Help Glossary Resources Map Module 3 of 6 Page 8 of 22

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

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

There may be times when you interact with consumers who will be able to understand and speak English well but may not be able to read and write in English. In this case, you'll need to identify materials in their preferred languages. However, be sure that they can read in that language before giving them written information. Also, you should know how to get translation or interpretation services, including American Sign Language (ASL) to help them, if necessary.

Preferred Language

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

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

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:

- Help them understand how coverage can benefit them.
- Understand that they may reject coverage even after you explain how coverage can benefit them.
- Know how to help them file a [Religious Sect Exemption Application](#) from the individual shared responsibility payment (for tax years prior to 2019). The fee is sometimes called the "penalty," "fine," or "individual mandate."


Effectively Communicating With Consumers With Limited English Proficiency

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Effectively Communicating With Consumers With Limited English Proficiency

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

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



The image shows two women standing and facing each other. The woman on the left is wearing a white dress with large, colorful polka dots and is using sign language. The woman on the right is wearing a red patterned top and is also using sign language. They appear to be in a conversation.

Menu Help Glossary Resources Map Module 3 of 6 Page 9 of 22

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

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

Knowledge Check

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Knowledge Check


Based on this information, which of the following steps could you take to provide support to Katarina and Felix?

Choose **all that apply** and then select **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 translate materials as necessary.

[Check Your Answer](#)

Let's pause here to review how you can provide linguistically appropriate services for Katarina and Felix. Neither of them is a native English speaker, but Felix speaks better English than Katarina. They don't have access to a car or enough money for public transportation.



Let's pause here to review how you can provide linguistically appropriate services for Katarina and Felix. Neither of them is a native English speaker, but Felix speaks better English than Katarina. They don't have access to a car or enough money for public transportation.

Based on this information, which of the following steps could you take to provide support to Katarina and Felix?

- 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 translate materials as necessary.

The correct answers are A, C, and D. It's a best practice to ask consumers about their preferred spoken and written languages. You should locate materials written in Katarina and Felix's preferred language or provide translated materials as necessary. You're responsible for providing the written and oral language services that consumers need, although in some cases you might be able to refer consumers to other available resources. You should also tell them that professional interpreters are available and ask what they prefer. The consumer can request that family or friends act as oral interpreters to satisfy the requirement to provide linguistically appropriate services as the preferred alternative to an offer of other interpretive services. However, using a certified interpreter

should be the recommended approach. In addition, 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.

Consumers with Low Literacy

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version On Exit


Consumers with Low Literacy

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

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

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



A consumer may say things like:

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

A consumer may do things like:

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

Menu Help Glossary Resources Map Module 3 of 6 Page 11 of 22

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

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

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

A consumer may say things like:

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

A consumer may do things like:

- Ask others to take notes or fill in forms.
- Return forms that are only partially filled out.

- Call or visit you several times to clarify things.

Consumers with Low Health Literacy

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version 08 Exit

Consumers with Low Health Literacy

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
- AI/AN who have only accessed Indian Health Services

Patients with low health literacy may have difficulty:

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

Menu Help Glossary Resources Map Module 3 of 6 Page 12 of 22

Generally, consumers who are health literate understand how to use their health coverage and navigate health coverage options available to them. Health literacy in general is the ability to get and understand basic information about coverage and health care services, use the information about coverage and health care services to make decisions, and follow instructions for treatment.

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
- AI/AN who have only accessed Indian Health Services

Patients with low health literacy may have difficulty:

- Understanding that they have to pay premiums on time and copayments during a provider visit
- Finding providers and services
- Filling out complex health forms

- Sharing their medical history with providers
- Seeking preventive health care
- Knowing the connection between risky behaviors and health
- Managing chronic health conditions
- Understanding directions on taking medicine

How to Help Consumers with Low Literacy and Low Health Literacy

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

How to Help Consumers with Low Literacy and Low Health Literacy

Tips for working with low literacy consumers:

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

Tips for working with low health literacy consumers:

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

Menu Help Glossary Resources Map Module 3 of 6 Page 13 of 22

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

Tips for working with low literacy consumers:

- Use commonly used words
- Ask open-ended questions
- Read written instructions out loud and check that consumers understand you
- Speak slowly
- Draw or point to pictures, posters, and other visuals
- Confirm that consumers understand what you're saying
- Use plain language and simple words, especially when you describe difficult coverage terms
- Write information down and share it with the consumer who can read it in greater detail at home
- Present complex information in small amounts to avoid potentially overwhelming the consumer

- Use active voice as much as possible (e.g., "I got a translator" and not "The translator was obtained by me")
- Provide or direct consumers to Coverage to Care materials at <http://www.hhs.gov/healthcare/coverage-to-care/>

Tips for working with low health literacy consumers:

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

Knowledge Check

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit


Knowledge Check

Which of the following actions would be the most appropriate way to help her?
Select **all that apply** and then select **Check Your Answer**.

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

[Check Your Answer](#)

You're assisting Nina and she can't seem to make up her mind about enrolling in health coverage. She's come to your office with questions a few times now and still hasn't completed her eligibility application. You provide Nina with brochures and flyers about available coverage options but in your conversations it becomes clear that she hasn't read the materials. You think Nina may have low literacy and/or low health literacy.



Menu Help Glossary Resources Map Module 3 of 6 Page 14 of 22

You're assisting Nina and she can't seem to make up her mind about enrolling in health coverage. She's come to your office with questions a few times now and still hasn't completed her eligibility application. You provide Nina with brochures and flyers about available coverage options but in your conversations it becomes clear that she hasn't read the materials. You think Nina may have low literacy and/or low health literacy.

Which of the following actions would be the most appropriate way to help her?

- 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.

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 coverage options.

Consumers With Disabilities

The screenshot shows a training interface. At the top, it says 'How to Reach and Work Effectively with Vulnerable and Underserved Populations' with a 'Text Version' toggle and an 'Exit' button. The main title is 'Consumers With Disabilities'. On the left, a white box contains text about Section 1557 of the PPACA and a list of three categories of health programs. On the right, a man in an orange shirt sits in a chair, with a speech bubble containing text about vulnerable populations. At the bottom, there is a 'Next' button and a navigation bar with 'Menu', 'Help', 'Glossary', 'Resources', 'Map', 'Module 3 of 6', and 'Page 15 of 22'.

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Consumers With Disabilities

Section 1557 of the PPACA is a nondiscrimination provision that is consistent with established federal civil rights laws. It prohibits discrimination based on disability, race, color, national origin (including LEP), sex, and age.

The HHS Office for Civil Rights Final Rule implementing Section 1557 of the PPACA (45 CFR Part 92) applies to individuals participating in:

1. HHS federally administered health programs and activities,
2. Health programs and activities that receive federal financial assistance (FFA) from HHS, and
3. Health programs and activities administered by an entity established under Title I of the PPACA, such as an FFM.

Another example of a vulnerable population is consumers with disabilities. Consumers with physical or intellectual disabilities may need special help to gain access to coverage information. You will learn more about working with these consumers in another training course, but here are a few key points.

Next

Menu Help Glossary Resources Map Module 3 of 6 Page 15 of 22

Another example of a vulnerable population is consumers with disabilities. Consumers with physical or intellectual disabilities may need special help to gain access to coverage information. You will learn more about working with these consumers in another training course, but here are a few key points.

Section 1557 of the PPACA is a nondiscrimination provision that is consistent with established federal civil rights laws. It prohibits discrimination based on disability, race, color, national origin (including LEP), sex, and age.

The HHS Office for Civil Rights Final Rule implementing Section 1557 of the PPACA (45 CFR Part 92) applies to individuals participating in:

1. HHS federally administered health programs and activities,
2. Health programs and activities that receive federal financial assistance (FFA) from HHS, and
3. Health programs and activities administered by an entity established under Title I of the PPACA, such as an FFM.

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 FFA.

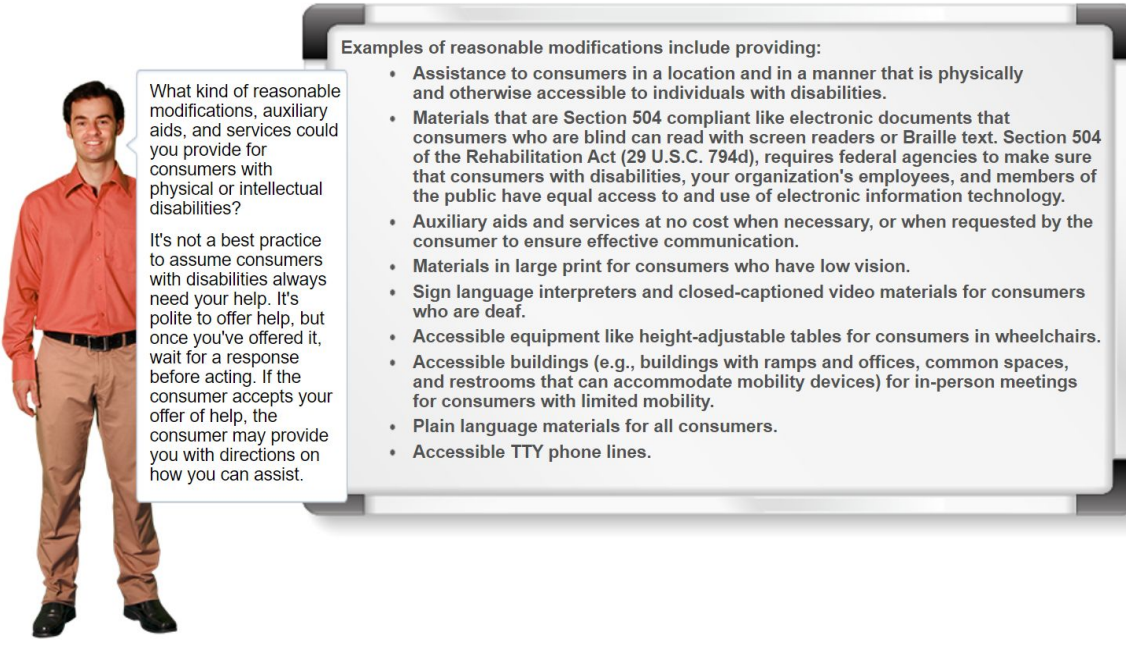
Examples of reasonable modifications and auxiliary aids and services include:

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

Accommodations for Consumers with Disabilities

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version ON Exit

Accommodations for Consumers with Disabilities



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

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.

