

Serving Vulnerable and Underserved Populations



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Course Introduction

Welcome



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

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

Can you answer these questions?

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

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You need to be aware of these training disclaimers. Select each menu item below to review each disclaimer.

Disclaimers

- ✓ Assister Training Content
- ✓ Coronavirus
- ✓ Remote Application Assistance
- ✓ FFM Navigator Duties

FFM Navigator Duties:

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and
- Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

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

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Assister Training Content:

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

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

Coronavirus (COVID-19):

This training does not address COVID-19-related guidance or related requirements for assisters. CMS will communicate applicable information to assisters and assister organizations through separate channels.

- To learn more about how we're responding to coronavirus, visit [HealthCare.gov/coronavirus](https://www.healthcare.gov/coronavirus).
- For preventive practices and applicable state/local guidance, visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus).

Remote Application Assistance:

Navigators in FFMs are not required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone), provided that such assistance is permissible under their organization's contract, grant terms and conditions, or agreement with CMS and/or their organization.

Certified application counselors in FFMs may also provide remote application assistance if such assistance is permissible with their certified application counselor designated organization (CDO).

For guidance on obtaining consumers' consent remotely over the phone, visit: [Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf).

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You and Assister

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



Navigators

in Federally-facilitated Marketplaces



Certified application counselors

in Federally-facilitated Marketplaces

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

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

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

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Course Goal

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

Goal:

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

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

Topics:

This course includes information on:

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

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Vulnerable and Underserved Populations

Introduction

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



Characteristics

Identify the characteristics shared by vulnerable and underserved populations



Examples

List examples of underserved and vulnerable consumers



Access to Coverage

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

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

Characteristics

Identify the characteristics shared by vulnerable and underserved populations

Examples

List examples of underserved and vulnerable consumers

Access to Coverage

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

Definitions of Vulnerable and Underserved Populations

The Department of Health and Human Services (HHS) and the January 20, 2021, [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#) defines the term "underserved communities" as populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, including:

- Black/African American populations
- Latino populations
- AI/AN and other Indigenous populations
- Asian Americans and Pacific Islanders
- Other persons of color
- Members of religious minorities
- LGBTQ+ populations
- Individuals with disabilities
- People who live in rural areas
- Populations impacted by persistent poverty or inequality

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Underserved Populations



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



Vulnerable populations



Underserved populations

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

- Have a high risk for multiple health problems or pre-existing conditions
- Have limited options (e.g., financial, educational, housing)
- Display fear and distrust in accessing government programs or disclosing sensitive information about family members
- Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumers with LEP or cognitive impairments)
- Have mobility impairments
- Lack access to transportation services
- Have a lowered capacity to communicate effectively
- Face any type of discrimination

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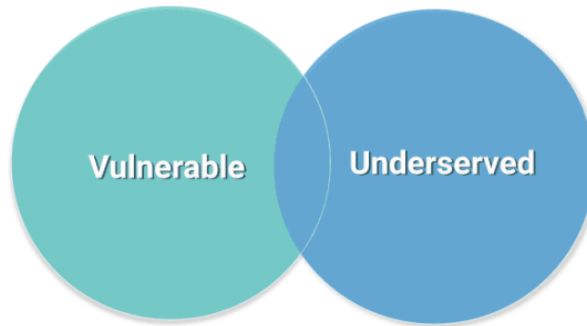
- Get fewer health care services
- Face barriers to accessing primary health care services (e.g., economic, cultural, and/or linguistic)
- Aren't familiar with the health care delivery system
- Face a shortage of readily available providers

Vulnerable Versus Underserved

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

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

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



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

Examples of Vulnerable and/or Underserved Populations

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

This graphic helps illustrate who they are and some of their characteristics.

Vulnerable Populations	Who Are They?	Underserved Populations
<ul style="list-style-type: none">• Have high risk for health care problems• Face significant hardships (e.g., financial, educational, and housing)• Have a limited ability to understand or give informed consent without the assistance of language services (e.g., consumers with LEP)• Lack the skills to communicate effectively in English	<ul style="list-style-type: none">• Older adults• Rural populations• Children• Racial and ethnic minorities• People with physical or intellectual disabilities or cognitive, hearing, speech, and/or vision impairments• Low income or homeless individuals• Pregnant individuals• Victims of abuse or trauma• Individuals with mental health or substance-related disorders• Individuals with HIV/AIDS• Lesbian, gay, bi-sexual, and transgender (LGBTQ+) individuals• AI/ANs	<ul style="list-style-type: none">• Get fewer health care services• Face economic, cultural, and/or linguistic barriers to accessing health care services• Aren't familiar with the health care delivery system• Live in locations where providers aren't readily available or physically accessible

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

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

Who Are They?

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

Underserved Populations

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

Addressing Needs Through the FFM Process

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

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

Application Question	Can identify and help consumers who...
1. Income information	Face significant economic hardship
2. Question if the consumer has health conditions that cause limitations in daily activities	
3. Enter your doctors and medical facilities to see if they're covered by the plan	
4. Preferred spoken language	

[Additional Information](#)

Individuals with LEP can notify an FFM of their preferred language to ensure future communications are in that preferred language. Individuals with disabilities also may notify an FFM that they need information in an alternate format to ensure effective communication. Individuals facing significant economic hardship can also enter their income information to see if they are eligible 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. Individuals who have mobility impairments may also be eligible for low- or no-cost health coverage due to their disability and can indicate their disability on the application. Please note that it won't affect their ability to buy insurance, nor will it result in higher premiums for the consumer. Finally, provider shortages can be a challenge, but you can help consumers find which providers in their area may be covered by a plan by using the doctor and drug coverage tool after the consumer has completed the application. You may also want to recommend that the consumer call any providers they want to visit to make sure that the provider is in the plan's network and taking new patients (if the consumer has not visited the doctor before).

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

Application Question

Income information

Can identify and help consumers who face significant economic hardship.

Application Question

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

Can identify and help consumers who have mobility impairments.

Application Question

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

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

Application Question

Preferred spoken language

Can identify and help consumers who have LEP.

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

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

- Eligible consumers can enroll in a qualified health plan (QHP) during the Open Enrollment Period (OEP). If they already have coverage, they should contact their current insurance company to learn more about terminating their current plan.
- Eligible consumers can enroll in a QHP outside the OEP if they qualify for a Special Enrollment Period (SEP). Losing coverage is one example of a circumstance that could allow for an SEP. However, voluntarily terminating coverage is generally not considered a loss of coverage.

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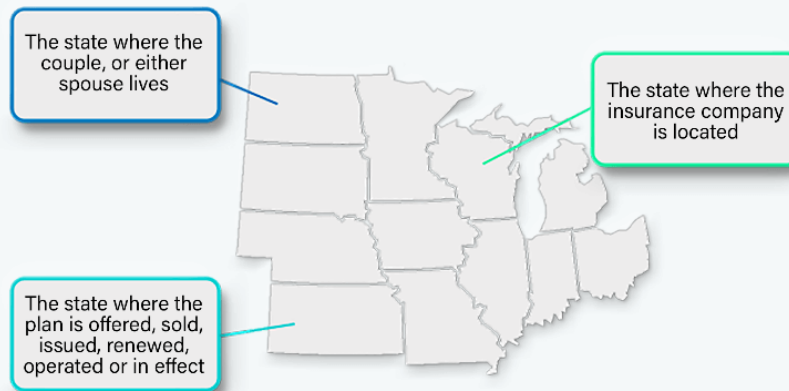
Grandfathered Plans

Health plans must notify consumers with these policies that they have a grandfathered plan. There are two types of grandfathered plans: job-based plans and individual plans (the kind consumers buy themselves, not through an employer). Grandfathered plans are those that were in existence on March 23, 2010. As long as the plans haven't been changed in ways that substantially cut benefits or increase costs for consumers and the issuer has provided the required notice, health insurance companies can continue to offer them to consumers. For more information about grandfathered plans, refer to [HealthCare.gov/health-care-law-protections/grandfathered-plans/](https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/).

Married Same-Sex Couples

On June 26, 2015, the U.S. Supreme Court issued a decision in *Obergefell v. Hodges*, holding that same-sex couples have a constitutional right to marry in all states and have their marriage recognized by other states. Therefore, the Marketplace and insurance companies can't discriminate against any couple on this basis.

This holds true regardless of:



Federal 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 certain factors, including a consumer's sexual orientation.

