

ASSISTING FAMILIES THAT INCLUDE IMMIGRANTS

Citizens and eligible immigrants in mixed-status immigrant families are less likely to enroll in coverage than are members of native-born citizen families. Eligibility rules distinguish citizens, lawfully present immigrants, and ineligible immigrants, but in reality these statuses are most often mixed within the same household. Consider a common family with an undocumented Mom, a lawfully present immigrant Dad, an undocumented school-aged son and an infant citizen daughter born in the U.S.A. Even though the father and daughter are eligible for coverage, the family will likely have concerns about applying for coverage, and the parents may worry about providing advantages to one child that they can't provide to both. An undocumented parent may turn to traditional family remedies to address health problems in lieu of risking contact with the government to seek more mainstream health care.

Barriers to participation for families like these include the following concerns:

- confusion about eligibility rules and navigating the different rules for different programs
- immigration enforcement and the privacy of personally-identifiable information,
- whether the family will have required information like SSNs and/or required documentation
- whether enrolling in government-assisted health coverage will cause immigration authorities to deny a family member's green card on "public charge" grounds
- whether an immigrant's sponsor will be held liable for the costs of government-assisted coverage,
- whether there will be language assistance available and if not, whether the application filer will be able to understand and communicate
- whether they will be met with discrimination in attitudes or behavior because they are immigrants

See the following resources:

- [What Do Immigrant Families Need to Know about the Marketplace](#) - general information including about immigrant eligibility for Medicaid, CHIP and the Marketplace and addressing immigrants' concerns
- [Immigration Status and the Marketplace](#) - list of eligible immigration statuses for the Marketplace

ELIGIBILITY RULES

Medicaid and the Children's Health Insurance Program (CHIP)

The immigrant eligibility rules for non-emergency Medicaid and CHIP were not changed by the health reform law. The current rules originate from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), passed in 1996. With some exceptions, eligibility for these programs still depends on having an immigration status that is defined by PRWORA as a "qualified" status. A five-year federal waiting period for coverage is imposed on most qualified immigrants who entered the U.S. on August 22, 1996 or later.

The following categories are “qualified” immigrants for Medicaid and CHIP. An asterisk indicates the categories that are exempt from the five-year bar:

- Lawful Permanent Residents (LPR, green card holder)
- Certain trafficking* and domestic violence survivors and their derivatives
- Refugees*
- Asylees*
- Persons granted withholding of deportation/removal*
- Conditional entrants*
- Cuban/Haitian entrants*
- Individuals paroled into the U.S. for at least a year
- Certain American Indians

Amerasians, individuals with Iraqi or Afghan special immigrant status, and veterans and active duty military and their families are also exempt from the five-year bar. Lawful permanent residents who were in one of the exempt categories prior to becoming LPRs remain exempt from the five-year bar after they get their green card.

Individuals whose immigration status is not included in the definition of “qualified” are defined as “not qualified.” They are not eligible for federal Medicaid (except for payment of limited emergency services), or CHIP (unless the state has taken up a state option or provides coverage using state funds), or many other federal public benefits. Please note that the term “not qualified immigrants” is not synonymous with “undocumented immigrants.” Some who are not-qualified for Medicaid or CHIP are nonetheless lawfully present and have authorization to work from the U.S. Department of Homeland Security, and can get coverage through the Marketplace.

Immigrant eligibility for Medicaid and CHIP varies from state to state. States have the option under Section 214 of the CHIP Reauthorization Act (CHIPRA) to provide federal Medicaid/CHIP to a broader group of lawfully residing children and pregnant women with no waiting period. There is another state option providing coverage for the unborn through federal CHIP funding, effectively covering services to pregnant women regardless of immigration status, if they’re not already eligible for Medicaid. Finally, there is considerable state variation beyond these options. In a few states, qualified immigrants are not covered even after their first five years. On the other hand, other states provide coverage to more categories of immigrants, including adults in the five-year bar, with state funds.