Examples of reasonable modifications include providing:

- Assistance to consumers in a location and in a manner that is physically and otherwise accessible to individuals with disabilities.
- Materials that are Section 504 compliant like electronic documents that consumers who are blind can read with screen readers or Braille text. Section 504 of the Rehabilitation Act (29 U.S.C. 794d), requires federal agencies to make sure that consumers with disabilities, your organization's employees, and members of the public have equal access to and use of electronic information technology.
- Auxiliary aids and services at no cost when necessary, or when requested by the consumer to ensure effective communication.
- 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.

Menu Help Glossary Resources Map Module 3 of 6 Page 16 of 22

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

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.

Examples of reasonable modifications include providing:

- Assistance to consumers in a location and in a manner that is physically and otherwise accessible to individuals with disabilities.
- Materials that are Section 504 compliant like electronic documents that consumers who are blind can read with screen readers or Braille text. Section 504 of the Rehabilitation Act (29 U.S.C. 794d), requires federal agencies to make sure that consumers with disabilities, your organization's employees, and members of the public have equal access to and use of electronic information technology.
- Auxiliary aids and services at no cost when necessary, or when requested by the consumer to ensure effective communication.
- 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.

Consumers in Rural Communities

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

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 are also likely to be underserved in terms of coverage, which is why they might need your help.



Access to Transportation
Rural residents may not be able to visit locations where they can get coverage information (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 coverage information online. Internet access may not be available in some very rural areas of the country, or consumers may not be able to afford it and have transportation barriers that limit their access to public internet access.

Menu Help Glossary Resources Map Module 3 of 6 Page 17 of 22

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 are also likely to be underserved in terms of coverage, which is why they might need your help.

Access to Transportation

Rural residents may not be able to visit locations where they can get coverage information (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 coverage information online. Internet access may not be available in some very rural areas of the country, or consumers may not be able to afford it and have transportation barriers that limit their access to public internet access.

Reaching and Engaging Rural Consumers

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Reaching and Engaging Rural Consumers

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

The image shows a grid of ten circular icons, each containing text representing a location for outreach. The icons are arranged in two rows of five. The text in the icons is as follows:

- Consumers' places of work
- Faith-based institutions
- Libraries
- Community clubs
- United States Department of Agriculture (USDA) extension programs to reach farmers and schools
- Community Health Centers
- Tribal offices and Indian Health Services
- Schools
- Big box stores
- Local newspapers

Menu Help Glossary Resources Map Module 3 of 6 Page 18 of 22

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

- Consumers' places of work
- Faith-based institutions
- Libraries
- Community clubs
- United States Department of Agriculture (USDA) extension programs to reach farmers and schools
- Community Health Centers
- Tribal offices and Indian Health Services
- Schools
- Big box stores
- Local newspapers

Knowledge Check

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit


Knowledge Check

Which of the following actions would be the most appropriate way to help her?
Choose **all that apply** and then select **Check Your Answer**.

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

[Check Your Answer](#)

Jasmine is a 27-year-old consumer who lives in rural Arkansas. She is a lawfully present person who identifies strongly with her Japanese culture and has LEP. She works full-time as a hostess in a diner making \$10 per hour. Jasmine is single and also has limited vision. You have scheduled a meeting with Jasmine to discuss coverage options.



Jasmine is a 27-year-old consumer who lives in rural Arkansas. She is a lawfully present person who identifies strongly with her Japanese culture and has LEP. She works full-time as a hostess in a diner making \$10 per hour. Jasmine is single and also has limited vision. You have scheduled a meeting with Jasmine to discuss coverage options.

Which of the following actions would be the most appropriate way to help her?

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

The correct answers are A and B. Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition (limited vision), may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine has LEP, which may require you to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting, depending on her preferences. Jasmine also has a visual impairment, so you might need to provide reasonable accommodations (e.g., large-print materials and/or some written documents may have to be read aloud to her). Additionally, you should provide Jasmine with the same level of service that you provide to all of your

consumers. You should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Finally, you don't know if Jasmine has access to the Internet and it wouldn't be appropriate to assume that she has access and ask her to read coverage information online.

Available Resources

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Available Resources

Finding the right 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

Menu Help Glossary Resources Map Module 3 of 6 Page 20 of 22

Finding the right 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

Making Referrals to Additional Resources


How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version Exit

Making Referrals to Additional Resources

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

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

[More](#) on "Outside organizations."



Menu Help Glossary Resources Map Module 3 of 6 Page 21 of 22

Remember that Navigators in FFMJs must provide information and services in a fair, accurate, and impartial manner, which includes:

- Providing information that assists consumers with submitting their eligibility applications;
- Clarifying the distinctions among health coverage options, including QHPs; and,
- Helping consumers make informed decisions during the health coverage selection process.

Such information must acknowledge other health programs like Medicare, Medicaid and CHIP.

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

- **Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services.** Examples include your state Medicaid or CHIP agency, Veterans Affairs (VA) Health Benefits, Medicare and State Health Insurance Assistance Program (SHIP) counselors, Federally Qualified Health Centers, Ryan White HIV/AIDS programs, or AIDS Drug Assistance Programs for lower-cost prescription drugs.
- **Organizations that specialize in disease-specific or local patient groups.** Examples include the American Cancer Society or the American Diabetes Association.
- **Other local or community organizations.** Examples include homeless shelters, food banks, LGBT community centers, churches, legal aid organizations, and

local colleges and universities.

- Local businesses. Examples include coffee shops, malls, farmer's markets, and grocery stores. For example, these businesses might allow you to leave outreach materials for their customers or to set up an information table to engage with customers about enrolling in coverage.


Outside organizations

"Outside organizations" are organizations that are not FFM assister organizations or HHS entities such as CMS Regional Offices. When working with or referring consumers to outside organizations, you should be sure to follow CMS guidance, [Tips For Assisters on Working with Outside Organizations](#).

Key Points

How to Reach and Work Effectively with Vulnerable and Underserved Populations Text Version 08 Exit

Key Points



01 You should be prepared to help consumers who are vulnerable (e.g., consumers with limited life options, pre-existing conditions, LEP, and/or mobility impairments) and/or underserved (e.g., consumers who experience barriers to accessing care and/or are unfamiliar with the health care delivery system). While underserved consumers have limited access to health care services, vulnerable consumers tend to experience additional issues with getting care, though many consumers may fall into both categories.

02 Key barriers to accessing health care for vulnerable and underserved populations may include: lack of coverage, high health care costs, inconsistent sources of care, low health literacy, lack of reliable transportation, and/or other difficulties physically accessing provider offices.

03 You should respect the needs of different consumers, understand how their needs affect your communication with them, and value how coverage needs can be different based on consumers' cultures.

Menu Help Glossary Resources Map Module 3 of 6 Page 22 of 22

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

Working Effectively with American Indians and Alaska Natives

Introduction

Working Effectively with American Indians and Alaska Natives Text Version 0% Exit

Introduction

In the United States, 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 more than 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).

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

- 01 American Indians and Alaska Natives**
Describe how AI/ANs are defined for the purposes of health coverage and what is considered a federally recognized tribe
- 02 Current Health Services**
Describe the special relationship between the Federal Government and federally recognized tribes/ANCSA corporations and the current structure and challenges of the Indian health system
- 03 Coverage under the PPACA**
Identify benefits and exemptions to the individual shared responsibility requirement (for tax years prior to 2019) for eligible AI/ANs under the PPACA
- 04 Applying Through the Marketplaces**
Explain the eligibility requirements, issues, and process for AI/ANs applying for health coverage through the Marketplaces

Menu Help Glossary Resources Map Module 4 of 6 Page 1 of 24

In the United States, 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 more than 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).

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

American Indians and Alaska Natives

Describe how AI/ANs are defined for the purposes of health coverage and what is considered a federally recognized tribe

Current Health Services

Describe the special relationship between the Federal Government and federally recognized tribes/ANCSA corporations and the current structure and challenges of the Indian health system

Coverage under the PPACA

Identify benefits and exemptions to the individual shared responsibility requirement (for tax years prior to 2019) for eligible AI/ANs under the PPACA

Applying Through the Marketplaces

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

Historical Background

Working Effectively with American Indians and Alaska Natives Text Version Exit

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 HHS and the Bureau of Indian Affairs (BIA).

Menu Help Glossary Resources Map Module 4 of 6 Page 2 of 24

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 HHS and the Bureau of Indian Affairs (BIA).

Definition of AI/AN


Working Effectively with American Indians and Alaska Natives

Text Version Off On Exit

Definition of AI/AN

- The definition of AI/AN is different for the United States Census Bureau, 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.
- For purposes of Medicaid and CHIP, an AI/AN is a member of a federally recognized tribe, an ANCSA shareholder, or any individual eligible to receive services from IHS.

Who is an AI/AN?



Menu Help Glossary Resources Map Module 4 of 6 Page 3 of 24

Who is an AI/AN?


- The definition of AI/AN is different for the United States Census Bureau, 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.
- For purposes of Medicaid and CHIP, an AI/AN is a member of a federally recognized tribe, an ANCSA shareholder, or any individual eligible to receive services from IHS.