More on premium tax credits (PTCs) and same-sex couples:

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

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This holds true regardless of:

1. The state where the couple, or either spouse lives
2. The state where the insurance company is located
3. The state where the plan is offered, sold, issued, renewed, operated or in effect

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

Key barriers to accessing health care include:

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

Understanding these barriers will help you:

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

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Factors Affecting Access to Health Care: Coverage Status



Coverage is very important because it helps reduce the financial burden of seeking health care. Consumers without coverage are less likely to get medical care and more likely to be in poor health. Underserved populations are particularly at risk for insufficient health insurance coverage; people with lower incomes are often uninsured, and minorities account for over half of the uninsured population.

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

Continue

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Consumers who lack coverage may:

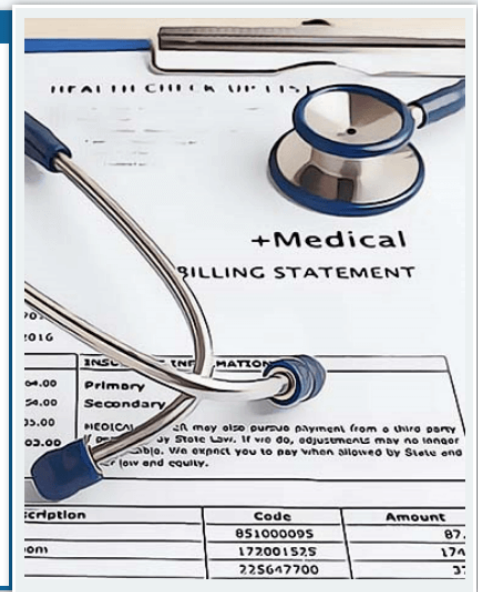
- Delay seeking care
- Get care that doesn't fit their specific needs
- Get a late diagnosis of their diseases
- Get less care
- Pay much higher costs for care and be in debt

Consumers might be better able to make informed decisions about getting coverage if they understand the physical and mental health-related disadvantages of lacking coverage. Some consumers may not be aware that financial assistance may be available to lower the cost of consumers' coverage.

Factors Affecting Access to Health Care: Costs

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

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



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Factors Affecting Access to Health Care: 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 care for an illness by going to a hospital, free clinic, and/or treatment center. This pattern is reactive treatment for a health emergency, not care that would **prevent** the emergency.

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



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Knowledge Check

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

Which of the following statements is false?

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

- A. Although you may feel healthy, regular care is still very important. Doctors can help you find health problems you may not know are there and treat them before they get more serious.
- B. If you got into an accident and didn't have health insurance, you'd have to pay out of pocket for your medical care. Emergency care can be extremely expensive.
- C. People who don't have coverage and don't visit a doctor regularly tend to have poor health and shorter life spans.
- D. If you continue to visit local clinics, they will help you get the important preventive care you need and will also fit your budget and specific needs.

✓ Check Your Answer



Correct!

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

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

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

Key Points



● You should be able to recognize when a consumer might be vulnerable and/or underserved and understand that vulnerable and/or underserved consumers might face barriers accessing health care programs and services.

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

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

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

How to Reach and Work Effectively with Vulnerable and Underserved Populations

Introduction

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



Needs Assessment

Learn how to conduct a needs assessment



Communication Needs

Understand the unique communication needs of vulnerable and underserved populations



Working Effectively

Identify strategies for communicating effectively with vulnerable and underserved populations



Consumers with Disabilities and Consumers from Rural Communities

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

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Conducting a Needs Assessment for Consumers



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

Once you've determined consumers' understanding of health insurance, the 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 will help you understand key considerations to remember when helping and conducting a needs assessment for consumers who may be vulnerable or underserved.

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General Questions to Ask When Conducting a Needs Assessment



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



Consumers seeking information



Consumers seeking coverage for themselves or their households

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

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

Needs Category:

Consumers seeking information

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

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Importance of Identifying and Helping Vulnerable and Underserved Consumers



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

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

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

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Factors Contributing to Unique Communication Needs



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

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

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

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Cultural and Linguistic Competence



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

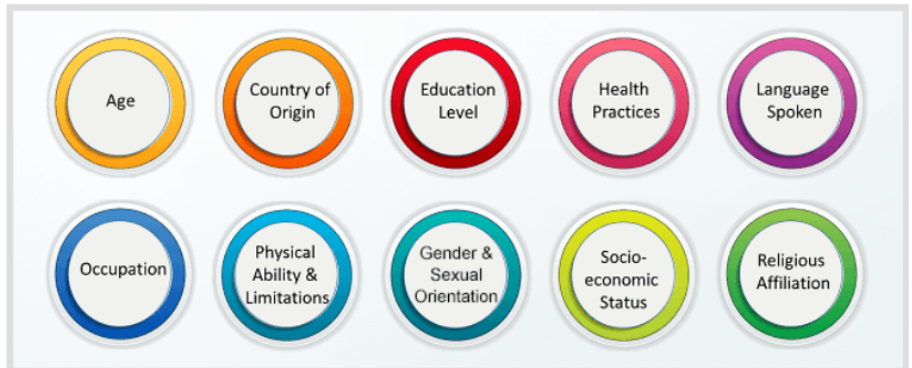
You're encouraged to review and follow the HHS Office of Minority Health (OMH) [National CLAS Standards](#) for Culturally and Linguistically Appropriate services (National CLAS Standards), which give guidance on providing culturally and linguistically appropriate services to consumers. The National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

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 using remote communication technology—as well as translating documents, visiting [LEP.gov](#) for additional resources, etc.).
- Acknowledge, respect, and accept cultural differences among consumers.

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

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



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

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

Tip:
Respect the unique cultural needs of all consumers.

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 appears 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. A consumer's gender identity may also be different from your perception; so, it's recommended that you use gender-neutral pronouns (e.g., you, your spouse).

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Tips and Examples: Acknowledging Different Linguistic Abilities and Cultures

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

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

There may be times when you interact with consumers who will be able to understand and speak English well but may not be able to read and write in English. In this case, you'll need to identify materials in their [preferred languages](#). However, be sure that they can read in that language before giving them written information. Also, you should know how to get translation or interpretation services, including American Sign Language (ASL), to help them, if necessary. You can also let consumers know that they can call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get help in another language or request information in an accessible format at no cost to the consumer.

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

You may encounter consumers who have religious beliefs or a value system that discourages the use of medicine to treat illness (e.g., Christian Scientists) or that prohibit them from participating in an insurance plan that covers certain reproductive health services. Understand that they may reject coverage or request information about their coverage options. Note that when comparing plans on HealthCare.gov, the Plan Details screen will show if the plan offers abortion coverage for which federal dollars cannot be used.

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Preferred Language

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

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

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

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Knowledge Check

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

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

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

- A. Ask Katarina and Felix about their preferred spoken and written language.
- B. Inform Katarina and Felix that you aren't able to help them during this visit. Due to language differences, you do not have to inform Katarina that professional interpreters are available or ask her what she prefers.
- C. Identify a location to meet close to Katarina and Felix's place of residence.
- D. Locate materials written in Katarina and Felix's native language or translate materials as necessary.

Check Your Answer



Correct!

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

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

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

Consumers may be embarrassed or ashamed about their low literacy and try to hide the fact that they have difficulty reading or writing. However, consumers who appear to have difficulty reading may have simply forgotten their glasses. Consider the factors at hand to alert you that there might be a literacy issue.

If you believe that you've identified someone with low literacy, you should reference the resources provided in this training to better prepare you to help them or seek guidance from another assister organization that has expertise with helping this type of consumer.

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



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

A consumer may say things like:

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

A consumer may do things like:

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

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

A combination of several of the following signs may indicate low health literacy in consumers.

Low health literacy might be more prevalent among:

- Older adults
- Individuals with LEP
- Recent immigrants
- Individuals with low socioeconomic status
- Medically underserved people
- Previously uninsured populations
- AI/AN who have only accessed the Indian Health Service, Tribal, and Urban Indian Organizations

Patients with low health literacy may have difficulty:

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

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

Continue

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Tips for working with low literacy consumers:

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

Tips for working with low health literacy consumers:

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

Marketplaces"

- Instead of "premium tax credit," you can say, "A tax credit that can be used to lower your monthly health insurance payments"

Knowledge Check

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

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

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

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

✓ Check Your Answer



Correct!

It's important for you to understand what prevents Nina from filling out an eligibility application. Nina shows signs of a consumer with low literacy and/or low health literacy and may not understand the written materials you have provided. Try alternatives like pictures and audio recordings. It's ultimately your responsibility to provide Nina with the assistance she needs, and you're prohibited from providing biased information about her coverage options.

