

Course 6 — Serving Select Population Groups and Communities

Module 2 — Select Population Groups and Communities

Course Introduction

Serving Select Population Groups and Communities

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Welcome

Welcome to the *Serving Select Population Groups and Communities* course!

I'm Jo, and I'll guide you through this course. As an Assister, you may work with many consumers who have difficulty getting health coverage and accessing basic health care services. In this course, we'll review things you'll need to know like:

- What are examples of select population groups and communities?
- How do I complete a needs assessment?
- What are the specific Marketplace and Medicaid protections for American Indians and Alaska Natives?

Course Goal

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

Goal:

This course will introduce you to some select population groups and communities and help you work effectively to improve their access to health coverage, including:

- American Indians and Alaska Natives
- consumers eligible for Medicaid, the Children's Health Insurance Program (CHIP), or Medicare
- older consumers
- households with mixed immigration status

By the end of this course, you will understand:

- characteristics of select groups and communities
- factors that impact obtaining health coverage
- Marketplace application and enrollment
- unique communication needs
- approaches and techniques for working with select groups and communities
- how to conduct a needs assessment
- how to assist older consumers
- the relationship between Medicare and the Marketplaces
- how to work with older immigrant adults
- eligibility and documentation requirements for enrollment and to verify immigrant status
- immigration-related rules in the Marketplaces

Module 2 — Select Population Groups and Communities

Module Introduction

Consumers belonging to select groups and communities may face barriers to getting health coverage and basic health care services. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Characteristics

Identify the characteristics shared by select population groups and communities.

Examples

List examples of select population groups and communities.

Access to Coverage

Identify factors affecting access to health coverage for select population groups and communities.

Under-resourced Communities

Under-resourced communities may include:

- people who live in **rural** areas
- populations impacted by persistent poverty or inequality
- Black/African American populations
- Latino populations
- American Indians, Alaska Natives, and other Indigenous populations
- Asian Americans and Pacific Islanders
- other persons of color
- members of religious groups
- individuals with disabilities

The United States Census Bureau (Census) and the Office of Management and Budget (OMB) each classify certain areas as “rural.” The Census considers “rural” to include all people, housing, and territories not within an urban area.

The Census defines urban areas as having at least:

- 5,000 people or
- 2,000 housing units

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

More information can be found on the [HRSA website](#).

Characteristics of Select Population Groups and Communities

In your role as an Assister, you may work with groups who have not been equitably served.

Populations That Have Been Economically/Socially Marginalized may include consumers who share one or more of the following characteristics:

- have a high risk for multiple health problems or pre-existing conditions
- have limited options (e.g., financial, educational, housing)
- display fear or distrust of government programs or disclosing sensitive information
- have a limited ability to understand or give informed consent without communication or language assistance services (e.g., individuals who are deaf or hard of hearing or have limited English proficiency (LEP) or cognitive impairments) that require the use of auxiliary aids and services
- have mobility impairment
- lack access to transportation
- have a lowered capacity to communicate
- face any type of discrimination

Under-Resourced Populations include consumers who share one or more of the following characteristics:

- receive fewer health care services
- face barriers to accessing health care (e.g., economic, cultural, and/or linguistic)
- aren't familiar with the health care system
- face a shortage of available providers

Examples of Select Population Groups and Communities

You might work with consumers who are at risk of being under-served. Some might belong to multiple groups:

- older adults
- rural populations
- children
- racial and ethnic groups
- 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
- American Indians and Alaska Natives

Protections for Consumers with Pre-existing Conditions

Consumers with pre-existing conditions can be part of an under-resourced or marginalized population. Health insurance companies that receive federal financial assistance (FFA) from U.S. Department of Health and Human Services (HHS) generally can't refuse to sell a policy to these consumers or charge more just because someone has a pre-existing condition.

Certain existing plans, including individual **grandfathered plans**, may not offer the same coverage as other health insurance plans, including coverage of pre-existing conditions or preventive care. Consumers enrolled in such plans may enroll in new plans with these protections, either outside of or through the Marketplaces, if they qualify.

Grandfathered Plans

Grandfathered plans are plans in which an individual was enrolled on March 23, 2010 that have not made certain significant changes that reduce benefits or increase costs to consumers. Health plans must notify consumers if they have a grandfathered plan. There are two types of grandfathered plans: employer-sponsored plans and individual plans (the kind consumers buy themselves, not through an employer). If 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, insurance companies can continue to offer them to consumers. For more information, refer to the [HealthCare.gov page about grandfathered plans](#).

- 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 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). Losing coverage is one example of a circumstance that could allow a SEP. Voluntarily terminating coverage is generally not considered a loss of coverage.

Protections for Individuals in Health Coverage

Entities that provide health insurance or other health coverage that receive federal financial assistance (FFA) are prohibited from discriminating against individuals on the basis of sex under the final Rule implementing Section 1557 of the Affordable Care Act.

The Centers for Medicare & Medicaid Services (CMS) regulations also provide that health insurance companies offering non-grandfathered group or individual health insurance coverage can't use marketing practices or benefit designs that discriminate on the basis of a consumer's sex, using the same definition of discrimination on the basis of sex as the final 1557 Rule.

Factors Affecting Access to Health Care

A few barriers often prevent consumers from accessing necessary health coverage and health care. Generally, “access” refers to the timely availability of health services to achieve the best possible health outcomes.

Key barriers to accessing care include:

- high health care costs
- inconsistent sources of care
- lack of coverage
- lack of reliable transportation (private or public) or difficulty physically accessing provider offices
- low health literacy
- unavailability of providers (e.g., medically under-resourced areas)

Understanding these barriers will help you:

- give consumers specific coverage information
- identify the most effective ways to communicate with consumers

High Health Care Costs

If coverage costs are too high, consumers may choose not to use health care services they really need or may decide not to enroll in coverage. Consumers might benefit from learning there are several options that may make costs more predictable and better fit their budgets and specific needs.

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

Inconsistent Sources of Care

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

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

Research has proven that consumers who routinely visit the same doctor tend to have better health outcomes. If consumers have coverage and visit the same doctor(s) regularly, their quality of care improves. They're more likely to get care that prevents health emergencies.

Lack of Coverage

Coverage is very important because it reduces the financial burden of seeking health care. Consumers without coverage are less likely to get care and more likely to have poor health. Under-resourced populations are particularly at risk for insufficient health insurance coverage, and people with lower incomes are often uninsured.

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

People without coverage may:

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

Consumers can make more informed decisions if they understand the physical and mental health disadvantages of lacking coverage. Some consumers may not be aware that financial assistance may be available to lower the cost of coverage.

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

Certain parts of the application in the individual market Federally-facilitated Marketplaces (FFMs) were designed to address some of the challenges.

Income Information:

Individuals facing significant economic hardship can enter their household income information to determine their eligibility for insurance affordability programs like advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs), and low-cost programs like Medicaid and CHIP.

Questions about health conditions that cause limitations to daily activities:

Individuals who have certain disabilities may be eligible for low- or no-cost health coverage due to disability. Please emphasize it will not affect their ability to buy insurance, nor will it result in higher premiums.

Opportunities to enter information about doctors and medical facilities to determine if they're covered by the plan:

Provider shortages can be a challenge, but you can help consumers find providers in their area that may be covered by a plan by using the doctor and drug coverage tool. You may also recommend the consumer call providers to ensure they are in the plan's network and taking new patients (if the consumer hasn't visited that doctor before).

Questions about preferred modes of communication:

Individuals with LEP can notify an FFM of their preferred language to ensure future communications are in that preferred language. Individuals with disabilities may notify an FFM if they need information in an alternate format.

Address Information:

An address is required to apply for health coverage in an FFM. Consumers who are experiencing homelessness or housing insecurity can list the following addresses on an application:

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

Additional Information for Consumers Experiencing Housing Insecurity

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

Knowledge Check

You're advising a low-income, 28-year-old man about his coverage options through an FFM. He tells you he hasn't been sick in three years, feels healthy, and doesn't think he needs coverage. He also tells you he has a family history of diabetes and has moved several times over the past five years. Any time he needs care, he visits a local clinic. You would like to help him understand why coverage might be beneficial. What might you tell him?

Answer: The consumer might benefit from learning that doctors can treat undiagnosed health problems before they get more serious. Also, coverage can help avoid expensive medical bills in an emergency. Consumers who have coverage and a doctor they regularly visit tend to have better health and live longer. Finally, quality of care and preventive services improve when consumers routinely visit the same doctor.

