

# Assisting Rural Consumers

This job aid provides information and guidance that Navigators and certified application counselors (collectively, assisters) need to know when helping rural consumers.

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Note: General references to “rural communities” include individuals in rural and frontier areas, Tribal Nations, and those residing in the U.S. territories.

Version 2.0 October 2023. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.

## Overview

Approximately 61 million people live in rural, Tribal, and geographically isolated communities across the United States, including millions of individuals who receive health coverage through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace®.<sup>i,ii</sup> These communities often experience health disparities – differences in health outcomes closely linked with social, economic, and environmental disadvantage – and unique barriers when accessing health care that contribute to persistent health disparities compared to urban areas, including:

- **Limited Choice in:**
  - Health insurance options. States that have not expanded Medicaid are disproportionately rural, which means that some rural consumers may have limited health insurance options. This is problematic because of the higher rates of chronic disease combined with other barriers to accessing health services that exist in rural areas.
  - Health insurance companies. In some states and in some areas within states, only one or two insurance companies offer plans on the Marketplace.
  - Provider networks. Some plan networks may not include the hospitals or doctors that are most convenient to consumers. In rural and geographically isolated areas, this may mean that a health care professional a consumer is currently seeing will not be in their plan's network. This may mean that a consumer would want to consider costs to visit out-of-network providers as they select a plan that's right for them.
  - Providers. Many rural areas experience persistent provider shortages, particularly for certain types of specialists and for primary care providers.<sup>iii</sup> Consumers in rural areas may only have one hospital in their county, or the nearest hospital or doctor's office may be more than an hour away. If this is the case, consumers may wish to consider plan coverage and cost sharing for health-related social needs, or coverage for alternatives to hospital-based care.
- **Affordability.** In comparison to their urban counterparts, residents of rural areas have higher average poverty rates.<sup>iv</sup> Additionally, there are fewer insurers on average in rural counties than in urban counties, and the limited competition often leads to higher premiums. Rural consumers may find it useful to get help comparing out-of-pocket costs and other aspects of cost sharing to offset or balance costs of higher premiums to maximize the value of their coverage to get the care they need.

- **Fewer Communication Options.** Some consumers in rural areas have limited cell phone reception or lack internet services, which can make consumer outreach and assistance difficult. Of the 19 million Americans without internet access, 14.5 million live in rural areas.<sup>v</sup> This hinders their ability to leverage online health care information and participate in telehealth visits with their health care practitioners. Rural consumers may wish to consider plan options for audio-only telehealth and talk through the barriers they face in cell service or internet to help find a plan with coverage for services they can access with the fewest barriers.
- **Lack of Transportation.** Some consumers living in rural areas may not have access to public transportation or other sources of reliable transportation. This can make it harder for them to attend outreach and enrollment events, seek assister services, or access health care providers. Rural communities also tend to have longer distances to travel for medical care. Rural consumers may find it useful to have help considering coverage for health-related social needs, including transportation, offered by available plans. They may also find it useful to have help exploring available plans' coverage for home-based services or specialists, and hospital-based, urgent, or chronic care management services that can be accessed in local settings to minimize transportation barriers.

Assisters play an important role in supporting CMS' efforts to advance health equity by addressing health disparities that exist in their communities. Assisters are the link between the high-level policy and the on-the-ground change. Two of the five key objectives in the CMS Rural Health Strategy are pertinent to Marketplace assisters:

- **Empower patients in rural communities to make decisions about their health care.** Assisters can collaborate with rural communication networks to develop and disseminate easy-to-understand materials and engage consumers in conversations about health care.
- **Leverage partnerships to achieve the goals of the CMS Rural Health Strategy.** A key object of the strategy is to leverage partnerships with stakeholders nationally, as well as at the regional, state, and local levels. Assisters can leverage partnerships by assessing and utilizing resources in the community.

For more information on the work CMS is doing in rural, Tribal, and geographically isolated communities, refer to CMS' Rural Health web page at [CMS.gov/about-cms/agency-information/omh/health-equity-programs/rural-health](https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/rural-health) or contact the CMS Office of Minority Health at [CMS.gov/About-CMS/Agency-Information/OMH/about-cms-omh/contact](https://www.cms.gov/About-CMS/Agency-Information/OMH/about-cms-omh/contact).



## Marketplace Considerations for Rural Consumers

The Marketplace offers a critical source of health insurance coverage for individuals and families who are not eligible for Medicaid or do not otherwise have access to coverage. As of March 2021, rural residents comprised a disproportionately large share of uninsured adults who may be eligible to enroll in Marketplace coverage on HealthCare.gov, compared to urban adults.<sup>vi</sup> Compared to urban populations, a larger proportion of the rural population will be eligible for subsidized health insurance plans through the Marketplace.