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

Section 1557 of the ACA is a nondiscrimination provision that prohibits discrimination based on disability, race, color, national origin (including persons with LEP), sex (including sexual orientation and gender identity), and age in covered health programs and activities.

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

1. Health programs and activities, any part of which receives Federal financial assistance (FFA) provided by HHS;
2. Programs and activities administered by HHS under Title I of the ACA; and
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Section 1557, the Americans with Disabilities Act (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), Section 504 of the Rehabilitation Act, and other disability laws might require you or the organization you work with to provide "reasonable modifications" and appropriate auxiliary aids and services for certain consumers with disabilities if you receive FFA.

Examples of reasonable modifications and auxiliary aids and services include:

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



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

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

Examples include providing:

- Reasonable modifications to policies, practices, or procedures when necessary to avoid discrimination, like by allowing use of service animals.
- Assistance to consumers in a location and in a manner that is physically accessible to and provides effective communication with individuals with disabilities.
- Materials that are Section 508 compliant like electronic documents that consumers who are blind can read with screen readers or Braille text. Section 508 of the Rehabilitation Act (29 U.S.C. 794d) requires federal agencies to make sure that consumers with disabilities, your organization's employees, and members of the public have equal access to and use of electronic information technology.
- Appropriate auxiliary aids and services at no cost when necessary, or when requested by the consumer to ensure effective communication.
- Materials in large print for consumers who have low vision.
- Sign language interpreters and closed-captioned video materials for consumers who are deaf.
- Accessible equipment like height-adjustable tables for consumers in wheelchairs.
- Accessible buildings (e.g., buildings with ramps and offices, common spaces, and restrooms that can accommodate mobility devices) for in-person meetings for consumers with limited mobility.
- Plain language materials for all consumers.
- Accessible [teletypewriter \(TTY\) phone](#) lines.

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- Accessible [teletypewriter \(TTY\) phone](#) lines.



You may have trouble contacting some vulnerable and/or underserved consumers because of where they live. Consumers in rural areas may face barriers to accessing essential health services, which contributes to poorer health outcomes. They're also likely to be underserved in terms of coverage, which is why they might need your help.

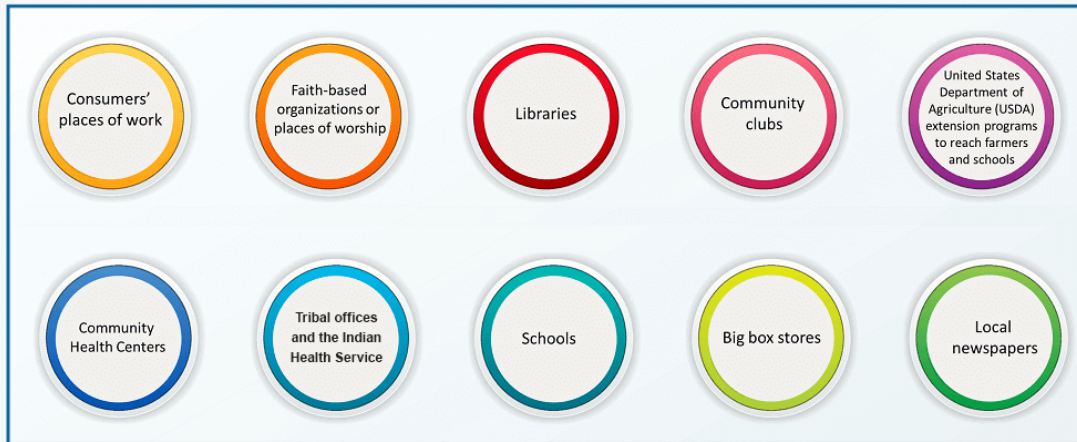


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- Access to Transportation
- Rural residents may not be able to visit locations where they can get coverage information (e.g., community centers). Note that urban residents may also have transportation issues (e.g., public transportation may not be located near their residence and/or they may not be able to afford it).
- Access to Specialists
- Specialists might be located in urban areas, making it more difficult for rural residents to visit them.
- Access to Computers and Internet/Broadband
- Consumers may not have the ability or resources to access coverage information online. Internet access may not be available in some very rural areas of the country, or consumers may not be able to afford it and have transportation barriers that limit their access to public internet access.

Reaching and Engaging Rural Consumers

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



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Consider conducting outreach in the following locations:

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

Knowledge Check

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

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

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

- A. Learn about reasonable modifications and auxiliary aids and services under Section 1557, the ADA and Section 504 of the Rehabilitation Act. Be sure that you can meet vision-related needs that might come up for Jasmine.
- B. Provide Jasmine with the option of an interpreter prior to your meeting with her.
- C. Reschedule Jasmine's appointment with a colleague in your office because you don't identify with her culture.
- D. Ask Jasmine to read coverage information available online at HealthCare.gov in advance of your meeting so that she is well informed.

Check Your Answer



Correct!

Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition (limited vision), may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine has LEP, which may require you to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting, depending on her preferences. Jasmine also has a visual impairment, so you might need to provide reasonable modifications and/or auxiliary aids and services (e.g., large-print materials and/or some written documents may have to be read aloud to her). Additionally, you should provide Jasmine with the same level of service that you provide to all of your consumers. You should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Finally, you don't assume that she has access and ask her to read coverage information online.

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

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

- A. Learn about reasonable modifications and auxiliary aids and services under Section 1557, the ADA and Section 504 of the Rehabilitation Act. Be sure that you can meet vision-related needs that might come up for Jasmine.
- B. Provide Jasmine with the option of an interpreter prior to your meeting with her.
- C. Reschedule Jasmine's appointment with a colleague in your office because you don't identify with her culture.
- D. Ask Jasmine to read coverage information available online at HealthCare.gov in advance of your meeting so that she is well informed.

The correct answers are A and B. Jasmine has multiple needs because she is both vulnerable and underserved. Jasmine has a pre-existing condition (limited vision), may not be familiar with the health care delivery system, and may not have readily available providers in her geographic location. Jasmine has LEP, which may require you to provide her with an interpreter or some other means of translation (e.g., telephonic) for your meeting, depending on her preferences. Jasmine also has a visual impairment, so you might need to provide reasonable modifications and/or auxiliary aids and services (e.g., large-print materials and/or some written documents may have to be read aloud to her). Additionally, you should provide Jasmine with the same level of service that you provide to all of your consumers. You should be able to respond appropriately to any needs associated with Jasmine's cultural and language differences. Finally, you don't know if Jasmine has access to the Internet and it wouldn't be appropriate to assume that she has access and ask her to read coverage information online.

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

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

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

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Making Referrals to Additional Resources



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

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

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

Navigators must also meet Culturally and Linguistically Appropriate Services (CLAS) standards, including:

- Developing and maintaining general knowledge of the racial, ethnic, and cultural groups in their service area.
- Collecting and maintaining updated information to help understand the composition of the communities in the service area, including the primary languages spoken.
- Providing oral and written notice in a consumer's preferred language of their right to get translation or other language assistance services and guidance on how to obtain these services.

Continue

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

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

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

Outside organizations

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

Key Points



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

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

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

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Working Effectively with American Indians and Alaska Natives

Introduction

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

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



American Indians and Alaska Natives

Describe how AI/ANs are defined for the purposes of health coverage and what is considered a Federally-recognized Indian Tribe



Current Health Services

Describe the special relationship between the Federal Government and federally recognized Indian Tribes and the current structure and challenges of the Indian health system



Coverage under the ACA

Identify benefits for eligible AI/ANs under the ACA



Applying Through the Marketplaces

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

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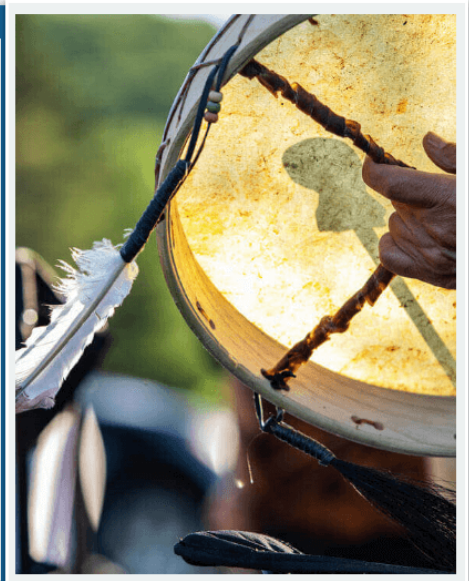
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Historical Background

Federally recognized Indian Tribes, ANCSA regional and village corporations, and the Federal Government have a special government-to-government relationship.