Insurance in the Marketplace and Help with Costs

To apply for health insurance in the Marketplace, an individual must be a U.S. citizen, national, or “lawfully present” in the U.S. Lawfully present individuals are eligible to purchase health insurance in a Qualified Health Plan (QHP), may apply for help with costs in the form of premium tax credits and cost-sharing reductions, and are required to have health insurance unless they are eligible for an exemption. For lawfully present individuals who do not meet Medicaid’s or CHIP’s immigrant eligibility rules, they are eligible for the subsidies even at the very low income levels of 0-100% of the federal poverty level (FPL).

The list of individuals considered to be “lawfully present” by HHS is an extensive list and is available here - <https://www.healthcare.gov/immigration-status-and-the-marketplace/>. It includes all the categories of immigrants who are eligible for Medicaid, as well as many others. There is one important exception, however – young people granted deferred action through the Deferred Action for Childhood Arrivals (DACA) program are not eligible for coverage or subsidies in the Marketplace (even though others granted deferred action for other reasons are eligible and U.S. Department of Homeland Security considers them to be lawfully present and they are eligible for an Employment Authorization Document).

To connect ineligible family members to care we must look to programs that are available to all, including Medicaid for payment of limited Emergency services, CHIP care for pregnant women in some states, public health programs, community health centers, financial assistance or charity care at hospitals, and insurance at full cost offered outside the Marketplaces. Also, some states and counties offer coverage to some immigrants who are not eligible for federal coverage.

COVERAGE FOR LAWFULLY PRESENT INDIVIDUALS WITH INCOMES BELOW THE POVERTY LINE

The Affordable Care Act provides a pathway to coverage for lawfully present immigrants when their immigration status does not allow them to qualify for Medicaid. These immigrants are eligible for premium tax credits even if their incomes are below the poverty line. (Except for this special provision that applies to lawfully present immigrants, premium tax credits are only available to people with incomes between 100 and 400 percent of the poverty line.) This pathway to coverage was not altered by the Supreme Court’s decision making the Medicaid expansion optional.

Many lawfully present individuals who are not eligible for Medicaid based on their immigration status are not being determined eligible for premium tax credits even though they should be found eligible. HHS is aware of the problem and continues to investigate what is happening and trying to find a solution.

This may play out differently in expansion vs. non expansion states. In expansion states, people may be inaccurately determined eligible for Medicaid and in non-expansion states people may be determined in eligible for Medicaid and premium tax credits.

When you run into these situations while assisting individuals, you may want to encourage consumers to appeal decisions. In some cases they will have the opportunity to purchase coverage pending the appeal but they won’t have premium tax credits to help them pay for coverage during the appeal.

ELIGIBILITY SCENARIOS

Scenario 1:

- Family facts:

- Rashid and Miriam are married, live in Oregon and have a new baby girl named, Leila.
- Citizenship/immigration status: Miriam became a lawful permanent resident (LPR) two years ago, Rashid became a naturalized citizen last year and Leila was born in Oregon last month.
- Everyone in the family is interested in getting health coverage.
- Income and plans for tax filing: Their income is \$17,577 and Rashid and Miriam will file taxes jointly and will claim Leila as a dependent in 2014.
- Eligibility based on their citizenship and immigration status:
 - Rashid, is applying for coverage and he is a citizen. He may be eligible for Medicaid or to enroll in a qualified health plan in the marketplace because citizens (whether they are born in the US or naturalized or derived, it makes no difference) meet the immigration/citizenship requirement for enrollment in all insurance affordability programs.
 - Miriam is applying for coverage and is a lawful permanent resident. We are assuming this is her only immigration status—in other words she is not a refugee, asylee or other status as well, and so as a lawfully permanent resident, she is subject to the five-year bar to qualify for Medicaid, and she has not met that standard because she obtained her status 2 years ago. She is eligible to enroll in a qualified health plan.
 - Leila, is a citizen like her father. She has no restrictions on her eligibility due to her citizenship or immigration status, so she may be eligible for Medicaid, CHIP or QHP enrollment.
- Eligibility when income is factored in as well.
 - The family’s income is at 90% federal poverty line.
 - The family lives in a state that has expanded Medicaid, so Rashid is eligible for Medicaid and Leila is as well. Both Rashid and Leila are citizens and have no immigration/citizenship restrictions on eligibility.
 - Miriam is lawfully present and is a “qualified” immigrant for purposes of Medicaid, but she is subject to the five-year bar and she has not met the five-year bar, therefore she is not eligible for Medicaid. She is eligible for premium tax credits even though her income is below the poverty line because she is lawfully present but she is not eligible for Medicaid based on her immigration status.