### Policy Updates

CMS has put in place improvements to access and enrollment in the Federally-facilitated and State-based Marketplaces, decreasing inequities in access to coverage and care for individuals in rural communities.

- The American Rescue Plan Act of 2021(ARP) made the premium tax credit (PTC) available to applicable taxpayers with household income above 400 percent of the federal poverty level (FPL) and capped how much of a family's household income a family eligible for PTC will pay towards premiums for a benchmark plan at 8.5 percent for Plan Years (PY) 2021 and 2022.<sup>vii</sup> These subsidies expanded access for individuals to enroll in zero- and low-premium health insurance plans after subsidies through the Marketplace. The Inflation Reduction Act signed into law on August 16, 2022, extended these enhanced Marketplace tax credits through PY 2025.<sup>viii</sup>
- The No Surprises Act created new consumer protections against surprise billing by limiting out-of-pocket costs for items and services covered by the law, beginning in 2022. The protections apply to people with most types of private health insurance. For more information on the No Surprises Act, visit [CMS.gov/medical-bill-rights](https://www.cms.gov/medical-bill-rights).
- Beginning in PY 2023, CMS requires issuers offering qualified health plans in most states with Marketplaces that use the Federal eligibility and enforcement platform to offer standardized plan options, which are designed to have standardized maximum out-of-pocket limitations, deductibles, and cost-sharing features, to help consumers more directly compare important plan attributes when choosing a plan.
- Beginning in PY 2023, CMS requires qualified health plans (QHP) on the Federally-facilitated Marketplaces to ensure that certain classes of providers are available within specified time and distance parameters.
- Beginning in PY 2023, consumers who are offered employer-sponsored coverage (ESC) through a family member's job that is unaffordable, based on the cost of purchasing family coverage under that ESC, may qualify for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR). This change will allow more consumers to access affordable coverage through the Marketplace. For more information about ESC and the Marketplace, visit [Healthcare.gov/have-job-based-coverage/](https://www.healthcare.gov/have-job-based-coverage/).

Several policies regarding Special Enrollment Periods (SEPs) are also designed to help consumers to enroll in Marketplace coverage:

- A temporary Unwinding SEP is available on HealthCare.gov to consumers in Marketplaces that use the Federal eligibility and enrollment platform who lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, due to the end of the Medicaid/CHIP continuous enrollment period (“unwinding”). For more information on the unwinding process, visit [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding).
- For consumers who qualify for certain SEPs, including those based on loss of qualifying coverage, and who select a plan within the 60 days prior to losing coverage, their coverage effective date will be the first day of the month after loss of coverage or, at the option of the Exchange, if a plan is chosen before the last day of the month preceding the loss of coverage, the first of the month in which the loss of coverage occurs. CMS will notify assisters when this earlier effective date becomes available in the Marketplaces that use the Federal eligibility and enrollment platform, likely in 2024.
- The 2024 Payment Notice includes a provision that, for consumers who qualify for the loss of qualifying coverage SEP and who select a plan within the 60 days prior to losing coverage, their coverage effective date is the first day of the month after loss of coverage or, at the option of the Exchange, if a plan is chosen before the last day of the month preceding the loss of coverage, the first of the month in which the loss of coverage occurs. CMS will notify assisters when this is available, likely in 2024.
- The SEP available to consumers who have an estimated annual household income at or below 150 percent of the FPL and are APTC-eligible, allowing them to enroll in Marketplace coverage or change their Marketplace coverage once per month, if they so choose, continues to be available under the Inflation Reduction Act of 2022.
- Marketplaces now have the option to permit consumers to make plan selections under a SEP for loss of Medicaid or CHIP coverage that counts as minimum essential coverage (MEC), in addition to 60 days before and after the loss of coverage, up to 90 days (or greater than 90 days if the State Medicaid or CHIP Agency allows or provides for a Medicaid or CHIP reconsideration period greater than 90 days state) after a consumer loses Medicaid or CHIP coverage that counts as to enroll in a Marketplace plan.