Key Points

- You should be able to recognize when a consumer might belong to a select population group or community and understand they may face barriers to accessing health care programs and services.
- You should be able to recognize how lacking coverage creates barriers to health care.
- You should be able to help consumers understand the importance of visiting a doctor regularly and that accessing lower-cost preventive care can help them live longer, healthier lives.

Module 3 — Communicating Effectively with Consumers

Module 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 coverage choices. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Needs Assessment

Learn how to conduct a needs assessment.

Communication Needs

Understand a variety of unique communication needs.

Working Effectively

Identify strategies for effective communication with a variety of people.

Consumers from Rural Communities

Identify strategies for working effectively with consumers who live in rural communities.

Assessing Coverage Needs

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

This module highlights key points for assessing coverage needs and communicating effectively.

Conducting a Needs Assessment

Here are some sample questions to determine what consumers already know, what questions they have, and their coverage needs.

Understanding Coverage and Application Options

- What questions do you have about how the ACA affects your coverage?
- What questions do you have about the Marketplace application process?
- What information do you need before choosing coverage options?
- What questions do you have about eligibility requirements for enrolling in coverage?

Identify Family Needs

- Who in your family needs coverage?
- What kind of coverage have you and your family had in the past?
- Are there any health care services you currently receive and want covered by your plan?
- What parts of coverage are most important to you (e.g., covered benefits and services, cost, keeping a doctor)?

Consider Costs

- What questions do you have about paying for coverage?
- Does your employer help you with health care costs?

Making the Process Easier

- What could I/we do to make this process easier?

Factors Contributing to Unique Communication Needs

In addition to being able to ask questions to assess a consumer's individual needs, you should be able to communicate appropriately and effectively. Your goal is to build a trusting relationship with consumers (and any family members or caregivers they have asked to participate in the enrollment process). Communication methods that work well with one community or individual may not necessarily work well for others.

When you communicate, consider:

- modifications for individuals with disabilities
- diverse cultural health beliefs and practices, and preferred language
- demographic factors (like age)
- geographic location
- health literacy level
- health-related social needs (like financial instability, housing instability, food insecurity, lack of transportation)

Cultural and Linguistic Competence

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

You're encouraged to review and follow the HHS Office of Minority Health (OMH) [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#), which give guidance on providing culturally and linguistically appropriate services to consumers. Federal rules for providing meaningful access and culturally and linguistically appropriate services (including the FFM Navigator CLAS Standards) will be outlined in depth in Course 7: Cultural Competence and Language Assistance.

Elements of culture include, but are not limited to, the following:

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

Cultural and Linguistic Competence (Continued)

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

- Identify, understand, and respect differences in consumers' cultural beliefs, behaviors, and needs.
- Respond appropriately to consumers based on their cultural and language needs, which may include providing oral language assistance services — either in-person or via remote communication technology, translating documents, or visiting [Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/health/cultural) for additional resources.
- Acknowledge, respect, and accept cultural differences.

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 individuals.

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

Communication Tips: Illustrate Respect and Avoid Assumptions

Keep these tips and examples in mind as you work with consumers:

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 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

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 seems to you to be of a certain race or ethnicity may identify with something different like characteristics not commonly associated with that race or ethnicity.

Acknowledge Various Linguistic Abilities and Cultures

Consumers may have different English speaking and writing abilities and may come from cultural or religious backgrounds that differ from your own. Here are some tips to provide better service.

Tip: Acknowledge that consumers will have various speaking and writing skills. Be sensitive to this and know how to respond appropriately. Some consumers may understand and speak English but may not read or write in English.

- Identify materials in their preferred language(s).
- Know how to get translation or interpretation services, like American Sign Language (ASL), if needed.

Preferred Language(s)

Some consumers who speak English as a second language may prefer to use English in your interactions. Also, respect that others may have a preferred language that is not English.

Tip: Acknowledge that consumers will have varied cultural preferences that inform their health care decisions.

- Some consumers have religious beliefs or value systems that don't allow them to use medicine (e.g., Christian Scientists). Respect that some people may reject coverage because of their religious and/or cultural beliefs.
- Note that when comparing plans on [HealthCare.gov](https://www.healthcare.gov), the Plan Details screen will show if a plan offers abortion coverage (for which federal dollars can't be used).

Knowledge Check

You have an appointment with Katarina and Felix. At the beginning, they share with you that English isn't their primary language. They don't have access to a car or money for public transportation. Based on this information, how could you provide support for Katarina and Felix?

Answer: You are required to provide consumers with information and assistance in the consumer's preferred language, at no cost, including oral interpretation of non-English languages and the translation of written documents, when necessary or when requested to ensure effective communication. Your organization is responsible for taking reasonable steps to provide meaningful access to each individual with limited English proficiency (including companions with limited English proficiency), including providing a qualified interpreter and translated documents without cost when it is a reasonable step to provide meaningful access. You should therefore ask Katarina and Felix whether they need an interpreter and translated materials, and let them know interpreters are provided free of charge. If they prefer to have an adult friend or family member interpret, they can do so (absent an emergency) only if they make this request in private with a qualified interpreter present, the friend or family member agrees to provide this assistance, the request and agreement are documented, and the reliance on that adult is reasonable under the circumstances. Relying on a minor child to interpret or facilitate is never allowed except as a temporary measure during an emergency. Although not required by law, it is a best practice to accommodate Felix and Katarina's transportation limitations and identify a meeting location close to Katarina and Felix's place of residence.

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 affects how well consumers understand coverage options.

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

Consumers may say or do things that indicate their literacy is low.

If you believe a consumer may have a low level of literacy, reference the resources in this training or seek guidance from an Assister organization with expertise in low literacy.

Consumers with Low Health Literacy

Some consumers may not struggle with literacy as previously defined but have low *health* literacy. Health literacy is the ability to get and understand basic information about coverage and health care services, use the information to make decisions about care, and follow instructions for treatment. Generally, consumers with high health literacy understand how to use their coverage and navigate available coverage options. Other consumers may have high health literacy about some aspects of coverage, but low health literacy about other aspects. Your job is to assess how consumers are processing the information they're receiving and help them understand the information they need to make informed choices.

Consumers with Low Literacy and Low Health Literacy

How can you help consumers with low literacy and/or low health literacy?

Communicate Clearly

- Ask open-ended questions.
- Read instructions out loud and check that consumers understand you.
- Speak slowly.
- Use active voice as much as possible (e.g., “I got a translator” and not “A translator was obtained by me”).
- Use plain language and simple words, especially when describing difficult coverage terms.

Supporting Understanding

- Draw or point to pictures, posters, and other visuals.
- Confirm that consumers understand what you’re saying.
- Present complex information in small amounts to avoid potentially overwhelming the consumer.

Follow-Up

- Write information down for the consumer to review at home.
- Provide or direct consumers to [Coverage to Care materials](#).

Provide Support

- Ask consumers to repeat key information.
- Give information in small chunks.
- Understand it may take additional time to help consumers with low health literacy.

Use Familiar Language

- Avoid acronyms.
- Limit technical language and explain necessary technical terms.
- Instead of “qualified health plans,” try, “Health plans approved by the Marketplace.”
- Instead of “premium tax credit,” try, “A tax credit to lower your monthly health insurance premiums.”

Knowledge Check

You're assisting Nina, and she can't decide if she wants to enroll in coverage. She's come to your office with questions a few times and still hasn't completed her eligibility application. You've provided Nina with brochures and flyers about coverage options, but in your conversations, it seems she hasn't read the materials. You think Nina may have low literacy and/or low health literacy. How might you respectfully help Nina enroll?

Answer: It's important to understand what prevents Nina from filling out an eligibility application. Nina shows signs that she is a consumer with low literacy and/or low health literacy and may not understand written materials. In some instances, such as where low literacy is disability-related and an individual needs help filling out an application as a reasonable modification, that assistance is required by disability rights laws. It's an important part of your role to provide Nina with assistance.

Consumers in Rural Communities

Consumers in rural areas may face barriers to accessing essential health services, which contributes to poorer health outcomes. They're also likely to be under-resourced in terms of coverage, which is why they might need your help.

Access to Transportation

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

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 be able to access coverage information online. Internet access may not be available in some rural areas, or consumers may not be able to afford it or access public internet sites or may have limited experience using the internet.

Reaching and Engaging Rural Consumers

To reach, communicate, and work effectively with rural consumers, you should conduct outreach in locations where they may work, live, or access community services.

