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Getting Enrollment Right for Immigrant Families:

Steps the Federally Facilitated Health Insurance
Marketplace Can Take to Improve the Application
Process for Eligible Lawfully Present Immigrants

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The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve health coverage for America's children and families.

As part of the University's McCourt School of Public Policy, Georgetown CCF provides research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes. In particular, CCF examines policy development and implementation efforts related to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act.

Introduction

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.¹ 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.² 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.³

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 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 offers an opportunity for lawfully present immigrants to access affordable health coverage in the health insurance marketplace. Before passage of

the ACA, many lawfully present immigrants did not meet the limited definition of “qualified” immigrant to be eligible for Medicaid or CHIP.⁴ Importantly, the ACA introduced a more inclusive eligibility standard for legal immigrants by allowing all “lawfully present” individuals to purchase insurance in the marketplace and, if income-eligible, receive premium subsidies and cost sharing reductions.⁵ Health reform also clarified existing consumer protections like ensuring that mixed immigration status families did not have to disclose the immigration status of individuals in the household who were not applying for health insurance. The Department of Homeland Security supported inclusiveness by assuring potential enrollees that information collected through the application process for health coverage will not be used for immigration enforcement purposes.⁶

Despite the overarching goal of increasing coverage for immigrant families, many faced significant barriers to enrollment in the federally facilitated health insurance marketplace. These barriers were particularly acute in the first open enrollment period. Eligible lawfully present immigrants often confronted long waits to get coverage; were inaccurately denied coverage or gave up trying and remained uninsured; or lost coverage that they thought they had enrolled in successfully. Moreover, the applications of families with immigrants who were determined eligible took much longer to process than applications for families with all U.S. born citizens.⁷ 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 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 (correctly) determined ineligible for Medicaid and CHIP in the past and may be discouraged from applying for health coverage again. 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 barriers are some of the key reasons why even citizen children in immigrant families are more likely to go without health coverage than children with US-born families.⁸

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, in the third open enrollment period.

To better understand how the eligibility and enrollment process was working for immigrant families, the Georgetown University Center for Children and Families, in the spring of 2015, conducted an online survey and facilitated a series of small group listening sessions of navigators and certified application counselors (referred to collectively as consumer assisters) who provided application assistance to at least one immigrant or individual in an immigrant family applying to enroll in the FFM. At that time, 37 states relied on the federal marketplace for making determinations of marketplace eligibility. (For more information about the survey and focus groups, please see the Methodology section). Additional input

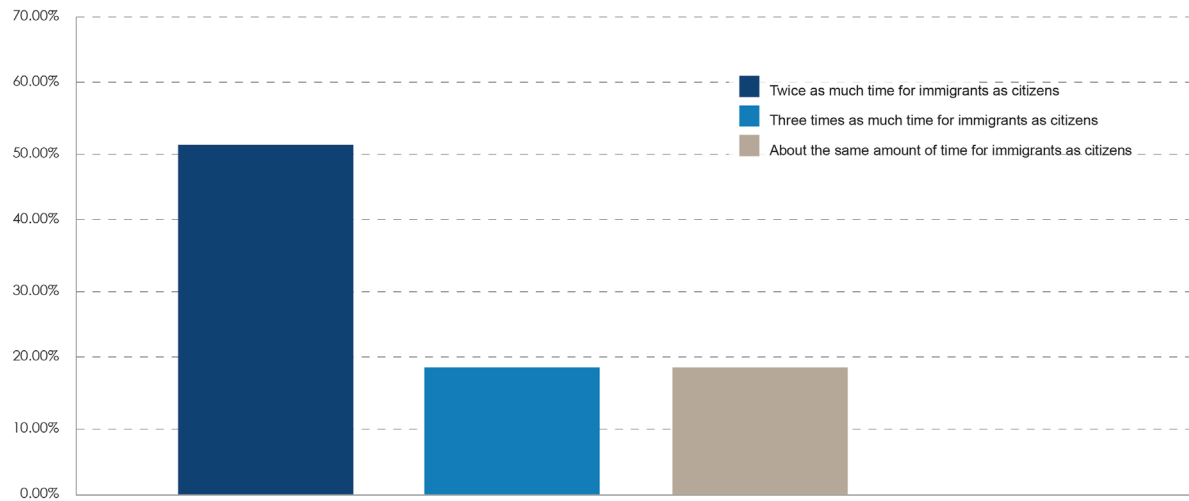
was obtained from key stakeholders and national experts in the summer and fall of 2015 and in the third open enrollment period.

Assisters clearly indicated that the challenges immigrant families faced in the FFM continued despite overall advances in Healthcare.gov's application systems and processes in the second open enrollment period. Assisters generally reported improvements in the second open enrollment period related to setting up accounts online and by phone and fewer system errors, including the pernicious 'yellow screens' that froze the online application and blocked applicants from continuing. However, a majority of assisters reported that it took twice as much time for people in immigrant families to apply for coverage than families with only U.S.-born citizens [see Figure 1]. Assisters also had many ideas about what the federal marketplace could do to improve: topping the list were better coordination of eligibility with Medicaid and CHIP, providing other timely options for proving identity, and enhancing the system's ability to use document numbers to verify immigration status. [see Figure 2]

Consumer Assisters Have First Hand Knowledge About the Consumer Experience Using the Federal Marketplace

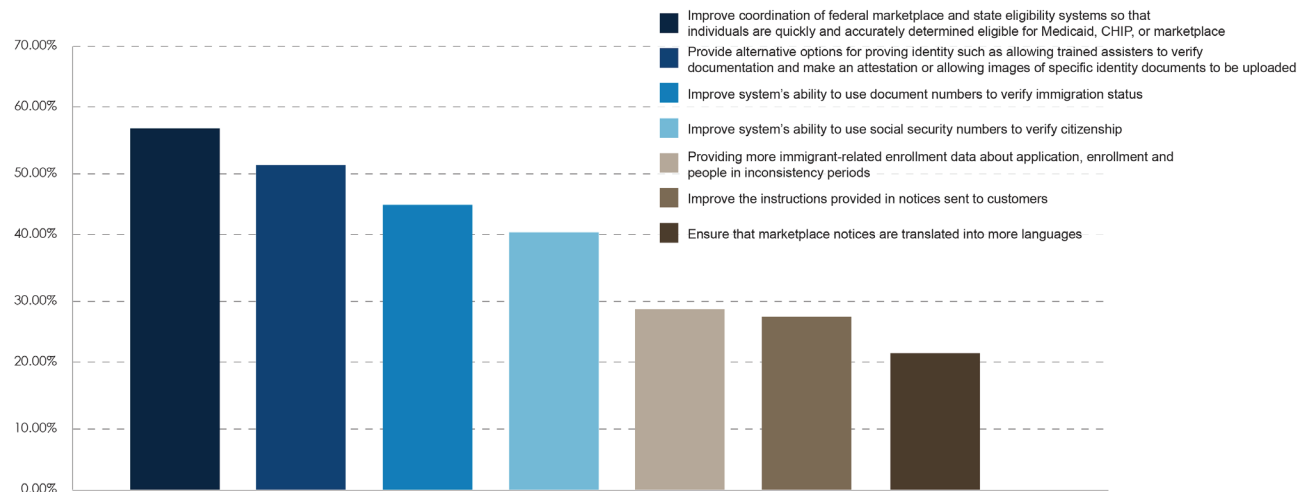
Consumer assisters, including navigators, in-person assisters, and certified application counselors, are trained to help people enroll in health coverage. In particular, they have been key in helping vulnerable people—including immigrants—overcome hurdles to enroll in health coverage. These assisters are located in or connected to trusted community organizations; are well equipped to meet the language and cultural needs of families in their service area; and are knowledgeable and skilled in navigating the eligibility and enrollment processes. Having accumulated first hand experience in helping families enroll in coverage, they understand the program rules and make excellent informants on how eligibility and enrollment systems and processes are working.

Figure 1: Survey Response: How Much Time Does the Application Take for Immigrants vs US-Born Citizens? (As of April 2015)



Question: Provide your best estimate of how much time, on average, it took to complete and submit an application for immigrants versus US-born citizens. The use below of "immigrants" means immigrant applicants and individuals in immigrant families and "citizens" means families with only US-born citizens. Time spent includes all time needed to set up an account, ID proof, and move the application forward, including time with the applicant, doing research, doing casework or whatever it takes to complete and submit the application.

Figure 2: Survey Response: What Could the Marketplace do to Improve the Application and Enrollment Process (As of April 2015)



Question: "Imagine that the federal marketplace could only do three things to improve the application and enrollment process for immigrant applicants and individuals in immigrant families. What would be on the top of your list? (Check up to three)"

Overview

The purpose of this paper is to identify priority areas where HHS and stakeholders can work together to improve enrollment in the FFM for immigrant families. We will describe five broad recommendations for improvement, providing assister feedback and action steps for each.

Immigrant Eligibility for Health Insurance Affordability Programs

The eligibility rules for immigrants in Medicaid and the Children's Health Insurance Program (CHIP) differ by program and by state, and are generally based on being a "qualified" immigrant who has reached the end of a five-year waiting period. States have the option to cover some additional lawfully residing immigrants without the five-year waiting period—particularly children and pregnant women—but not all states take advantage of the opportunity to use federal funds to cover these groups.⁹ The eligibility rules include a broader group of "lawfully present" immigrants who are eligible to purchase a qualified health plan in the marketplace, and to receive premium tax credits (PTC) and cost sharing reductions (CSR) if income-eligible.

An additional complicating factor is that in a mixed-immigration status family, each family member may be eligible/ineligible for programs depending on whether the individual is a citizen, "lawfully present" under the marketplace definition, "qualified" based on the Medicaid and CHIP definition, or has an immigration status that is neither "lawfully present," nor "qualified." While this paper recognizes the complexity of layering complicated immigrant eligibility rules on top of income, family status, and other eligibility

requirements, it does not attempt to cover immigrant eligibility for health care programs in depth. (See Appendix A for more information on the eligibility rules for health programs).

The Federal Marketplace Application and Enrollment Process

Individuals and families, with or without the help of a consumer assister, can apply for health coverage online using Healthcare.gov, by phone by calling the federal marketplace call center, or by mailing in a paper application. The online application comes with a significant advantage: applicants receive personalized information about premiums and out-of-pocket costs that include their PTC and CSR, which is essential to making an informed selection of health plans.

There are many steps involved in completing the online application on Healthcare.gov, from creating an online account to providing detailed information about household members, their income, and employment to plan comparison, selection, and enrollment. In Appendix B, we describe the key steps in the Healthcare.gov process that are particularly challenging for immigrant families to complete—creating an online account; clearing ID proofing; attesting to and verifying citizenship and immigration status; determining ineligibility for Medicaid and CHIP; and the 'inconsistency process' that is triggered when the system is unable to instantaneously verify citizenship or qualified immigration status through electronic data matching. However, it does not walk through every step in the entire application. (See Appendix B for additional details on the application process).

Priority Areas for Improvement

What follows are priority areas and specific action steps to improve the FFM application process for immigrant families, which have been developed through analysis of results from an online survey of consumer assisters and listening sessions, and in consultation with key stakeholders who work on these issues. The priority areas for improvement include refining immigration and citizenship status verification protocols (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); improving communications and expediting the resolution of inconsistencies; boosting resources in languages other than English and Spanish; and improving the customer experience for both assisters and applicants.

RECOMMENDATION #1: Refine the FFM's immigration status and citizenship status verification protocols and processes.

SUMMARY OF THE ISSUE

When applying for health coverage through Healthcare.gov, eligible individuals are encountering a series of problems with enrollment and eligibility that occur when the system is unable to immediately confirm their status as a lawfully present immigrant. These problems arise for U.S.-born, naturalized, and derived citizens alike if the system cannot generate a match based on a Social Security number (SSN) or other information.¹⁰ Applicants who attest that they meet an eligible immigration status must provide a number from an immigration document type allowable under federal rules. This number is then electronically verified through the Systemic Alien Verification for Entitlements (SAVE) program. If the number cannot be immediately verified, SAVE instructs the marketplace to “institute additional verification.” A similar action occurs for immigrants who have become citizens when their SSN cannot be verified through the Social Security Administration (SSA) or SAVE. These actions trigger what is referred to as ‘an inconsistency period,’ during which the applicant has 95 days to provide documents to prove their status. In the meantime, federal regulations allow these individuals to enroll in coverage with subsidies, based on which coverage option matches their financial eligibility.¹¹

The inability to immediately verify immigration or citizenship status does not mean that the individual is ineligible or has provided false information.¹² It often results from a processing error, mistyping when entering document numbers, a slight mismatch between the exact name entered and the name in the online data set, or the use of hyphens and apostrophes. It will also occur if an applicant skips entering document numbers in an effort to move on in the application process. For citizenship status, verification might fail because SSA does not have complete citizenship records for some citizens, including many who were born outside the U.S. (For more details on how this works, see “How the Application and Enrollment Process Works” earlier in this paper or Appendix A for more detailed information).