## Medicaid/CHIP Considerations for Rural Consumers

Medicaid and CHIP are especially important sources of coverage for rural communities, with Medicaid being the primary coverage for 1 in 6 individuals ages 19-64 in rural areas in 2019.<sup>ix</sup> Additionally, 21 percent of individuals (including those 65 and older) in rural areas are dually enrolled in Medicaid and Medicare.<sup>x</sup> Medicaid coverage rates increased from 12.2 percent of the rural population in 2010 to 17.1 percent in 2019.<sup>xi</sup> Medicaid covered 50 percent of rural births in 2018, compared to 41.9 percent of urban births.<sup>xii</sup>

States have three particularly important options to facilitate access to care for rural consumers who face transportation barriers:

- **Non-emergency medical transportation (NEMT).** Federal Medicaid law requires that states assure transportation to and from medical appointments for Medicaid beneficiaries with no other means of transportation.
- **Telehealth.** Rural communities often face multiple unique barriers, such as distance and transportation, when accessing health care, and telehealth provides a potential solution to this issue.<sup>xiii</sup> States have broad flexibility to determine parameters for Medicaid services that may be provided using telehealth.
- **Interprofessional consultation.** States have the option to provide interprofessional consultation, whereby the patient's treating practitioner or other qualified health care practitioner obtains the opinion and/or treatment advice of a practitioner with specific specialty expertise in the patient's condition. This can be especially important for beneficiaries living in rural areas, where access to specialty care may be limited.

## Policy Updates

- The ARP gave states the option to provide 12 months of postpartum coverage in Medicaid and CHIP beginning April 1, 2022. For more information on the states that have been able to elect this option, refer to [Medicaid.gov/medicaid/quality-of-care/downloads/image-maternity-care-expansion.png](https://www.Medicaid.gov/medicaid/quality-of-care/downloads/image-maternity-care-expansion.png). The Consolidated Appropriations Act, 2023 made this option permanent.<sup>xiv</sup>
- States also have the option to provide children with 12 months of continuous coverage through Medicaid and CHIP, even if their families experience a change in income during the year. Under the Consolidated Appropriations Act, 2023, effective January 1, 2024, all states are required to provide 12 months of continuous eligibility for children enrolled in Medicaid and CHIP.<sup>xv</sup>

## Medicare Considerations for Rural Consumers

Medicare provides health care coverage to millions of adults who are older or who have disabilities. Approximately a third of rural adults are enrolled in Medicare.<sup>xvi</sup> Additionally, 22 percent of individuals (including those 65 and older) in rural areas are dually enrolled in Medicaid and Medicare.<sup>xvii</sup>

During the COVID-19 Public Health Emergency (PHE), CMS expanded its Medicare telehealth policies to facilitate safe access to health care for individuals enrolled in Medicare. The Consolidated Appropriations Act (CAA) 2023, extended many of the Medicare telehealth flexibilities that were available during the COVID-19 PHE through December 31, 2024.

## Assister Tips for Working with Rural Consumers

### Addressing Health Care Barriers

Assisters can consider the strategies listed in the following table to help address health care barriers.

Barrier	Assister Strategies
Limited choice	<ul style="list-style-type: none"><li>▪ Help consumers find out whether their preferred doctors and hospitals are in-network for the plans they are considering.</li><li>▪ Help consumers assess their options for transportation to providers covered by the different plans.</li><li>▪ Show consumers the See Plans and Prices tool on HealthCare.gov at <a href="https://www.healthcare.gov/see-plans/#/">HealthCare.gov/see-plans/#/</a>, where they can determine if their doctors, medical facilities, and prescription drugs are covered under a given plan.</li><li>▪ Provide information to consumers about the Rural Health Clinic Program, if available in their community. These clinics must be located in rural underserved areas and meet certain other requirements, including using a team approach to delivering care with physicians working with non-physician providers, such as nurse practitioners and physician assistants.</li><li>▪ Help consumers research the types of telehealth services that may be available to them. Consumers may be eligible for a variety of services delivered through telehealth, such as physical, occupational, and speech therapy, as well as long-term services and supports, dental services, maternity care, and primary care services.</li></ul>

Barrier	Assister Strategies
Affordability	<ul style="list-style-type: none"> <li>▪ Discuss the full range of health coverage options for which the consumer is eligible through the Marketplace.</li> <li>▪ Help consumers understand the basics of health insurance and help consumers align their coverage options with their budgets and specific health coverage needs.</li> <li>▪ Be sure to discuss with the consumer not only premiums but also the cost sharing under different plans.</li> </ul>
Fewer Communication Options	<ul style="list-style-type: none"> <li>▪ Help consumers in rural areas with filling out paper applications.</li> <li>▪ Consumers in rural areas may not have an email address or may not check it as frequently, so assisters should make sure consumers know how to contact the Marketplace Call Center with questions about their Marketplace application.</li> <li>▪ Be prepared to use mail to send information to and correspond with consumers.</li> <li>▪ Ask individual consumers what the best method of communication is for them. The Marketplace will ask if consumers prefer to receive notifications through the mail or email, and consumers will need to specify one of these mechanisms for communication.</li> </ul>
Lack of transportation	<ul style="list-style-type: none"> <li>▪ Beginning with Plan Year (PY) 2024, assisters are allowed to go door to door or use other unsolicited means of direct contact, such as direct phone calls to consumers' homes. Direct-contact outreach education activities may include providing brochures and informational materials about the Marketplace and informing consumers about the application and enrollment assistance provided by your organization. However, it is against federal law to place outreach or educational materials directly into a consumer's mailbox.</li> <li>▪ Host outreach and education events in convenient locations for rural consumers.</li> <li>▪ Leverage relationships within the community by providing local business and trusted institutions with brochures and informational materials about the Marketplace that they can share with consumers. Make sure these materials include your organization's contact information.</li> <li>▪ Offer remote assistance services, such as helping a consumer over the phone.</li> </ul>