Consider conducting outreach in the following:

- consumers' places of work
- faith-based organizations or places of worship
- libraries
- community clubs
- United States Department of Agriculture (USDA) extension offices to reach farmers and schools
- community health centers
- Tribal government offices and Indian health care facilities
- schools
- big box stores
- local newspapers
- post offices

Key Points

- You should respect the needs and preferences of consumers, understand how their needs affect your interactions, and value how preferences can differ based on consumers' cultures.
- You should be prepared to help consumers with different backgrounds and needs.

Module 4 — Working Effectively with American Indian and Alaska Native Individuals

Module Introduction

In the United States, there's a special government-to-government relationship between the Federal Government and federally recognized Indian Tribes and Alaska Native regional and village corporations. There are more than 570 federally recognized Indian Tribes, including Alaska Native regional and village corporations established under the Alaska Native Claims Settlement Act (ANCSA). In this training, members of federally recognized Indian Tribes and shareholders of ANCSA corporations are referred to as American Indians and Alaska Natives.

If you have American Indians and Alaska Natives living in your service area, you are encouraged to have ongoing education, outreach, and enrollment events designed for these individuals. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

American Indians and Alaska Natives

Describe how American Indians and Alaska Natives are defined for the purposes of health coverage eligibility and protections and what is considered a federally recognized Indian Tribe.

American Indian and Alaska Native Health Care Systems and Services

Describe the health care systems and service delivery structures that serve American Indians and Alaska Natives.

Coverage under the Affordable Care Act (ACA)

Identify protections for eligible American Indians and Alaska Natives under the ACA.

Applying Through the Marketplaces

Explain eligibility requirements, issues, and process for American Indians and Alaska Natives applying for coverage through the Marketplaces.

Background

For purposes of this training, American Indians and Alaska Natives include members of federally recognized Indian Tribes and eligible shareholders of Alaska Native Claims Settlement Act (ANCSA) regional and village corporations.

In Alaska, certain Alaska Native individuals, including shareholders of regional and village corporations established under the Alaska Native Claims Settlement Act (ANCSA), may also be eligible for specific Marketplace protections. In this training, the term “American Indians and Alaska Natives” refers to members of federally recognized Indian Tribes and eligible shareholders of ANCSA corporations for purposes of discussing Marketplace protections.

The Federal Government has a unique government to government relationship with federally recognized Indian Tribes. Federal agencies, including the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA), support programs and services that serve American Indians and Alaska Natives.

Definition of American Indian and Alaska Native

Who is an American Indian or Alaska Native?

Because the United States has a government-to-government relationship with federally recognized Tribes and Alaska Native regional and village corporations, there are certain protections in Medicaid, CHIP, and the Marketplaces. These protections apply to different categories of American Indians and Alaska Natives:

- For the Marketplaces, certain protections apply only to members of a federally recognized Indian Tribe or shareholders in an ANCSA corporation (ANCSA shareholders).
- For Medicaid, certain protections apply to members of a federally recognized Indian Tribe, ANCSA shareholders, or other individuals eligible to receive services from IHS.
- CHIP premium and cost-sharing protections apply to children who are qualifying members of a federally recognized Indian Tribe, an Eskimo or Aleut, or other Alaska Native enrolled by the Secretary of the Interior pursuant to the ANCSA, or who are considered by the Secretary of the Interior to be an Indian for any purpose.

For more specific information, please visit [Information for American Indians and Alaska Natives Applying for Coverage](#).

Health Care Services for American Indians and Alaska Natives

I/T/U refers to three components of the Indian health system: (1) the IHS (I), (2) Tribes and Tribal organizations (T), and (3) urban Indian organizations (U). American Indians and Alaska Natives who enroll in qualified health plans (QHPs) 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 American Indians and Alaska Natives. The ACA made permanent the Indian Health Care Improvement Act. A large portion of American Indian and Alaska Native 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. American Indians and Alaska Natives don't pay premiums for ITU services because the IHS is prohibited by law from billing or charging American Indians and Alaska Natives for services, and American Indians and Alaska Natives are only charged under limited circumstances for services provided in Tribal or urban Indian facilities.

T: Tribes and Tribal Organizations

Tribes and Tribal Organizations Tribes may contract with IHS to operate their own health care facilities pursuant to agreements with IHS under the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638, also known as "638" agreements.

U: Urban Indian Organizations

Through contracts with the IHS, nonprofit Urban Indian programs also offer services ranging from community health to comprehensive primary care.

When certain services aren't available at IHS or Tribally operated facilities, American Indians and Alaska Natives might also be able to receive health care services through an IHS or Tribal Purchased/Referred Care (PRC) Program without cost sharing. Subject to specific eligibility requirements and the approval of funding, this program covers health care services that aren't reasonably accessible/available in IHS and Tribal health care facilities, like:

- inpatient and outpatient care
- medical support services:
 - laboratory
 - pharmacy
 - nutrition
 - diagnostic imaging
- physical therapies
- routine emergency ambulatory care
- specialty care
- transportation

Federally-recognized Indian Tribes and American Indians and Alaska Natives

What's considered a federally recognized Tribe?

For Marketplace purposes, an "American Indian" includes a member of a federally recognized Indian Tribe (i.e., listed on the Department of the Interior's Federally Recognized Indian Tribe List Act of 1994; this list is updated annually) and shareholders of ANCSA regional and village corporations.

As of January 2026, there are more than 570 federally recognized Indian Tribes.

Visit the [BIA Tribal Directory](#) for a current list of federally recognized Indian Tribes and Alaska Native Entities and the [ANCSA Regional Association website](#) for a list of ANCSA corporations.

How many American Indians and Alaska Natives live in the U.S.?

As of 2024, 9.1 million people in the U.S. identify as American Indian or Alaska Native, either alone or in combination with one or more other ethnicities. Approximately 2.6 million American Indians and Alaska Natives receive health services from I/T/Us. More information can be found on the [Office of Minority Health's American Indian and Alaska Native Health website](#).

Where do American Indians and Alaska Natives live?

While American Indian and Alaska Native consumers live in every state, in 2024, the 10 states with the largest American Indian and Alaska Native populations were Alaska, Arizona, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Washington and Wyoming. More information can be found in the [Office of Minority Health's American Indian and Alaska Native Health website](#).

American Indians and Alaska Natives Eligibility for Marketplace Coverage

Consumers must submit documentation to demonstrate they are a member of a federally recognized Indian Tribe or a shareholder of an ANCSA regional or village corporation, like a copy of a document issued by a federally recognized Indian Tribe, the BIA, or ANCSA corporation (e.g., membership or enrollment card). This document should have a signature or seal on it. While some Medicaid and CHIP agencies require documents to prove American Indian or Alaska Native status, many state agencies accept self-attestation. Visit [the Health Coverage for American Indians and Alaska Natives page on HealthCare.gov](#) for a list of some Tribal documents an American Indian or Alaska Native consumer may need.

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

Overview of Affordable Care Act Provisions Relevant to American Indians and Alaska Natives

American Indians and Alaska Natives have access to special protections under the ACA. These include:

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

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

Special Provision: Monthly Enrollment in QHPs

American Indians and Alaska Natives can enroll in coverage through the Marketplace any time during the year, not just during the yearly Open Enrollment Period. American Indians and Alaska Natives are also eligible to change health plans as often as once a month. Consumers who aren't members of federally recognized Indian Tribes or ANCSA shareholders must enroll during the yearly Open Enrollment Period (unless they qualify for another SEP, including in certain cases when they apply on the same application as an eligible Tribal member).

It is important to note that if American Indians or Alaska Natives change their plans, cost sharing requirements (like deductibles and out-of-pocket limits) will reset, if applicable.

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

Zero Cost Sharing vs. Limited Cost Sharing

There are special rules for American Indians and Alaska Natives to qualify for cost-sharing reductions (CSRs) that reduce cost sharing expenses like copays, coinsurance, deductibles, and other similar charges when enrolled in QHPs through the Marketplaces.

Zero Cost Sharing

American Indians and Alaska Natives with annual household incomes between 100 percent and **300 percent** of the federal poverty level (FPL) can enroll in a zero cost sharing plan. Consumers do not have to pay any out-of-pocket costs such as copays, deductibles, or coinsurance when receiving care at an I/T/U or when receiving essential health benefits through a Marketplace plan's network providers. American Indians and Alaska Natives enrolled in zero cost sharing plans do not need referrals.