When electronic verification of immigration status or citizenship fails, it results in unnecessary administrative

work for Medicaid agencies and applicants and delays the enrollment of eligible immigrants in coverage provided through the FFM. Even though this was not the top concern for assisters, the inability to verify eligible status promptly causes additional problems and, therefore, should be refined.

Problem #1: Even when valid document numbers are entered for immigrants who are eligible, the electronic verification through SAVE may not be successful.

In the first year of open enrollment, problems with entering document numbers were particularly acute, resulting in the infamous ‘yellow screen,’ indicating the system had ‘frozen’ and preventing the applicant from continuing. During the second open enrollment period, this problem lingered although the frequency was reduced thanks to fixes implemented in Healthcare.gov. Even with fewer occurrences of this problem, some assisters reported they skip entering document numbers in an effort to move the application forward. While this may avoid the upfront difficulty, doing so can cause further delays in processing the application and create additional problems for applicants. This prompted the FFM to try different ways to communicate the importance of inputting these numbers during the third year of open enrollment.

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

Even with new processes in place to alleviate barriers in the second open enrollment period, consumer assisters reported that the electronic verification process still needs significant improvement. Using document numbers to verify immigration status online and citizenship status were the third and fourth most pressing concerns respectively for assisters working with immigrant families in the second open enrollment period. When asked to name the top three improvements FFM could make, 45 percent of consumer assisters surveyed selected, “Improve [the] system’s ability to use document numbers to verify immigration status, while 40 percent of consumer assisters said, “improve system’s ability to use SSNs to verify citizenship status.”

In the listening sessions, assisters described how the yellow screens interfered with the application process. One assister said that the yellow screen

happened when they chose “other” for the type of immigration documentation, and another assister said it happened even when entering immigration numbers from a green card or another common type of immigration document. In an effort to continue with the application, the assisters said that they would contact the federal marketplace call center, and in some cases, the call center representative resolved the problem. In other cases, the call center could not unlock the application, allowing the individual to upload documentation, so it was necessary to refer the case for further problem solving known as ‘case work.’

In consumer assisters’ own words:

“I could never get any of the ID numbers to go in and be accepted, [whether] citizenship certificates or green cards, for example.”

“Almost every immigrant applicant I assisted was asked to submit documents online or by mail to verify their citizenship or immigration status, even when social security numbers and immigrant document numbers were provided on the application.”

Recommended Action Steps

Conduct extensive technical testing with knowledgeable users to identify circumstances that lead to the inability to input or verify document numbers. Although there have been significant improvements to Healthcare.gov, problems continue, which may or may not be reported to the federal marketplace. A concerted effort to test multiple scenarios and document numbers, with system experts present, could hasten the identification of circumstances that create the problem and lead to quicker corrective action. While there has been a collaborative effort in the fall and winter of 2015 and 2016 to troubleshoot many immigration and citizenship status inconsistencies, a more structured process for user testing on an ongoing basis would be helpful in identifying both residual problems, as well as in pinpointing new issues as system changes are implemented. System developers can then implement technical solutions to the problem, including correcting glitches in the underlying system programming; providing additional online prompts for users (some of which has been done in November 2015); and developing training resources for assisters

and FFM call center representatives about required data entry, highlighting common mistakes and how to avoid them.

Institute a second step to resolve a data-matching problem before triggering the inconsistency period even if applicants appear eligible for Medicaid or CHIP based on income and other factors. Sending an individual or family to Medicaid or CHIP may not be necessary if there are additional steps that can be taken to verify immigration status relatively quickly. While these steps may not be in “real-time”—meaning they cannot be executed on the spot—if verification can be expedited with a second check in the SAVE system or prompt review of uploaded documents by authorized FFM staff or contractors, then the process of being sent to Medicaid could be averted for individuals who are ineligible for the program. The FFM should consider implementing procedures whereby applications that fail the initial match with SAVE are routed for this second step before initiating an inconsistency period. While current regulations require the immediate triggering of an inconsistency, CMS should consider whether changes to this timeline (for example, a five-day delay rather than immediate action) would reduce both administrative barriers and costs while expediting access to coverage.

Continue to communicate the importance of inputting document numbers through assister trainings and communications, and online prompts. Some immigrant applicants rely on assisters to help them through the application process. Assisters who encountered problems entering document numbers may skip this process in order to complete the application process. This may lead to eligible immigrant families who have the needed document numbers, ending up in an inconsistency period and ultimately losing coverage if they are confused about the need to provide documentation or take other steps to correct the inconsistency.

(Authors’ Note: When the third open enrollment period began, Healthcare.gov incorporated prompts to encourage individuals to provide SSNs and immigration document numbers online to avoid data matching issues.)

Ensure a path to affordable coverage for individuals who have an ongoing immigration status-related data matching issue. Individuals eligible for financial assistance to purchase marketplace coverage are not always offered immediate enrollment with subsidies, although federal rules allow it.¹³ According

to marketplace rules, applicants who attest to an eligible immigration or citizenship status should be offered enrollment with subsidies if otherwise eligible while they await verification. However, this does not happen in two cases for individuals with immigration or citizenship status data matching issues:

1. If an individual whose immigration status cannot be confirmed appears to be ineligible for Medicaid based on income and other factors, the applicant is allowed to buy a marketplace plan but without financial assistance until they provide documentation proving their lawfully present status.

(Authors' Note: In December 2015, Healthcare.gov implemented a new, more automated process to identify and inform applicants with incomes below 100 percent of FPL who have immigration status data matching issues that they may be eligible for PTC. If the applicant provides verification of immigration status and is indeed ineligible for Medicaid based on immigration status, the applicant is then enrolled in PTC.¹⁴ More details about this process are provided in Appendix B).

2. If an individual looks eligible for Medicaid on factors other than unverified immigration status (i.e. income), the individual is routed to Medicaid. Although the Medicaid agency is required to enroll the individual during a reasonable opportunity period if the only outstanding verification is proof of immigration status, this is not happening consistently.¹⁵

Problem #2: Many immigrants who are not eligible for Medicaid or CHIP are being routed unnecessarily to the state Medicaid agency.

The wording of the application in Healthcare.gov does not allow the system to distinguish the differences between the definitions of 'qualified immigrant' for Medicaid eligibility and 'lawfully present' for marketplace eligibility. As a result, when the system is unable to immediately verify immigration status, applicants who attest to the broader definition of lawful presence are transferred to Medicaid if they otherwise appear eligible based on income and other factors, including eligibility category (e.g., child, parent, or newly eligible adult). Transferring individuals who are not eligible for Medicaid based on the narrower 'qualified immigrant' status often results

in substantial enrollment delays for applicants. It also creates unnecessary administrative burden for state agencies in collecting documents from applicants and, at best, yields a denial from Medicaid and a transfer back to the FFM. However, it is not clear that these individuals are consistently transferred back to the FFM, and when they are, they are required to provide the same documentation again to prove their lawful presence status to the marketplace. In the meantime, the lowest income, most vulnerable lawfully present individuals have gone without coverage for weeks or months, even when they are eligible to enroll in the marketplace.

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

Eliminating the transfer of individuals who are not eligible for Medicaid, and particularly for those with income below the federal poverty line, is the top priority for a majority of assisters (57 percent). Assisters also expressed a lingering concern about a lack of awareness by FFM call center representatives of PTC eligibility for immigrants with income below the poverty line.

In consumer assisters' own words:

"Still having issues with getting tax credits for immigrants with less than 5 years of LPR status"

"The most common problems have been... application being sent to Medicaid even though family did not meet the 5-year [waiting period] requirement."

"There was also inconsistency with some clients receiving proper premium tax credits and others being denied [LPRs for] under 5 years and under normal tax [credit income] limits."

A number of assisters noted that they sometimes work with their state agency to get an "expedited review" of Medicaid or CHIP eligibility, particularly if individuals are facing an urgent medical problem.¹⁶ This step bypasses the sometimes-problematic account transfer process between the FFM and state Medicaid agencies and allows an ineligible individual to receive a faster Medicaid denial. Once an applicant attests to

receiving a Medicaid denial, the FFM is able to move forward with its determination of eligibility for PTC. Importantly, assisters viewed this type of “expedited denial” as a short-term fix for only applicants working with an assister who is savvy enough to navigate the issue. Moreover, assisters are anxious for a long-term solution that allows the FFM to accurately assess these individuals’ ineligibility for Medicaid, and moves them through the FFM eligibility process without an unnecessary detour to Medicaid.

Recommended Action Steps

Improve Healthcare.gov’s ability to discern differences between immigration statuses that qualify for Medicaid eligibility versus Marketplace eligibility. The immigration statuses that qualify for Medicaid are a subset of those that qualify for marketplace eligibility. Currently, applicants are shown the more inclusive marketplace list of ‘lawfully present’ immigration statuses and asked to respond yes or no to whether they have an eligible immigration status. As a result, when the system is unable to instantly verify immigration status, it is not able to differentiate between Medicaid and marketplace eligibility. Healthcare.gov should be enhanced to gather sufficient information to distinguish an attestation of qualified immigrant status for Medicaid eligibility so that ineligible immigrants are not unnecessarily transferred to the Medicaid agency.

Involve stakeholders in problem solving. In some cases, it may be challenging for the FFM to screen Medicaid eligibility if they lack immigration status or citizenship verification. A further discussion with immigrant stakeholders on developing the best protocols for these circumstances could help uncover better procedures and processes to verify immigration status. Is it best to continue processing such applications at the FFM and provide coverage through the marketplace in the interim? Should those applications be expedited for resolving the issues associated with immigration or citizenship status? These are the kind of questions that can be probed if stakeholders are engaged in the problem-solving process.

(Authors’ Note: In December 2015, FFM staff began conversations with immigrant and consumer stakeholders on how to best develop these protocols. At the time of publication, next steps had not yet been decided.)¹⁷

RECOMMENDATION #2: Improve communications and expedite the resolution of inconsistencies.

SUMMARY OF THE PROBLEM

When immigration or citizenship status cannot be immediately verified, an inconsistency period is triggered. A key problem with the inconsistency process is difficulty in communicating effectively with affected applicants. Although the FFM sends email or paper notices to applicants several times during the 95-day inconsistency period, notices are provided in only two languages. Many immigrant families whose primary language is not English or Spanish do not understand that the notice requires them to take additional action or risk losing coverage. Some of these individuals are enrolled in coverage and are paying their premiums, so they may assume that no action is necessary. If they are unable to comprehend the notices and do not respond within the required time frames, some may eventually discover they have been disenrolled when they try to see a doctor, pick up a prescription, or are sent a bill for service that has been denied.

A tagline translated into 15 languages is embedded in the English notice.¹⁸ However, in the first and second open enrollment periods, these taglines contained the same generic ‘how to get help’ messages, rather than conveying the urgency of action required, or even that an individual must take action at all. As a result, applicants often did not know whether or how to respond.¹⁹ Additionally, the notices are not tailored to communicate individualized information – for example, an individual may have submitted “x” document, but needs to submit “y” document instead to prove immigration or citizenship status. In April 2015, the federal marketplace began including customized language in the inconsistency notices that is more specific about why previously submitted citizenship documentation did not clear up the data matching issue, and what documents are needed to resolve the problem.²⁰ The marketplace has indicated that it hopes to move to these more customized notices for immigration status inconsistencies as well, which will be a welcomed improvement but is not in place as of this brief’s publication date.²¹

Initial problems in the first open enrollment period with matching documents uploaded to Healthcare.gov or submitted by mail to the right application

have largely been resolved, but delays in processing documents and a lack of clear communication when documentation is inadequate creates a void in the process. This problem is exacerbated by the fact that the federal marketplace does not automatically confirm the receipt of documents nor can federal call center representatives confirm if documentation has been received or processed. It is our understanding that in the third open enrollment period, a manual process was being used for call center representatives who receive consumer inquiries to request and share information confirming receipt of documents and the status of the review process. How well this process works and how timely it will be is unclear.