Health Care Services for AI/ANs

Working Effectively with American Indians and Alaska Natives Text Version Exit

Health Care Services for AI/ANs

Taken together and referred to as I/T/U, the IHS (I), tribes and tribal organizations (T), and urban Indian organizations (U) are the three components of the Indian health system. AI/ANs who enroll in a QHP through a Marketplace can still get care at an I/T/U.



Select each letter above to learn more about each component.

Menu Help Glossary Resources Map Module 4 of 6 Page 4 of 24

Taken together and referred to as I/T/U, the IHS (I), tribes and tribal organizations (T), and urban Indian organizations (U) are the three components of the Indian health system. AI/ANs who enroll in a QHP through a Marketplace can still get care at an I/T/U.

I:

The Indian Health Service

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

T:

Tribes and Tribal Organizations

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 Services (CHS) Program.

U:

Urban Indian Organizations

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

Knowledge Check

Working Effectively with American Indians and Alaska Natives Text Version Exit

Knowledge Check

You scheduled your first meeting with Ann and Joe, a married AI/AN couple. You'd like to do some research before the meeting so that you can better help them.

Which of the following topics would be most relevant?

Choose **all that apply** and then select **Check Your Answer**.

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

[Check Your Answer](#)



Menu Help Glossary Resources Map Module 4 of 6 Page 5 of 24

You scheduled your first meeting with Ann and Joe, a married AI/AN couple. You'd like to do some research before the meeting so that you can better help them.

Which of the following topics would be most relevant?

- A. The IHS and the services it offers in Ann 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 Ann and Joe on their knowledge and ability to prove they qualify for Marketplace benefits and exemptions for eligible AI/ANs.
- C. Available I/T/U service units in Ann and Joe's nearby community.
- D. PPACA benefits for AI/ANs.

The correct answers are A, C, and D. To take advantage of certain benefits and exceptions only available to AI/ANs through the Marketplaces, Ann and Joe will need to provide a copy of a document issued by a federally recognized tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card); the document should have a signature and/or seal on it. If the consumer does not have documentation, you can refer the consumer to his or her state Tribal Affairs resources at <https://www.cms.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html>. If they wish to apply for an Indian health coverage exemption, they'll need to complete Form 8965 to claim it when filing a federal income tax return. Ann and Joe can also see if they qualify for additional help paying for coverage through the Marketplace by providing their household size and income. Names of ancestors aren't necessary for proof of tribal membership for enrollment in the

Marketplaces.

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

Working Effectively with American Indians and Alaska Natives Text Version Exit

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

Select each question to learn the answer.

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

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

Where do AI/AN people live 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 BIA Tribal Directory and the list of ANCSA corporations available from the Alaska Department of Natural Resources.

Menu Help Glossary Resources Map Module 4 of 6 Page 6 of 24

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 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 United States 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.

State of Health Care for AI/ANs

Working Effectively with American Indians and Alaska Natives Text Version Exit

State of Health Care for AI/ANs

According to publicly available reports:



One in three AI/ANs younger than age 65 is either uninsured or depends solely on services provided through the IHS.

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 QHP through a Marketplace, 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.

Menu Help Glossary Resources Map Module 4 of 6 Page 7 of 24

According to publicly available reports:

Example 1

One in three AI/ANs younger than age 65 is either uninsured or depends solely on services provided through the IHS.

Example 2

More than half of AI/ANs are low income.

Example 3

The number of low-income AI/ANs younger than age 65 is higher than for any other racial or ethnic group. The poverty rate for this group of young people is nearly twice as high as the poverty rate of all people in the U.S. younger than age 65.

Example 4

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

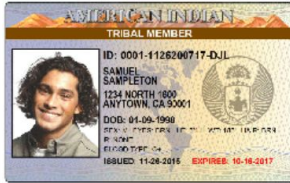

Because the IHS has limited appropriations, there is no guarantee that it will meet all the health care needs of AI/ANs. For this reason, enrollment through a Marketplace may be important. By enrolling in a QHP through a Marketplace, AI/ANs benefit by having greater access to services that may not be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

Eligibility for Marketplace Participation

Working Effectively with American Indians and Alaska Natives Text Version Exit

Eligibility for Marketplace Participation

Consumers may need to demonstrate that they meet certain eligibility criteria to show that they qualify as AI/ANs. They may need to provide 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. A list of some of the tribal documents an AI/AN consumer may need is available at www.healthcare.gov/american-indians-alaska-natives.



[Next](#)

Menu Help Glossary Resources Map Module 4 of 6 Page 8 of 24

Consumers may need to demonstrate that they meet certain eligibility criteria to show that they qualify as AI/ANs. They may need to provide 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. A list of some of the tribal documents an AI/AN consumer may need is available at www.healthcare.gov/american-indians-alaska-natives.

Consumers may need to provide information about the size of their household and how much money they earn or receive if they want to apply for help paying for coverage through a Marketplace. In general, income from Indian trust land, natural resources, and items of cultural significance aren't counted for Medicaid or CHIP eligibility if the income isn't reported on a federal income tax return. However, the listed resources may be related to eligibility for premium assistance through the Marketplace.

Overview of Affordable Care Act Provisions Relevant to AI/ANs

Working Effectively with American Indians and Alaska Natives Text Version Exit

Overview of Affordable Care Act Provisions Relevant to AI/ANs

AI/ANs have a variety of choices for getting health care services. They can use an I/T/U, purchase coverage through the Marketplaces, and/or access coverage through other sources such as the Veterans Health Administration, Medicare, Medicaid, or CHIP if they're eligible. Even if AI/AN consumers choose to enroll in private insurance through the Marketplaces with APTC and/or CSRs, they can continue to get services from an I/T/U.

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

- Year-round enrollment in QHPs and the ability to switch plans monthly.
- CSRs for QHP coverage regardless of Marketplace health plan category (Bronze, Silver, Gold, and Platinum), including special zero cost sharing or limited cost sharing if they meet household income requirements.
- Eligibility for an exemption from the individual shared responsibility payment (for tax years prior to 2019).

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

Menu Help Glossary Resources Map Module 4 of 6 Page 9 of 24

AI/ANs have a variety of choices for getting health care services. They can use an I/T/U, purchase coverage through the Marketplaces, and/or access coverage through other sources such as the Veterans Health Administration, Medicare, Medicaid, or CHIP if they're eligible.

Even if AI/AN consumers choose to enroll in private insurance through the Marketplaces with APTC and/or CSRs, they can continue to get services from an I/T/U.

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

- Year-round enrollment in QHPs and the ability to switch plans monthly.
- CSRs for QHP coverage regardless of Marketplace health plan category (Bronze, Silver, Gold, and Platinum), including special zero cost sharing or limited cost sharing if they meet household income requirements.
- Eligibility for an exemption from the individual shared responsibility payment (for tax years prior to 2019).

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

Special Provision: Monthly Enrollment in QHPs

Working Effectively with American Indians and Alaska Natives Text Version Exit


Special Provision: Monthly Enrollment in QHPs

AI/ANs have access to a monthly Special Enrollment Period (SEP), which allows them to enroll in coverage through the Marketplaces 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).

When consumers select a plan or choose to change plans, the date they make a plan selection determines the date their new plan becomes effective as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

If consumers enroll in a new plan between the first and 15th day of the month and pay their first month's premium by the deadline, their coverage under the new plan will begin on the first day of the following month. If they enroll in a new plan between the 16th and the last day of the month and pay their first month's premium by the deadline, their coverage begins on the first day of the second following month.

However, it is important to note that if consumers change their plans, cost-sharing requirements (like deductibles and out-of-pocket limits) will be reset, if applicable.



Menu Help Glossary Resources Map Module 4 of 6 Page 10 of 24

AI/ANs have access to a monthly Special Enrollment Period (SEP), which allows them to enroll in coverage through the Marketplaces 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).

When consumers select a plan or choose to change plans, the date they make a plan selection determines the date their new plan becomes effective as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

If consumers enroll in a new plan between the first and 15th day of the month and pay their first month's premium by the deadline, their coverage under the new plan will begin on the first day of the following month. If they enroll in a new plan between the 16th and the last day of the month and pay their first month's premium by the deadline, their coverage begins on the first day of the second following month.

However, it is important to note that if consumers change their plans, cost-sharing requirements (like deductibles and out-of-pocket limits) will be reset, if applicable.

Special Provision: No Cost Sharing

Working Effectively with American Indians and Alaska Natives Text Version Exit

Special Provision: No Cost Sharing

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

Members of federally recognized tribes and ANCSA shareholders with household incomes between 100 percent and [300 percent](#) of the Federal Poverty Level (FPL) have no cost sharing for essential health benefits (EHB). This is called a [zero cost sharing plan](#). Zero cost sharing plans are available to AI/ANs who enroll in a Marketplace plan under any metal level health plan category.

AI/ANs qualify for [limited cost sharing](#) when enrolled in a QHP if their incomes are below 100 percent or above 300 percent of the FPL.

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

Menu Help Glossary Resources Map Module 4 of 6 Page 11 of 24

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

Members of federally recognized tribes and ANCSA shareholders with household incomes between 100 percent and 300 percent of the Federal Poverty Level (FPL) have no cost sharing for essential health benefits (EHB). This is called a zero cost sharing plan. Zero cost sharing plans are available to AI/ANs who enroll in a Marketplace plan under any metal level health plan category.

More information on 300%:

In 2019, 300 percent of the FPL is equal to:

- A single consumer household income of \$37,470 or less (Alaska: \$46,800).
- A two-person family household income of \$50,730 or less (Alaska: \$63,390).
- A three-person family household income of \$63,990 or less (Alaska: \$79,980).

More information on Zero Cost Sharing Plan:

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 Marketplaces. AI/ANs don't need a referral under the Purchased/Referred Care Program (formerly known as a CHS referral) 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 incomes are below 100 percent or above 300 percent of the FPL.