Zero cost sharing plans are available to eligible American Indians and Alaska Natives who enroll in a Marketplace plan under any metal level health plan category. (Note that a consumer who is not an American Indian or Alaska Native must be enrolled in a Silver level plan to receive CSRs.)

300 percent

For Plan Year (PY) 2027, 300 percent of the FPL is equal to:

- A single consumer household income of \$47,880 or less (Alaska: \$59,850. Hawaii: \$55,080).
- A two-person family household income of \$64,920 or less (Alaska: \$81,150. Hawaii: \$74,670).
- A three-person family household income of \$81,960 or less (Alaska: \$102,450. Hawaii: \$94,260).

Limited Cost Sharing

American Indians and Alaska Natives with annual household incomes below 100 percent or above 300 percent of the FPL qualify for limited cost sharing. These consumers have no cost sharing when they get care from an Indian health care provider. With a referral from an Indian health care provider, American Indians and Alaska Natives in these income groups also can have zero cost sharing when receiving EHBs through a QHP.

Members of households with a mixed American Indian or Alaska Native status have special considerations when applying through the Marketplace.

A family that includes both members of federally recognized Tribes (or ANCSA shareholders), and persons who are not, might all enroll in the same Marketplace plan. However, if they do so, the family members who are not members of federally-recognized Tribes (or ANCSA shareholders) will not be able to use the special cost-sharing savings. Therefore, federally recognized Tribal members (or ANCSA shareholders) and non-Tribal family members with a household income under 300 percent of the FPL should consider enrolling in separate plans if they want to take advantage of all potential savings.

American Indian and Alaska Native Eligibility for Medicaid and CHIP

For Medicaid, certain protections apply to members of a federally recognized Indian Tribe, ANCSA shareholders, or other individuals eligible to receive services from the IHS.

American Indian and Alaska Native Medicaid beneficiaries have the following Medicaid protections:

- They do not have to pay Medicaid premiums or enrollment fees if they are eligible to receive or have received care from an I/T/U or through a PRC Program.
- They do not have to pay any cost sharing such as deductibles, coinsurance, or copayments for any Medicaid service from any Medicaid provider if they are currently receiving or have ever received care from an I/T/U or through a PRC Program.

American Indian and Alaska Native CHIP child beneficiaries cannot be charged any premium, enrollment fee, copayment, coinsurance, or deductible in CHIP.

Certain income is excluded when determining eligibility for Medicaid and CHIP. In general, the exemptions apply to income and property that are connected to the political relationship between the Tribes and the Federal Government, and property with unique American Indian or Alaska Native significance.

NOTE: Per capita income from Indian gaming is not excluded when calculating income; Tribal gaming per capita payments are taxable and should be reported on an application for coverage.

There might be instances where certain Indian income is taxable by the Internal Revenue Service (IRS) but is excluded for the purposes of determining Medicaid and CHIP eligibility. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has American Indian or Alaska Native cultural significance, it may not be counted for Medicaid and CHIP eligibility.

American Indians, Alaska Natives, and Stand-alone Dental Plans

American Indians and Alaska Natives can enroll in stand-alone dental plans through the Marketplaces when they buy Marketplace health plans.

However, zero cost sharing doesn't apply to Marketplace stand-alone dental plans. If an American Indian or Alaska Native consumer is enrolled in a stand-alone dental plan, they will have to pay cost sharing like copayments and deductibles. However, if dental benefits are included as part of a QHP, the applicable American Indian and Alaska Native cost-sharing protections may apply to covered essential health benefits through that QHP. American Indians and Alaska Natives may receive dental services from I/T/U providers with no cost sharing.

Knowledge Check

You're meeting with Ann and Joe, who are members of a federally recognized Indian Tribe. You're discussing special Marketplace protections for American Indians and Alaska Natives. You explain that American Indians and Alaska Natives may enroll in a QHP to have access to a full range of health care coverage. You explain that an American Indian or Alaska Native who chooses to enroll in a QHP can continue accessing services at the I/T/U. You note that American Indians and Alaska Natives have monthly opportunities to enroll in a QHP and are not restricted to enrolling during the yearly Open Enrollment Period. Is it also accurate to say that American Indians and Alaska Natives can enroll in stand-alone dental plans through a Marketplace and receive dental services from a non-I/T/U provider with no cost sharing?

Answer: The statement on stand-alone dental plans isn't accurate. If American Indian or Alaska Native consumers enroll in stand-alone dental plans and receive dental services from a non-I/T/U provider, they'll have to pay copayments and deductibles. All the other statements are accurate.

FFM Application Process for American Indians and Alaska Natives

American Indian and Alaska Native 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 paper and online applications, American Indians and Alaska Natives will need to submit proof of Tribal membership/enrollment/ANCSA shareholder status within 90 days of application. However, there are some differences between the application types.

It's your responsibility to help American Indian and Alaska Native consumers prepare for the application process they choose. This section explains the paper and online applications.

Paper Applications

Consumers can apply for Marketplace coverage using a paper application or online. There are two **paper** applications that American Indian and Alaska Native consumers can complete to apply for QHP coverage through the FFMs.

Application for Health Coverage (Individuals or Families)

The [Application for Health Coverage](#) is for individuals who do not want to apply for help paying their Marketplace coverage. Step 3 of this application asks if a consumer or members of their household are American Indians or Alaska Natives.

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](#) is for individuals who want to apply for help paying for their Marketplace coverage. This application asks American Indians and Alaska Natives to complete Step 3 and Appendix B of the application. The Marketplaces use their responses to determine whether the consumer is eligible for enrollment in a Marketplace QHP and for financial assistance, and whether they're eligible for Medicaid or CHIP.

Paper Application: Health Coverage & Help Paying Costs

Appendix B of the paper application for Health Coverage & Help Paying Costs asks applicants to answer several questions about tribal membership, services, and income.

Question #2: Member of a federally recognized Indian Tribe?

This question determines whether consumers qualify for an SEP and whether they qualify for CSRs through the FFM.

Note: ANCSA shareholders are considered members of federally recognized Indian Tribes.

Question #3: Has this person ever gotten a service from the IHS, a Tribal health program, or urban Indian health program, or through a referral from one of these programs? If no, is this person eligible to get services from the IHS, Tribal health programs, or urban Indian health programs, or through a referral from one of these programs?

This question helps determine whether consumers can be exempt from premiums, copayments, coinsurance, deductibles, or other similar charges for Medicaid or CHIP.

Question #4: Certain money received may not be counted for Medicaid or CHIP. List any income (amount and how often) reported on your application that includes money from these sources:

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

This question ensures certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) can be 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. However, there might be instances where certain Indian income is taxable but is excluded for Medicaid and CHIP. For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has American Indian or Alaska Native cultural significance, it may not be counted for Medicaid and CHIP eligibility.

Online FFM Application

The **online** FFM application asks whether the applicant or household members are American Indians or Alaska Natives.

American Indian and Alaska Native-Specific Application Questions

These questions determine whether any household members are American Indians or Alaska Natives so that questions about whether they have received or are eligible to receive care from an I/T/U can be asked. Please note: ANCSA shareholders are considered members of a "federally recognized Indian Tribe".

American Indian and Alaska Native-specific Application Questions

If any household member is an American Indian or Alaska Native, they will be directed to choose their state from a drop-down list and select the Tribe or ANCSA entity.

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 can enroll in a plan without the proper documentation. However, if documentation isn't received within 90 days, the applicant won't be eligible for the monthly SEP and zero or limited cost sharing. Consumers determined eligible for Medicaid or CHIP will receive additional information from the state if they need to upload or mail any documentation.

How much of this income comes from a type of Tribal income?

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

Knowledge Check

Thomas comes to you for help. He explains he is a member of the Cheyenne River Sioux Tribe and wants to know if he needs health coverage through an FFM. He feels generally healthy and currently gets a yearly physical from an IHS physician. Based on this information, how might you respond to Thomas?

Answer: Based on his Tribal membership, Thomas can apply for health coverage through the Marketplace any time. The Marketplace may provide greater access to providers and services while allowing him to continue accessing services through the IHS.