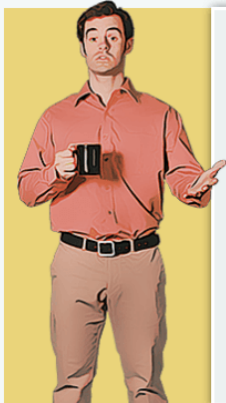
As part of this unique relationship, the Federal Government provides quality health care, social services, housing, education, and other services to AI/ANs through federal agencies like HHS and the Bureau of Indian Affairs (BIA), consistent with its statutory authorities.



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Definition of AI/AN



Who is an AI/AN?

- The definition of AI/AN is different for the United States Census Bureau, eligibility for Indian Health Service (IHS) services, special benefits under Medicaid and CHIP, and for the Marketplaces.
- For purposes of the special protections in the Marketplaces, an AI/AN is a member of a federally recognized Indian Tribe or a shareholder in an ANCSA corporation.
- For purposes of special benefits through Medicaid and CHIP, an AI/AN is a member of a federally recognized Indian Tribe, an ANCSA shareholder, or descendants of federally-recognized Tribes and other individuals eligible to receive services from IHS per IHS eligibility regulations.

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

Select each letter below to learn more about each component.



I: The Indian Health Service

Over the years, many different U.S. government agencies have been responsible for providing health care to AI/ANs. In 1955, the Federal Government established the IHS under HHS to provide health care to AI/ANs. The ACA reauthorized and made permanent the Indian Health Care Improvement Act, which is an underlying authority for the IHS. A large portion of AI/AN consumers access health care through providers in the Indian health care system, which may include tribal and urban Indian organizations. However, the IHS isn't an insurance program. AI/ANs don't pay premiums and are not charged for services provided in the facilities. There are 24 IHS hospitals and more than 90 Indian health centers, clinics, and health stations operated by IHS.

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T: Tribes and Tribal Organizations

Tribes may contract with IHS to operate their own health care facilities (often referred to as Tribal Self-Governance, or "638", referring to Public Law 93-638). Currently, there are 22 Tribally operated hospitals and about 430 health centers, clinics, and health stations operated by Tribes and Tribal organizations. When certain services aren't available at IHS or Tribally operated facilities, health services are purchased through the Purchased/Referred Care Program, formerly known as the Contract Health Services (CHS) Program.

U: Urban Indian Organizations

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

Knowledge Check

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

Which of the following topics would be most relevant?

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

- A. The IHS and the services it offers in Ann and Joe's community or areas nearby.
- B. The legislative history of the Affordable Care Act so that you can challenge Ann and Joe on their knowledge and ability to prove they qualify for Marketplace benefits for eligible AI/ANs.
- C. Available I/T/U service units in Ann and Joe's nearby community.
- D. ACA benefits for AI/ANs.

✓ Check Your Answer



Correct!

To take advantage of certain benefits and exceptions only available to AI/ANs through the Marketplaces, Ann and Joe will need to provide a copy of a document issued by a federally recognized Indian Tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card); the document should have a signature and/or seal on it. If the consumer does not have documentation, you can refer the consumer to their state Tribal Affairs resources at [CMS.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html](https://cms.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html). Ann and Joe can learn if they qualify for additional help paying for coverage through the Marketplace by completing an application.

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- C. Available I/T/U service units in Ann and Joe's nearby community.
- D. ACA benefits for AI/ANs.

The correct answers are A, C, and D. To take advantage of certain benefits and exceptions only available to AI/ANs through the Marketplaces, Ann and Joe will need to provide a copy of a document issued by a federally recognized Indian Tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card); the document should have a signature and/or seal on it. If the consumer does not have documentation, you can refer the consumer to their state Tribal Affairs resources at [CMS.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html](https://cms.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html). Ann and Joe can learn if they qualify for additional help paying for coverage through the Marketplace by completing an application.

Federally-recognized Indian Tribes and AI/AN Population in the U.S.

Select each question to learn the answer.



For Marketplace purposes, an "Indian" includes a member of a federally recognized Indian Tribe (i.e. an entity listed on the Department of the Interior's list under the Federally Recognized Indian Tribe List Act of 1994; this list is published annually) and shareholders of ANCSA regional and village corporations. There are over 570 federally recognized Tribes in the U.S. You can find the full list of federally recognized Tribes and Alaska Native entities by visiting the [BIA Tribal Directory](#) and the list of ANCSA corporations available from the [Alaska Department of Natural Resources](#).

What's considered a Federally recognized Indian Tribe in the U.S.?

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

As of 2019, there are 5.7 million people in the U.S. who identify themselves as AI/AN, either alone or in combination with one or more other ethnicities. Approximately 2.5 million people receive services from I/T/Us.

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

While AI/AN consumers live in every state, in 2019, the 10 states with the largest AI/AN populations were Alaska, Arizona, California, New Mexico, New York, North Carolina, Oklahoma, South Dakota, Texas, and Washington.

State of Health Care for AI/ANs

According to publicly available reports:



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

AI/ANs may benefit from enrolling in a QHP through the Marketplace because a QHP may cover or provide greater access to services that may not be provided by their local I/T/U.

According to publicly available reports:

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

More than half of AI/ANs are low income.

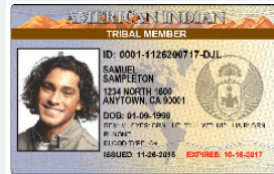
The number of low-income AI/ANs younger than age 65 is higher than for any other racial or ethnic group. The poverty rate for this group of young people is nearly twice as high as the poverty rate of all people in the U.S. younger than age 65.

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

AI/ANs may benefit from enrolling in a QHP through the Marketplace because a QHP may cover or provide greater access to services that may not be provided by their local I/T/U.



Consumers may need to submit documentation to demonstrate that they are a member of a [federally recognized Tribe](#), including a copy of a document issued by a federally-recognized Indian Tribe, the BIA, or ANCSA corporation showing membership, enrollment, or shareholder status (e.g., membership or enrollment card). This document should have a signature or seal on it. While Medicaid and CHIP agencies may require documents to prove AI/AN status, many state agencies accept self-attestation. A list of some of the tribal documents an AI/AN consumer may need is available at HealthCare.gov/american-indians-alaska-natives.



Continue

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If consumers want to apply for help paying for coverage through a Marketplace, they should indicate that on their application and answer all of the applicable questions. AI/AN consumers who want to apply for help paying for coverage 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 won't be considered in determining Medicaid and CHIP eligibility. For instance, if an individual earns income based on items of cultural significance (e.g., sale of Indian jewelry), the income might be reported on a federal income tax return and be counted for financial assistance eligibility, but not counted for Medicaid and CHIP eligibility.

- Verifying tribal membership or eligibility for services through an I/T/U
- Applicants are required to submit documentation of tribal membership.
- Visit the list of [federally-recognized Indian Tribes](#).
- Visit the list of [village or regional corporations formed under ANCSA](#).

For more information about how AI/ANs can apply for Marketplace coverage, including how consumers eligible for Indian health services who are age 30 and above can apply for an affordability or hardship exemption from the Marketplace to purchase Catastrophic coverage, visit [Health Coverage for American Indians and Alaska Natives](#).

Overview of Affordable Care Act Provisions Relevant to AI/ANs

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

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

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

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

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



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

Special Provision: Monthly Enrollment in QHPs

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

Consumers' effective date of coverage for plans chosen during an SEP is the first day of the month following plan selection. However, it is important to note that if consumers change their plans, cost-sharing requirements (like deductibles and out-of-pocket limits) will be reset, if applicable.