More information Limited Cost Sharing:

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

AI/ANs and Employer-Provided Coverage

Working Effectively with American Indians and Alaska Natives Text Version Exit

AI/ANs and Employer-Provided Coverage



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

Yes, if the employer plan charges copayments and deductibles. The protections from cost sharing for AI/ANs that are included in the PPACA are only available with individual market health insurance coverage through a Marketplace. However, AI/ANs with employer-sponsored health insurance should not have to pay copayments or deductibles if they get their care at an IHS or tribal facility because they do not charge cost sharing to eligible AI/ANs. The employer-sponsored plan would not be required to reimburse the Indian health care facility for the cost sharing amount not paid by the AI/AN patient.

Individuals who are offered employer-sponsored insurance are not eligible for the PTC unless: (1) the employer-offered coverage is "unaffordable" or does not meet minimum value, (2) they decline the employer-sponsored coverage, and (3) they enroll in individual market health insurance coverage through a Marketplace.

Menu Help Glossary Resources Map Module 4 of 6 Page 12 of 24

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

Yes, if the employer plan charges copayments and deductibles. The protections from cost sharing for AI/ANs that are included in the PPACA are only available with individual market health insurance coverage through a Marketplace. However, AI/ANs with employer-sponsored health insurance should not have to pay copayments or deductibles if they get their care at an IHS or tribal facility because they do not charge cost sharing to eligible AI/ANs. The employer-sponsored plan would not be required to reimburse the Indian health care facility for the cost sharing amount not paid by the AI/AN patient.

Individuals who are offered employer-sponsored insurance are not eligible for the PTC unless: (1) the employer-offered coverage is "unaffordable" or does not meet minimum value, (2) they decline the employer-sponsored coverage, and (3) they enroll in individual market health insurance coverage through a Marketplace.

Indian Exemption (For Tax Years Prior to 2019)


Working Effectively with American Indians and Alaska Natives Text Version Off On Exit

Indian Exemption (For Tax Years Prior to 2019)

For tax years prior to 2019, 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. This is called having an Indian health coverage exemption. They can apply for the Indian exemption by claiming it when filing a federal income tax return.

Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to making shared responsibility payments.

[Next](#)



Menu Help Glossary Resources Map Module 4 of 6 Page 13 of 24

For tax years prior to 2019, 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. This is called having an Indian health coverage exemption. They can apply for the Indian exemption by claiming it when filing a federal income tax return.

Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to making shared responsibility payments.

The following individuals are eligible to apply for an Indian health coverage exemption:

- 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 younger than age 19 who are the natural child, 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 an I/T/U.

- See the list of [Federally-recognized Indian tribes](#).
- See the list of [village or regional corporations formed under ANCSA](#).

For more information about how to claim an exemption for AI/ANs or people eligible for Indian health services, visit [HealthCare.gov](#).

Stand-Alone Dental Plan


Working Effectively with American Indians and Alaska Natives Text Version Off Exit

Stand-Alone Dental Plan

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

If an AI/AN consumer is enrolled in a stand-alone dental plan, the consumer will have to pay cost sharing such as copayments and deductibles. But if the AI/AN consumer is enrolled in a dental plan offered as part of a QHP, the cost sharing limitations will apply. AI/ANs can still get dental services from I/T/U providers with no cost-sharing.

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



Menu Help Glossary Resources Map Module 4 of 6 Page 14 of 24

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

If an AI/AN consumer is enrolled in a stand-alone dental plan, the consumer will have to pay cost sharing such as copayments and deductibles. But if the AI/AN consumer is enrolled in a dental plan offered as part of a QHP, the cost sharing limitations will apply. AI/ANs can still get dental services from I/T/U providers with no cost-sharing.

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

Knowledge Check

Working Effectively with American Indians and Alaska Natives

Text Version Exit

Knowledge Check

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

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

Choose the **correct answer** and then select **Check Your Answer**.

- A. If an AI/AN chooses to enroll in a QHP, he or she can continue accessing services at the I/T/U.
- 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 through a Marketplace 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

Menu Help Glossary Resources Map Module 4 of 6 Page 15 of 24

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

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

- A. If an AI/AN chooses to enroll in a QHP, he or she can continue accessing services at the I/T/U.
- 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 through a Marketplace with no cost sharing.
- D. AI/ANs may enroll in a QHP to have access to a full range of health care coverage.

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 additional costs such as copayments and deductibles. All other statements are accurate.


Medicaid and CHIP

Working Effectively with American Indians and Alaska Natives Text Version **Off** Exit

Medicaid and CHIP

AI/ANs who currently get services or have been determined eligible to get services from I/T/U providers or through a referral under a Purchased/Referred Care Program and qualify for Medicaid or CHIP are exempt from Medicaid premiums, enrollment fees, and cost sharing for copayments, 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 from determining 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.

A photograph of a person fishing in a misty lake. The person is standing in the water, holding a fishing rod. The background is a dense forest of trees, and the water is calm with a light mist or fog rising from the surface. The scene is peaceful and natural.

Menu Help Glossary Resources Map Module 4 of 6 Page 16 of 24

AI/ANs who currently get services or have been determined eligible to get services from I/T/U providers or through a referral under a Purchased/Referred Care Program and qualify for Medicaid or CHIP are exempt from Medicaid premiums, enrollment fees, and cost sharing for copayments, 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 from determining 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.

FFM Application Process and Specific Issues for AI/ANs


Working Effectively with American Indians and Alaska Natives Text Version Exit

FFM Application Process and Specific Issues for AI/ANs

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

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

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



Menu Help Glossary Resources Map Module 4 of 6 Page 17 of 24

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

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

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

Paper Applications

Working Effectively with American Indians and Alaska Natives Text Version Exit

Paper Applications

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

Application for Health Coverage (Individuals or Families)

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 Marketplaces use the responses to this question to determine whether the AI/AN consumer is eligible for an SEP.

Application for Health Coverage & Help Paying Costs (Individuals or Families who wish to apply for programs to lower costs)

The Application for Health Coverage & Help Paying Costs asks AI/ANs to complete Step 3 and Appendix B of the application. The Marketplaces use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a Marketplace QHP and for financial assistance, as well as whether the consumer is eligible for Medicaid or CHIP.

Menu Help Glossary Resources Map Module 4 of 6 Page 18 of 24

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

Application for Health Coverage (Individuals or Families)

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 FFMs use the responses to this question to determine whether the AI/AN consumer is eligible for an SEP.

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

The application for Health Coverage & Help Paying Costs asks AI/ANs to complete Step 3 and Appendix B of the application. The FFMs use the responses to the questions in Step 3 and Appendix B to determine whether the consumer is eligible for enrollment in a QHP and for financial assistance as well as whether the consumer is eligible for Medicaid or CHIP.


Paper Application: Health Coverage & Help Paying Costs

Working Effectively with American Indians and Alaska Natives Text Version **On** Exit

Paper Application: Health Coverage & Help Paying Costs

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

Question	Explanation
Question #2 Member of a federally recognized tribe? If yes, Tribe name. State tribe is located in.	This question 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 FFMs. Note: ANCSA shareholders are included in the definition of members of federally recognized tribes.
Question #3 Has this consumer ever gotten a service from the IHS, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, deductibles, and other similar charges for Medicaid or CHIP.



Menu Help Glossary Resources Map Module 4 of 6 Page 19 of 24

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

Question #2

Member of a federally recognized tribe? If yes, Tribe name. State tribe is located in.

This question 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 FFMs. Note: ANCSA shareholders are included in the definition of members of federally recognized tribes.

Question #3

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

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


Paper Application: Health Coverage & Help Paying Costs (cont'd)

Working Effectively with American Indians and Alaska Natives Text Version Exit

Paper Application: Health Coverage & Help Paying Costs (cont'd)

Question	Explanation
<p>Question #4 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">• 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 Department of Interior (including reservations and former reservations)• Money from selling things that have AI/AN cultural significance, such as Indian jewelry or beadwork	<p>This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the Internal Revenue Service (IRS) exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the 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>

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



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

Question #4

Certain money received may not be counted 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 Department of Interior (including reservations and former reservations)
- Money from selling things that have AI/AN cultural significance, such as Indian jewelry or beadwork

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

Online FFM Application

Working Effectively with American Indians and Alaska Natives

Text Version Off On Exit

Online FFM Application

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

These questions are covered on the following pages.

Menu Help Glossary Resources Map Module 4 of 6 Page 21 of 24


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

These questions are covered on the following pages.

Application Questions 1 and 2

Working Effectively with American Indians and Alaska Natives Text Version Exit

Application Questions 1 and 2



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

If the consumer answers yes to question number 1, he or she 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.

Question	Explanation
Question #1 Are any of these people a member of a federally recognized tribe ?	Question 1 is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for CSRs offered through the Marketplace. Please note: ANCSA shareholders are included in the definition of members of federally recognized tribes.
Question #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.

Menu Help Glossary Resources Map Module 4 of 6 Page 22 of 24

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

Question #1

Are any of these people a member of a federally recognized tribe?

Question 1 is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for CSRs offered through the Marketplace. Please note: ANCSA shareholders are included in the definition of members of federally recognized tribes.

If the consumer answers yes to question number 1, he or she 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, or shareholder status within 90 days of the date of application. The consumer is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant will no longer be eligible for the special monthly enrollment period and zero or limited cost sharing.

Question #2

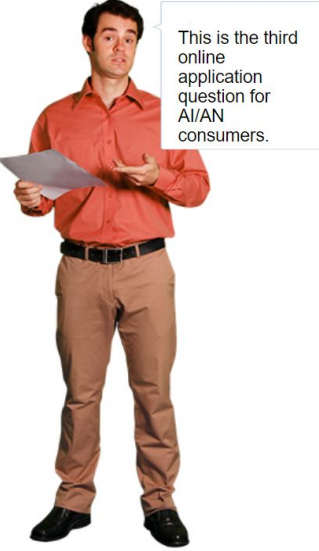
Has this consumer ever gotten a service from the IHS, a tribal health program or urban Indian health program, or through a referral from one of these programs?