Key Points

- The United States has a unique government-to-government relationship with federally recognized Indian Tribes and Alaska Native regional and village corporations. The Federal Government provides members of federally recognized Indian Tribes with health care, consistent with its statutory authorities.
- By enrolling in a QHP, American Indians and Alaska Natives have greater access to a wider range of providers and services that may not be provided by their local I/T/U.
- Eligible American Indians and Alaska Natives have certain protections under Medicaid, CHIP, and in the Marketplaces.
 - Medicaid-eligible American Indians and Alaska Natives who are currently receiving or have ever received care from an I/T/U or through a PRC Program are exempt from cost sharing for any Medicaid-covered services.
 - Certain Indian income is excluded in determining eligibility for Medicaid and CHIP.
 - In the Marketplaces, American Indians and Alaska Natives have monthly SEPs and zero or limited cost sharing.
 - Both paper and online FFM applications have special questions for American Indians and Alaska Natives.

NOTE: Whether an American Indian or Alaska Native enrolls in Medicaid, CHIP, a QHP through the Marketplaces, or employer-sponsored coverage, they can continue to get services from an I/T/U at no cost.

Module 5 — Assisting Consumers Who Are Immigrants

Module Introduction

You may assist people who come from other countries.

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

Verification

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

Eligibility

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

Key Terms

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

U.S. Citizen

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

- were naturalized as a U.S. citizen
- derived citizenship through naturalization of their parent(s)
- derived citizenship through adoption by U.S. citizen parent(s)
- acquired citizenship at birth because they were born to U.S. citizen parent(s)
- are a U.S. citizen by operation of law

U.S. National

U.S. nationals are U.S. citizens or people who aren't U.S. citizens but owe permanent allegiance to the U.S. Nearly all noncitizen U.S. nationals are people born in American Samoa or born abroad with one or more American Samoan parents.

Lawfully Present

In order to be eligible to enroll in a Marketplace plan, a noncitizen must meet the Marketplace definition of "lawfully present."

The following categories of noncitizens are considered "lawfully present" and therefore eligible to enroll in a Marketplace plan, if they're otherwise eligible:

- a "qualified noncitizen"
- individuals with a valid nonimmigrant status
- individuals paroled into the United States for less than 1 year, except for a noncitizen paroled for prosecution, for deferred inspection or pending removal proceedings
- individuals granted temporary resident status
- individuals granted Temporary Protected Status (TPS)
- individuals granted employment authorization
- Family Unity beneficiaries
- individuals granted Deferred Enforced Departure (DED) in accordance with a decision made by the President
- individuals granted Deferred Action
- individuals with a pending application for adjustment of status
- children under the age of 14 with a pending application for asylum, for withholding of removal, or for protection under the regulations implementing the Convention Against Torture
- individuals granted withholding of removal under the regulations implementing the Convention Against Torture

- individuals with a pending or approved petition for Special Immigrant Juvenile classification

Note: Deferred Action for Childhood Arrivals (DACA) recipients are not eligible to enroll in a Marketplace plan.

Naturalized Citizen

Naturalized citizens are people who weren't born in the U.S. but became citizens by fulfilling certain requirements. Naturalization is the conferring of U.S. citizenship after birth by any means whatsoever, including acquisition of citizenship.

Derived Citizen

Derived citizens are people who were naturalized by operation of law. Derived citizenship may be conveyed to children through naturalization after birth, but before the age of 18, through their U.S. citizen parents.

Eligible Noncitizen

Beginning January 1, 2027, lawfully present individuals will also need to be eligible noncitizens to be eligible for Marketplace premium tax credits (PTCs) and income-based cost-sharing reductions (CSRs). Eligible noncitizens include individuals who are:

1. Lawful Permanent Residents (i.e., LPRs or green card holders)
2. Cuban or Haitian entrants
3. Individuals lawfully residing in the U.S. under a Compact of Free Association (i.e., COFA migrants)

Premium Tax Credit Eligibility for Immigrants: What's New

Beginning January 1, 2027, Marketplace premium tax credit (PTC) eligibility for immigrants will be restricted to eligible noncitizens, which includes individuals who are:

- Lawful Permanent Residents (LPRs or green card holders);
- Cuban or Haitian entrants; or
- Compact of Free Association (COFA) migrants

All other lawfully present individuals, who had previously been considered eligible for PTCs, will no longer be eligible beginning January 1, 2027, but can still apply for full price coverage:

The Centers for Medicare & Medicaid Services will share additional operational guidance and notice information ahead of plan year 2027.

Documentation Requirements for Enrollment

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

- Social Security Number (SSN) (individuals without SSNs are able to apply)
- immigration documents
- employer and income information for everyone in the household (like pay stubs, W-2 forms, or wage and tax statements)
- information about any employer-sponsored coverage available to the household

Note that:

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

Review your state's Marketplace application requirements and eligibility notice for any additional details or guidance.

Citizenship and Permanent Resident Documents

When completing Marketplace applications, consumers who are immigrants need to use their most current status and the supporting documents they have to verify that status.

Form N-550 or N-570, Certificate of Naturalization

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

Form N-560 or N-561, Certificate of Citizenship

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

Permanent Resident Card (I-551)

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

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

Enter the alien or USCIS number, passport number, country of issuance, and document expiration date. If no foreign passport is available, the I-551 stamp may be placed on a Form I-94, Arrival/Departure Record, and a photograph of the bearer may be affixed to the form.

Temporary I-551, Machine Readable Immigrant Visa (MRIV)

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

Machine Readable Immigrant Visa MRIV (with temporary I-551 language) may vary by jurisdiction or date issued. As long as the document contains the temporary I-551 notation and is not expired, the Marketplace should have enough information to verify the consumer's lawful presence status.

Form I-797, Notice of Action

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

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

Employment and Status Authorization Documents

Next, you will review employment and status authorization documents that can be used to verify immigration status.

Form I-766, Employment Authorization Card

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

Form I-94/I-94A, Arrival/Departure Record or with a Foreign Passport

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

Unexpired Foreign Passport

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

Travel and Special Purpose Documents

Finally, you will learn about travel and special purpose documents that can be used to verify immigration status.

Form I-327, Permit to Re-enter

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

Form I-571, Refugee Travel Document

Form I-571 entitles refugees to return to the U.S. Consumers need to enter the alien number (also called the alien registration number or USCIS number) and document expiration date.

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

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

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

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

Best Practices for Entering Immigration Document Information

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

Consumers Should use the Most Current Document Available

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

How to Recognize a USCIS or Alien Number

An alien or USCIS number starts with an A and ends with seven to nine numbers.

Consumers Seeking Coverage Should Enter as Much Information as Possible from their Immigration Documents

- If consumers have a USCIS or alien number and an I-551 card number, they should enter both when prompted.
- If consumers have an I-551 card number but don't enter it, it will take longer to verify their status.
- Consumers can enter an I-551 number without entering a SSN if they don't have one. It is not necessary to enter an SSN to get Marketplace coverage if a consumer doesn't have one.
- Consumers should enter as much information as possible from their immigration documents, even if the documents have expired or will expire soon.

Consumers Should Enter Other Documents or Statuses, if Applicable

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

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

Consumers should provide this additional information even if they have selected one of the documents from the drop-down list.

Best Practices for Discussing Immigration Status

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

Provide information

Provide information about eligible immigration statuses and acceptable immigration documents. Consumers then have the information they need to determine who in their family may have an eligible immigration status to apply for health coverage.

Share information about other resources

Share information about other resources in the community that might be helpful.

Identify the applicant

Be sure to correctly identify the consumer or consumers who are applying for health coverage by asking if the person is seeking coverage for themselves or on behalf of someone else. Ensure that consumers know that documentation of citizenship and immigration status is only necessary for those applying for coverage, not for other members of the household.

Avoid unnecessary questions

- Don't ask unnecessary questions, especially about the immigration status of people who aren't applying for health coverage and live in mixed status households. Asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act of 1964 or Section 1557 of the Affordable Care Act.
- Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of [immigration status types](#) and [immigration document types](#) at [HealthCare.gov](https://www.healthcare.gov) and ask them if they have any of the statuses or documents on those lists.

Allow each consumer to act on their own behalf

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

Answering Immigration Questions on a Marketplace Application

Let's consider the challenges consumers may face when they try to verify their immigration status in an FFM at [HealthCare.gov](https://www.healthcare.gov).

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

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

Natural or Derived Citizenship Verification

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

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

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

- U.S. passport
- state-issued driver's license or ID card
- birth certificate

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

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

The following question will ask if the consumer has eligible immigration status. The consumer can select **Learn more about eligible immigration status** to review a list of eligible statuses. If they are eligible noncitizens, they should select **Yes**.