Following the first open enrollment period, more than 100,000 people with immigration and citizenship status inconsistencies ultimately lost coverage.²² In September 2015, more than 400,000 individuals lost coverage due to unresolved immigration status and citizenship inconsistencies.²³ HHS has indicated that the majority of applicants in the first open enrollment period who lost marketplace coverage due to inconsistencies never submitted documentation, pointing to communication issues rather than document processing issues. Additionally, it is important to note that the majority of the 400,000 affected in the second open enrollment period had *citizenship status* inconsistencies rather than immigration status inconsistencies. The positive steps the federal marketplace has already undertaken to improve the inconsistency process, along with other action steps suggested in this brief, will go a long way in lowering the number of unresolved inconsistencies that may result in a loss of coverage.

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

Assisters expressed concern that when they mailed documents to the mail-in center or uploaded documentation to HealthCare.gov to verify the applicant's immigration or citizenship status, verifications were not processed and resulted in erroneous terminations of coverage. The experience with mailing in documents was so frustrating, assisters determined that they could not rely on the process and stopped using the option. The alternative of uploading documentation to Healthcare.gov was also problematic. The FFM call center cannot see and confirm the receipt of documents in real time, and a notice is not sent when documentation is "received,"

electronically, so assisters expressed concerns that even uploaded documentation were getting lost. Assisters also noted that the FFM often required naturalized citizens who had already provided a SSN during the application process to provide additional documentation to prove their citizenship. While assisters perceived this as an additional requirement for naturalized citizens, this was likely a routine data matching issue that followed the standard protocol to clear up such an inconsistency.²⁴

In consumer assisters' own words:

"Never mail in documents [to the FFM's mail-in processing site] because they go into a black hole."

"Almost every immigrant applicant I assisted was asked to submit documents online or by mail to verify their citizenship or immigration status, even when social security numbers and immigrant document numbers were provided on the application."

Recommended Action Steps

Improve communication with those in immigration and citizenship status inconsistency periods. Importantly, notices should be provided in languages beyond English and Spanish according to language preference indicated in the application. Federal law requires the FFM to meet the language needs of applicants for health insurance (see language access section recommendations below). In the meantime, the FFM should continue work to improve the placement and content of taglines that direct non-English or non-Spanish readers to better understand how to take action, what additional action they need to take, and to receive language assistance. Immigrant stakeholders have a wealth of experience in communicating complex information to immigrants. Stakeholders should continue to be involved in content and message development in order to achieve the highest level of comprehension in written notices. Devising ways other than traditional mail to communicate notice content, through calls in languages other than English, translated text messages, or other means, could also be helpful. Ultimately, notices should be translated into the

most common languages spoken by FFM enrollees in addition to Spanish.

(Authors' Note: In the third open enrollment period, Healthcare.gov began providing "onscreen eligibility results" (instead of just a downloadable eligibility notice) that includes eligibility for each individual in the household, and a warning in red text of "temporary eligibility" for anyone in the household who needs to clear up a data matching issue to keep their coverage.)

Expedite the resolution of inconsistencies when adequate documentation is uploaded during the application process. The FFM should work to improve its timeliness in reviewing uploaded documentation and complete the verification process. The FFM should also implement system functionality that enables FFM call center representatives to see the status of documents received and inconsistency issues resolved in real time.

Continue to improve timeliness and overall performance of the mail-in document center.

Although the federal marketplace has indicated that early problems matching documents to applications have been largely resolved, residual problems persist, particularly when an individual may have been locked out of their account and created a new one. Ongoing assessment of the mail-in document center performance to identify and resolve problems with lost documents and eliminate delays in processing inconsistency documents is needed. Common problems in matching documents with the correct applications should be identified and communicated to assisters and the stakeholder community.²⁵

(Authors' Note: Since the time this assister survey was fielded and listening sessions were facilitated, new information has been shared by the federal marketplace (as noted above) that helps explain why there was a perception that the documentation process was flawed (i.e., a lack of clarity regarding inadequate vs. lost documents). This illustrates that timely sharing of information with assisters and the national experts who support them can lessen the tendency to make wrong assumptions and will promote more rapid problem-solving.)

RECOMMENDATION #3: Develop an alternative process to confirm identity.

SUMMARY OF THE ISSUE

The identity proofing process ("ID proofing") is one of the first steps in applying for health insurance online on HealthCare.gov. Although identity proofing

is not an eligibility requirement, it has been put in place to assure that applicants are who they say they are and protect access to personal information that may be provided from electronic sources during the application process.²⁶ After setting up an online account in order to proceed with the application process, a household contact filing an application must correctly answer several questions derived from his or her credit history and other personal information gathered by Experian, the credit history company contracted by Healthcare.gov to verify identity.

This protocol can pose an immediate obstacle for immigrants and citizens alike.²⁷ When there is limited or no credit history or other demographic information available, Experian cannot generate the questions online and there is the perception that calling Experian, which is the next step in the process, does not solve the problem. This has led assisters to conclude that calling Experian in these cases is unnecessary and administratively inefficient, in addition to being frustrating for applicants. On the other hand, when the online application is able to generate the questions but the individual is not able to answer correctly, calling Experian may result in additional questions that can be answered satisfactorily so that the individual can continue with the application.

When ID proofing online and by phone does not work, HealthCare.gov applicants are instructed to submit identity documents but must wait a week or more for this documentation to be reviewed and approved. In the meantime, individuals who are unable to complete the online application or individuals who are unable to submit satisfactory documentation can apply by phone or mail in a paper application. However, it is unclear how or if they are notified of these options. Importantly, individuals who are unable to pass the online or phone ID proofing are not allowed to use key online account features like selecting a plan based on the individual's financial assistance, receiving electronic notices, updating their information, and renewing their coverage.

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

Consumer assisters report that getting through ID proofing is one of the most common obstacles to enrolling in health insurance on Healthcare.gov. When asked to name the top three improvements the FFM

could make, offering “alternative options for proving identity” was the next to the top priority, with more than half (53 percent) of assisters ranking it in the top three. Moreover, four out of ten assisters surveyed indicated that proving identity online was almost always or often a problem.²⁸

Assisters noted that many immigrant families cannot be helped when calling Experian to resolve ID proofing issues. This includes individuals for whom Experian cannot generate questions, as well as those who are unable to answer difficult questions such as confirming past addresses when they have frequently moved. In assister listening sessions, it was clear that this problem is so frustrating that some assisters circumvent Experian and directly contact the FFM call center to begin a phone application when online ID proofing fails, although this is not the most efficient path to eligibility and enrollment. Other assisters indicate they may bypass ID proofing screens, complete the whole application online, and then call the FFM call center and ask them to “submit the application” rather than follow the process Healthcare.gov provides. However, individuals determined eligible through this process are unable to compare plan features and costs based on the size of their premium tax credit or cost sharing reduction online as the system was designed.

In consumer assisters’ own words:

“The most common and time consuming problem was verifying identity...”

“Many immigrant applicants I worked with could not complete the application online, and had to call the marketplace instead, because we could not get through the identify verification step online.”

“An immigrant ... was unable to get his identity verified because of lack of a credit history, even though he had all his documents.”

Recommended Action Steps

Identify circumstances when calling Experian is not useful and bypass this step for those applicants. It is generally believed that when Experian is unable to generate online questions to confirm identity, it is also

unable to help applicants over the phone although this is the required next step. The federal marketplace has not confirmed if this consistently happens in these cases but should test the theory and develop an alternative mechanism that bypasses the need to call Experian if doing so is not useful.

Expedite the review and approval of uploaded identity documents. Applicants who cannot get through online identity proofing should be able to submit documents electronically on Healthcare.gov and have them quickly reviewed. In an ideal world, the uploaded documentation would be reviewed in real-time. By the time the individual had completed the rest of the online application, their identity would be confirmed, and they would be able to get an immediate eligibility determination and continue with choosing a health plan. The immediacy of such action is particularly important when an applicant is being helped by an assister since a delay necessitates a subsequent appointment, which may or may not happen if the applicant is discouraged by the process.

Permit authorized assisters, with appropriate training, to attest to an applicant’s identity and upload documentation for the case record. Under this approach, consumer assisters would be trained to review the appropriate type of documentation needed to verify an individual’s identity, and upload the copies of documentation for the case record. In listening sessions, some assisters noted a willingness to take on this role to simplify the application process, but wanted to receive additional training to ensure they are prepared for this task. Similar practices are in place in several states that operate their own marketplaces.

Expand the list of documents that can be used to confirm identity. A more expansive list of acceptable documents would help more consumers confirm identity and take full advantage of the online tools available for enrollment. For example, for household contacts who are immigrants, acceptable documents could also include a combination of documents such as a foreign driver’s license, official school or college transcripts that include the applicant’s date of birth or a signed lease agreement that confirms to the address shown on a photo identification.²⁹

Provide an alternative online application that retains the advantages of applying online but does not share protected personal information. As noted earlier, a significant disadvantage of not being able to submit an online application is the absence of an alternative

process for plan comparison showing individualized financial assistance. Individuals who are unable to complete the application online cannot see their *personalized costs* with respect to premiums and out of pocket charges *based on their premium tax credits and cost sharing reductions*. Cost is always a top, if not the top, factor when choosing a health plan. The individual's share of premiums and cost-sharing reductions are extremely difficult and impractical for an applicant and assisters to manually factor into comparison and selection of plans. And, even the most patient and skilled FFM call center representative cannot walk through all the plan options, given different metal levels and plan choices. Providing another path to accessing individualized cost information and plan options is a high priority, both as a short-term solution for those who await manual verification of identity, as well as those who lack sufficient documents to pass identity proofing.

RECOMMENDATION #4: Boost resources for communication in languages other than English and Spanish.

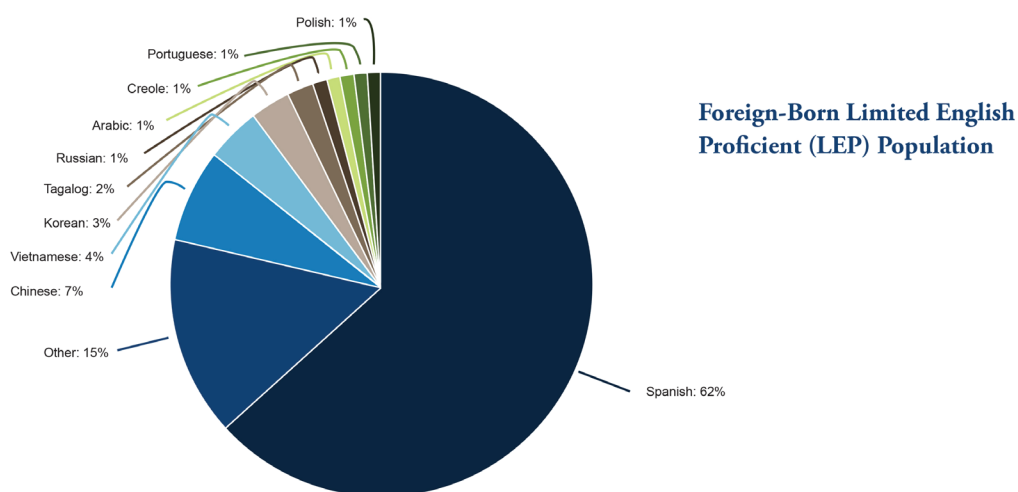
SUMMARY OF THE PROBLEM

Language access is a common barrier when working to improve coverage rates for immigrant and mixed immigration status families.³⁰ An estimated 25 million people in the U.S. are limited English proficient (LEP), which for purposes of this paper means that they

reported speaking English less than “very well” as classified by the Census Bureau.³¹ The most prevalent languages spoken among foreign-born LEP individuals in the U.S. are Spanish, Chinese, Vietnamese, Korean, Tagalog, Russian, Arabic, Creole, Portuguese, and Polish with hundreds of thousands of LEP individuals speaking additional languages.³² The FFM provides the bulk of its written and online information—including paper and web-based applications, marketing materials, notices, and more—only in English or in some cases Spanish.³³ As a result, LEP consumers are left with effectively two options to learn about their coverage options, make changes to their application, and enroll: use the contracted telephonic language service or seek the help of an application assister. And, when interacting with either the FFM call center to apply, inquire about their application, or make changes, or the FFM contractor (Experian) for matters related to ID proofing, people who do not speak English or Spanish proficiently must use a contracted telephonic language service.