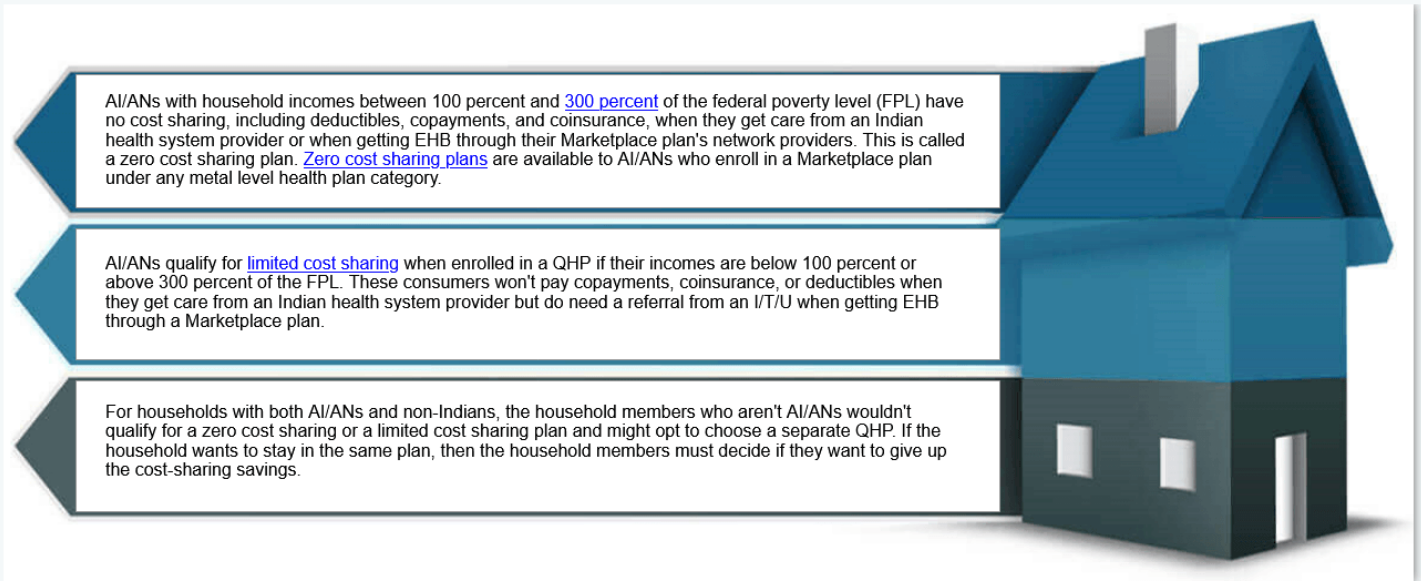


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Special Provision: No Cost Sharing

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



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AI/ANs with household incomes between 100 percent and 300 percent of the federal poverty level (FPL) have no cost sharing, including deductibles, copayments, and coinsurance, when they get care from an Indian health system provider or when getting EHB through their Marketplace plan's network providers. This is called a zero cost sharing plan. Zero cost sharing plans are available to AI/ANs who enroll in a Marketplace plan under any metal level health plan category.

AI/ANs qualify for limited cost sharing when enrolled in a QHP if their incomes are below 100 percent or above 300 percent of the FPL. These consumers won't pay copayments, coinsurance, or deductibles when they get care from an Indian health system provider but do need a referral from an I/T/U when getting EHB outside of the I/T/U system.

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

300 percent:

For Plan Year 2023, 300 percent of the FPL is equal to:

- A single consumer household income of \$40,770 or less (Alaska: \$50,970).
- A two-person family household income of \$54,930 or less (Alaska: \$68,670).
- A three-person family household income of \$69,090 or less (Alaska: \$86,370).

Zero Cost Sharing Plan:

A zero cost sharing plan for AI/ANs means that there's no cost sharing for AI/ANs when they get services covered by their QHP through the Marketplace, including EHB, as well as care from I/T/U providers or through a Purchased/Referred Care (PRC) authorized referral.

Limited Cost Sharing:

A limited cost sharing plan for AI/ANs means they need a referral from an I/T/U when getting EHB through their QHP to avoid paying copayments, deductibles, or coinsurance. They still won't have any cost sharing when they get care from I/T/U providers, however.

AI/ANs and Employer-provided Coverage



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

It depends. The consumer needs to pay if the employer plan charges copayments and deductibles. The protections from cost sharing for AI/ANs that are included in the ACA are only available with individual health insurance coverage through a Marketplace. However, this consumer shouldn't have to pay copayments and deductibles if they get their care at an IHS or tribal facility because IHS/tribal facilities don't charge cost sharing to eligible AI/ANs. The employer-sponsored plan wouldn't be required to reimburse the Indian health care facility for the cost-sharing amount not paid by the AI/AN patient.

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

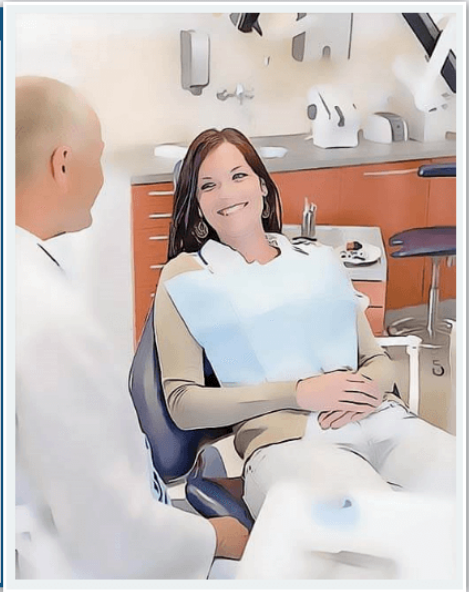
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Stand-Alone Dental Plan

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

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

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



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

Knowledge Check

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

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

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

- A. If an AI/AN chooses to enroll in a QHP, they can continue accessing services at the I/T/U.
- B. AI/ANs have monthly opportunities to enroll in a QHP. AI/ANs are not restricted to enrolling during the yearly OEP.
- C. AI/ANs 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.
- D. AI/ANs may enroll in a QHP to have access to a full range of health care coverage.

✓ Check Your Answer



Correct!

The statement on stand-alone dental plans isn't accurate. If AI/AN consumers enroll in stand-alone dental plans, they'll have to pay additional costs like copayments and deductibles. All other statements are accurate.

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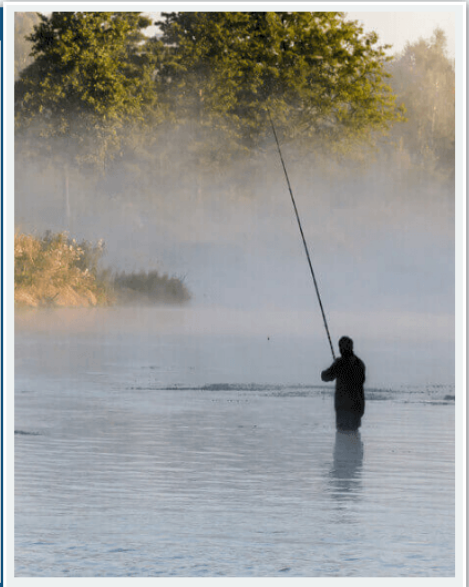
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- C. AI/ANs can enroll in stand-alone dental plans through a Marketplace and receive dental services from a non-I/T/U provider with no cost sharing.
- D. AI/ANs may enroll in a QHP to have access to a full range of health care coverage.

The correct answer is C. The statement on stand-alone dental plans isn't accurate. If AI/AN consumers enroll in stand-alone dental plans, they'll have to pay additional costs like copayments and deductibles. All other statements are accurate.

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

Protected AI/AN income and resources, like property and rights related to hunting, fishing, and natural resources, are exempt from being included as part of income eligibility determinations 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 AI/AN significance.



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

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

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

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

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

Application for Health Coverage (Individuals or Families)

The Application for Health Coverage is intended for individuals who don't want to apply for help paying for health insurance costs. Step 3 of this application asks if a consumer or members of the consumer's household are AI/ANs. If the application is received outside of the annual OEP, the FFMs use the responses to this question to determine whether the AI/AN consumer is eligible for a SEP.

Application for Health Coverage & Help Paying Costs (Individuals or Families Who Want to Apply for Programs to Lower Costs)

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

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Application for Health Coverage (Individuals or Families)

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Paper Application: Health Coverage & Help Paying Costs



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

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

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

Question #2

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

This question is used to determine whether the AI/AN consumers can qualify for an SEP and whether they qualify for cost-sharing reductions offered through the FFMs. Note: ANCSA shareholders are included in the definition of members of federally recognized Tribes.