Noncitizen Immigration Documents

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

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

Select **Other document or status** for additional information.

Other document or status

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

If eligible noncitizens select **Other document or status** from the list, the application will provide a second list of documents or statuses. If any of these apply, they should select it and continue.

Noncitizen Immigration Documents (Continued)

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

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

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

- facilitate a smoother and faster application process
- ensure consumers' eligibility results are **Answer:**
- prevent consumers from having to provide more information later

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

Other Immigration Application Questions

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

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

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

Knowledge Check

You're helping Lena and her husband, Tomas, complete a Marketplace application. Lena tells you she has a green card and Tomas is a refugee from Eritrea. Lena is concerned she and Tomas aren't eligible for Marketplace coverage. How might you respond to address Lena's concerns?

Answer: Consumers who are lawfully present are eligible for coverage through the Marketplace and may qualify for the Marketplace premium tax credit (PTC) and income-based cost-sharing reductions (CSRs), if otherwise eligible. The term "lawfully present" includes Lawful Permanent Residents (or green card holders) and refugees. Therefore, Lena and Tomas are both considered "lawfully present" and are eligible for Marketplace coverage. However, beginning January 1, 2027, Marketplace PTC and CSR eligibility for immigrants will be restricted to eligible noncitizens, which are those individuals with the following statuses: 1) Lawful Permanent Residents (i.e., LPRs or green card holders); 2) Cuban or Haitian entrants; and 3) Compact of Free Association (COFA) migrants. Therefore, only Lena could be eligible for PTCs and CSRs beginning January 1, 2027, if otherwise eligible. If both Lena and Tomas enroll in the same Marketplace plan for plan year 2027, financial assistance would only apply to Lena's portion of the enrollment premium. Alternatively, Tomas could also purchase a full-price Marketplace plan without financial help (i.e., PTC and CSRs).

You can show consumers a list of immigration statuses or immigration documents available at [HealthCare.gov](https://www.healthcare.gov/immigration).

Scenario: Ronna

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

Let's help Ronna complete some questions from her Marketplace application.

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

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

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

Eligible

Immigrants without eligible immigration status aren't eligible to buy Marketplace health coverage or for premium tax credits and other savings on Marketplace plans.

Scenario: Ronna (Continued)

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

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

Scenario: Helping Ronna

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

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

Ronna doesn't have any additional document or status types listed, so she selects **None of these**.

Scenario: Helping Ronna (Continued)

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

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

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

Additional Information

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

Immigration Status and Insurance Affordability Programs

Beginning January 1, 2027, lawfully present individuals must also be eligible noncitizens to qualify for PTCs and CSRs to help lower their costs based on their household size, income, and other eligibility criteria.

Estimated Household Income Above 250 Percent of FPL

For Plan Year (PY) 2027:

- **If** a lawfully present individual (who meets all other eligibility requirements) has an estimated annual household income above 250 percent of the FPL in 2026:
 - \$54,100 for a family of two
 - \$82,500 for a family of four
 - Higher in Alaska and Hawaii
- **Then** eligible noncitizens may qualify for APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through the Marketplaces.

Estimated Household Income Between 100 percent and 250 Percent of FPL

For Plan Year (PY) 2027:

- **If** a lawfully present individual (who meets all other eligibility requirements) has an estimated annual household income between 100 percent and 250 percent of the FPL in 2026:
 - \$21,640 to \$54,100 for a family of two
 - \$33,000 to \$82,500 for a family of four
 - Higher in Alaska and Hawaii
- **Then** eligible noncitizens may qualify for:
 - APTC that can be used immediately to reduce the cost of monthly premiums, and
 - CSRs that lower out-of-pocket health coverage costs.

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

Federal Poverty Level (FPL)

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

Application Question About Eligibility for Medicaid and CHIP

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

Consumers should only check the box next to an individual's name if both of the following apply:

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

Otherwise, consumers should select **None of these people**.

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

Knowledge Check

While helping Maru complete an FFM application, she asks whether she qualifies for help paying monthly premiums if she enrolls in a QHP through a Marketplace. Maru is a lawfully present immigrant with a Green Card. However, she heard that immigrants aren't eligible for help to lower costs. What should you tell Maru about the criteria for lowering costs through the FFM?

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

Medicaid/CHIP Eligibility for Immigrants: What's New

Beginning October 1, 2026, Medicaid and CHIP eligibility for immigrants will be restricted to individuals who are:

- Lawful Permanent Residents (LPRs or green card holders);
- Cuban or Haitian entrants;
- Compact of Free Association (COFA) migrants; and
- Lawfully present children and pregnant women in states that offer coverage under Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), often referred to as the "CHIPRA 214 option"

Lawful Permanent Residents are still subject to the 5-year waiting period before they can qualify for Medicaid/CHIP, unless they meet an exception or are covered under the CHIPRA 214 option. Cuban/Haitian entrants and COFA migrants continue to be excepted from the five-year waiting period.

Coverage remains available in Medicaid for the treatment of an emergency medical condition only (often referred to as "emergency Medicaid") for all other noncitizens if they meet all other eligibility requirements in the state, except for having U.S. citizenship or an eligible immigration status.

Scenario: The Tran Family

Helping the Train Family with their Marketplace Selections: Part 1

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

The Tran family lives in a state that expanded its Medicaid program to cover adults ages 19 through 64, whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL. However, their state has not elected to cover lawfully residing children during their first five years in the U.S.

We'll meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old father Thu.

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

Thanks for coming in today. I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplace coverage, Medicaid, and CHIP. After you get consent from the adult family members, you help them complete a Marketplace application.

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

We've learned a lot about the Trans so far. Here is what we know. As you review the family's immigration status and supporting documents, you learn that: Hong has been a lawful permanent resident for seven years. Her son Hien has been a lawful permanent resident for two years. And, her father Thu has been a lawful permanent resident for seven years.

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

Hong Tran qualifies for Medicaid because she falls under the parent/caretaker eligibility category, has an eligible immigration status as a Lawful Permanent Resident, and has an eligible household income.

Hien Tran isn't eligible for Medicaid or CHIP because even though he's a Lawful Permanent Resident, he has not met the five-year waiting period for Medicaid eligibility. Hien must have lawful permanent resident status (LPR) for five years before being eligible for Medicaid or CHIP. Hien is still eligible to enroll in a QHP through the Marketplace.

Thu Tran likely qualifies for Medicare because he is an individual over 65, is a Lawful Permanent Resident. He may also qualify for Medicaid based on those factors as well as his household income. The Marketplaces don't determine Medicare eligibility; however, Thu can apply for Medicare through the Social Security Administration. If he needs help or has questions about Medicare, he should contact his local state health insurance assistance program (SHIP) office.

Under Medicare Part A: U.S. citizens and qualified immigrants age 65 and older who have at least 40 quarters

of coverage (10 years for most people) may get premium-free Part A. Some consumers may use the work history of a spouse to qualify. Consumers who don't have sufficient quarters of coverage may elect to enroll in Medicare Part B coverage, which also has a five-year residency requirement for immigrants, and then purchase Part A coverage. If consumers don't purchase premium Part A when they first become eligible, they may have to pay late enrollment penalties.

Under Medicare Savings Program, consumers can get help from their state with paying Medicare premiums. Consumers must be eligible for Medicare Part A and meet specific income and resource limits. In some cases, Medicare Savings Programs may also pay deductibles, co-insurance, and co-payments if consumers meet certain requirements. Extra Help, Part D, is a program to help consumers with limited income and resources pay Medicare Prescription Drug Program costs.

We've completed the initial steps in the process by helping the Tran family apply for Marketplace coverage. Continue the course to finish helping the Trans.

Helping the Tran Family

So far, the Tran family has:

- completed the eligibility process
- submitted an application for coverage

Next, we will review how to help them:

- review their eligibility results and plan options
- prepare to make plan selections

Helping the Tran Family with their Marketplace Selections: Part 2

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

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

Your son, Hien, is not eligible for Medicaid or CHIP, since he hasn't met the five-year waiting period required for lawful permanent residence. However, he is eligible to enroll in a QHP through the Marketplace. May I help you select the QHP for Hien?

HONG: Yes. Thank you for explaining that to me. Let's enroll Hien in a QHP.

Thu might also be eligible for Medicare Premium Part A and Part B because of his age, his lawful permanent resident (LPR) status, and his continuous U.S. residency for at least five years.