Language barriers have become particularly evident in the notices provided to enrollees by the FFM. These notices often contain critical action steps the individual must take to gain or retain health coverage, and yet are provided only in English and, in some cases, Spanish. The notices do contain a tagline translated into 15 languages, embedded in the English notice.³⁴ However, in the first and second open enrollment periods, these taglines contained

Figure 3: Most Prevalent Languages Spoken Among Foreign-Born People in the United States Who are Limited English Proficient (2013)



Source: “The Limited English Proficient Population in the United States,” Migration Policy Institute, (July 2015), available at <http://www.migrationpolicy.org/article/limited-english-proficient-population-united-states> (Figure 3).

generic ‘how to get help’ messages, rather than content specific to each particular notice.³⁵ As a result, consumers often disregarded the notices or were unable to understand the urgency of taking action. On April 2015, these taglines were revised and are now more action oriented.³⁶ HHS staff also sought comment from stakeholders on notices, but yet it is not clear when or whether there will be additional translations of notices or revisions or customization of the translated taglines.

When more than 100,000 people who had bought coverage in the FFM during the first open enrollment period lost coverage due to immigration or citizenship status inconsistencies, the National Immigration Law Center filed two administrative complaints with the HHS Office for Civil rights asserting that the FFM violated longstanding civil rights laws and the ACA’s anti-discrimination provisions by not having the notices translated into the primary languages of the consumers.³⁷

Language Access is Required By Federal Law

Meeting the language needs of applicants for health insurance in the FFM is required both by Title VI of the Civil Rights Act of 1965 and Section 1557 of the ACA, which prohibit discrimination on the basis of race, color or national origin in any program or activity administered by an executive agency or receiving federal funds. With regard to oral communication, LEP individuals must be able to access bilingual staff or interpreters to assist with oral communication as part of the application process.³⁸

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

The highest priority language access problem identified by assisters in the online survey was the need for the FFM to translate notices. Although not among the top three improvements noted by assisters, “improv[ing] the instructions provided in notices sent to consumers” and “ensur[ing] that marketplace notices are translated into more languages” were the sixth and seventh most popular responses.

In terms of oral interpreting, consumer assisters generally noted that progress was made—like shorter

wait times for interpreters—in the second open enrollment period when individuals sought language assistance by phone through the FFM call center or through Experian’s ID proofing phone line.^{39,40} However, in listening sessions, assisters identified confusion about protocols around the use of on-site interpreters when calling the language line with an LEP consumer. Specifically, some assister entities have their own bilingual staff who provide enrollment assistance directly to consumers in a non-English language or utilize in-person interpreters in their organizations. When calling the FFM call center, sometimes assisters were allowed to interpret for clients themselves or use their on-site interpreter, while in other cases, the FFM call center incorrectly required the assister to use an interpreter through the federally contracted language line only. Assistors in our listening sessions found that the process worked more smoothly when they interpreted themselves or used an on-site interpreter who could communicate with the consumer face to face.

In consumer assisters’ own words:

“I was impressed that the marketplace got hold of an [interpreter] for ...[an uncommon] African language... However the [interpreter] didn’t have any background as to why we were placing the call and ultimately was not able to help the client answer the questions that were being asked in the marketplace phone call.”

“Often... it was difficult to connect with the call center operators that were bilingual.”

“Some of the phone help spoke very rapid Spanish... with different vocabulary. Choosing a plan over the phone is next to impossible.”

“It should be better known that if consumer needs an uncommon language, a ‘reservation’ for an interpreter can be made in advance for a particular day and time.”

Recommended Action Steps

Translate notices so that LEP applicants and enrollees know when and how to take action. Translating notices sent to applicants and enrollees in additional non-English languages should be the FFM’s highest

translation priority. The FFM should work with stakeholders to develop a work plan and secure the resources to translate all notices into other languages based on the standard provided in the HHS Office for Civil Rights LEP Guidance.⁴¹ The FFM should also analyze language data from applications to identify and prioritize languages for translation. As a first step, the FFM should customize all translated taglines to the particular type of notice so that applicants will know when and if they need to take action.

Provide in-language assistance through the FFM call center in more languages than Spanish. In recent meetings, HHS staff shared that the vast majority of FFM call center requests for language assistance were for ten specific languages, though they did not disclose which languages rose to the top. With more than two years of enrollment experience, HHS staff should analyze and share data with stakeholders about language assistance use, along with preferred language data from FFM applications. Stakeholders with expertise in assisting consumers with languages other than English and Spanish could provide useful input in regard to moving toward providing in-language assistance in additional top-tier languages. HHS should also recruit and hire bilingual call center staff and continuously monitor the quality of call center interpreting.

Allow assisters to provide interpreting directly or through onsite interpreters when calling the FFM call center. Organizations that receive navigator grants are required to accommodate the language needs of the communities they assist. Many do so by hiring bi- or multi-lingual staff to work with consumer assisters. Face-to-face interpreting can be much more effective than over the phone. However, some FFM call center representatives insist on using the FFM's contracted language line for interpreting, even though it is duplicative of the service that paid navigators are required to provide. HHS should provide clear guidance to both FFM call center staff and external assister entities that clearly permits assisters to provide interpreting directly or through onsite interpreters when calling the call center.

Permit assisters to pre-schedule appointments with interpreters. When helping the individuals who speak less common languages, assisters may face a long wait time to get the appropriate interpreter in addition to time spent waiting to talk with a FFM call center representative. Often, these waits exceed

the appointment time, which is very frustrating for applicants. This problem could be rectified with advance planning. Assistors take note of LEP applicant language needs when scheduling appointments in order to match them with existing language resources or flag the need for external interpretation. In that latter case, prescheduling appointments with the FFM's call center representatives and interpreters would be more efficient and effective for all concerned.⁴²

Target assister resources to organizations that work to enroll immigrant and LEP communities. A critical way to support applicant and enrollees language needs is to continue to target federal consumer resources to organizations that can work with consumers in languages other than English.⁴³ One strategy would be to require organizations applying for grants to identify specific strategies and languages they will use to reach out to and enroll people in immigrant families or people with limited English proficiency. These language access plans could then be evaluated and rated during the review process for future navigator and consumer assistance grants. In addition, HHS should continue to provide grants through the Office of Minority Health to consumer assisters who support and can competently assist immigrant and minority families.

Recommendation #5: Improve the customer experience for both assisters and applicants, including refining the process for resolving complex cases.

SUMMARY OF THE PROBLEM

The FFM was designed to operate in a highly sophisticated technology environment where online systems and electronic databases determine eligibility in real time. However, immigrant families, and the consumer assisters who help them apply for health coverage through the FFM, continue to face problems throughout the application process that often requires a human touch for troubleshooting or individual casework. When individuals and assisters run into these kinds of situations, they generally contact the FFM call center to ask for help in troubleshooting the problem or determining the next step. But call center representatives have limited access to individual case information. Attempts to request that the case be referred to casework, which was the next step when

the FFM call center is unable to resolve a problem, are often unsuccessful. As a result, cases may stall for weeks or months without action. While a formal appeals process is an option for some but not all cases, it is a prolonged and resource-intensive step that is not a substitute for casework.

(Authors' Note: In the third open enrollment period, the marketplace added a helpline for assisters that acts as a technical assistance resource to help assisters with complex issues. This helpline focuses on policy issues and helpline staff do not have access to the consumer's application information.⁴⁴

WHAT CONSUMER ASSISTERS TOLD US ABOUT THE SECOND OPEN ENROLLMENT PERIOD

Assisters stressed that a key area where the FFM can improve is having a clear process for getting timely help on complex cases. When asked what the FFM could do to improve support for assisters in helping immigrant families, more than four-fifths responded (83 percent) “provide an easier way for assisters to get help on complex cases” and more than half (58 percent) said, “improve assisters access to the call center or other help.”⁴⁵ In listening sessions, assisters reflected that the process for “escalating cases” through the FFM call center was unclear and inconsistent at best. Consumer assisters described contacting the FFM call center to check on a case, and having a call center representative tell them that there was no progress and to re-escalate the case for another 30-day period and then wait again for a resolution. Another assister described reaching an FFM call center representative who told her that a case had been resolved, but the applicant had not been notified. More than one assister said that it was easier to delete an application, and start the process again online or by phone—which could take hours—and hope for a better outcome than to try to escalate a case.

In listening sessions, consumer assisters also discussed general customer service problems they encountered during listening sessions. They noted that when contacting the FFM call center to check on the status of a case, FFM call center representatives cannot access case notes from the mail processing center in Kentucky (run by SERCO). Assisters noticed that some applicants were locked out of uploading documentation to their application during the inconsistency process and that some call center staff could “unlock” an application

and others could not. Another issue is the lack of ability to train in a “live system” environment.

Assisters also frequently noted that many of the applicants they worked with had little to no computer literacy and limited literacy even in their own language. These individuals and families will continue to need to application assistance to apply online, and would not be able to apply online their own even if the entire application were translated.

In consumer assisters' own words:

“Almost everyone I helped had no email address, no computer at home, and no tech skills such as ... typing. Literacy skills [were] very low as well, even in their native language.”

“I've done escalations with 25 different clients and I didn't get a call back on a single one.”

“The wait times [at the federal marketplace call center] can be long. I waited on hold with one family for 40 minutes only to be cut off. When we called back, it was another 35-minute wait. The family ended up leaving without being helped due to time constraints.”

RECOMMENDED ACTION STEPS

Dedicate a specialized unit in the FFM call center to resolving complex cases for immigrant families. As noted in the immigrant eligibility section, the overlay of two complex sets of rules: general eligibility rules for marketplace financial assistance and Medicaid, and eligibility rules for immigrant families, makes it very difficult for FFM call center representatives to understand and troubleshoot complicated cases. Even with additional training and carefully written scripts, expecting all call center representatives to be experts on all aspects of marketplace and Medicaid eligibility would be a tall order. Having a customer service unit within the federal call center that specializes in resolving the complex application issues immigrant families face, including data matching issues, documentation needs, and eligibility scenarios, would be an enormous help.

Provide functionality for the FFM call center to access the application to better manage and resolve complex cases. FFM call center representatives do not appear to have the tools to manage casework or get updates on a case. A ‘back end’ to the application and enrollment system should be built that allows FFM call center staff to see and communicate case information in real time. This should include the status of documentation review, whether ID proofing or the inconsistency process had been cleared, next steps, and if any additional action is needed.

Create workflows for casework and share processes with stakeholders. Call center representatives refer to an “escalation” process when an application needs casework, but the process is unclear and action on cases is not always communicated to applicants. The FFM should map out suggested workflows for casework and share so that assisters and other stakeholders understand the process. The result would lead to a common understanding of steps and timelines, as well as expectations about how and when the FFM communicates with applicants with the potential to identify improvements and efficiencies.

Provide additional training tools to the assister community. Assisters suggested that they could expand their competence, increase their efficiency in helping applicants, and better train new consumer assisters if they had ready access to a training or testing environment that mirrors Healthcare.gov. This type of access would allow assisters to review the entire online application and show the possible answers in order to train additional assisters and better understand the online application when changes are introduced.

Continue to provide resources for application assistance. Assisters stressed that, with many immigrant families they helped, applicants or household contacts had no email address, no computer at home, no computer skills such as

keyboarding, and low literacy. Individuals in these circumstances will continue to need personalized assistance to apply online and may even struggle to apply by phone, even with an interpreter, without in-person assistance.

