

Serving Special Populations: Consumers with Disabilities Fast Facts for Agents and Brokers

This Fact Sheet Applies If You:

- Are an agent or broker assisting consumers enrolling for coverage through the Health Insurance Marketplace (Marketplace)¹
- Are assisting consumers who have behavioral, developmental, emotional, intellectual, or physical disabilities or who are representing someone else (e.g., a family member) with a disability

Consumers with Disabilities: Overview

National health surveys indicate that between 40 and 50 million people in the United States have some kind of disability.² People with disabilities are found in every age group, every community, and every walk of life. Some types of disabilities are visible, while others are not. The effects of a disability can range from difficulty with basic movement, to cognitive and emotional challenges, to complex activity limitations.

The Marketplace offers new health coverage options to consumers with disabilities who may have previously faced barriers based on pre-existing conditions when seeking health coverage. You should not define consumers by their disabilities or make assumptions about what they are capable of doing or understanding. You should be aware of the accommodations that may be required to effectively communicate with consumers with disabilities to ensure they understand their health coverage options and are able to enroll in a plan that best fits their needs and budgets.

¹ Health Insurance MarketplaceSM and MarketplaceSM are service marks of the United States Department of Health & Human Services. When used in this document, the term “Health Insurance Marketplace” or “Marketplace” refers to Federally-facilitated Marketplaces (FFMs), including FFMs where states perform plan management functions and State-based Marketplaces on the Federal Platform (SBM-FPs).

² National Council on Disability. Available at: www.ncd.gov.

What Agents and Brokers Need to Know About Providing Accessible Assistance

While you are not required by federal law and Department of Health and Human Services (HHS) regulations to provide information and services in a manner that is accessible for consumers with disabilities, HHS recommends providing accessible services for these consumers. You should provide appropriate accommodations, auxiliary aids and services, as well as other resources to help ensure that consumers with disabilities have equal access to health coverage through the Marketplace. Below are some suggestions for providing accessible assistance to consumers with disabilities.

Physical Limitation

To ensure that you are providing adequate assistance to consumers with physical limitations, you should consider:

- Removing physical barriers to accessing facilities and installing appropriate signage
- Providing wheelchair-accessible locations, which includes addressing accessibility of entrances/exits, seating areas within the office space, restrooms, and parking
- Providing access to assistance via modified computer, assistive technology, or telecommunication services, such as alternative keyboards, speech recognition software, and speakerphones

Hearing Limitation

Consumers may have varying degrees of hearing limitations. To ensure you are providing appropriate services to consumers with hearing limitations, consider providing the following auxiliary aids and services:

- Sign language interpreters or video teleconference capabilities (VTC) to access sign language interpreters
- Teletypewriter (TTY) phone lines
- Speech that is clear and understandable for consumers who use a hearing aid
- Loop systems and duo devices for consumers who are deaf or hard of hearing disabilities
- Paper and pencils to communicate with consumers who are unable to use other communication methods (e.g., oral speech, lip reading, sign language)

Visual Limitation

Consumers may have varying degrees of impairment to their vision. To ensure you are providing appropriate services to consumers with visual limitations, consider providing the following resources:

- Printed materials in braille or printed in large, clear text using 16 or 18-point font
- Voice or large-print output computer with word processing software, or enlarging software or magnification devices
- Videos with audio description

Cognitive Impairment or Intellectual Disability

In some cases, consumers with intellectual or developmental disabilities may not be able to read or thoroughly understand the implications of what is being presented to them. However, it is important to deliver assistance in a manner as centered on the consumer's individual needs and preferences as possible.

To help these consumers, you could ask confirming questions to ensure consumers understand the information being presented to them. Additionally, when providing services to consumers with cognitive impairments or intellectual disabilities, you should consider, for example:

- Using simple, plain language
- Supporting a consumer's choice to use an authorized representative to help them make health care decisions
- Communicating with consumers' representatives, guardians, family members, or support persons, if requested by consumers
- Referring consumers to additional resources and entities that may be able to provide specialized assistance

Other Special Populations: Limited English Proficiency

You should recognize that some individuals may have both disabilities and limited English proficiency (LEP). You should have a sense of cultural competency and be aware that accommodations may be necessary to help consumers with LEP. It is recommended that you ensure services are provided in a culturally and linguistically appropriate manner. To meet these standards, consider providing the following resources:

- Written translation for key documents (e.g., information about how to contact the agent or broker with follow-up questions)
- Signs in languages that are common in the community served by the agent or broker

- Staff members who are available to communicate directly in a consumer's preferred language
- Access to interpretive services or telephone-based translator services (You should remember that translation may need to be layered with additional accommodations to properly serve consumers.)