Scenario 2:

- Family facts:
 - Ricky and Eva live with their daughter, Karina, but they are not married.
 - Citizenship/immigration status: Ricky has a student visa. Karina was born in the US and is a citizen and Eva has Deferred Action for Childhood Arrivals.
 - Family income and plans for tax filing: Eva earns \$37,107 a year and plans to file taxes in 2014 and will claim Ricky and Karina as tax dependents.
- Eligibility based on their citizenship and immigration status:
 - Ricky is applying for coverage, he is a student visa holder which means he is lawfully present but he is not a “qualified” immigrant for Medicaid eligibility

purposes. Also important to note: He plans to reside in the marketplace service area so he also meets the residency requirement for QHP enrollment.

- Eva, is applying for coverage. She has Deferred Action for Childhood Arrivals. She does not meet the lawfully present standard as it relates to QHP enrollment and is also not a “qualified” immigrant for Medicaid purposes.
- Karina is a citizen and so has no restrictions on eligibility due to her status so she could qualify for all the insurance affordability programs.
- Eligibility when income is factored in as well:
 - The family’s income is at 190% poverty line for purposes of assessing their eligibility for premium tax credits.
 - Ricky is lawfully present and does meet the state residency requirement as it pertains to enrollment in a QHP. However, he is in the US under a student visa. When he got that status, he had to agree to certain conditions. He may have had to agree that he would retain his residency outside of the US. It’s unclear, whether claiming residency would be seen as breaking his agreement and thus affect his ability to adjust his status in the future. In this case he probably should contact his immigration attorney to sort this out.
 - Eva is not eligible to purchase a qualified health plan in the marketplace because she has Deferred Action for Childhood Arrivals and that status is not considered lawfully present for the purpose of QHP enrollment in the individual marketplace, although she is lawfully present in the US.
 - At this income, Karina is eligible for CHIP.

Scenario 3:

- Family facts:
 - Mei lives with her son, Michael, and father Lin in Pennsylvania
 - Citizenship/immigration status: Mei has been a lawful permanent resident (LPR) for six years, Michael is a citizen and Lin has been a LPR for two years.
 - While Lin is 72, he is not enrolled in Medicare because he would have to fully pay for his premium and it’s unfordable.
 - Family income and plans for tax filing: Mei earns \$17,577 a year and will claim Lin and Michael as tax dependents in 2014.
- Eligibility based on their citizenship and immigration status:
 - Mei is applying for coverage. She is a lawful permanent resident which is a qualified status for Medicaid, she is subject to five-year bar and has met that test because she has been a LPR for 6 years. She meets the qualifications so far for Medicaid and QHP enrollment.
 - Lin, is applying for coverage and is a LPR. He is subject to the five-year bar but has not met that test so he does not meet the Medicaid immigration eligibility requirement, but he is lawfully present and meets the standard for QHP enrollment.
 - Michael is a citizen and fully eligible based on citizenship/immigration status for Medicaid, CHIP and QHP enrollment.
- Eligibility when income is factored in as well:
 - The family’s income is at 90% of the federal poverty line for purposes of assessing their eligibility for premium tax credits. Mei and Michael’s income is

also at 90% of the federal poverty line for Medicaid/CHIP. Lin's income is at 0% of the poverty line for Medicaid.