Question #3

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

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



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

Question	Explanation
<p>Question #4</p> <p>Certain money received is not counted toward eligibility for Medicaid or CHIP. List any income (amount and how often) that the consumer reported on their application that comes from these sources:</p> <ul style="list-style-type: none">• Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties• Payments from natural resources, farming, ranching, fishing, leases, or profits from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)• Money from selling things that have AI/AN cultural significance.	<p>This question is used to make sure that certain Indian income that might have been reported in the general income questions (Step 2 of the FFM application) is excluded for determining eligibility for Medicaid and CHIP. As a general rule, Indian income that the Internal Revenue Service (IRS) exempts from taxation shouldn't be included as income in Step 2 of the application. However, there might be instances where certain Indian income is taxable by the IRS but is excluded for the purposes of Medicaid and CHIP.</p> <p>For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it will not be counted for Medicaid and CHIP eligibility.</p>

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

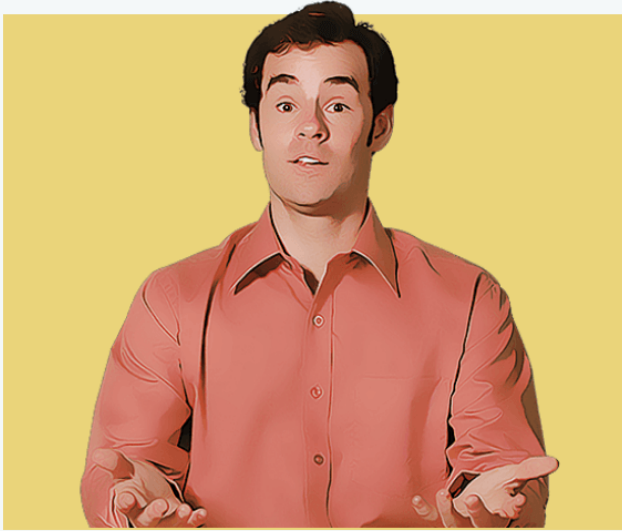
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- Per capita payments from a Tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or profits from land designated as Indian trust land by the Department of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

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For example, an individual might sell Indian jewelry and report that income to the IRS; however, if the jewelry has AI/AN cultural significance, it will not be counted for Medicaid and CHIP eligibility.



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

These questions are covered on the following pages.

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

These questions are covered on the following pages.

AI/AN-specific Application Questions

Two important online FFM application questions for AI/AN consumers are:

Question	Explanation
Which of these people are an American Indian or Alaska Native ?	This question is used to determine whether a consumer is AI/AN so that appropriate questions about membership in a federally recognized Tribe and eligibility to receive care from an I/T/U can be asked. Please note: ANCSA shareholders are included in the definition of "federally recognized Tribe" for this purpose.
Has this consumer ever gotten health service from the IHS, or a tribal or urban Indian health program?	This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, or deductibles for their QHP, and other similar charges for Medicaid or CHIP.

If the consumer answers yes to the first question above, they will be directed to enter the name of the their federally recognized Indian Tribe.

Two important online FFM application questions for AI/AN consumers are:

Question #1

Which of these people are American Indians or Alaska Natives? This question is used to determine whether a consumer is AI/AN so that appropriate questions about membership in a federally recognized Tribe and eligibility to receive care from an I/T/U can be asked. Please note: ANCSA shareholders are included in the definition of "federally recognized Tribe" for this purpose.

If the consumer answers yes to this question, they will be directed to choose their state from a drop-down list and then select the appropriate 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 is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant won't be eligible for the special monthly enrollment period and zero or limited cost sharing.

Question #2

Has this consumer ever gotten health service from the IHS, or a tribal or urban Indian health program? This question is used to determine whether AI/AN consumers can be exempt from copayments, coinsurance, or deductibles for their QHP, and other similar charges for Medicaid or CHIP.

Federally recognized Indian Tribe

If the consumer answers yes, they will be directed to choose their state from a drop-down list and then select the appropriate 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 is able to enroll in a plan without the proper documentation. However, if tribal documentation isn't received within 90 days, the applicant won't be eligible for the special monthly enrollment period and zero or limited cost sharing.

AI/AN-specific Application Questions (Cont.)



There is another important online application question for AI/AN consumers.

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

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Key Points



- Federally recognized Indian Tribes and the Federal Government have a special government-to-government relationship. The Federal Government has a unique responsibility to provide members of federally recognized Indian Tribes with quality health care, consistent with its statutory authorities.
- By enrolling in a QHP, AI/ANs benefit by having greater access to services that may not be provided by their local I/T/U, and tribal communities benefit through increased resources to their I/T/Us.
- Eligible AI/ANs have certain benefits and exemptions under Medicaid and CHIP and in the Marketplaces.
- For Medicaid and CHIP, AI/ANs who are furnished a service from an IHS or tribal provider or through the Purchased/Referred Care program are exempt from cost sharing, and certain Indian income is excluded in determining eligibility.
- In the Marketplaces, AI/ANs have special monthly enrollment periods and zero or limited cost sharing.
- Whether an AI/AN enrolls in Medicaid, CHIP, a QHP through the Marketplaces, or employer-sponsored coverage, an AI/AN can continue to get services from an I/T/U at no cost to the individual.
- The paper and online FFM applications for coverage have special details you should know about when helping AI/AN consumers.

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Considerations for Working with Older Consumers

Introduction

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

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

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



Working Effectively

Describe strategies for working effectively with older consumers



Income Level

Describe financial considerations for older consumers obtaining health coverage



Non-U.S. Citizens

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

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How to Engage with Older Consumers



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

Select each shape to learn more about the topics.



Caregivers

To the greatest extent possible, consumers seeking coverage should be the primary source of information and decision making about their health care coverage, even when consumers are accompanied by caregivers, authorized representatives, guardians, or family members. These listed individuals can participate in the discussion of the consumer's health care; however, when others are authorized to represent the consumers, you should make sure that the consumers are the focus of the discussion and participate in the conversation to the greatest extent possible.

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

Disabilities

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

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Health Literacy

Health literacy is the ability to receive and understand basic health care information and services, use the information and services to make decisions, and follow instructions for health-related treatment. Many health problems faced by older consumers may be complicated by low literacy and low health literacy. Recognizing and addressing this challenge will help you provide effective assistance to this population. For instance, you may need to spend time explaining health insurance terminology and how health insurance works before helping older consumers compare their health coverage options.



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

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

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

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

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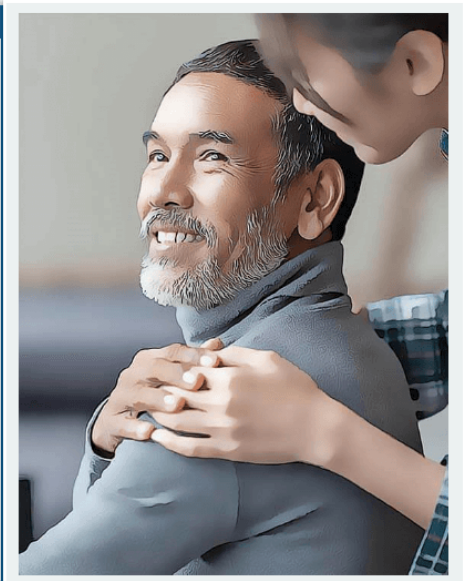
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Older consumers who are [ineligible for Medicaid](#) may ask you for help applying for coverage through the Marketplaces.

- For Plan Years 2021 and 2022, the American Rescue Plan Act of 2021 reduces the percentage of household income consumers at all income levels are expected to contribute to their monthly premiums for a benchmark plan. It also makes premium tax credit available to taxpayers with household income above 400 percent FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent. However, this no longer applies for PY 2023.

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



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Ineligible for Medicaid

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



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

Select the links to learn more.

 Coverage Facts

Messages to Consumers

In states that expanded Medicaid to cover low-income adults, consumers who are age 19 through 64, not pregnant, not eligible for Medicare, and with incomes under 138 percent of the FPL may qualify for the adult group.

In states that expanded Medicaid to low-income adults, consumers who become Medicare-eligible will no longer be eligible for the Medicaid adult group. 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 who have limited income and resources. MSPs help low-income individuals pay their Medicare premiums and cost-sharing obligations, like copays and deductibles. In addition, the Extra Help (Part D) program can help consumers with paying for Medicare prescription drug costs. Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

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Messages to Consumers

If you become eligible for Medicare and are no longer eligible for full Medicaid benefits, you may qualify for programs that help you pay your 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 with limited income and resources pay Medicare 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 one of the MSPs.

If you aren't eligible for Medicaid or don't have Medicare, you may still be eligible for financial assistance or health coverage through the Marketplaces.

Knowledge Check

Sahand, who is 64 years old, contacts you for information regarding his health coverage options. He is the only source of income for the household, and his annual income is \$14,000 a year, which is below 133 percent of the FPL for his family of six that includes himself, his wife, and their four children. Sahand thinks that it will be difficult to afford health coverage premiums. He hopes that he can get help through his state's Marketplace.

What should you tell Sahand?

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

- A. Tell him that he may be eligible for Medicaid and help him fill out a Marketplace eligibility application. The Marketplace will automatically assess or determine his Medicaid eligibility, depending on the state.
- B. Tell him that he may be eligible for Medicaid, but the Marketplace can't determine his eligibility.
- C. Tell him that, because he'll be eligible for Medicare when he turns 65 next year, he's not eligible for Medicaid this year.
- D. Tell him that he doesn't meet the income requirements to be eligible for Medicaid.