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.

Application Question 3

Working Effectively with American Indians and Alaska Natives Text Version Exit

Application Question 3



This is the third online application question for AI/AN consumers.

Question	Explanation
<p>Question #3</p> <p>Is any of this income from these sources?</p> <ul style="list-style-type: none">• Per capita payments from the tribe that come from natural resources, usage rights, leases or royalties.• Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian land by the Department of Interior (including reservations and former reservations).• Money from selling things that have cultural significance.	<p>This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the IRS exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP.</p>

MenuHelpGlossaryResourcesMapModule 4 of 6Page 23 of 24

This is the third online application question for AI/AN consumers.

Question #3

Is any of this income from these sources?


- Per capita payments from the tribe that come from natural resources, usage rights, leases or royalties.
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian land by the Department of Interior (including reservations and former reservations).
- Money from selling things that have cultural significance.

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

Key Points

Working Effectively with American Indians and Alaska Natives Text Version Exit

Key Points



- 01** 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.
- 02** By enrolling in a QHP, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U and the tribal communities benefit through increased resources to their I/T/Us.
- 03** Eligible AI/ANs have certain benefits and exemptions under Medicaid and CHIP and in the Marketplaces.
- 04** For Medicaid and CHIP, AI/ANs who are furnished a service from an IHS or tribal provider or through the Purchased/Referred Care program are exempt from cost sharing and certain Indian income is excluded in determining eligibility.
- 05** In the Marketplaces, 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 (for tax years prior to 2019).
- 06** Whether an AI/AN enrolls in Medicaid, CHIP, or in a QHP through the Marketplaces or applies for an exemption, the AI/AN can continue to get services from an I/T/U at no cost to the individual.
- 07** The paper and online FFM applications for coverage have special details you should know about when helping AI/AN consumers.

Menu Help Glossary Resources Map Module 4 of 6 Page 24 of 24

- 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 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 and CHIP and in the Marketplaces.
- For Medicaid and CHIP, AI/ANs who are furnished a service from an IHS or tribal provider or through the Purchased/Referred Care program are exempt from cost sharing and certain Indian income is excluded in determining eligibility.
- In the Marketplaces, 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 (for tax years prior to 2019).
- Whether an AI/AN enrolls in Medicaid, CHIP, or in a QHP through the Marketplaces 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 FFM applications for coverage have special details you should know about when helping AI/AN consumers.

Considerations for Working with Older Consumers

Introduction

The screenshot shows a digital learning module interface. At the top, the title 'Considerations for Working with Older Consumers' is displayed, along with 'Text Version' and 'Exit' buttons. Below the title is the 'Introduction' section, which contains three paragraphs of text. The main content area features three numbered, stylized arrows pointing right, each corresponding to a topic: '01 Working Effectively', '02 Income Level', and '03 Non U.S. Citizens'. Each topic has a brief description. At the bottom, there is a navigation bar with icons for 'Menu', 'Help', 'Glossary', 'Resources', and 'Map', along with 'Module 5 of 6' and 'Page 1 of 9' indicators.

Considerations for Working with Older Consumers

Text Version Exit

Introduction

The PPACA established the Health Insurance Marketplaces, which facilitate enrollment in health coverage through QHPs. The PPACA also gives states new opportunities to expand their Medicaid programs to certain adults. Some older consumers enrolled in QHPs through the Marketplaces may need assistance to seamlessly transition between coverage from QHPs to Medicare.

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

This module will explore topics essential to engaging, educating, and helping older consumers get health coverage through the Marketplaces or referring them to other programs.

01 Working Effectively
Describe strategies for working effectively with older consumers

02 Income Level
Describe financial considerations for older consumers obtaining health coverage

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

Menu Help Glossary Resources Map Module 5 of 6 Page 1 of 9

The PPACA established the Health Insurance Marketplaces, which facilitate enrollment in health coverage through QHPs. The PPACA also gives states new opportunities to expand their Medicaid programs to certain adults. Some older consumers enrolled in QHPs through the Marketplaces may need assistance to seamlessly transition between coverage from QHPs to Medicare.

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

This module will explore topics essential to engaging, educating, and helping older consumers get health coverage through the Marketplaces or referring them to other programs.

Working Effectively

Describe strategies for working effectively with older consumers

Income Level

Describe financial considerations for older consumers obtaining health coverage

Non U.S. Citizens

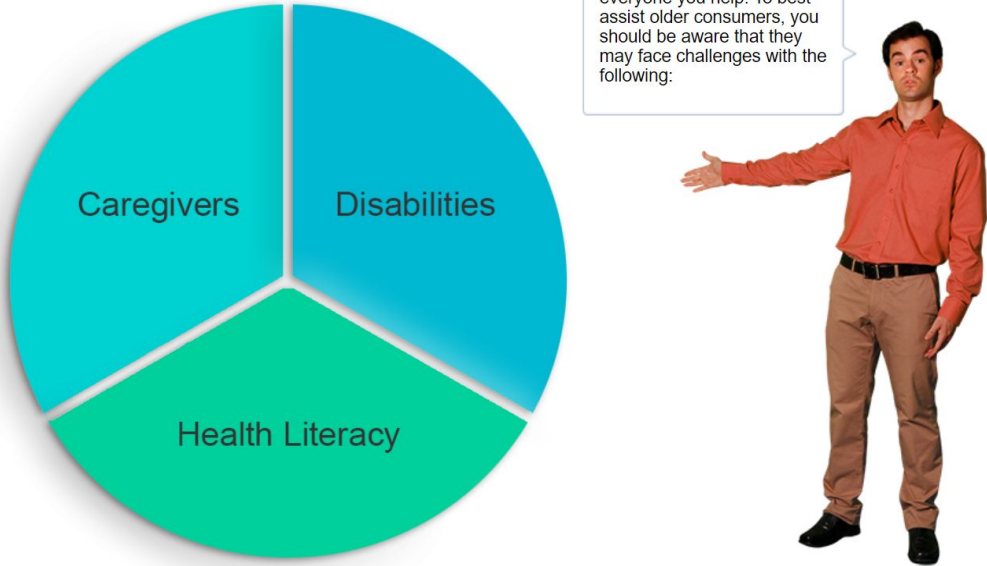
Identify the issues and options for obtaining coverage through the Marketplaces for older consumers who are not U.S. citizens

How to Engage with Older Consumers

Considerations for Working with Older Consumers Text Version Exit

How to Engage with Older Consumers

Select each shape to learn more about the topics.



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

Menu Help Glossary Resources Map Module 5 of 6 Page 2 of 9

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

Disabilities

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

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, consumers seeking coverage should be the primary source of information and decision making about their health care coverage, even when consumers are accompanied by caregivers, authorized representatives, guardians, or

family members. These listed individuals can participate in the discussion of the consumer's health care; however, when others are authorized to represent the consumers, you should make sure that the consumers are the focus of the discussion and participate in the conversation to the greatest extent possible.

Working Effectively with Older Consumers

Considerations for Working with Older Consumers Text Version Exit


Working Effectively with Older Consumers

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

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

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

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



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

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

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

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

Considerations for Older Consumers with Incomes Over 138 Percent of the FPL

Considerations for Working with Older Consumers Text Version Exit

Considerations for Older Consumers with Incomes Over 138 Percent of the FPL

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

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

[Menu](#) [Help](#) [Glossary](#) [Resources](#) [Map](#) Module 5 of 6 Page 4 of 9

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

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

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

Older Consumers With Incomes Under 138 Percent of the FPL

Considerations for Working with Older Consumers Text Version Exit

Older Consumers With Incomes Under 138 Percent of the FPL

Coverage Facts

In states with an expanded Medicaid program, consumers younger than age 65 with incomes under 138 percent 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 may be automatically disenrolled. State Medicaid agencies are required to consider all other bases of Medicaid eligibility before terminating a beneficiary's Medicaid coverage.

However, states must screen consumers for all Medicaid programs, including Medicare Savings Programs (MSPs). MSPs are Medicaid-administered programs for people on Medicare who have limited income and resources. These programs help cover Medicare costs for eligible consumers.

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

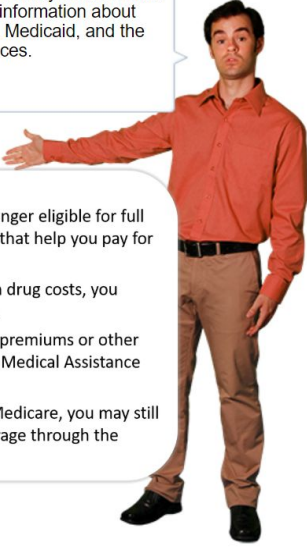
If you become eligible for Medicare and are no longer eligible for full Medicaid benefits, you may qualify for programs that help you pay for your Medicare costs.

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 or other Medicare cost sharing, 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 Marketplaces.

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



Menu Help Glossary Resources Map Module 5 of 6 Page 5 of 9

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

Coverage Facts

In states with an expanded Medicaid program, consumers younger than age 65 with incomes under 138 percent 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 may be automatically disenrolled. State Medicaid agencies are required to consider all other bases of Medicaid eligibility before terminating a beneficiary's Medicaid coverage.

However, states must screen consumers for all Medicaid programs, including Medicare Savings Programs (MSPs). MSPs are Medicaid-administered programs for people on Medicare who have limited income and resources. These programs help cover Medicare costs for eligible consumers.

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 full Medicaid benefits, 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 or other Medicare cost sharing, 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 Marketplaces.