Considerations for Medicare Eligibility

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

Finally, be sure to also consider the Medicare eligibility requirements for immigrants who might qualify. Consumers who are eligible for, but not enrolled in, Medicare Premium Part A may be eligible to enroll in QHPs through the FFMs. They may be eligible for marketplace programs to lower costs of health coverage, such as APTC and CSRs. Consumers who don't have a lawfully present immigration status aren't eligible for Medicare or coverage through the FFMs.

Key Tip

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

Great work! You've completed the process of helping the Tran family apply for and select their Marketplace coverage options.

Scenario: The Tran Family

Policy Update

Under section 1899C(b)(2)(B) of the Social Security Act, only the following individuals may be eligible for Medicare coverage or may enroll in Medicare Advantage Plans under Medicare Part C or Medicare Part D Plans, if they meet all other Medicare eligibility requirements:

- 1) U.S. citizens;
- 2) U.S. nationals;
- 3) Lawful Permanent Residents (green card holders);
- 4) Cuban/Haitian entrants; or
- 5) Compact of Free Association (COFA) migrants.

Individuals who were entitled to or enrolled in Medicare as of July 4, 2025, and who are not U.S. citizens, U.S. nationals, lawful permanent residents, Cuban-Haitian entrants, or COFA migrants must be notified as soon as practicable that they are no longer eligible and must be disenrolled from Medicare 18 months after July 4, 2025 enactment date of Public Law 119-21. CMS expects to provide more information on implementation of section 1899C in forthcoming guidance.

Key Tips

- Consumers who are eligible for Part B but do not enroll when they first become eligible for Part B may have to pay late enrollment penalties on their Part B premiums as well.
- Consumers can apply for Medicare Part B and for Medicare Premium Part A through the Social Security Administration.
- Consumers must enroll in Part B in order to add Premium Part A coverage.

Knowledge Check

Suahila and Bilal entered the U.S. as refugees four years ago and became Lawful Permanent Residents (LPRs) two years ago. They earn a combined household income of 95 percent of the FPL and live in a state that expanded Medicaid. Because they live in a state where the FFM can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid through the FFM based on their household income and immigration status. What should you tell Suahila and Bilal?

Answer: Suahila and Bilal are eligible for full Medicaid benefits before, on or after October 1, 2026 and can apply for Medicaid through the FFM. Beginning October 1, 2026, Medicaid/CHIP eligibility for immigrants will be restricted to individuals who are: 1) Lawful Permanent Residents (LPRs or green card holders), except for LPRs required to meet the 5-year bar who have not met the 5-year bar; 2) Cuban or Haitian entrants, 3) COFA migrants, and 4) Lawfully present children and pregnant women in states providing coverage under Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), often referred to as the "CHIPRA 214 option. Because Suahila and Bilal entered the U.S. as refugees, they're not subject to the five-year waiting period for Medicaid, even though they later adjusted to LPR status and have only been LPRs for two years. If Suahila and Bilal did not meet any of the exceptions to the five-year waiting period, then they would not be eligible for Medicaid until their waiting period was over.

Note that Medicaid also covers treatment of an emergency medical condition if the individual meets all Medicaid eligibility criteria in the state, like income and state residency, but doesn't have an eligible immigration status. Residents of any state with an FFM can complete a Marketplace application to receive a determination or assessment for Medicaid, regardless of whether the state expanded Medicaid eligibility.

Immigrants Who Aren't Lawfully in the United States

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

Individuals applying for coverage for a family member who is lawfully present should not be asked to provide proof of their own citizenship or immigration status.

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

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

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

- health coverage through a Marketplace
- programs to lower their costs through a Marketplace (e.g., APTC and CSRs)

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

- emergency medical assistance (Emergency Medicaid) for treatment of an emergency medical condition under the Medicaid program
- prenatal coverage for their unborn child through CHIP from conception to end-of-pregnancy (FCEP) child option (in some states)
- public health programs, community health centers, and hospital care
- private coverage offered outside the Marketplaces

Knowledge Check

Pierre and LaGrande aren't lawfully present, but their daughter Matou was born in the U.S. How should you explain this family's eligibility status?

Answer: Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S citizen, can apply and enroll Matou in a QHP through a Marketplace. Pierre and LaGrande may be eligible for limited Medicaid to treat emergency medical conditions if eligible under the state's plan based on household income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a U.S. citizen, she may be able to enroll in Medicaid/CHIP or Marketplace coverage with premium tax credits if she meets all other eligibility requirements.

Key Points

- Regardless of the parents' immigration status, if a child is born in the U.S., the child is a U.S. citizen.
- In order to avoid violating Section 1557 of the Affordable Care Act (ACA) or Title VI of the Civil Rights Act, you should not ask questions regarding the citizenship status, immigration status, or SSN of non-applicants.
- Consumers who aren't lawfully present can:
 - apply for health coverage for their family member(s) who are lawfully present without being asked about their own immigration status
 - purchase coverage outside of the FFMs and be eligible for emergency medical assistance from Medicaid, if meeting all eligibility requirements in the state, except for U.S. citizenship or satisfactory immigration status

Key Points (Continued)

- The immigration eligibility determination processes that apply in the individual market FFMs don't apply in a Federally-facilitated Small Business Health Options Program (FF-SHOP) Marketplace.
- The individual market FFM application asks consumers who aren't U.S. citizens or U.S. nationals to provide information to verify their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find relevant information.

Module 6 — Considerations for Working with Older Consumers

Module Introduction

Some older consumers enrolled in qualified health plans (QHPs) through the Marketplaces may need assistance to transition between coverage from QHPs to Medicare.

Older consumers include those approaching and older than age 65 that are soon to be or currently eligible for Medicare.

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

Working Effectively

Describe strategies for working effectively with older consumers.

Income Level

Describe financial considerations for older consumers.

Non-U.S. Citizens

Identify the issues and options for obtaining coverage for older consumers who aren't U.S. citizens.

How to Engage with Older Consumers

Remember to always be respectful of everyone you help. Older consumers may face challenges with the following things.

Disabilities

The need for reasonable modifications and auxiliary aids and services often increases with age. Auxiliary aids and services may be necessary for effective communication with consumers who have cognitive, hearing, speech, and/or vision impairments, as well as individuals with other types of disabilities. You'll learn more about this subject in *Course 8: Working with Individuals with Disabilities*.

Caregivers

Consumers seeking coverage should be the primary decision makers about their health care coverage, even when they are accompanied by caregivers, guardians, or family members. Caregivers can participate in discussions about the consumer's health care; however, you should strive to ensure the consumers are the focus of the discussion and participate to the greatest extent possible.

Health Literacy

As discussed previously in this course, some consumers may struggle with low literacy and/or low health literacy. Recognizing and addressing this challenge will help you provide effective assistance. You may need to spend time explaining health insurance terminology and how health insurance works before helping consumers compare their coverage options.

Working Effectively with Older Consumers

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

For example, you may work with:

- older consumers applying for coverage through the Marketplaces for individuals and families or Small Business Health Options Program (SHOP) Marketplaces 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 and educate older consumers about their options for coverage, you should learn about these programs. For more information, refer to *Course 3: Affordable Care Act Basics*.

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

Older consumers who are not yet age 65 and are **ineligible for Medicaid** may ask for help applying for coverage through the Marketplaces.

Ineligible for Medicaid

In states that expanded their Medicaid programs, adults under age 65 who have household income at or below a threshold (usually 138 percent of the FPL) may be eligible for coverage. As discussed later in this course, low-income individuals age 65 and older can also contact their state to find out if they qualify for Medicaid on a different basis.

If older consumers can't afford Marketplace coverage and are ineligible for Medicaid and Medicare, you can refer them to a local community health center. At a community health center, consumers can get services like vaccines, prescription drugs, and general primary and dental care. The amount consumers pay for these services depends on their household income. Other coverage options for uninsured consumers may be found in the [CMS.gov Resources for the Uninsured webinar](#).

Older Consumers with Income Under 138 Percent of the FPL

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

Coverage Facts

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

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

Messages to Consumers

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

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

If you need help paying for your Medicare Part B premiums or other Medicare cost sharing, you should contact your state's Medicaid office to apply for a Medicare Savings Program (MSP).

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

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

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

Considerations for Older Immigrant Adults

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

Eligibility Requirements

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

- live in the U.S.
- be a U.S. citizen or a lawful permanent resident having lived in the U.S. for at least five continuous years
- be age 65 or older

Part B coverage has a premium. If the consumer fails to enroll in Part B when first eligible, the individual may have a late enrollment penalty for as long as they have Part B.