✓ Check Your Answer



Correct!

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 be able to notify him of next steps.

Sahand, who is 64 years old, contacts you for information regarding his health coverage options. He is the only source of income for the household, and his annual income is \$14,000 a year, which is below 133 percent of the FPL for his family of six that includes himself, his wife, and their four children. Sahand thinks that it will be difficult to afford health coverage premiums. He hopes that he can get help through his state's Marketplace.

- A. Tell him that he may be eligible for Medicaid and help him fill out a Marketplace eligibility application. The Marketplace will automatically assess or determine his Medicaid eligibility, depending on the state.
- B. Tell him that he may be eligible for Medicaid, but the Marketplace can't determine his eligibility.
- C. Tell him that, because he'll be eligible for Medicare when he turns 65 next year, he's not eligible for Medicaid this year.
- D. Tell him that he doesn't meet the income requirements to be eligible for Medicaid.

The correct answer is A. Sahand'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 be able to notify him of next steps.



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

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

Coverage Facts

Messages to Consumers

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

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

In general, to be eligible for Part B when a consumer is not 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, AND
- Be age 65 or older.

Part B coverage has a premium.

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

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

Coverage Facts

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

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

In general, to be eligible for Part B when a consumer is not 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, AND
- Be age 65 or older.

Part B coverage has a premium.

Messages to Consumers

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. 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 if you're not lawfully present in the U.S.

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.

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

If you have questions about how to get help with your premiums, you should call your state Medical Assistance (Medicaid) office and ask about Medicare Savings Programs (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 to live with her distant relative. She doesn't have a job or health coverage. Unfortunately, she has health problems that require her to visit a doctor.

Which of the following should you tell Flora?

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

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

✓ Check Your Answer



Correct!

Flora is not eligible for Medicare coverage because she doesn't meet the citizenship and length of residency requirement to enroll in Medicare Part B (which is necessary to purchase premium Part A) and does not appear to have the necessary quarters of coverage to be entitled to premium-free Part A. She may be eligible for coverage through a Marketplace.

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Which of the following should you tell Flora?

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

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

Key Points



- Be mindful that older consumers can face many challenges that may require various accommodations when assisting them with Marketplace coverage options.

- Older consumers with incomes under or over 138 percent of the FPL may be eligible for different resources and coverage options available in their communities and states.

- Older consumers who aren't U.S. citizens must be lawfully present in the U.S. for five continuous years to be eligible for Medicare coverage.

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- Older consumers with incomes under or over 138 percent of the FPL may be eligible for different resources and coverage options available in their communities and states.
- Older consumers who aren't U.S. citizens must be lawfully present in the U.S. for five continuous years to be eligible for Medicare coverage.

Assisting Households that Include Immigrants

Introduction

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



Working Effectively

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



Eligibility and Coverage Options

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



Documentation Requirements

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

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

Background on Mixed Immigration Status Households

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

- Have been admitted into the U.S. legally and is still present within the legally approved period, or
- Have permission from the United States Citizenship and Immigration Services (USCIS) to stay or live in the U.S., or
- Are "qualified non-citizens" without a waiting period, including Compact of Free Association (COFA) migrants.

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Scenario: Matou and her Parents



Let's look at an example of a mixed immigration status household seeking health coverage. Pierre and LaGrande aren't lawfully present in the U.S. They have a daughter, Matou, who was born in the U.S. and is a U.S. citizen. Matou lives in a state served by an FFM, and she is not incarcerated. While Matou is eligible to purchase health coverage through the FFM, her parents aren't.

Keep in mind that those who aren't lawfully present can still apply for health coverage on behalf of their family member(s) who are in the U.S. legally without being asked to give a Social Security Number (SSN) or proof of being lawfully present. Parents like Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S. citizen, can apply for coverage for that child.

You can refer to additional information about mixed immigration status households, including "A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs," in the **Resources** section. Also, review your state's guidance on lawfully present people. There might be health care services in your state offered to individuals who aren't lawfully present in the U.S. It's helpful to explore these other health care options.

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Correctly Identifying Applicants in Mixed Immigration Status Households



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

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

Correctly identifying the applicant(s) matters because asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act or Section 1557 of the ACA.

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Sensitivity When Working With Mixed Immigration Status Households

Some consumers who are immigrants may not:

- Know their immigration status or have correct information about their status.
- Know if they're eligible for coverage or have correct information about their eligibility.
- Have a Social Security Number (SSN) or a Green Card even when they're lawfully present.

When you assist households that include immigrants, you should:

Avoid Unnecessary Questions

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

Identify Income

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

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

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Tips to Effectively Serve Mixed Immigration Status Households

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

Help

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

Provide Resources

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

Interpret

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

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

Knowledge Check

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

Which of the following statements are true about this family?

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

- A. Bhaskar isn't a U.S. citizen because his parents aren't U.S. citizens.
- B. Aakash, Nita, and Bhaskar are an example of a mixed immigration status household.
- C. Aakash and Nita should provide you with the information about their immigration status so that you can help them apply for health coverage for Bhaskar.
- D. Aakash and Nita can apply for health coverage for Bhaskar and all questions regarding citizenship status should be related only to Bhaskar.

✓ Check Your Answer



Correct!

Bhaskar is a U.S. citizen, and this is an example of a mixed immigration status household. You shouldn't ask Aakash or Nita questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Bhaskar.

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

Which of the following statements are true about this family?

- A. Bhaskar isn't a U.S. citizen because his parents aren't U.S. citizens.
- B. Aakash, Nita, and Bhaskar are an example of a mixed immigration status household.
- C. Aakash and Nita should provide you with the information about their immigration status so that you can help them apply for health coverage for Bhaskar.
- D. Aakash and Nita can apply for health coverage for Bhaskar and all questions regarding citizenship status should be related only to Bhaskar.

The correct answers are B and D. Bhaskar is a U.S. citizen, and this is an example of a mixed immigration status household. You shouldn't ask Aakash or Nita questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Bhaskar.

Health Coverage Eligibility for Lawfully Present People



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

- **Health coverage through an FFM** if they reside in the U.S. and aren't incarcerated (other than pending the disposition of charges).
- **CSRs** if their income is less than 250 percent of the FPL— which is \$57,575 for a household of three in 2022— and they meet other eligibility criteria.

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

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

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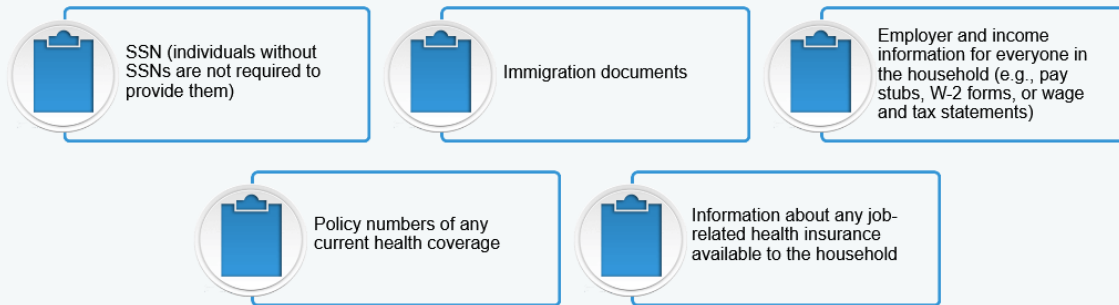
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Lawfully present people can be eligible for these benefits no matter how long they've been in the U.S.

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Documentation Requirements for Enrollment

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



Note that:

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

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

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

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

Documents Used to Verify Immigration Status



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

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

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

Here is a list of documents and their description.

- Permanent Resident Card, Green Card (I-551)
- Issued to lawful permanent resident (LPR), which is a person who isn't a citizen of the U.S., but who's residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
- Reentry Permit (I-327)
- Allows permanent residents to leave and re-enter the U.S.
- Refugee Travel Document (I-571)
- Issued to refugees and asylees for travel purposes
- Employment Authorization Card (I-766)
- Issued to some people who are authorized to work temporarily in the U.S.
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Indicates permanent resident status
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Can be used to attest to permanent resident status
- Arrival/Departure Record (I-94/I-94A)
- Issued to foreign travelers when they enter the U.S.
- Foreign Passport

- Used when entering the U.S.
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Documents that support applications for student visa statuses (F-1s or F-2s)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Documents that support applications for exchange visitor visa statuses (J-1s or J-2s)
- Notice of Action (I-797)
- Communication from United States Citizenship and Immigration Services about immigration benefit

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

- Health coverage through a Marketplace, even at full price.
- Programs to lower their costs through a Marketplace (e.g., the premium tax credit (PTC) 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.
- Pregnant individuals may be eligible for prenatal coverage for their unborn child through the CHIP unborn child option in some states.
- Public health programs, community health centers, and hospital care.
- Private coverage offered outside the Marketplaces at full price.