Continue to promote an environment of transparency and problem solving with stakeholders. Agency staff have committed to regular conversations with stakeholders. These meetings and the work that needs to take place in between achieve the best results when there is transparency and timely sharing of information with stakeholders to help diagnose and fix problems quickly. Immigrant policy experts and other stakeholders have a deep understanding of the barriers that lawfully present immigrants face in accessing health coverage. Many have years of experience in public insurance programs, as well the eligibility and enrollment systems used to access coverage. They are knowledgeable about translating complex eligibility and health insurance concepts into comprehensible notices that meet legal and regulatory requirements. They interact frequently with assisters and others who work with the immigrant community, and can act as a conduit for sharing information from and with the field. Moreover, they are motivated and committed to ensuring that the promise of affordable health coverage is fulfilled for those who qualify. Routine sharing of key data can help stakeholders communicate with key communities and help to identify trends that may lead to quicker resolutions. Allowing stakeholders to test new systems and processes before they go live—when making changes to an application process—could also be a very helpful strategy and one that some state-based marketplaces have used. In working together, HHS and stakeholders can conduct case reviews to identify root causes of problems. Stakeholders can also continue to assist with additional training and communications with those who work directly with immigrants.

Conclusion

The Affordable Care Act has provided a significant opportunity to provide health coverage to many lawfully present immigrants who are not eligible for Medicaid and CHIP because of the restricted immigrant eligibility rules in those programs. With the third open enrollment now complete, enrolling

the remaining eligible but uninsured is likely to become more challenging. It will require not only tailored communication to those who are eligible but unenrolled, but also improved systems that make the application and enrollment process work for individuals and families with more complicated

situations—like immigrants—who remain without coverage. The action steps provided in this paper are intended to provide a roadmap for those who oversee

the FFM as they continue to work to get enrollment right for families with immigrants.

Methodology

The Center for Children and Families at Georgetown University's Health Policy Institute (CCF) conducted two types of qualitative research that informed this report: an online survey and telephone listening sessions. Both methods helped gather information from consumer assisters in states that rely on Healthcare.gov and the FFM call center.

Online Survey

The online survey, provided in Appendix D, was designed to gain a more comprehensive understanding of successes and challenges of providing assistance in applying for health coverage during the second open enrollment period (November 15, 2014 to February 15, 2015) to families that include immigrants. The survey was open from March 22, 2015 to April 23, 2015 on surveymonkey.com. The survey instructions invited anyone who “provide[d] application assistance to at least one immigrant or individual in an immigrant family during the second open enrollment period to respond.”

In total, CCF received 281 complete responses to the online survey. However, 71 responses were removed from analysis because the individuals did not work in the 37 states that rely on Healthcare.gov for enrollment in the health insurance marketplace.⁴⁶ This left 210 survey responses remaining that were used for the analysis. CCF promoted the survey link through In the Loop, an online community for consumer assisters, the Asian Pacific Islander Health Forum's Network of assisters, and through navigator contacts in a number of Healthcare.gov states, including Arizona, Florida, Michigan, Ohio, Georgia, Virginia, Oklahoma and Texas. Responses to the survey were voluntary.

Of respondents, more than one-third (41 percent) were certified application counselors; more than one-third (38 percent) were Navigators, and a smaller share (14 percent) are in-person assisters in states that partner with the FFM to manage consumer assistance, known

as partnership marketplace states. In these states, CMS contracted with one or two private vendors to provide in-person assistance to consumers seeking health coverage. More than half of the assisters who responded to the survey (54 percent) had a caseload in which more than 25 percent of the consumers they serve include immigrant applicants or families with immigrants.

Of those surveyed, more than half of assisters have the ability to assist individuals in Spanish and about half (51 percent) were funded through a federal navigator grant or contract during the second open enrollment period. Almost one in three assistance programs were funded through HHS grants to community health centers (30 percent). About one in five of assistance programs are funded through state contracts (19 percent).

[See Appendix D for the online survey]

Listening Sessions

The listening sessions were developed to enable more robust conversations with assisters on nuanced issues that arose from the online survey. In the online survey, responders were asked if they would be willing to participate in a follow up listening session. Those who responded affirmatively were invited by email to participate in one of three listening sessions. Participation in the listening sessions was voluntary. The three one-hour listening sessions were convened by phone between May 18 and May 21, 2015. Thirty immigrant health care coverage enrollment assisters from 14 states and the District of Columbia participated. However, the contributions from one of the participants was removed from analysis because the individual did not work in a state that relies on the federal marketplace.

Acknowledgements

Authors: Sonya Schwartz and Tricia Brooks, Georgetown University Center for Children and Families

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Appendix A: Immigrant Eligibility Rules for Federal Health Insurance Affordability Programs

The eligibility rules for immigrants in Medicaid and CHIP differ by program and by state, and are generally narrower for immigrants than rules in the marketplace. States have the option to cover some lawfully residing immigrants, particularly children and pregnant women, but not all states take advantage of the opportunity to use federal funds to cover eligible immigrants. Another complicating factor is that in a mixed-immigration status family, different rules may apply to different family members, depending on whether the individual is a citizen, lawfully present under the ACA definition, considered not lawfully present or undocumented, and/or in an immigration status considered “not-qualified.” This paper does not attempt to cover immigrant eligibility for health care programs in depth, but to recognize the complexity of layering complicated immigrant eligibility rules on top of income, family status, and other health insurance program rules.

Immigrant Eligibility for Medicaid and CHIP

The current immigrant eligibility rules for non-emergency Medicaid and CHIP were not changed by the ACA and stem from the 1996 welfare reform law.^{47,48} Since 1996, eligibility for these programs depends on having a “qualified” immigration status; and for many immigrants who entered the U.S. on or after August 22, 1996, meeting a five-year federal waiting period for coverage. However, some groups of qualified immigrants are eligible to enroll in Medicaid or CHIP right away (see below).⁴⁹

Figure 4: “Qualified” Immigrants

- Lawful Permanent Residents (LPR, green card holders)
- Refugees
- Asylees
- Cuban/Haitian entrants
- Individuals who were paroled into the U.S. for more than a year
- Conditional entrants
- Certain domestic violence and trafficking survivors and their derivatives
- Persons granted withholding of deportation/removal
- Member of a federally recognized Indian tribe or American Indian Born in Canada

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities

Figure 5: Five-Year Waiting Period for Medicaid & CHIP

- Many “qualified” immigrants are subject to a five-year waiting period (also known as “the five-year bar”)
 - The five years begin when an immigrant obtains a “qualified” immigration status
- Some people with a “qualified” immigration status are not subject to the five-year bar:
 - Immigrants who physically entered the U.S. before 8/22/96 and remained in the U.S. continuously until obtaining a qualified status
 - Refugees, asylees, persons granted withholding of deportation/removal (even if they later become LPRs)
 - Cuban/Haitian entrants, certain Amerasian immigrants, individuals granted Iraqi or Afghan special immigrant status, trafficking survivors (even if they later become LPRs)
 - Qualified immigrants who are U.S. veterans or on active military duty and their spouses or children
 - Children (at state option)
 - Pregnant women (at state option)

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

State Option to Provide Coverage of “Lawfully Residing” Children and/or Pregnant Women and Other State Options

As of 2009, states can opt to expand Medicaid or CHIP coverage to lawfully residing children and/or pregnant women with no five-year waiting period.⁵⁰ In this context, the term lawfully residing refers to lawfully present individuals who are also residents in a particular state.⁵¹ As of the writing of this paper, 28 states and DC have opted to take advantage of federal funding to cover lawfully present children, and 22 states and DC provide coverage to lawfully present pregnant women under this option.⁵² As of January 2015, 15 states had also taken up the option to provide coverage for the unborn through federal CHIP funding, effectively covering services to pregnant women regardless of immigration status.⁵³ It is important to note that there can be additional state variation in immigrant eligibility rules beyond the above-mentioned options. A few states do not cover qualified immigrants even after their first five

years of lawful present, but on the other end of the spectrum, some states use state-only funds to provide coverage to more categories of immigrants, such as

Figure 6: State Flexibility to Vary from the General Eligibility Rules

- Federal Medicaid/ CHIP Options
 - CHIPRA 2009 gave states the option to cover children and/or pregnant women:
 - Who are lawfully present and otherwise eligible
 - Without a 5-year waiting period
 - Regardless of date of entry into the U.S.
 - Through CHIP, states can also opt to provide certain medical services to pregnant women (including prenatal care), regardless of immigration status, if they are not otherwise eligible for Medicaid
- State-Funded Options
 - States can cover additional immigrants with state-only funds

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

undocumented immigrant children or adults in the five-year waiting period.⁵⁴

Immigrant Eligibility for the Marketplace

To be eligible to enroll in health insurance in the marketplace, an individual must be a U.S. citizen or national or be “lawfully present” in the U.S.⁵⁵ Under the ACA, lawfully present individuals are eligible to purchase health insurance in a Qualified Health Plan (QHP), may qualify if income-eligible for help with costs in the form of premium tax credits (PTC) and cost-sharing reductions (CSR), and are required to have health insurance unless they are eligible for an exemption.

The definition of individuals considered to be “lawfully present” by the U.S. Department of Health and Human Services (HHS) is an extensive list (see the Figures below).⁵⁶ The definition includes qualified immigrants who meet eligibility requirements for Medicaid and CHIP, as well as many others.⁵⁷ It is important to note that, young people granted deferred action through the Deferred Action for Childhood Arrivals (DACA) program are not eligible for coverage or subsidies in the marketplace although other non-citizens granted deferred action for other reasons remain eligible.

Figure 7: “Lawfully Present” Immigration Categories - Part I

“Qualified” Immigrants:	Other “Lawfully Present” Immigrants:
<ul style="list-style-type: none"> ● Lawful Permanent Resident (LPR/green card holder) ● Refugee ● Asylee ● Cuban/Haitian Entrant ● Paroled into the U.S. ● Conditional Entrant ● Battered Spouse, Child and Parent ● Trafficking Survivor and his/her Spouse, Child, Sibling or Parent ● Granted Withholding of Deportation or Withholding of Removal <p>Others:</p> <ul style="list-style-type: none"> ● Member of a federally-recognized Indian tribe or American Indian Born in Canada 	<ul style="list-style-type: none"> ● Granted relief under the Convention Against Torture (CAT) ● Temporary Protected Status (TPS) ● Deferred Enforced Departure (DED) ● Deferred Action (except DACA)* ● Paroled into US for less than one year ● Individual with Nonimmigrant Status (includes worker visas; student visas; U visas; citizens of Micronesia, the Marshall Islands, and Palau; and many others) ● Administrative order staying removal issued by the Department of Homeland Security ● Lawful Temporary Resident ● Family Unity
<p>*EXCEPTION: Individuals granted deferred action under the 2012 Deferred Action for Childhood Arrivals (DACA) program are <u>not</u> eligible to enroll in coverage in the Marketplace.</p>	

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

Figure 8: “Lawfully Present” Immigration Categories – Part II

Applicant for Any of These Statuses:	With Employment Authorization:
<ul style="list-style-type: none"> • Lawful Permanent Resident (with an approved visa petition) • Special Immigrant Juvenile Status • Victim of Trafficking Visa • Asylum* • Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention Against Torture (CAT)* 	<ul style="list-style-type: none"> • Applicant for Temporary Protected Status • Registry Applicants • Order of Supervision • Applicant for Cancellation of Removal or Suspension of Deportation • Applicant for Legalization under IRCA • Applicant for LPR under the LIFE Act
<p>*Only those who have been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days are eligible</p>	

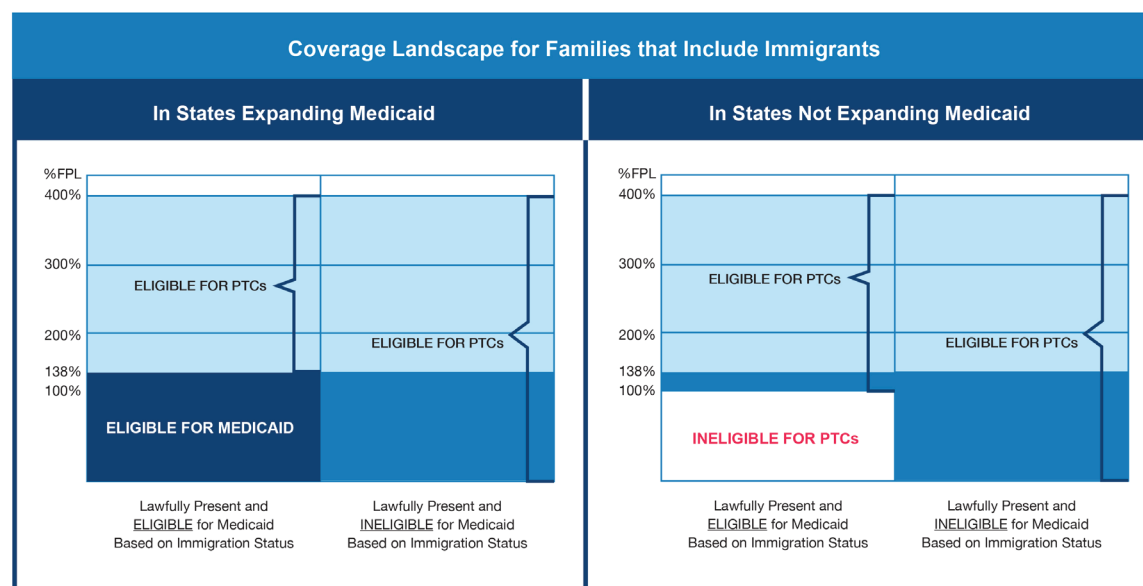
Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

Coverage for Lawfully Present Individuals with Incomes Below the Poverty Line

The ACA provides a pathway to federal health coverage programs for lawfully present immigrants whose *immigration status* makes them ineligible under the more restrictive immigrant eligibility rules for Medicaid or CHIP.⁵⁸ Lawfully present individuals are eligible for both PTC and CSR in the marketplace, and those with income below 100 percent of the federal poverty level (FPL) are eligible for marketplace financial assistance if they are ineligible for Medicaid because of immigration status.