Consumers Who Have Enough Work History for Social Security

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

Consumers Who Don't Have Enough Work History but Are a Legal Resident

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

Consumers Who Need Help or Not Eligible for Medicare/Medicaid

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

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

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

Knowledge Check

Flora, who is 70 years old, is an immigrant. She came to the U.S. two years ago as a lawful permanent resident. She doesn't have a job or health coverage. Based on Flora's information, what should she know about her healthcare options?

Answer: Flora isn't eligible for Medicare because she doesn't meet the five-year length of residency requirement to enroll in Medicare Part B and doesn't seem to have the necessary quarters of coverage for premium-free Part A. She may be eligible for coverage through a Marketplace.

Key Points

- Be mindful that older consumers may face challenges that require reasonable modifications and auxiliary aids and services when assisting them.
- Older consumers may be eligible for different resources and coverage options available in their communities and states.
- Older consumers who aren't U.S. citizens must be lawfully admitted for permanent residence and have resided in the U.S. continuously during the five years immediately preceding the month in which they apply for enrollment to be eligible for Medicare.

Conclusion

Great job! In this course, you learned about factors that affect access to health care for a variety of population groups and communities.

You've finished the learning portion of this course. If you choose to take the exam, the code to access this exam is: 420167. Or you can close the course and return to the exam later.

Resources

Note: There are some references and links to nongovernmental third-party websites in this section. CMS offers these links for informational purposes only, and inclusion of these websites shouldn't be construed as an endorsement of any third-party organization's programs or activities.

Module 2 — Select Population Groups and Communities

Serving Groups that have been Marginalized and/or Under-resourced 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.

[SAMHSA.gov/programs](https://www.samhsa.gov/programs)

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.

[Health.gov/our-work/national-health-initiatives/health-literacy](https://www.health.gov/our-work/national-health-initiatives/health-literacy)

The CMS Frameworks for Healthy Communities and Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

[CMS Framework for Healthy Communities | CMS](#)

[CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities](#)

Special Populations Help: Assister resources on serving select population groups and communities.

[CMS.gov/marketplace/in-person-assisters/technical-resources/help-special-populations](https://www.cms.gov/marketplace/in-person-assisters/technical-resources/help-special-populations)

Office for Civil Rights (OCR) website: Official website of HHS OCR, which contains information about federal laws on discrimination, privacy, and conscience and religious freedom.

[HHS.gov/ocr/index.html](https://www.hhs.gov/ocr/index.html)

Office for Civil Rights (OCR): How to File a Civil Rights Complaint: Consumers who believe they have been discriminated against on the basis of race, color, national origin, sex, age, disability, or religion may file a complaint with OCR.

[HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

Assister Tip Sheet: Dos and don'ts for providing non-discriminatory, CLAS, and services accessible for consumers with disabilities in Federally-facilitated and State partnership marketplaces.

[CMS.gov/marketplace/technical-assistance-resources/dos-and-donts-clas.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/dos-and-donts-clas.pdf)

Module 3 — Communicating Effectively with Consumers

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.

[MIH.ohio.gov/Portals/0/Documents/NPA_Toolkit_092617.pdf](https://mih.ohio.gov/Portals/0/Documents/NPA_Toolkit_092617.pdf)

Application for Health Coverage: A paper Marketplace application.

[CMS.gov/marketplace/applications-and-forms/marketplace-application-without-financial-assistance.pdf](https://cms.gov/marketplace/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.

[CMS.gov/marketplace/applications-and-forms/marketplace-application-for-family.pdf](https://cms.gov/marketplace/applications-and-forms/marketplace-application-for-family.pdf)

Coverage to Care: The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) has created resources in English and Spanish to explain what health coverage is and how to get primary care and preventive services to help consumers and their families live long, healthy lives.

[CMS.gov/priorities/health-equity/c2c](https://cms.gov/priorities/health-equity/c2c)

Getting Help in a Language Other than English: A CMS document that provides instructions for accessing the FFM Call Center written in a variety of languages.

[CMS.gov/marketplace/outreach-and-education/getting-help-in-a-language-other-than-english.pdf](https://cms.gov/marketplace/outreach-and-education/getting-help-in-a-language-other-than-english.pdf)

Module 4 — Working Effectively with American Indian and Alaska Native Individuals

Bureau of Indian Affairs (BIA) Tribal Leaders Directory: Official website of the BIA, providing a directory of Federally-recognized Indian Tribes and a variety of resources on Tribal government services.

[BIA.gov/service/tribal-leaders-directory](https://bia.gov/service/tribal-leaders-directory)

CMS Division of Tribal Affairs: The CMS Division of Tribal Affairs works closely with American Indian and Alaska Native communities and leaders to enable access to culturally competent health care to eligible Medicare and Medicaid recipients. The Division is responsible for creating and disseminating informational materials to American Indian and Alaska Native beneficiaries, providers, and relevant health professionals.

[CMS.gov/training-education/partner-outreach-resources/american-indian-alaska-native/outreach-education-resources](https://cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/outreach-education-resources)

Information and Tips for Assisters Working with American Indians and Alaska Natives: A CMS document that provides background information about existing and new options for American Indians and Alaska Natives related to affordable health coverage. The tip sheet highlights protections, how Assisters can help American Indians and Alaska Natives submit documentation to support individual market FFM applications, and other resources.

[CMS.gov/marketplace/technical-assistance-resources/working-with-aiian.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/working-with-aiian.pdf)

Health Coverage Options for American Indians and Alaska Natives: Fact sheet for Assistors in order to assist American Indians and Alaska Natives understand health coverage options through the Marketplace, Medicaid, and CHIP.

[CMS.gov/marketplace/technical-assistance-resources/AIAN-health-coverage-options.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/AIAN-health-coverage-options.pdf)

Assisting American Indian and Alaska Native Consumers: Helping American Indians and Alaska Natives understand and evaluate marketplace health coverage options webinar.

[CMS.gov/marketplace/technical-assistance-resources/assisting-american-indian-alaska-native-consumers.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/assisting-american-indian-alaska-native-consumers.pdf)

Module 5 — Assisting Consumers who are Immigrants

Social Security Administration: Official website of the Social Security Administration. Information on Medicare, applications, and procedures.

[SSA.gov/](https://www.ssa.gov/)

State Health Insurance Assistance Programs (SHIP): Official website for SHIP.

SHIPhelp.org/

A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs: This resource provides information about eligibility and rules governing immigrants' access to federal and state public benefits programs.

[NILC.org/wp-content/uploads/2015/11/imm-eligibility-quickguide-2015-09-21.pdf](https://www.nilc.org/wp-content/uploads/2015/11/imm-eligibility-quickguide-2015-09-21.pdf)

Federal Poverty Level Guidelines: Official Department of Health and Human Services (HHS) guidance on FPL levels.

[ASPE.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines)

Refugee Medical Assistance: A description of refugee medical assistance programs.

[ACF.hhs.gov/orr/programs/refugees/cma](https://www.acf.hhs.gov/orr/programs/refugees/cma)

Health Coverage Options for COFA Migrants: Fact sheet that provides Assistors with information to help COFA migrants understand their health coverage options.

[CMS.gov/marketplace/technical-assistance-resources/health-coverage-options-cofa-migrants.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/health-coverage-options-cofa-migrants.pdf)

Immigrant Eligibility for Marketplace and Medicaid and CHIP Coverage webinar:

[CMS.gov/marketplace/technical-assistance-resources/immigrant-eligibility-marketplace-medicaid-chip.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/immigrant-eligibility-marketplace-medicaid-chip.pdf)

Module 6 — Considerations for Working with Older Consumers

Medicare: Official Medicare website offering resources about the Medicare program.

[Medicare.gov/](https://www.medicare.gov/)

Administration for Community Living: Eldercare Locator: A locator tool that identifies Area Agencies on Aging.

[Eldercare.acl.gov/home](https://eldercare.acl.gov/home)

No Wrong Door: Aging and Disability Resource Centers (ADRCs): A locator tool that identifies ADRCs by geographic location.

[ACL.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door](https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door)

Independent Living Research Utilization (ILRU): Resources and information on independent living for people with disabilities as well as a locator tool for Centers for Independent Living.

[ILRU.org/](https://ilru.org/)

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

[Benefitscheckup.org/](https://benefitscheckup.org/)

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

[NCOA.org/](https://ncoa.org/)