Knowledge Check

Considerations for Working with Older Consumers Text Version Exit

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 will be difficult to afford health coverage premiums for his household of six — including himself, his wife, and their four children. He is the only source of income for the household. He hopes that he can get help through his state's Marketplace.

What should you tell Sahand?
Choose the **correct answer** and then select **Check Your Answer**.

- A. Tell him that he may be eligible for Medicaid and help him fill out a Marketplace eligibility application. The Marketplace will automatically assess or determine his Medicaid eligibility, depending on the state.
- B. Tell him that he may be eligible for Medicaid but 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.

[Check Your Answer](#)

Menu Help Glossary Resources Map Module 5 of 6 Page 6 of 9

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 will be difficult to afford health coverage premiums for his household of six — including himself, his wife, and their four children. He is the only source of income for the household. He hopes that he can get help through his state's Marketplace.

- A. Tell him that he may be eligible for Medicaid and help him fill out a Marketplace eligibility application. The Marketplace will automatically assess or determine his Medicaid eligibility, depending on the state.
- B. Tell him that he may be eligible for Medicaid but 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.

The correct answer is A. Sahand has an income under 133 percent of the 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.

Considerations for Older Immigrant Adults

The screenshot shows a presentation slide with a dark blue header and footer. The main content area has a light blue background. On the right side, there is a photograph of a man in an orange shirt and tan pants sitting in a black office chair, gesturing with his hands. A speech bubble points from him to a text box. The slide is divided into several sections: 'Coverage Facts', 'Messages to Consumers', and a list of requirements. The footer contains navigation icons and text: 'Menu', 'Help', 'Glossary', 'Resources', 'Map', 'Module 5 of 6', and 'Page 7 of 9'.

Considerations for Working with Older Consumers Text Version Exit

Considerations for Older Immigrant Adults

Coverage Facts

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

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

To be eligible for Medicare Part B when a consumer is not entitled to premium-free Part A, a consumer must live in the U.S. and must:

- Be a U.S. citizen or a lawful permanent resident having lived in the U.S. for at least five continuous years, AND
- Be age 65 or older, OR
- Be younger than age 65 and have certain disabilities, OR
- Be diagnosed with End Stage Renal Disease.

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

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

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 to have claims paid by Medicare if you're not lawfully present in the U.S. If you are entitled to premium-free Part A Medicare, you can enroll in Part B (which requires you to pay 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. You'll have to pay monthly premiums for Medicare Part A and Part B coverage.

If you need help or have questions about...

Menu Help Glossary Resources Map Module 5 of 6 Page 7 of 9

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

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

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

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

To be eligible for Medicare Part B when a consumer is not entitled to premium-free Part A, a consumer must live in the U.S. and must:

- Be a U.S. citizen or a lawful permanent resident having lived in the U.S. for at least five continuous years, AND
- Be age 65 or older, OR
- Be younger than age 65 and have certain disabilities, OR
- Be diagnosed with End Stage Renal Disease.

Medicare Part B coverage requires payment of a premium.

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 to have claims paid by Medicare if you're not lawfully present in the U.S. If you are entitled to premium-free Part A Medicare, you can enroll in Part B (which requires you to pay 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. 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 Medicare Savings Programs (MSP).

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

Knowledge Check

Considerations for Working with Older Consumers Text Version Exit

Knowledge Check



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

Which of the following should you tell Flora?
Choose the **correct answer** and then select **Check Your Answer**.

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

[Check Your Answer](#)

Menu Help Glossary Resources Map Module 5 of 6 Page 8 of 9

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

Which of the following should you tell Flora?


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

The correct answer is C. Flora doesn't meet the citizenship and residency requirement to enroll in Medicare Part B (which is necessary to purchase premium Part A) 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 through a Marketplace.

Key Points

Considerations for Working with Older Consumers Text Version Off Exit

Key Points



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

Menu Help Glossary Resources Map Module 5 of 6 Page 9 of 9

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

Assisting Households that Include Immigrants

Introduction

Assisting Households that Include Immigrants Text Version 0% Exit

Introduction

When helping consumers, you're likely to work with families that include people who come from other countries. Sometimes, one or more members of the same family will be lawfully present, qualified non-citizens, or citizens of the U.S., while other members won't. A family like this is called a mixed immigration status household.

- 01 Working Effectively**
Describe strategies for showing sensitivity and working effectively with mixed immigration status households
- 02 Eligibility and Coverage Options**
Identify eligibility requirements and health coverage options for lawfully present and unlawfully present members of mixed immigration status households in the Marketplaces—including Medicaid and CHIP
- 03 Documentation Requirements**
Identify the eligibility and documentation requirements to enroll in health care coverage and verify immigrant status

Menu Help Glossary Resources Map Module 6 of 6 Page 1 of 16

When helping consumers, you're likely to work with families that include people who come from other countries. Sometimes, one or more members of the same family will be lawfully present, qualified non-citizens, or citizens of the U.S., while other members won't. A family like this is called a mixed immigration status household.

Working Effectively

Describe strategies for showing sensitivity and working effectively with mixed immigration status households

Eligibility and Coverage Options

Identify eligibility requirements and health coverage options for lawfully present and unlawfully present members of mixed immigration status households in the Marketplaces—including Medicaid and CHIP

Documentation Requirements

Identify the eligibility and documentation requirements to enroll in health care coverage and verify immigrant status

Background on Mixed Immigration Status Households

Assisting Households that Include Immigrants Text Version Exit

Background on Mixed Immigration Status Households

To qualify for health coverage through a Marketplace, a consumer must be a U.S. citizen or national or be lawfully present in the U.S. and expect to remain so for the entire period coverage is sought. The Marketplaces consider an immigrant or other noncitizen "lawfully" present if he or she:

- Has been admitted into the U.S. legally and is still present within the legally approved period, or
- Has permission from the United States Citizenship and Immigration Services (USCIS) to stay or live in the U.S.

Menu Help Glossary Resources Map Module 6 of 6 Page 2 of 16

To qualify for health coverage through a Marketplace, a consumer must be a U.S. citizen or national or be lawfully present in the U.S. and expect to remain so for the entire period coverage is sought. The Marketplaces consider an immigrant or other noncitizen "lawfully" present if he or she:

- Has been admitted into the U.S. legally and is still present within the legally approved period, or
- Has permission from the United States Citizenship and Immigration Services (USCIS) to stay or live in the U.S.

Scenario: Matou and her Parents


Assisting Households that Include Immigrants Text Version Exit

Scenario: Matou and her Parents

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 coverage for that child.

You can refer to additional information about mixed immigration status households, including "A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs," in the **Resources** section. Also, review your state's guidance on lawfully present people. 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 these other health care options.

Let's look at an example of a mixed immigration status household seeking health coverage. 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 lives in a state served by an FFM, and she is not incarcerated. While Matou is eligible to purchase health coverage through the FFM, her parents are not.



Menu Help Glossary Resources Map Module 6 of 6 Page 3 of 16

Let's look at an example of a mixed immigration status household seeking health coverage. 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 lives in a state served by an FFM, and she is not incarcerated. While Matou is eligible to purchase health coverage through the FFM, her parents are not.

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 coverage for that child.

You can refer to additional information about mixed immigration status households, including "A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs," in the **Resources** section. Also, review your state's guidance on lawfully present people. 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 these other health care options.

Correctly Identifying Applicants in Mixed Immigration Status Households

Assisting Households that Include Immigrants

Text Version Off Exit

Correctly Identifying Applicants in Mixed Immigration Status Households

A consumer's immigration status may be a sensitive topic. You should be mindful of this during your conversations with consumers. When you work with immigrant families, you can take steps to correctly identify the applicant(s) by asking whether the consumers are seeking health coverage for themselves or on behalf of someone else.

Correctly identifying the applicant(s) 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 Section 1557 of the PPACA.

As you help Pierre, LaGrande, and Matou, all questions about citizenship or immigration status that you ask Pierre and LaGrande when they are 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 refers to Matou's citizenship and not that of her parents. The eligibility determination that Matou's parents receive from the FFM will only provide information about Matou's coverage options because she is the applicant.

Menu Help Glossary Resources Map Module 6 of 6 Page 4 of 16

As you help Pierre, LaGrande, and Matou, all questions about citizenship or immigration status that you ask Pierre and LaGrande when they are 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 refers to Matou's citizenship and not that of her parents. The eligibility determination that Matou's parents receive from the FFM will only provide information about Matou's coverage options because she is the applicant.

A consumer's immigration status may be a sensitive topic. You should be mindful of this during your conversations with consumers. When you work with immigrant families, you can take steps to correctly identify the applicant(s) by asking whether the consumers are seeking health coverage for themselves or on behalf of someone else.

Correctly identifying the applicant(s) 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 Section 1557 of the PPACA.

Sensitivity When Working With Mixed Immigration Status Households

Assisting Households that Include Immigrants Text Version Exit

Sensitivity When Working With Mixed Immigration Status Households

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 a Social Security Number (SSN) or a Green Card even when they're lawfully present.

When you assist households that include immigrants, you should:

Avoid Unnecessary Questions

Avoid words such as **undocumented**, **unauthorized**, or **illegal** and use words such as **eligibility status**.

Identify Income

Ask consumers who are immigrants applying for help paying for coverage about their income status before asking about their immigration status.

Remind these consumers that their income may qualify for programs that could lower their costs.

← Page 5 of 16 →

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 a Social Security Number (SSN) or a Green Card even when they're lawfully present.

When you assist households that include immigrants, you should:

Avoid Unnecessary Questions

- Avoid words such as **undocumented**, **unauthorized**, or **illegal** and use words such as **eligibility status**.

Identify Income

- Ask consumers who are immigrants applying for help paying for coverage about their income status before asking about their immigration status.
- Remind these consumers that their income may qualify for programs that could lower their costs.