Quick Etiquette Tips

The Centers for Medicare & Medicaid Services (CMS) recommends that you have a basic level of disability literacy. The following tips are a quick reminder of disability etiquette. Many consumers, including consumers with functional impairments, may not see themselves as having a disability. When interacting with or referring to consumers with disabilities, you should remember:

- Not to assume a consumer needs assistance (Offer assistance if it seems to be needed, or if a consumer requests it. For example, do not touch someone's wheelchair or other assistive technology without first asking for their permission.)
- To be respectful and avoid referring to consumers by their disabilities
- To use "people first" language (e.g., "person with a disability" rather than "disabled person")
- To speak directly to consumers, not to the person accompanying them or a translator, unless requested by the consumer
- Not to make assumptions about what a consumer is capable of doing or understanding
- To ask consumers about their goals and priorities
- To help consumers identify the unique health care services and benefits they may require (e.g., habilitation, rehabilitation, durable medical equipment, prosthetics), and then help them choose coverage that meets those needs
- To maintain the capacity and accommodations to help consumers understand and compare insurance options, including resources in braille, screen reading and/or enlarging software/devices, or having sign language interpreters and other translation services
- To be willing to spend extra time and be patient. (Because of the complexity of health insurance, information may have to be repeated multiple times or in different ways for the consumers to understand.)

What Agents and Brokers Need to Know about Providing Marketplace Application Assistance

When consumers apply for coverage through the Marketplace, the application asks if anyone on the application has a physical or mental health condition that limits their ability to work, attend school, or take care of their daily needs (see Figure 1). These questions help determine whether a consumer might be eligible for less expensive or even free coverage through their state’s Medicaid program based on their disability.

The Question of Disability

If a consumer answers “yes” to any of these questions or if other information they enter suggests that they may qualify for non-income-based Medicaid, the consumer’s application will be transferred to the state Medicaid agency for an eligibility determination based on factors other than income. However, this does not mean that a consumer cannot proceed with their application for income-based Medicaid or Marketplace coverage.

Figure 1. Questions about Disability on Application

The screenshot shows a web application interface. On the left is a navigation menu with the following items: 'GET STARTED' (with a green checkmark), 'FAMILY & HOUSEHOLD' (with a blue circle containing the number 1), 'John Carson' (with a checkmark), '2 More about this household' (highlighted in blue with a white circle containing the number 2), '3 Summary', 'INCOME', 'ADDITIONAL INFORMATION', and 'REVIEW & SIGN'. The main content area has a blue header that says 'More about this household'. Below the header are three questions, each with a radio button and the name 'John Carson' next to it. The first question is: 'Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?' (optional). Below it is a note: 'If a person needs help only because they're too young to do these things for themselves, don't select their name.' and a link: 'Learn more about how to answer this question'. The second question is: 'Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility?' (optional). The third question is: 'Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?' Below this question is a note: 'Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.' and a link: 'Learn more about how to answer this question'.

For example, if a consumer qualifies for Medicaid on the basis of a state’s “Medically Needy” program—which serves individuals who have high medical expenses and who would be eligible for Medicaid, except that their income exceeds Medicaid thresholds—they may still be eligible to

enroll in a Marketplace plan and receive advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR).

These consumers can become eligible by “spending down” the amount of income that is above a particular state’s medically needy income standard. Consumers “spend down” by incurring expenses for medical or remedial care. Once those expenses are subtracted from the person’s annual income and the person’s income is at or below the state’s medically needy income standard, the person is eligible for Medicaid. The state’s Medicaid program then pays for the cost of services that exceed what the individual had to incur in the way of excess expenses to become eligible.

Consumers who receive Social Security Disability Insurance (SSDI) and are not automatically eligible for Medicaid may need to obtain other health coverage because there is a 24-month waiting period before they are eligible to enroll in Medicare. Other consumers may have incomes that are too high to qualify for Medicaid. These consumers may choose to purchase health coverage through the Marketplace, and may be eligible for subsidies to reduce their health coverage costs.

Disability-Related Income

Consumers applying for coverage through the Marketplace who indicate they would like help paying for coverage will be asked about their income. It is important to note that when projecting annual income, disability-related income is often misreported. Consumers should be sure to include any SSDI payments they receive when they are estimating their income. However, consumers should **not** include Supplemental Security Income (SSI) payments, veterans’ disability payments, or workers’ compensation when calculating their income.