- Mei is not eligible for Medicaid because her income is not low enough to meet the Medicaid threshold for parents in Pennsylvania and Pennsylvania has not expanded Medicaid so she is not eligible for the new adult group. She is also not eligible for PTC because her income is below 100% of the poverty line.
- Lin is eligible for PTC even though his income is below 100% of the poverty line because he does not meet the Medicaid immigration requirement.
- Michael is eligible for Medicaid.

Scenario 4:

- Family facts:
 - Nina lives with her daughter, Tanya, in Michigan. Nina's older daughter, Amelia, lives with her grandparents in Canada.
 - Citizenship/immigration status: Nina is undocumented but that is not relevant because she is not applying for coverage for herself and Tanya is a US citizen.
 - Income and plans for tax filing: Nina earns \$37,107 a year and files taxes using an Individual Taxpayer Identification Number (ITIN) and claims both children as dependents.
- Eligibility based on their citizenship and immigration status:
 - In this case, Nina is not applying for coverage for herself or Amelia. She does not have to disclose any information about either of their citizenship or immigration status because they are non-applicants.
 - Tanya is a citizen and so does not have any restrictions related to citizenship or immigration status to qualify for insurance affordability programs.
- Eligibility when income is factored in as well:
 - Nina is not applying for coverage, if she did apply, she would not meet the immigration requirement to purchase a qualified health plan in the individual marketplace even if she paid for all of the premium (it's also important to note that she is not subject to the penalty for going without coverage).
 - Amelia is not applying for coverage, her immigration status is unclear, but she would not meet the state residency requirement for insurance affordability programs and she lives in Canada, so she is likely already covered.
 - Tanya is eligible for CHIP. Important to note, even though her sister and mother are not applying for coverage, they still count towards the size of her household and their income counts to figure out what program she is financially qualified for.

Scenario 5

- Family facts:
 - Nadif and Fatima are married and have a daughter, Amina.
 - Citizenship/immigration status: Nadif and Fatima entered the US as refugees four years ago and became lawful permanent residents (LPR) two years ago. Amina is a citizen.
 - Income and plans for tax filing: Nadif earns \$18,553 a year. Nadif and Fatima file taxes jointly and claim Amina as a dependent

- Eligibility based on their citizenship and immigration status:
 - Fatima and Nadif are applying for coverage and they are both refugees and lawful permanent residents. They are “qualified” immigrants for Medicaid purposes and they are not subject to the five-year bar because they are refugees. They meet the qualification for Medicaid and for QHP enrollment.
 - Amina is a citizen so she does not have any restrictions related to citizenship or immigration status to qualify for insurance affordability programs.
- Eligibility when income is factored in as well in a Medicaid expansion state:
 - With income at 95% of the poverty line, Fatima and Nadif are eligible for Medicaid. They are not subject to the 5 year bar because they entered the US as refugees. When they become LPRs they don’t lose this status.
 - Amina is eligible for Medicaid.
- Eligibility when income is factored in as well in a Medicaid non-expansion state:
 - Fatima and Nadif are not eligible for Medicaid because their state has not expanded. They would have qualified if it had expanded. Fatima and Nadif are not eligible for PTC because their income is below 100% of the poverty line.
 - Amina is eligible for Medicaid.

PRIVACY: CONCERN ABOUT IMMIGRATION ENFORCEMENT

One of the biggest concerns of mixed-status immigrant families is immigration enforcement, and whether it is safe to apply for health insurance. Many immigrant families worry that the government will learn that a family member is undocumented and report the family to authorities for immigration enforcement purposes. It is vital to address this concern and assure mixed-status families that it is safe for an ineligible family member to apply for those who are eligible.

First, the ACA and its regulations include strong requirements for the protection of personally identifiable information, and some provisions were written to encourage mixed-status immigrant families to apply by taking their privacy concerns into account.

- Agencies are limited in the personally identifiable information that they can collect, use, and disclose, to only that information that is strictly necessary for enrollment in health coverage.
- Information can be collected by, used for, and disclosed to only authorized persons.