Tips to Effectively Serve Mixed Immigration Status Households

Assisting Households that Include Immigrants Text Version Exit

Tips to Effectively Serve Mixed Immigration Status Households

When you work with mixed immigration status households, you should also:

- Help**
Help all consumers—even if the applicants or non-applicant representatives haven't disclosed their citizenship status, immigration status, or SSNs.
- Provide Resources**
Keep fact sheets and other materials that describe lawfully present immigration status handy. Ensure the materials are in a language consumers can understand.
- Interpret**
Provide free interpretation services and translated documents to consumers who don't speak English.

Menu Help Glossary Resources Map Module 6 of 6 Page 6 of 16

When you work with mixed immigration status households, you should also:

Help

Help all consumers—even if the applicants or non-applicant representatives haven't disclosed their citizenship status, immigration status, or SSNs.

Provide Resources

Keep fact sheets and other materials that describe lawfully present immigration status handy. Ensure the materials are in a language consumers can understand.

Interpret

Provide free interpretation services and translated documents to consumers who don't speak English.

Knowledge Check

The screenshot shows a software interface with a dark blue header containing the title 'Assisting Households that Include Immigrants', a 'Text Version' toggle set to 'Off', and an 'Exit' button. Below the header is a blue bar labeled 'Knowledge Check'. On the left, a man in an orange shirt and brown pants stands next to a white text box that reads: 'Stop here for a quick Knowledge Check on helping mixed immigration status families. Aakash and Nita aren't lawfully present in the U.S. They have a son, Bhaskar, who was born in the U.S.' To the right is a large white question box with a drop shadow. It contains the text: 'Which of the following statements are true about this family? Choose **all that apply** and then select **Check Your Answer**.' Below this text are four multiple-choice options, each with an unchecked checkbox: 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 household. 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 and all questions regarding citizenship status should be related only to Bhaskar. At the bottom of the question box is a blue button labeled 'Check Your Answer'. The bottom of the interface features a dark blue navigation bar with icons and labels for 'Menu', 'Help', 'Glossary', 'Resources', and 'Map'. On the right side of this bar, it displays 'Module 6 of 6', a left arrow, 'Page 7 of 16', and a right arrow.

Stop here for a quick Knowledge Check on helping mixed immigration status families. Aakash and Nita aren't lawfully present in the U.S. They have a son, Bhaskar, who was born in the U.S.

Which of the following statements are true about this family?

- 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 household.
- 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 and all questions regarding citizenship status should be related only to Bhaskar.

The correct answers are B and D. Bhaskar is a U.S. citizen and this is an example of a mixed immigration status household. 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.

Health Coverage Eligibility for Lawfully Present People

Assisting Households that Include Immigrants Text Version Off On Exit

Health Coverage Eligibility for Lawfully Present People


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

- **Health coverage through an FFM** if they reside in the U.S. and aren't incarcerated (other than pending the disposition of charges).
- **The PTC** to help lower costs if their household income is less than 400 percent of the FPL— which is \$85,320 for a household of three in 2019— and they meet other eligibility criteria (e.g., not having access to affordable, job-based coverage that provides minimum value).
- **CSRs** if their income is less than 250 percent of the FPL— which is \$53,325 for a household of three in 2019— and they meet other eligibility criteria.

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

To find out other FPL amounts, see the Resources section.

When you assist consumers who are lawfully present, you should tell them that they're required to have health coverage or pay a fee (for tax years prior to 2019) unless they qualify for an exemption. Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to a fee.



Menu Help Glossary Resources Map Module 6 of 6 Page 8 of 16

When you assist consumers who are lawfully present, you should tell them that they're required to have health coverage or pay a fee (for tax years prior to 2019) unless they qualify for an exemption. Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to a fee.

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

- **Health coverage through an FFM** if they reside in the U.S. and aren't incarcerated (other than pending the disposition of charges).
- **The PTC** to help lower costs if their household income is less than 400 percent of the FPL— which is \$85,320 for a household of three in 2019— and they meet other eligibility criteria (e.g., not having access to affordable, job-based coverage that provides minimum value).
- **CSRs** if their income is less than 250 percent of the FPL— which is \$53,325 for a household of three in 2019— and they meet other eligibility criteria.

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

To find out other FPL amounts, see the **Resources** section.

Documentation Requirements for Enrollment

Assisting Households that Include Immigrants Text Version Exit

Documentation Requirements for Enrollment

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

Note that:

- The individual market FFM application requires only certain pieces of information from these documents – not the documents themselves – unless consumers' information can't be verified. Either electronic or authentic paper documents may be used.
- If consumers' information can't be verified (and they encounter a **data matching issue**), consumers generally have 90 or 95 days to provide supporting documentation. They can either upload documents to their online account or send documents to the FFMs by mail. During this time, applicants who are otherwise eligible are enrolled in the program they appear to qualify for based on the information the application filer(s) provided.

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

Menu Help Glossary Resources Map Module 6 of 6 Page 9 of 16

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

- SSN (individuals without SSNs are not required to provide them)
- Immigration documents
- Employer and income information for everyone in the household (e.g., pay stubs, 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 household

Note that:

- The individual market FFM application requires only certain pieces of information from these documents – not the documents themselves – unless consumers' information can't be verified. Either electronic or authentic paper documents may be used.
- If consumers' information can't be verified (and they encounter a **data matching issue**), consumers generally have 90 or 95 days to provide supporting documentation. They can either upload documents to their online account or send documents to the FFMs by mail. During this time, applicants who are otherwise eligible are enrolled in the program they appear to qualify for based on the information the application filer(s) provided.

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

Documents Used to Verify Immigration Status

The screenshot shows a web page with a dark header bar containing 'Assisting Households that Include Immigrants', 'Text Version' (with a toggle switch), and 'Exit'. Below the header is a blue navigation bar with the title 'Documents Used to Verify Immigration Status'. The main content area features a large white box with a drop shadow containing the text: 'For more about documents that can be used to verify immigration status, refer to the Advanced Marketplace Issues and Technical Support course.' To the right of this box is a man in an orange shirt and tan pants. A speech bubble next to him contains the text: 'When consumers complete individual market FFM applications at HealthCare.gov, they may need to attest to an eligible immigration status or answer other relevant questions. Consumers in this situation should select the document that corresponds with their most current status from a drop-down list in the application. [This table provides](#) a list of documents and their description.' At the bottom of the page is a dark footer bar with navigation icons for 'Menu', 'Help', 'Glossary', 'Resources', and 'Map', along with the text 'Module 6 of 6' and 'Page 10 of 16' with left and right arrows.

When consumers complete individual market FFM applications at HealthCare.gov, they may need to attest to an eligible immigration status or answer other relevant questions. Consumers in this situation should select the document that corresponds with their most current status from a drop-down list in the application. This table provides a list of documents and their description.

For more about documents that can be used to verify immigration status, refer to the *Advanced Marketplace Issues and Technical Support* course.

Here is a list of documents and their 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.
- 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 United States Citizenship and Immigration Services about immigration benefit

Immigrants Who Aren't Lawfully in the United States

Assisting Households that Include Immigrants Text Version ON Exit

Immigrants Who Aren't Lawfully in the United States

People who aren't lawfully present in the U.S., including non-citizens with the status of Deferred Action for Childhood Arrivals (DACA), qualify for an exemption from the PPACA's individual shared responsibility provision. In addition, they aren't subject to a fee (even for tax years prior to 2019) if they don't have coverage.

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

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

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

- Emergency medical assistance (Emergency Medicaid) for emergency treatment.
- Pregnant women may be eligible for prenatal coverage through the CHIP unborn option in some states.
- Public health programs, community health centers, and hospital care.
- Private coverage offered outside the Marketplaces at full price.

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

Menu Help Glossary Resources Map Module 6 of 6 Page 11 of 16

People who aren't lawfully present in the U.S., including non-citizens with the status of Deferred Action for Childhood Arrivals (DACA), qualify for an exemption from the PPACA's individual shared responsibility provision. In addition, they aren't subject to a fee (even for tax years prior to 2019) if they don't have coverage.

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

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

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

- Emergency medical assistance (Emergency Medicaid) for emergency treatment.
- Pregnant women may be eligible for prenatal coverage through the CHIP unborn option in some states.
- Public health programs, community health centers, and hospital care.
- Private coverage offered outside the Marketplaces at full price.

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.

Medicaid and CHIP Eligibility Requirements for Immigrants

Assisting Households that Include Immigrants Text Version Off On Exit


Medicaid and CHIP Eligibility Requirements for Immigrants

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

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

Note: Federal funding does not cover undocumented immigrants except payment for limited emergency services.

Some or all of the members of a mixed immigration status household may be eligible for Medicaid and/or CHIP coverage depending on their specific circumstances. Consumers who are eligible for these programs may not be eligible to enroll in a QHP through a Marketplace. You should learn to recognize which consumers might be eligible for Medicaid and CHIP.



Menu Help Glossary Resources Map Module 6 of 6 Page 12 of 16

Some or all of the members of a mixed immigration status household may be eligible for Medicaid and/or CHIP coverage depending on their specific circumstances. Consumers who are eligible for these programs may not be eligible to enroll in a QHP through a Marketplace. You should learn to recognize which consumers might be eligible for Medicaid and CHIP.

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

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

Note: Federal funding does not cover undocumented immigrants except payment for limited emergency services.

Additional Medicaid and CHIP Eligibility Requirements for Immigrants

Assisting Households that Include Immigrants Text Version Exit

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 non-citizens are age 18 or older, they must be certified by HHS as victims of trafficking. Children younger than age 18 need an HHS eligibility letter.
 - T-visa (a special visa for victims of human trafficking and their families) holders' spouses and/or children are also eligible for Medicaid and CHIP.
- In some states, lawfully present children and/or pregnant women. 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.