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

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Key Tip

You should explore other health care programs in your state that might provide services to consumers who aren't lawfully present in the U.S.

Medicaid and CHIP Eligibility Requirements for Immigrants



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

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

- Qualified non-citizens who entered before August 1996
- Qualified non-citizens who reach the end of the five-year waiting period (e.g., lawful permanent residents (LPRs), Green Card holders)

Qualified non-citizens exempt from the five-year waiting period (e.g., refugees, asylees, Cuban/Haitian entrants, trafficking victims, veteran families, COFA migrants (for Medicaid only)). Note: Federal funding doesn't cover noncitizens who do not have satisfactory immigration status except for the for the treatment of an emergency medical condition.

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Additional Medicaid and CHIP Eligibility Requirements for Immigrants

Other eligible consumers, if otherwise eligible, include:

- ✓ Consumers with conditional entrant status, granted U.S. entry because of a natural catastrophe, or because they are asylees that fear persecution in their home country due to race, religion, and/or political opinion.
- ✓ Certain victims of human trafficking.
 - If non-citizens are age 18 or older, they must be certified by HHS as victims of trafficking. Children younger than age 18 need an HHS eligibility letter.
 - T-visa (a special visa for victims of human trafficking and their families) holders' spouses and/or children
- ✓ In states that have elected the CHIPRA 214 option, lawfully present children under age 21 and pregnant individuals.



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In states that have elected the CHIPRA 214 option, lawfully present children under age 21 and pregnant individuals.

Medicaid and CHIP Five-Year Waiting Period

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

States have the option under federal law to expand Medicaid and CHIP eligibility to all lawfully residing children under age 21 and pregnant individuals. For Medicaid (but not CHIP), states may also elect to restrict eligibility for Lawful Permanent Residents (LPRs) who have 40 qualifying work quarters and limit eligibility to seven years for certain qualified noncitizens, including refugees and asylees in Medicaid. Contact your state's Medicaid agency for more information about your state's policies for coverage of noncitizens under Medicaid and CHIP.



Does this affect Matou?

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

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Knowledge Check

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

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

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

- A. Since Matou is a U.S. citizen, Pierre and LaGrande may apply and enroll Matou in a QHP through a Marketplace.
- B. Pierre and LaGrande may be eligible for emergency medical assistance from Medicaid based on their income.
- C. Pierre and LaGrande aren't eligible to buy coverage through a Marketplace—even at full price.
- D. All the above.

✓ Check Your Answer



Correct!

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 an emergency medical condition if eligible under the state's plan based on income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a U.S. citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

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

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

- A. Since Matou is a U.S. citizen, Pierre and LaGrande may apply and enroll Matou in a QHP through a Marketplace.
- B. Pierre and LaGrande may be eligible for emergency medical assistance from Medicaid based on their income.
- C. Pierre and LaGrande aren't eligible to buy coverage through a Marketplace—even at full price.
- D. All the above.

The correct answer is D. 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 an emergency medical condition if eligible under the state's plan based on income and other factors. Pierre and LaGrande aren't eligible to buy health coverage through a Marketplace. Because Matou is a U.S. citizen, she won't be subject to a five-year waiting period to qualify for Medicaid/CHIP.

Key Points



- Regardless of the parents' immigration status, if their child is born in the U.S., that child is a U.S. citizen and may be eligible for health coverage through an FFM.
- You may be violating Title VI of the Civil Rights Act if you ask questions regarding the citizenship status, immigration status, or SSN of non-applicants and thus deter, delay, or deny eligible consumers from getting health coverage.
- Consumers not lawfully present can still purchase coverage outside of the FFMs and may be eligible for emergency medical assistance from Medicaid.
- The immigration eligibility rules that apply in the individual market FFMs don't apply in an FF-SHOP Marketplace.

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Conclusion

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Text Only



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

You've finished the learning portion of this course. Select the link to take the [Serving Vulnerable and Underserved Populations](#) exam, or you can close the course and return to the exam later.

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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)

Social Security Administration:

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

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

National Partnership for Action (NPA) to End Health Disparities Toolkit for Community Action:

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

[Minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf](https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf)

Health Disparities:

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

[NLM.nih.gov/medlineplus/healthdisparities.html](https://nlm.nih.gov/medlineplus/healthdisparities.html)

Bureau of Indian Affairs (BIA) Tribal Leaders Directory:

Official website of the BIA, providing a directory of Federally-recognized Indian Tribes and a variety of resources on tribal government services.

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

Alaska Department of Natural Resources:

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

[DNR.alaska.gov/](https://www.dnr.alaska.gov/)

Application for Health Coverage:

A paper Marketplace application.

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

Application for Health Coverage & Help Paying Costs:

A paper Marketplace application for coverage and affordability programs.

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

Medicare:

Official Medicare website offering resources about the Medicare program.

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

State Health Insurance Assistance Programs (SHIP):

Official website for SHIP.

[shiptacenter.org/](https://www.shiptacenter.org/)

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Administration for Community Living: Area Agencies on Aging (AAA):

A locator tool that identifies Area Agencies on Aging.

[ACL.gov/node/593](https://www.acl.gov/node/593)

No Wrong Door: Aging and Disability Resource Centers (ADRCs):

A locator tool that identifies ADRCs by geographic location.

[Eldercare.acl.gov/Public/Index.aspx](https://eldercare.acl.gov/Public/Index.aspx)

Independent Living Research Utilization (ILRU):

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

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

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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/)

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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/)

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A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs:

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

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

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Federal Poverty Level Guidelines: Official Department of Health and Human Services (HHS) guidance on FPL levels for 2021.

[Aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)

Health Literacy and Communication:

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

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

Coverage to Care

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

[HHS.gov/healthcare/coverage-to-care/](https://hhs.gov/healthcare/coverage-to-care/)

Getting Help in a Language Other than English:

A CMS document that provides instructions for accessing the FFM Call Center written in the major languages spoken in the United States.

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

The CMS Equity Plan for Improving Quality in Medicare:

A plan for advancing health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries. The goals of the plan include increasing understanding and awareness of disparities, creating and sharing solutions, and accelerating implementation of effective actions.

[CMS.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf](https://cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf)

CMS Tribal Affairs Group:

The CMS Tribal Affairs Group works closely with American Indian and Alaskan Native communities and leaders to enable access to culturally competent health care to eligible Medicare and Medicaid recipients in Indian Country. The Group is responsible for creating and disseminating informational materials to American Indian Alaska Native (AI/AN) beneficiaries, providers, and relevant health professionals on CMS programs.

[CMS.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education-Resources.html](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education-Resources.html)

Information and Tips for Assisters Working with AI/AN:

A CMS document that provides background information about existing and new options for AI/AN related to affordable health coverage. The FFMs provide certain protections specifically for AI/AN. The tip sheet highlights these protections, how assisters can help AI/AN submit their documentation to support individual market FFM applications, and other resources.

[Marketplace.cms.gov/technical-assistance-resources/working-with-ai-an.pdf](https://marketplace.cms.gov/technical-assistance-resources/working-with-ai-an.pdf)

Health coverage for AI/AN:

A CMS question and answer (Q&A) regarding the Special Enrollment Period (SEP) for AI/AN. The Q&A explains that for those families that apply through the FFMs, if one household member on the application is eligible for an SEP, all household members who apply on the same Marketplace application would be eligible for the SEP if otherwise eligible to enroll in a QHP. The Q&A explains that consumers who enroll in a State-based Marketplace need to contact their state to find out whether this policy applies.

[Healthcare.gov/if-im-an-american-indian-or-alaska-native-what-do-i-need-to-know-about-the-marketplace/#question=tribal-member-mixed-family](https://www.healthcare.gov/if-im-an-american-indian-or-alaska-native-what-do-i-need-to-know-about-the-marketplace/#question=tribal-member-mixed-family)

Office for Civil Rights (OCR) website:

Official website of HHS OCR, which contains information about federal regulations on discrimination and privacy. [HHS.gov/ocr/](https://www.hhs.gov/ocr/). 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 at [HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html).