## Conducting Outreach

A lack of visible information about the Affordable Care Act and the Marketplace in rural areas may impact the turnout at outreach and education events. Assisters can do the following to bolster education and outreach efforts in rural areas:

- Identify “hub” locations in the community, such as churches, schools, or grocery stores. Going to places consumers go makes it easier and more convenient for these consumers to find out about the Marketplace and their options for health coverage. Assisters working in rural areas should actively work with consumers and identify a convenient location to hold enrollment and educational activities. Outreach efforts should include older individuals under age 65, since they have a higher rate of being uninsured in rural areas than younger individuals, and rural communities often have a higher proportion of older residents.<sup>xviii</sup>
- Use local media outlets, such as radio stations and newspapers, to advertise education events and showcase enrollment success stories.
- Build trust in the community by developing relationships with local institutions, including community action agencies, independent brokers, and insurance agencies (subject to applicable CMS guidance on conflicts of interest), and health care providers.
- Help educate local officials and leaders in the community on how they can help promote awareness about the Marketplace and become champions for coverage.
- Create buy-in by ensuring that the community understands how the whole community benefits when its members have access to health coverage.
- Develop relationships with other resources in rural communities, such as rural hospitals, community health centers, rural extension offices, Office of Rural Health Policy grantees, and USDA rural health offices.
- Develop relationships with other state-level rural health stakeholders, such as states Offices of Rural Health and/or State Health Associations.



## Resources

- [HRSA.gov/rural-health](https://www.hrsa.gov/rural-health)
- [CMS.gov/about-cms/agency-information/omh/health-equity-programs/rural-health](https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/rural-health)
- National Organization of State Offices of Rural Health: [NOSORH.org/](https://www.nosorh.org/)

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<sup>i</sup> [HRSA.gov/rural-health/about-us/what-is-rural](https://www.hrsa.gov/rural-health/about-us/what-is-rural)

<sup>ii</sup> Health Insurance Marketplace® is a registered trademark of the Department of Health and Human Services.

<sup>iii</sup> Agency for Healthcare Research and Quality. National Healthcare Quality and Disparities Report chartbook on rural health care. Rockville, MD. October 2017. AHRQ Pub. No. 17(18)-0001-2-EF.

<sup>iv</sup> [Macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf](https://www.macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf)

<sup>v</sup> [FCC.gov/reports/eighth-broadband-progress-report](https://www.fcc.gov/reports/eighth-broadband-progress-report)

<sup>vi</sup> [ASPE.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf](https://www.aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf)

<sup>vii</sup> [Congress.gov/117/plaws/publ2/PLAW-117publ2.pdf](https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf)

<sup>viii</sup> [Congress.gov/bill/117th-congress/house-bill/5376](https://www.congress.gov/bill/117th-congress/house-bill/5376)

<sup>ix</sup> [ASPE.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf](https://www.aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf)

<sup>x</sup> [Medpac.gov/document/february-2023-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid](https://www.medpac.gov/document/february-2023-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid)

<sup>xi</sup> [ASPE.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf](https://www.aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf)

<sup>xii</sup> [Macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf](https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf)

<sup>xiii</sup> [Medicaid.gov/sites/default/files/2020-04/cib040220.pdf](https://www.medicaid.gov/sites/default/files/2020-04/cib040220.pdf)

<sup>xiv</sup> [Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf)

<sup>xv</sup> [Congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf](https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf)

<sup>xvi</sup> [ASPE.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf](https://www.aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf)

<sup>xvii</sup> [ASPE.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf](https://www.aspe.hhs.gov/sites/default/files/2021-07/rural-health-rr.pdf)

<sup>xviii</sup> [Ruralhealthinfo.org/toolkits/aging/1/rural-issues](https://www.ruralhealthinfo.org/toolkits/aging/1/rural-issues)