However, in states that have not expanded Medicaid, there are lawfully present immigrants who qualify for neither Medicaid nor marketplace financial assistance. This group includes certain qualified immigrants who *would be* eligible for Medicaid based on immigration status but *are not* eligible Medicaid because their state has not taken up the Medicaid expansion. Examples include qualified immigrants who have income below the poverty line and who are either exempt from the five-year waiting period in Medicaid/CHIP or have reached the end of the five-year waiting period. These immigrants fall into the coverage gap and are not eligible for PTCs or CSRs unless their income is at or above 100 percent FPL.

Figure 9: General PTC Eligibility for Lawfully Present Adults



Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

Appendix B: How the Application and Enrollment Process Works for the FFM

Individuals and families, with or without the help of a consumer assister, can apply for health coverage through the FFM online, by phone, or by paper application. The online application comes with a significant advantage: applicants receive personalized information about premiums and out-of-pocket costs that include their premium tax credits (PTC) and cost sharing reductions (CSR). This information is essential to making an informed selection of health plans.

There are many steps involved in completing the online application on Healthcare.gov, ranging from creating an online account to providing detailed information about household members, their income, and employment to plan selection and enrollment. Below, we describe the key steps in the Healthcare.gov process that are particularly challenging for immigrant families to complete—creating an online account; ID proofing; attesting to and verifying citizenship and immigration status; determining ineligibility for Medicaid and CHIP; and the inconsistency process when the system is unable to instantaneously verify citizenship or qualified immigration status through electronic data matching. It does not walk through every step in the entire application.

CREATING AN ONLINE ACCOUNT

The application process starts with the applicant creating an online account. This entails the household contact entering his/her zip code followed by name, email address, password, and choosing from a list of security questions that must be answered correctly to retrieve a lost password. The applicant then must wait for an email confirmation with a verification link back to the online application and accept the terms and conditions before moving onto the next step in the process.

A Note About Language/ Translation

The online application is available in English and Spanish. In order to get to the Spanish online application, you click on “Español” on the top right hand corner of the site.

IDENTITY PROOFING

The second step in the online application on Healthcare.gov is identity proofing (“ID proofing”), which must be completed by the person designated as the household contact in an application. This process is used to verify an individual’s identity; prevent an unauthorized person from applying for health coverage in another person’s name without her/his knowledge and consent; and to protect against disclosure of information to the person completing the application since Healthcare.gov connects to a federal hub which accesses data from federal agencies.

ID proofing is similar to confirming your identity in order to access your credit history, and is managed by Experian, the credit rating service. The individual must correctly answer questions based on financial and personal information in Experian’s database. For example, questions might be about current and past addresses, auto ownership, names of current and previous employers, and more. If an individual has limited or no credit history, and Experian does not have other demographic data about the individual, it cannot generate the questions necessary to complete ID proofing.⁵⁹ In these cases, the next required step—calling Experian—may also be unsuccessful.

When an individual’s identity cannot be verified online, additional steps are required before an online application can be completed. As outlined in a CMS FAQ, these steps include:

- Calling the Experian Help Desk and providing a reference code generated on Healthcare.gov when ID proofing was not completed, so that that Experian can attempt to verify identity by phone with language assistance if needed.
- If Experian cannot complete the process by phone, an individual will be required to upload or mail in a copies of documents from an approved list to show identity. Processing of documentation is supposed to take 7-10 business days after it is received, if not sooner.
- After documentation is processed, the individual will receive a written notice that identity has been verified or that additional information is required.

Once satisfactory documentation has been approved, an individual can return to Healthcare.gov to continue the application online.

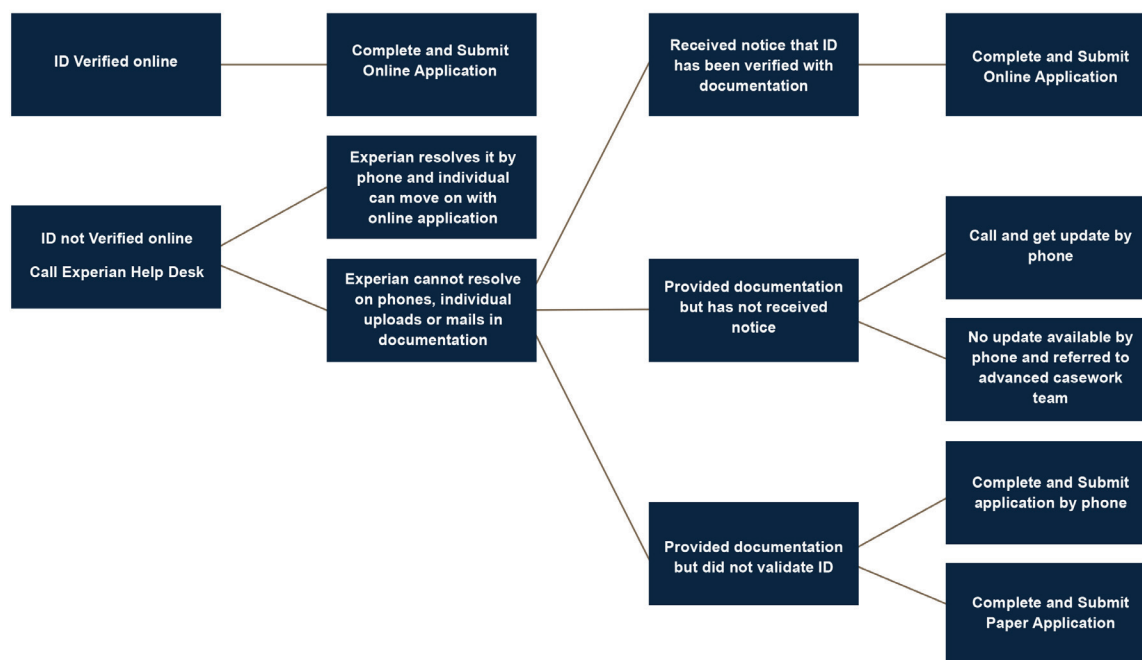
Individuals who provide documents that are insufficient in verifying identity are instructed to contact the FFM call center. The call center representative will provide a status update, if possible, or contact an “advanced casework team” to look into the status of the case and contact the applicant “when it is reviewed.”

Applicants who have difficulty verifying their identity online, and are not able to resolve it through Experian call center or by submitting documentation, may give up early in the process. Some applicants who are

working with a determined consumer assister who understands the process or who receive instructions from the Experian call center, might call the FFM call center and apply for health insurance by phone right away to try to speed up the process.⁶¹

If the household does not have access to needed documents to complete the ID proofing process, they can complete an application by phone by contacting the FFM call center or mail in a completed paper application. They can also bypass ID proofing and continue the application process. However, they will not receive their eligibility results online and will not be able to compare, choose and enroll in a plan online.

Figure 10: Identity Proofing Process



ATTESTING TO AND VERIFYING CITIZENSHIP STATUS

In the FFM, when applicants attest to being U.S. citizens and provide an SSN, their information is checked against information the Social Security Administration’s (SSA) records to verify citizenship.⁶² SSA does not have citizenship records for some citizens, including many who were born outside the U.S. If citizenship cannot be immediately verified electronically through SSA, applicants will be asked if they are “naturalized or derived citizens.” Individuals who respond “yes” will be asked to provide their

Alien registration or USCIS number and either a naturalization certificate number or a certificate of citizenship number. Healthcare.gov will then try to verify citizenship through data matching with the Department of Homeland Security’s Systematic Alien Verification for Entitlements system (SAVE) (see more about SAVE below). If these document numbers are unavailable, individuals can mail in or upload other proof of citizenship and identity such as a copy of their U.S. passport. While their citizenship is being verified, applicants who otherwise meet all eligibility requirements can enroll in Medicaid, CHIP or a

marketplace plan during a “reasonable opportunity period” or “inconsistency period.”⁶³

ATTESTING TO AND VERIFYING IMMIGRATION STATUS

When applying for coverage in the FFM on Healthcare.gov, immigrants attesting to not being a US citizen are shown a list of immigration statuses and are asked if they have an “eligible immigration status.”⁶⁴ A “yes” response prompts the applicant to choose their document type and usually enter their alien number (referred to as the “A” or “USCIS” number) and the immigration document/ card receipt number.⁶⁵ If this number is not available, it is possible to use another document number, such as an I-94 number. Healthcare.gov then transmits the information electronically to SAVE (called SAVE step 1) to see if it can instantly verify the immigration status of the applicant, which should take three to five seconds.⁶⁶ If the process works smoothly and there is a match, SAVE then provides information about whether the individual has an eligible immigration status for purposes of the marketplace, Medicaid or CHIP. Otherwise, SAVE prompts the FFM to “institute additional verification,” which triggers the inconsistency process describe below.⁶⁷

An Introduction to SAVE

A critical part of the eligibility verification process for immigrant families is the Systematic Alien Verification for Entitlements, or SAVE, an inter-governmental information service that electronically verifies the immigration status of individuals applying for benefits, including Medicaid, CHIP, and eligibility to purchase insurance through the marketplace.⁶⁸ SAVE relies on document numbers such as the Arrival/Departure Record (Form I-94), the Permanent Resident Card (Form I-551), the Employment Authorization Document (Form I-766), or a foreign passport or visa to electronically match to records in the Department of Homeland Security database. SAVE does not provide the FFM or other programs with an *eligibility determination* for a specific program. Instead it provides key information the agency uses to determine if the applicant meets the applicable immigration-related eligibility standards for that program.

In the third open enrollment period, Healthcare.gov included some additional prompts to help encourage individuals to provide SSNs and immigration document numbers online and avoid inconsistencies. If an individual does not provide an SSN in the online application, a prompt pops up that reminds them why it is important to provide SSNs for applicants who have them in order to avoid a data matching inconsistency. A similar prompt reminds individuals to provide immigration document numbers. There is also an additional reminder that allows individuals to correct an SSN that was not instantly verified. Finally, the FFM now includes “onscreen eligibility results” (instead of just a downloadable eligibility notice) that provides coverage options for each individual in the household, which includes a red warning of “temporary eligibility” for anyone in the household that needs to clear up a data matching issue to keep their coverage.