Second, information about applicants and non-applicants will *not* be used by U.S. Immigration and Customs Enforcement (ICE), the enforcement arm of the U.S. Department of Homeland Security (DHS), for immigration enforcement purposes. [ICE issued a clarification](#) of this policy on October 25, 2013 and has [translated the clarification into Spanish](#).

Agencies must ensure the compliance of their own workforce and provide training in privacy and security requirements. The Marketplaces, Medicaid and CHIP agencies must also require their contractors to follow the same or more stringent standards protecting privacy. Contractors include Qualified Health Plan (QHP) issuers, navigators, certified application counselors, agents and brokers. If a state elects to certify Application Counselors, then the

state must train them in privacy rules and disclose personally identifiable information of applicants to the Certified Application Counselor only if authorized by the applicant or beneficiary.

- [Learn More About Your Data](#) – information on how the Marketplaces uses your information
- [Clarification from U.S. Immigration and Customs Enforcement \(ICE\)](#) – information submitted for health insurance purposes will not be used for immigration enforcement. In [Spanish](#).

PUBLIC CHARGE

Public charge determinations are made by immigration authorities to deny or grant green card, or lawful permanent residence, applications when the government decides the applicant is likely or not likely to be dependent on the government for subsistence in the future.

Under federal guidance, immigration authorities making public charge decisions should not consider use of health care programs—including Medicaid, CHIP, help with insurance costs in the Marketplace, charity care, and others – or SNAP (food stamps) and other non-cash programs providing opportunities for low-income working families. The only exception is when an immigrant is institutionalized for long-term care paid for by Medicaid.

Although the federal guidance has been in effect since the 1990's, research shows that public charge concerns continue to present a major barrier to enrollment, and that immigration lawyers frequently advise their clients not to enroll in health and other safety net programs. [Fact sheets on public charge](#) and the federal guidance are available for immigrants from community based organizations and government agencies. Note that public charge determinations are made when applying for lawful permanent residence (green cards), but not when applying for citizenship. Hence, once an immigrant has a green card, generally they no longer have to worry about public charge.

- [U.S. Citizenship and Immigration Services \(USCIS\) fact sheet on public charge](#)
- More information at <https://www.healthcare.gov/what-do-immigrant-families-need-to-know/>

CONCERN ABOUT EFFECT ON SPONSORS

Not all immigrants have sponsors. With some exceptions, most family-based immigrants do have sponsors. Sponsored immigrants are concerned that if they enroll in Medicaid or CHIP, their sponsor may be liable for the cost of the coverage. The law allows states, but does not require them, to seek some reimbursement for federal means-tested public benefits from sponsors who have signed an affidavit of support for a sponsored immigrant. This worries sponsored immigrants who want to seek services but do not want to cause a problem for their sponsor.

Benefit agencies have chosen not to pursue payments from sponsors. States have rejected the process because it is not cost-effective and it deters people from seeking needed assistance. Note that premium tax credits are not federal means-tested public benefits; therefore, sponsors would not be liable for a sponsored immigrant's tax credit.

CONCERN ABOUT DISCRIMINATION

Discrimination is illegal. Discrimination based on race, ethnicity, color, and national origin, including language spoken, as well as other grounds, is prohibited by Title VI of the Civil Rights Act and by section 1557 of the Affordable Care Act (ACA). The obligation not to discriminate applies to all public and private entities receiving federal financial assistance, including but not limited to consumer assisters, clinics, hospitals, insurers, the Marketplace, Medicaid and CHIP agencies, state agency employees and contractors, and HMOs. Applications, processes and procedures that deter eligible immigrants from applying – may also violate Title VI and Section 1557.

ACCESS TO LANGUAGE SERVICES

The lack of language services creates huge barriers for immigrant families. Under civil rights laws and administrative guidance, agencies must provide meaningful access of limited-English proficient individuals to all programs receiving federal assistance. A “limited-English proficient” person is an individual who is unable to speak, read, write, or understand the English language at a level that permits effective interaction in a particular context, such as applying for health coverage. Failure to provide meaningful access to an LEP person through language services can constitute discrimination in violation of the Civil Rights Act and the ACA.

