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Getting Enrollment Right for Immigrant Families

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Executive Summary

The Affordable Care Act (ACA) has yielded impressive progress in reducing the ranks of the uninsured, with more than 12 million people covered by the health insurance marketplaces alone. However, meeting the goal of enrolling the remaining seven million people who are eligible for marketplace coverage but are still uninsured—even after the third open enrollment period—will be an even bigger challenge than getting the first 12 million people covered.¹ It will require not only targeted, effective outreach with groups that are eligible but unenrolled, but also improved systems to make the application process work better for individuals and families with more complex situations—like families with immigrants—who remain without coverage.

“Open Enrollment is going to be tougher than last year. But while those remaining uninsured may be harder to reach, we’re working smarter to reach them.”

U.S. Department of Health & Human Services Secretary Burwell at the start of the third open enrollment period.²

This brief is the result of a yearlong effort to identify substantial action steps that the federally-facilitated health insurance marketplace (FFM or federal marketplace) can take to enhance the consumer experience and reduce the number of uninsured Americans, particularly those living in immigrant families. While conducting research and writing this brief, the federal marketplace made some significant improvements to the online application and enrollment processes. Importantly, federal marketplace staff also began discussions with stakeholders about additional improvements needed to facilitate enrollment of immigrants and their families. Although many positive steps were taken or are underway, there is still more work to be done to smooth the path to enrollment for eligible lawfully present immigrants and their families.

The ACA provides an enormous opportunity for lawfully present immigrants—many of whom were ineligible for Medicaid and CHIP due to both program’s narrow immigrant eligibility rules—to access affordable health coverage in the health insurance marketplace. However, despite this overarching goal of increasing coverage for immigrant families, many continue to face significant barriers to enrollment in the FFM.

These barriers were particularly acute in the first open enrollment period. Eligible lawfully present immigrants often faced long waits to get coverage; were inaccurately denied coverage or gave up trying and remained uninsured; or lost coverage they thought they had enrolled in successfully. Many of the challenges immigrant families faced when applying for coverage in the FFM resulted from the way its eligibility and enrollment system (known as Healthcare.gov) was designed and built. The main focus of Healthcare.gov's design was to streamline eligibility and enrollment for most applicants, which left it unable to accommodate the needs of individuals and families with more complex situations. Many aspects of the application process—such as ID proofing based largely on credit history; electronic verification of citizenship and immigration status with federal databases; and ruling out Medicaid and CHIP before assessing eligibility for marketplace coverage—often broke down for immigrant families.

Although there were many improvements to Healthcare.gov in its first year, including abatement of a key problem that caused the system to freeze when key immigration and citizenship status information was entered, many challenges persisted for immigrant families in the second open enrollment period, and some even continued in the third open enrollment period.

These problems added a layer of frustration on top of barriers to enrollment that predated the ACA for immigrant families who applied for health coverage in Medicaid and the Children's Health Insurance Program (CHIP). Some immigrant families may have been denied when applying for coverage for themselves or their children in the past and may be discouraged from reapplying. Some fear that applying for government sponsored health programs will have negative consequences on their ability to change their immigration status. Others struggle to understand application forms and notices when adequate access to language services is unavailable. Immigrant families

may also believe that the immigration status of a parent disqualifies a citizen child from enrollment or are unaware of the range of lawfully present immigration statuses that are eligible for financial assistance in the federal marketplace. These are some of the key reasons why even citizen children in immigrant families are more likely to go without health coverage than children in U.S.-born families.³

The recommended action steps included in this brief are based on an online survey and listening sessions with navigators and certified application counselors who assist immigrants in applying for coverage—conducted by the Georgetown University Center for Children and Families in the spring of 2015 after the close of the second open enrollment period. Additional input was obtained from key stakeholders and national experts in the summer and fall of 2015 and in the third open enrollment period.

The recommended action steps for improving the applicant process for eligible lawfully present immigrants include:

1. Refining the FFM's immigration status and citizenship status verification protocols and processes so that valid document numbers are more likely to be electronically verified and immigrants who are not eligible for Medicaid or CHIP are not routed unnecessarily to the state Medicaid agency;
2. Improving communications and expediting the resolution of inconsistencies;
3. Developing an alternative process to confirm identity;
4. Boosting resources for communication in languages other than English and Spanish; and
5. Improving the customer experience for both assisters and applicants, including refining the process for resolving complex cases.

Endnotes

1. U.S. Department of Health & Human Services, "Fact Sheet: About 12.7 million people nationwide signed up for coverage during Open Enrollment," February 4, 2016. R. Garfield, et al, "New Estimates of Eligibility for ACA Coverage Among the Uninsured," Kaiser Family Foundation, January 22, 2016.

2. U.S. Department of Health & Human Services, "Secretary Burwell previews third Open Enrollment," October 22, 2015.

3. E. Seiber, "Which States Enroll Their Medicaid-Eligible, Citizen Children with Immigrant Parents?" Health Services Research, 48: 519-538 (2013).