DETERMINING INELIGIBILITY FOR MEDICAID OR CHIP BASED ON IMMIGRATION STATUS

As noted previously, lawfully present immigrants who have income within the Medicaid eligibility range, but are ineligible for Medicaid or CHIP based on their *immigration status* can qualify for premium tax credits and cost-sharing reductions even if their income falls below the poverty line. If the FFM can instantly verify that the consumer is lawfully present but ineligible for Medicaid based on immigration status through SAVE, the application proceeds smoothly, and a correct eligibility determination can be made immediately. However, if the FFM cannot instantly verify that an applicant is ineligible for Medicaid based on immigration status, the process is more complicated. Healthcare.gov has system limitations that prevent a correct eligibility determination for some of these individuals (see below).⁶⁹

WHEN IMMIGRATION STATUS OR CITIZENSHIP STATUS IS NOT INSTANTLY VERIFIED

If Healthcare.gov cannot instantly verify if the applicant’s immigration status is ineligible for Medicaid—even though the applicant indeed is ineligible for Medicaid based on immigration status—the applicant will receive an incorrect eligibility determination for subsidies.⁷⁰ This happens because Healthcare.gov will assume the consumer is eligible for Medicaid based on immigration status until the applicant provides proof of her immigration status (which then confirms ineligibility for Medicaid). One of two determinations occurs:⁷¹

- Group 1: If the consumer appears to be eligible for Medicaid based on income and other factors, Healthcare.gov incorrectly assesses or determines eligibility for Medicaid.⁷²
- Group 2: If the consumer appears ineligible for Medicaid based on income below 100% of FPL and other factors, Healthcare.gov determines that the individual is temporarily eligible for a QHP at full cost. The FFM then provides notice that if proof of immigration status is provided and the individual is determined lawfully present but ineligible for Medicaid based on immigration status, the individual will get an eligibility determination for PTC and a special enrollment period.⁷³

Figure 11: If Income is in the Medicaid Range or Below the Poverty Line

If Healthcare.gov can't electronically verify an individual's immigration status through DHS (i.e. individual has an immigration status data matching issue), immigration status must be verified by the Marketplace through a manual document review or by the Medicaid or CHIP agency.

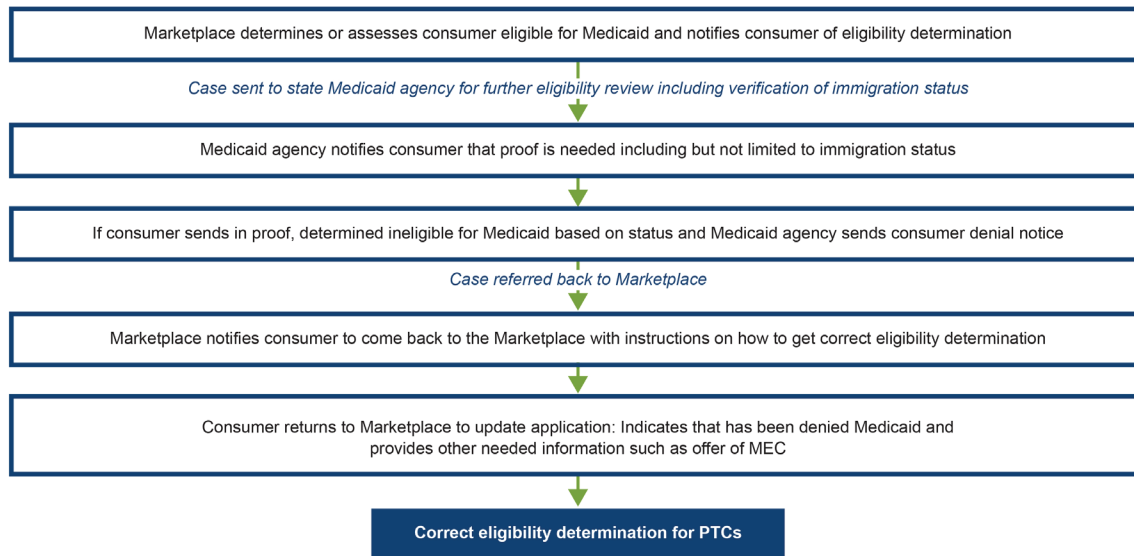
As a result:	
When the individual appears eligible for Medicaid based on income and other factors:	When the individual's income is below 100% FPL and is not otherwise eligible for Medicaid:
<ul style="list-style-type: none"> • sent to Medicaid 	<ul style="list-style-type: none"> • given the opportunity to enroll in a Marketplace plan with no PTC • notified of possible eligibility for PTC if provide proof of immigration status • if verified as lawfully present but ineligible for Medicaid, notified of eligibility determination for PTC/CSR and Special Enrollment Period

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

Group 1: The Applicant Appears to Be Otherwise Eligible for Medicaid⁷⁴

If the individual appears to be otherwise eligible for Medicaid based on income and other factors (e.g. a child or pregnant woman) and the immigration status cannot be instantly verified, the FFM will assess the individual as potentially eligible for Medicaid and notify the consumer.⁷⁵ The application is transferred electronically to the state Medicaid agency, which notifies the applicant that proof of immigration status is needed. (Note that some states continue to experience lengthy backlogs in Medicaid due to expansions of coverage and the welcome mat affect of health reform, and applications may take longer than the maximum 45 days allowed by law.)⁷⁶

If the applicant sends in adequate immigration documentation and is determined ineligible for Medicaid based on immigration status, the agency sends the consumer a Medicaid denial notice and the account *should be* transferred back to the FFM. The FFM then notifies the consumer to return to the FFM, and with instructions on how to get a correct eligibility determination, which will likely include providing the same documentation to the FFM. The applicant must then return to the FFM to update his/her application, indicated that s/he has been denied eligibility for Medicaid, and provide other information (if needed), which then results in a correct eligibility determination for coverage through the marketplace and financial assistance.

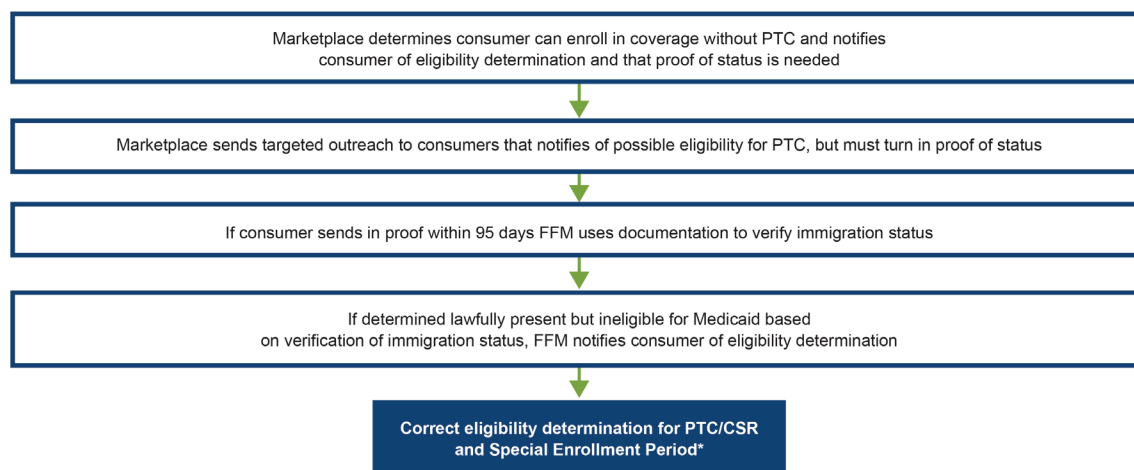
Figure 12: Process When Appears Eligible for Medicaid (Based on Income and Other Factors)

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

Group 2: The Applicant Appears Not to Be Otherwise Eligible for Medicaid

Beginning in December 2015, the FFM launched a new automated process for individuals who have income below 100 percent of the federal poverty line and who appear to be otherwise ineligible for Medicaid, but whose immigration status cannot be instantly verified.⁷⁷ The marketplace now identifies these individuals and notifies them of them of the

data matching issue and potential eligibility for PTC. If an individual then provides verification of immigration status within 95 days, and is indeed ineligible for Medicaid based on immigration status, the marketplace uses the documentation to verify the immigration status. It then notifies the individual that s/he is eligible for PTC/CSR and a special enrollment period. This new automated process replaced a manual process that required a consumer to take multiple steps in order to get PTC.⁷⁸

Figure 13: Process When Appears ineligible for Medicaid (Based on Income Below 100% FPL and Not Otherwise Eligible for Medicaid)

*Special enrollment period is accessible through HealthCare.gov and FFM Call Center. Consumers can enroll in plan within 60 days of eligibility determination notice. No need to update application or answer additional questions.

Note: This figure was developed in partnership with the National Immigration Law Center and Center on Budget and Policy Priorities.

THE INCONSISTENCY PROCESS

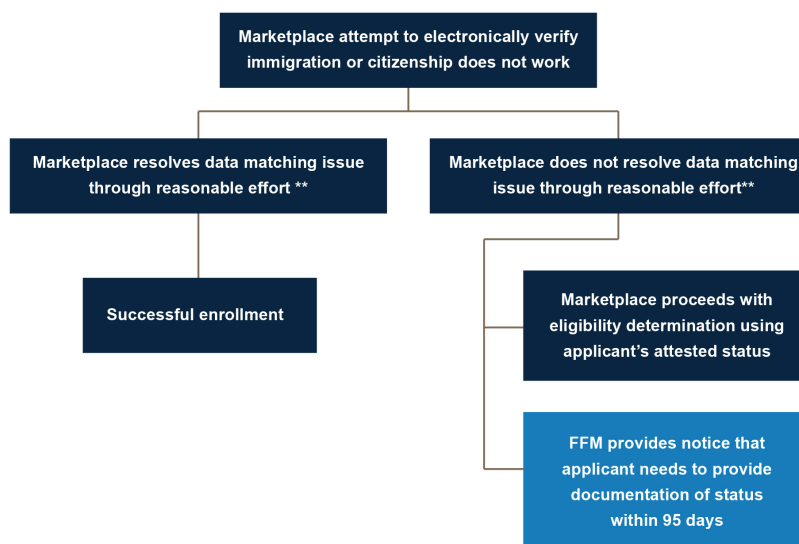
When the FFM is unable to electronically verify the immigration or citizenship information supplied by the applicant—including when the individual does not provide an SSN or immigration-related document numbers—the inconsistency process is triggered immediately. The applicant is instructed that additional documentation is needed but at the same time the FFM’s contractor, SERCO, makes a reasonable effort to identify and address the cause of inconsistency, including correcting typographical or other clerical errors.⁷⁹

It is important to emphasize that a data inconsistency does not mean that an individual has provided false information on their application.⁸⁰ Sometimes valid immigration document numbers or SSNs entered into HealthCare.gov or through the FFM call center do not return a match with SAVE or the SSA data. A data inconsistency can be the result of a processing error or indicate a need for additional documentation.

Even though the second step of SAVE may be initiated, the applicant may already be in the process of submitting documents. If the second step of SAVE is successful, the applicant is notified that the data matching issue has been resolved and is instructed on any additional steps needed.

As soon as the inconsistency is triggered, FFM provides specific notice to the applicant that documentation of citizenship or immigration status must be submitted electronically or via mail.⁸¹ These notices are provided in English or in Spanish, and include taglines in 15 languages.⁸² As of April 17, 2015 notices include a revised tagline that states, “This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you’ll be connected with an interpreter.”⁸³

Figure 14: Immigration and Citizenship Status Inconsistency Process (Part 1 of 3)

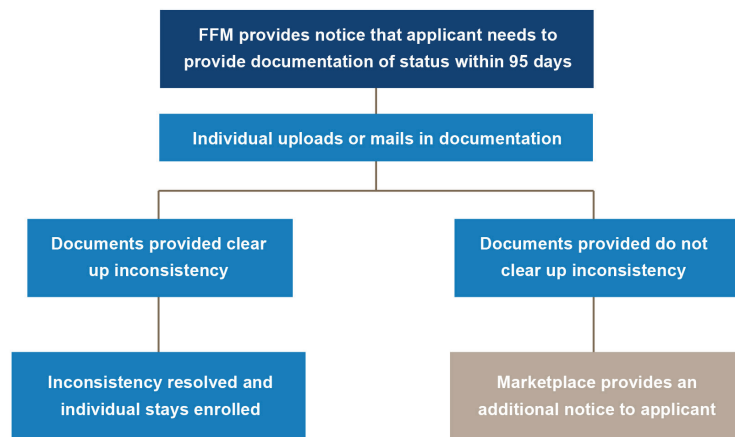


***Reasonable effort to ID and address causes of inconsistency, including typographical or other clerical errors, and contacting filer to confirm accuracy of information submitted.*

The “inconsistency period” for resolving citizenship or immigration issue is 95 days from the day the notice is sent. As noted previously, if income cannot be automatically verified, the FFM may transfer certain

applications to Medicaid or provide a temporary eligibility determination for enrollment in coverage through the marketplace.⁸⁴

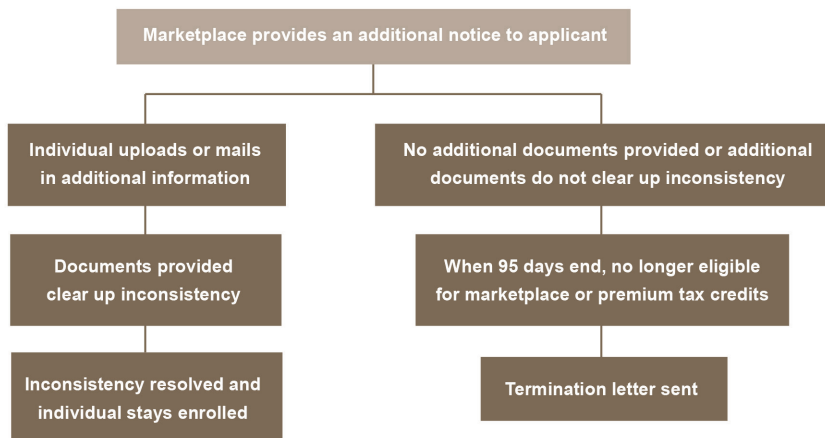
Figure 15: Immigration and Citizenship Status Inconsistency Process (Part 2 of 3)



If the individual submits immigration documents within the 95-day period, the FFM or its contractor conducts a case review and if possible resolves the inconsistency, which results in eligibility for coverage through the marketplace. If documents are not provided, the FFM sends warning notices at specific intervals. If individuals provide documents that do not

clear up the inconsistency, they continue to receive warning notices. If the documents provided do not resolve the inconsistency or are not submitted, the FFM notifies the applicant at the end of the 95-day period that the individual is no longer eligible for to enroll in coverage through the marketplace with or without PTC and terminates coverage.