- Agencies must provide free oral interpretation services and translate key documents into top languages.
- Assisters should learn which languages predominate in the geographic area that they serve
- The call center (1-800-318-2596) can connect to language lines for interpretation into 150 languages.
- See [Materials in Other Languages](#)

APPLICATION PROCESS

IMPORTANT PROTECTIONS: SELECTING WHO IS APPLYING FOR COVERAGE

Regulations distinguish between those in the family who are applying for coverage – they are “applicants” – and those in the family who are *not* applying – they are “non-applicants.” The application filer can be a non-applicant. Privacy of non-applicant family members is protected: non-applicants are not required to provide information about their citizenship or immigration status. Non-applicant family members will need to provide information on their income and whether they are a tax filer or claimed as a dependent for tax-filing purposes.

IMPORTANT PROTECTIONS: REQUESTS FOR SOCIAL SECURITY NUMBERS

Applicants from coverage in the Marketplace must provide a Social Security Number (SSN) *if* they have one --there is no absolute requirement. Certain lawfully present immigrants may not have, or may not be eligible for, an SSN. For example, some individuals may have a visa that does not permit them to work, others are dependents of individuals who have a work visa; qualified immigrant survivors of domestic violence, or Cuban or Haitian Entrants may not have SSNs. Non-applicants will be asked for an SSN and must provide one if: (1) they have one, if (2) they are the household’s tax filer, and if (3) they are applying for help with costs for the eligible applicants in the family.

In Medicaid and CHIP, applicants are required to provide an SSN if they are eligible for one. If a Medicaid or CHIP applicant is eligible for an SSN but doesn't have one, the agency must provide assistance to eligible individuals in obtaining an SSN, and cannot delay Medicaid while the person is seeking an SSN.

SSNs are verified through the Social Security Administration (SSA). Individuals should provide only SSNs issued to them by SSA. They should not provide Individual Tax Identification Numbers (ITINs), a number that has 9 digits like an SSN but is issued by IRS for tax filing purposes. If the individual does not have an SSN, uses an SSN not issued to them by SSA, and/or has an ITIN, they should leave the SSN question blank.

VERIFICATION OF IDENTITY

Consumers are required to set up an online account in order to use various online functions, such as submitting an application, selecting a health insurance plan online, receiving electronic notices to read online, and reporting changes and renewing their coverage (once these latter functions become available.) A unique reference number is provided for the online account, and the consumer should keep this number for future use.

To set up an account, the consumer must verify his or her identity, i.e., to prove they are who they say they are. The application filer is asked to provide certain information. To check identity, HHS contracts with Experian, a credit verification company, which uses information from the individual's credit history as evidence of their identity. The problem for immigrants is that many, especially parents in mixed-status families who are applying for their children, do not have a credit history.

When ID verification can't be completed online, consumers may call the Experian Help Desk directly or through the call center on a three way call. If language assistance is needed, consumers must phone the call center first, and request a three-way call with an interpreter to the Experian Help Desk. To verify by mail, send copies of documents to this address:

*Health Insurance Marketplace
465 Industrial Boulevard
London, KY 40750*

Be sure to connect the documents with the consumer's application – by using the reference number or including a copy of the application.

For individuals who cannot complete the identity verification process, the only option may be to mail in a paper application or apply over the phone. Consumers can prove identity by mailing or uploading one of the documents below:

- Driver's License
- School ID Card
- Voter Registration Card
- U.S. Military Card
- U.S. Military Draft Record
- Military Dependent ID Card
- Tribal Card

- Authentic Document from a Tribe
- U.S.C.G. Merchant Mariner Card
- ID card issued by the federal, state, or local government, which includes an immigration document and a U.S. passport

If one of the documents in the above list is not available, the consumer could use *two* documents from the following list as an alternative.