What Agents and Brokers Need to Know about Medicaid Eligibility

In most states, consumers with disabilities who receive SSI payments automatically qualify for Medicaid coverage. If a consumer is not automatically eligible for Medicaid, they will have to meet other criteria for their state’s Medicaid program, which could include income, assets, and disability. Because Medicaid programs vary from state to state, you should refer consumers to the state Medicaid program for more specific information.

What Agents and Brokers Need to Know about Medicare and the Marketplace

Many consumers with disabilities are also Medicare beneficiaries. Individuals who receive SSDI are automatically enrolled in Medicare Parts A and Part B after they receive SSDI benefits for 24 months, and are also eligible to enroll in a Medicare Part D prescription drug plan. Additionally, Medicare beneficiaries who have limited resources and income may be eligible for the Extra

Help program to help pay for the costs related to a Medicare Part D prescription drug plan (e.g., monthly premiums, annual deductibles, prescription co-payments).³

Consumers should review their current health coverage and needs during Medicare Open Enrollment to determine if they want to make a change to how they receive their Medicare. Make sure consumers know they should go to www.medicare.gov to make sure they are looking at available Medicare options, not Marketplace plans. **It is against the law to sell a Marketplace plan to a Medicare beneficiary.**

Consumers who are eligible for Medicare, but have not enrolled, so they are not entitled to receive benefits, can still enroll in a Marketplace plan. Consumers can keep their Marketplace plan after Medicare coverage starts, but once Medicare Part A starts, they must retain such Marketplace plan coverage without the benefit of APTC and CSR. To terminate these benefits for which they are no longer entitled, Medicare beneficiaries must visit the Marketplace.

Scenario

Assisting Consumers with Disabilities: Rose, a 58-year-old woman, lives by herself, and has no dependents. She has type 2 diabetes and hypertension. After years of struggling with diabetes-related vision problems, she has recently gone blind. She just quit her job due to her vision impairment and cannot afford her health insurance plan. What are the key issues for Rose when selecting new health insurance coverage?

- a) **Medicaid Eligibility:** Rose might be eligible for Medicaid. Her eligibility could depend on her income, particularly if her state expanded its Medicaid program. She might also be eligible if her medical conditions or other circumstances qualify as a “disability” under her state Medicaid agency’s definition. (In most states, if Rose is under 65 and is receiving SSI, she will automatically be considered to have a disability and may be Medicaid eligible. Additionally, if Rose receives SSDI, you should advise her of her potential or future eligibility for Medicare and provide her with information about the program (www.medicare.gov).
- b) **Eligibility for Marketplace Subsidies:** If Rose’s annual income is between 100% and 400% of the Federal Poverty Level (FPL), and she is not eligible for Medicaid or other minimum essential coverage (MEC), she may be eligible for subsidies to help pay for Marketplace coverage. For coverage effective in 2017, this means that if Rose is the only person in her household, her income must fall between \$11,880 and \$47,520 to be potentially eligible for subsidies.
- c) **Coverage of Medication:** Rose’s hypertension medication might be covered by either a Marketplace plan or Medicaid (if she is eligible). You should help Rose evaluate prescription drug formularies and find a coverage option that covers her medication and

³ ii <http://www.ssa.gov/medicare/prescriptionhelp/>

best fits her needs, whether it is a qualified health plan through the Marketplace or Medicaid.

- d) **Provider Network:** If Rose chooses to enroll in a Marketplace plan, you should encourage her to check the provider network to see if her endocrinologist, ophthalmologists, and other specialists are part of the plan's network. You should also encourage Rose to call the providers to confirm that they are accepting patients (new or existing) enrolled in that plan. If Rose's current providers are out-of-network, she may not be able to continue seeing them, or may face higher out-of-pocket costs if she does.
- e) **Future Health Care Needs:** You should discuss what health care services are covered in a specific health plan. Rose's condition may require her to receive physical therapy, specialized therapy services, or mobility devices. You should help Rose select a plan that will cover these services in the future, if needed. A plan with more expensive monthly premiums may reduce overall costs if the consumer requires multiple doctor's visits or services.

Additional Resources

For more information, visit:

- Administration for Community Living available at: www.acl.hhs.gov
- Medicaid.gov available at: www.medicaid.gov
- Medicare.gov available at: www.medicare.gov
- National Council on Disability available at: www.ncd.gov

While CMS doesn't endorse information from outside entities, you may find the information on the following websites useful:

- National Disability Navigator Resource Collaborative (NDNRC) available at: <http://www.nationaldisabilitynavigator.org/>
- NDNRC Disability Guide available at: <http://www.nationaldisabilitynavigator.org/ndnrc-materials/disability-guide/>