Menu Help Glossary Resources Map Module 6 of 6 Page 13 of 16

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 non-citizens are age 18 or older, they must be certified by HHS as victims of trafficking. Children younger than age 18 need an HHS eligibility letter.
 - T-visa (a special visa for victims of human trafficking and their families) holders' spouses and/or children are also eligible for Medicaid and CHIP.
- In some states, lawfully present children and/or pregnant women. 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.

Medicaid and CHIP Five-Year Waiting Period

Assisting Households that Include Immigrants Text Version Exit

Medicaid and CHIP Five-Year Waiting Period

Qualified immigrants are eligible for nonemergency 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 nonimmigrant status.

State policies aren't all the same. Contact your state's Medicaid agency for more information about your state's regulation and guidance when it comes to immigrants and coverage under Medicaid and CHIP.

Resources for Other Policies on Medicaid or CHIP Eligibility
As an assister, you should also be familiar with other policies that may affect Medicaid or CHIP eligibility for lawfully present people. These include:

- Title II of the Social Security Act Work Quarter Requirements
- State option to cover lawfully residing children and pregnant women as described in Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Seven-year limit on eligibility for certain noncitizens

Does this affect Matou?

In a mixed immigration status household 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 household'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 they may qualify for emergency medical assistance from Medicaid. If Pierre and LaGrande are granted refugee status or another status described earlier, 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.

Menu Help Glossary Resources Map Module 6 of 6 Page 14 of 16

Qualified immigrants are eligible for nonemergency 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 nonimmigrant status.

State policies aren't all the same. Contact your state's Medicaid agency for more information about your state's regulation and guidance when it comes to immigrants and coverage under Medicaid and CHIP.

Resources for Other Policies on Medicaid or CHIP Eligibility

As an assister, you should also be familiar with other policies that may affect Medicaid or CHIP eligibility for lawfully present people.

These include:

- Title II of the Social Security Act Work Quarter Requirements
- State option to cover lawfully residing children and pregnant women as described in Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Seven-year limit on eligibility for certain noncitizens

Does this affect Matou?

In a mixed immigration status household 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 household'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 they may qualify for emergency medical assistance from Medicaid. If Pierre and LaGrande are granted refugee status or another status described earlier, 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.

Knowledge Check

The screenshot shows a software interface titled "Assisting Households that Include Immigrants" with a "Text Version" toggle and an "Exit" button. Below the title is a "Knowledge Check" section. On the left, a man in a red shirt and brown pants holds a tablet. A speech bubble next to him says: "Recall that Pierre and LaGrande aren't lawfully present in the U.S. but their daughter Matou was born in the U.S." To the right, a large white box contains the question: "Which of the following statements are correct about this family's eligibility status? Choose **all that apply** and then select **Check Your Answer**." Below the question are four multiple-choice options, each with an unchecked checkbox: A. Since Matou is a U.S. citizen, she's required to have health coverage, be granted an exemption, or pay a fee (for tax years prior to 2019). B. Pierre and LaGrande may be eligible for emergency medical assistance from Medicaid based on their income. C. Pierre and LaGrande aren't eligible to buy coverage through a Marketplace—even at full price. D. To qualify for CHIP, Matou will be subject to a five-year waiting period. At the bottom of the white box is a "Check Your Answer" button. The bottom navigation bar includes "Menu", "Help", "Glossary", "Resources", "Map", "Module 6 of 6", and "Page 15 of 16".

Recall that Pierre and LaGrande aren't lawfully present in the U.S. but their daughter Matou was born in the U.S.

Which of the following statements are correct about this family's eligibility status?


- A. Since Matou is a U.S. citizen, she's required to have health coverage, be granted an exemption, or pay a fee (for tax years prior to 2019).
- B. Pierre and LaGrande may be eligible for emergency medical assistance from Medicaid based on their income.
- C. Pierre and LaGrande aren't eligible to buy coverage through a Marketplace—even at full price.
- D. To qualify for CHIP, Matou will be subject to a five-year waiting period.

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; otherwise, her household must pay a fee (for tax years prior to 2019). Pierre and LaGrande may be eligible for limited Medicaid to treat an emergency medical condition if eligible under the state's plan based on income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

Key Points

Assisting Households that Include Immigrants Text Version Exit

Key Points



- 01 When 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 an FFM.
- 02 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.
- 03 People not lawfully present can still purchase coverage outside of the FFMs and may be eligible for emergency medical assistance from Medicaid.
- 04 Unlawfully present people are eligible for an exemption from the PPACA's individual shared responsibility provision. In addition, they aren't subject to a fee (even for tax years prior to 2019) if they don't have coverage.
- 05 The immigration eligibility rules that apply in the individual market FFMs don't apply in an FF-SHOP Marketplace.

Menu Help Glossary Resources Map Module 6 of 6 Page 16 of 16

- When 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 an FFM.
- 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.
- People not lawfully present can still purchase coverage outside of the FFMs and may be eligible for emergency medical assistance from Medicaid.
- Unlawfully present people are eligible for an exemption from the PPACA's individual shared responsibility provision. In addition, they aren't subject to a fee (even for tax years prior to 2019) if they don't have coverage.
- The immigration eligibility rules that apply in the individual market FFMs don't apply in an FF-SHOP Marketplace.

Conclusion

Text Version Off Exit

Conclusion

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

You have completed this course.

Please select **Exit** to leave the course and take the **Serving Vulnerable and Underserved Populations** exam. Good luck!

Menu Help Glossary Resources Map

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

You have completed this course.

Please select **Exit** to leave the course and take the **Serving Vulnerable and Underserved Populations** exam. Good luck!

Resources

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 Substance Abuse and Mental Health Services Administration (SAMHSA) addresses them. <http://www.samhsa.gov/specific-populations>

Social Security Administration: Official website of the Social Security Administration. Information on Medicare, applications, and procedures. <http://www.ssa.gov>

National Partnership for Action (NPA) 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

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 Leaders Directory: Official website of the BIA, providing a directory of federally recognized tribes and a variety of resources on tribal government services. <https://www.bia.gov/tribal-leaders-directory>

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 Consumers Complete a Marketplace Hardship Exemption Application (for tax years prior to 2018 only): Provides detailed instructions for completing a Marketplace Hardship exemption application.

<https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>

Note: For tax year 2018 only (for which consumers generally filed taxes by April 2019), consumers do not have to fill out an application to get a hardship exemption. Consumers can claim the exemption without having to submit documentation about the hardship on their 2018 federal tax returns. Beginning with tax year 2019, individuals who choose to go without insurance will no longer be subject to making shared responsibility payments.

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 Programs (SHIP): Official website for SHIP.

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

* CMS has not reviewed and does not endorse this resource guide. CMS is not responsible for its content.

Administration for Community Living: Area Agencies on Aging (AAA): A locator tool that identifies Area Agencies on Aging. <https://www.acl.gov/node/593>

No Wrong Door: 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 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/>

* CMS has not reviewed and does not endorse this resource guide. CMS is not responsible for its content.

National Council on Aging: Benefits Check-up: A resource that helps consumers identify and locate federal, state, and private benefits programs.

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

* CMS has not reviewed and does not endorse this resource guide. CMS is not responsible for its content.

National Council on Aging: A resource for older consumers that provides information on health, health care, and economic stability programs. <http://www.ncoa.org/>

* CMS has not reviewed and does not endorse this resource guide. CMS is not responsible for its content.

A Quick Guide to Immigrant Eligibility for PPACA 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.

<https://www.nilc.org/wp-content/uploads/2015/11/imm-eligibility-quickguide-2015-09-21.pdf>

* CMS has not reviewed and does not endorse this resource guide. CMS is not responsible for its content.

Federal Poverty Level Guidelines: Official Department of Health and Human Services (HHS) guidance on FPL levels for 2019. <https://aspe.hhs.gov/poverty-guidelines>

Health Literacy and Communication: The Department of Health and Human Services' 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/>

Coverage to Care: The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) has created a number of resources in English and Spanish to explain what health coverage is and how to use it to get the primary care and preventive services to help consumers and their families live long, healthy lives. <http://www.hhs.gov/healthcare/coverage-to-care/>

Getting Help in a Language Other than English: A CMS document that provides instructions for accessing the FFM Call Center written in the major languages spoken in the United States. <http://marketplace.cms.gov/outreach-and-education/getting-help-in-a-language-other-than-english.pdf>

The CMS Equity Plan for Improving Quality in Medicare: A plan for advancing health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries. The goals of the plan include increasing understanding and awareness of disparities, creating and sharing solutions, and accelerating implementation of effective actions. https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf

CMS Tribal Affairs Group: The CMS Tribal Affairs Group works closely with American Indian and Alaskan Native communities and leaders to enable access to culturally competent health care to eligible Medicare and Medicaid recipients in Indian Country. The Group is responsible for creating and disseminating informational materials to American Indian Alaska Native (AI/AN) beneficiaries, providers, and relevant health professionals on CMS programs. <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education-Resources.html>

Information and Tips for Assistants Working with AI/AN: A CMS document that provides background information about existing and new options for AI/AN related to affordable health coverage. The FFMs provide certain protections specifically for AI/AN. The tip sheet highlights these protections, how assistants can help AI/AN submit their documentation to support individual market FFM applications, and other resources. <https://marketplace.cms.gov/technical-assistance-resources/working-with-ai-an.pdf>

Health coverage for AI/AN: A CMS question and answer (Q&A) regarding the Special Enrollment Period (SEP) for AI/AN. The Q&A explains that for those families that apply through the FFMs, if one household member on the application is eligible for an SEP, all household members who apply on the same Marketplace application would be eligible for the SEP if otherwise eligible to enroll in a QHP. The Q&A explains that consumers who enroll in a State-based Marketplace need to contact their state to find out whether this policy applies. <https://www.healthcare.gov/if-im-an-american-indian-or-alaska-native-what-do-i-need-to-know-about-the-marketplace/#question=tribal-member-mixed-family>