- U.S. Public Birth Record
- Social Security Card
- Marriage Certificate
- Divorce Decree
- Employer Identification Card
- High School or College Diploma
- Property Deed or Title

People with limited or no credit history are more likely to have to produce documents to prove their identity. Young, recent immigrants with a short work history in the U.S. are unlikely to have a credit history. Undocumented parents applying on behalf of their citizen children may not be able to satisfy the manual documentation requirement. They will likely have to mail in the paper application or apply over the phone and forgo the online enrollment process altogether. They should request paper notices because electronic notices will not be available. They can use the online tool called “see plans before I apply” to browse plans; however it may not show all available plans. Then they may select their plan through the call center, and they can report changes and complete renewals through the call center or on paper. To mail, use the same address in Kentucky.

Note there is no 90-day “reasonable opportunity” process for inconsistency or lack of identity verification that would allow the immigrant to receive health insurance coverage during verification of their identity.

VERIFICATION OF IMMIGRATION STATUS

Medicaid, CHIP and Marketplace agencies verify immigration status, and sometimes citizenship, through the Department of Homeland Security’s program called Systematic Alien Verification for Entitlements, known as SAVE. SAVE has been used for years by most states to verify eligibility for Medicaid, CHIP, SNAP and other public benefits.

- SAVE can be used only to verify the status of applicant family members who attest to having an eligible immigration status (not of non-applicants)
- SAVE can be used only to verify status for benefits eligibility purposes, not to enforce immigration laws

At times, SAVE cannot verify status quickly. Further, immigration status can change as immigrants proceed along the path to citizenship. SAVE is not always up-to-date, and there is no easy way for applicants to correct erroneous records. However, Medicaid and Marketplace rules allow applicants who attest to having an eligible immigration status a reasonable time to produce documents, with coverage provided during that period; the

coverage will continue if the immigrant presents satisfactory documentation and while the status is being verified.

- For information on immigration documents, with links to pictures of the documents, see <https://www.healthcare.gov/help/immigration-document-types/>.
- For tips on getting through the immigration status verification process, see <http://marketplace.cms.gov/getofficialresources/publications-and-articles/citizenship-questions-on-marketplace-application.pdf>.

INCOME VERIFICATION

When an SSN is not provided, income can't be verified with IRS. People who file taxes with ITINs should keep their own copies of their tax returns to verify income by uploading or mailing. Immigrants may not have pay stubs for verifying income – flexibility in proving income is one important key to facilitating immigrant family enrollment. Consumers should not provide ITINs on the application because ITINs are not used to match with IRS data. For the same reason, agencies should not request ITINs from consumers during the application process.

- For a list of documents accepted as proof of income, see <https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/>.

SHOP

SHOP is the Small Business Health Options Program, which is an important option for some immigrant families. The SHOP allows small businesses to come together in a Marketplace and purchase coverage for their employees at prices that are competitive to those of larger businesses. As with employer-sponsored insurance today, employees may be offered a family policy through an employer that covers their spouse and/or children.

The SHOP Marketplaces and individual Marketplaces have different rules pertaining to immigrants and different application processes. Perhaps the most important difference for immigrants enrolling in coverage through SHOP is that the SHOP application does not collect citizenship or immigration status information and the SHOP does not verify an employee's immigration status with DHS. This is because by law employers are already required to screen employees for authorization to work upon hire. SHOP must comply with all ACA privacy and confidentiality requirements regarding collection, use, and disclosure of personally identifiable information.

The ACA requires QHP issuers to report to the IRS the Tax Identification Numbers, or TINs, of all covered individuals, including dependents, if available, to verify each individual who has coverage. TINs include both SSNs and ITINs. Dependents may decline to provide a TIN to the SHOP and/or to the health plan, even if the health plan asks multiple times. After two attempts to obtain a SSN, the QHP issuer may use the dependent's date of birth instead in order to meet the reporting requirement. So even though SSNs of dependents are not absolutely required, family members should expect to receive multiple requests, probably annually. This is especially important in families in which a spouse or dependent does not have an SSN or is not eligible for one.