Figure 16: Immigration and Citizenship Status Inconsistency Process (Part 3 of 3)



Appendix C: List of Recommended Action Steps

1. Refine the FFM's immigration status and citizenship status verification protocols and processes.

Even when valid document numbers are entered for immigrants who are eligible, the electronic verification through SAVE may not be successful. Recommended steps to improve the verification process:

- Conduct extensive technical testing with knowledgeable users to identify the circumstances that lead to the inability to input or verify document numbers.
- Institute a second step to resolve a data-matching problem before triggering the inconsistency period even if applicants appear eligible for Medicaid or CHIP based on income and other factors.
- Continue to communicate the importance of inputting document numbers through assister trainings and communications, and online prompts.
- Ensure a path to affordable coverage for individuals who have an ongoing immigration status-related data matching issue.

Many immigrants who are not eligible for Medicaid or CHIP are being routed unnecessarily to the state Medicaid agency. Recommended steps to smooth out the process:

- Improve Healthcare.gov's ability to discern differences between immigration statuses that qualify for Medicaid eligibility versus Marketplace eligibility.
- Involve stakeholders in problem solving.

2. Improve communications and expedite the resolution of inconsistencies.

When immigration or citizenship status cannot be immediately verified, an inconsistency period is triggered. A key problem with the inconsistency process is difficulty in communicating effectively with affected applicants. Recommended steps to expedite the resolution of inconsistencies:

- Improve communication with those in immigration and citizenship status inconsistency periods.
- Expedite the resolution of inconsistencies when adequate documentation is uploaded during the application process.
- Continue to improve timeliness and overall performance of the mail-in document center.

3. Develop an alternative process to confirm identity.

The ID proofing process is one of the first steps in applying for coverage on Healthcare.gov. Although not an eligibility requirement, in order to proceed with the online application process, a household contact filing the application must correctly answer personal questions derived from his or her credit history and other information. This protocol poses an immediate obstacle for immigrants and citizens alike when there is limited or no credit history or other demographic information available because the system cannot generate needed questions. Recommended steps to improve the ID proofing process:

- Identify circumstances when calling Experian is not useful and bypass this step for those applicants.
- Expedite the review and approval of uploaded identity documents.
- Permit authorized assisters, with appropriate training, to attest to an applicant's identity and upload documentation for the case record.
- Expand the list of documents that can be used to confirm identity.
- Provide an alternative online application that retains the advantages of applying online but does not share protected personal information.

4. Boost resources for communication in languages other than English and Spanish.

Language access is a common barrier in working to improve coverage rate for immigrant families.

Although an estimated 25 million people in the U.S. are limited English proficient (LEP), the FFM provides the bulk of its written and online information only in English or in some cases Spanish. Steps to improve communication:

- Translate notices so that LEP applications and enrollees know when and how to take action.
- Provide in-language assistance through the FFM call center in more languages than Spanish.
- Allow assisters to provide interpreting directly or through onsite interpreters when calling the FFM call center.
- Permit assisters to pre-schedule appointments with interpreters.
- Target assister resources to organizations that work to enroll immigrant and LEP communities.

5. Improve the customer experience for both assisters and applicants, including refining the process for resolving complex cases.

The FFM is intended to operate in a highly sophisticated technology environment where online systems connected to electronic databases determine

eligibility in real time. However, immigrant families, and the consumer assisters who help them apply for health coverage through the FFM, continue to face problems throughout the application process that often requires a human touch. Promising action steps to improve the customer experience include:

- Dedicate a specialized unit in the FFM call center to resolving complex cases for immigrant families.
- Provide functionality for FFM call center to access the application to better manage and resolve complex cases.
- Create workflows for casework and share processes with stakeholders.
- Provide additional training tools to the assister community.
- Continue to provide resources for application assistance.
- Continue to promote an environment of transparency and problem solving with stakeholders.

Appendix D: Assister Survey

The Center for Children and Families at Georgetown University's Health Policy Institute is conducting a brief online survey of assisters who have helped immigrants and individuals in immigrant families apply for coverage in states that rely on healthcare.gov or the federal marketplace call center to provide access to coverage.

Our goal is to better understand what worked and what did not when immigrants and individuals in immigrant families applied for health coverage during the second open enrollment period (November 15, 2014 to February 15, 2015).

As an assister, you can provide valuable feedback on the successes and challenges of enrolling immigrant individuals and families. Your participation in this research is completely voluntary and confidential. Our project team will not use your name or the name of your organization in any reports we publish. Your survey responses will be combined with the replies from others to establish report findings and to describe where the process is working well and where problems exist.

The survey has 21 questions and should take about 15 minutes to complete.

Notes:

For purposes of this survey, "immigrant applicants and individuals in immigrant families" means:

- individuals applying for coverage who are immigrants or naturalized citizens themselves, and/or
- individuals living in the same household as immigrants or naturalized citizens, whether they are applying for coverage or not. Also, for purposes of this survey, "a state that relies on healthcare.gov or the federal marketplace call center to provide access to coverage" means a federally-facilitated marketplace, a state-partnership marketplace, or a federally-supported State-based marketplace. If you have assisted someone who meets these definitions, we want to hear from you! Questions? Please contact Sonya Schwartz, Research Fellow, Georgetown University Center for Children and Families, ss3361@georgetown.edu or 202-784-4077.

1. What category of navigator/ assister best describes you?

- a. Certified Application Counselor
- b. Enrollment Counselor in Federally Qualified Health Center
- c. Navigator
- d. In-Person Assister in federal partnership state
- e. CMS Enrollment contractor
- f. I provide training, technical assistance or other support to a group of navigators or assisters
- g. Other (Please specify)

2. What portion of the consumers you assisted included immigrant applicants and individuals in immigrant families?

- a. Less than 10 percent of the consumers I assisted
- b. More than 10 percent and less than 25 percent of the consumers I assisted
- c. More than 25 percent and less than 50 percent of the consumers I assisted
- d. More than 50 percent and less than 75 percent of the consumers I assisted
- e. More than 75 percent of the consumers I assisted

3. What reasons did immigrant applicants and individuals in immigrant families most often give for seeking application assistance? (Please check your top four reasons)

- a. Limited understanding of health coverage
- b. Could not make it through identity proofing to start the application
- c. Needed help completing the application
- d. Needed language assistance
- e. Feared discrimination
- f. Could not get help they needed from another assister or organization
- g. Could not get the help they needed through the federal marketplace call center
- h. Had questions about how to resolve a data matching problem
- i. Needed help understanding plan choices
- j. Had online technical difficulties
- k. Lacked internet access at home
- l. Had a question about whether or not they were required to purchase coverage or pay a penalty
- m. Needed help filling an exemption application
- n. Questions related to paying the premium
- o. Other (Please specify)

4. When applying for coverage on the federal marketplace ONLINE/ on healthcare.gov, have you experienced any of the following problems? Please indicate whether it was a problem and how often.

	Never a problem	Infrequent problem	Sometimes a problem	Often a problem	Almost always a problem	NA
Setting up an account online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proving your identity online in order to begin the application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a social security number to verify citizenship status online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a document numbers to verify immigration status online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uploading documentation to verify factors like citizenship or immigration status online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in the preferred language of applicant with an application assister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving an improper denial of the premium tax credit, even though the individual meets eligibility requirements for the premium tax credit (ex. income below poverty line and lawfully present but ineligible for Medicaid based on immigration status)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

5. Please describe a problem you faced or a story you want to share that illustrates your experience in helping immigrant applicants and individuals in immigrant families for coverage on the federal marketplace ONLINE/on healthcare.gov.

6. When applying for coverage on the federal marketplace BY PHONE, have you experienced any of the following problems when assisting immigrant applicants and individuals in immigrant families? Please indicate whether it was a problem and how often.

	Never a problem	Infrequent problem	Sometimes a problem	Often a problem	Almost always a problem	NA
Setting up an account by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proving your identity by phone in order to begin the application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in preferred language of applicant through marketplace/ healthcare.gov call center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in preferred language of applicant through Experian/identity verification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in the preferred language of applicant with an application assister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received an improper denial of the premium tax credit, even though the individual meets eligibility requirements for the premium tax credit (ex. income below poverty line and lawfully present but ineligible for Medicaid based on immigration status)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call center operator provided inaccurate information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

7. Please describe a problem you faced or story you want to share that illustrates the experience in helping immigrant applicants and individuals in immigrant families apply for coverage on the federal marketplace by PHONE here.

8. When assisting immigrant applicants and individuals in immigrant families AFTER THE APPLICATION WAS SUBMITTED to the federal marketplace, have you experienced any of the following problems? Please indicate whether it was a problem and how often.

	Never a problem	Infrequent problem	Sometimes a problem	Often a problem	Almost always a problem	NA
Individual could not understand an initial eligibility notice provided by marketplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual could not understand a notice requiring further action to verify citizenship or immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual provided social security number to verify citizenship status online but it was not used to verify status citizenship status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual provided a number from an immigration document to verify immigration status online but it was not used to verify immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual uploaded documentation to verify eligibility information like citizenship or immigration status online but it was not used to verify citizenship or immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual provided a document by mail but it was not used to verify citizenship or immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual/family was not actually enrolled in a health plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual did not understand his insurance plan, premiums, or out of pocket costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

9. Please describe a problem you faced or story you want to share that illustrates the experience in helping immigrant applicants and individuals in immigrant families enroll in coverage AFTER THE APPLICATION WAS SUBMITTED to the federal marketplace here.

10. Provide your best estimate of how much time, on average, it took to complete and submit an application for immigrants versus US-born citizens. The use below of “immigrants” means immigrant applicants and individuals in immigrant families and “citizens” means families with only US-born citizens. Time spent includes all time needed to set up an account, ID proof, and move the application forward, including time with the applicant, doing research, doing casework or whatever it takes to complete and submit the application.

- a. Less time for immigrants than for citizens
- b. About the same amount of time for immigrants as citizens
- c. Twice as much time for immigrants as citizens
- d. Three times as much time for immigrants as citizens
- e. Four times as much time for immigrants as citizens
- f. Other (Please specify)

11. If you provided enrollment assistance in open enrollment one (Oct. 1, 2013 – March 31, 2014) as well as in open enrollment two (Nov. 15, 2014 – Feb. 15, 2015), have you noticed improvements in open enrollment two in the application or enrollment process for immigrant applicants and individuals in immigrant families? Please indicate whether and how much improvement in open enrollment two.

	no improvement in open enrollment two	some improvement in open enrollment two	major improvement in open enrollment two	NA
Setting up an account/proving identity online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting up an account/proving identity by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a social security number to verify citizenship status online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	no improvement in open enrollment two	some improvement in open enrollment two	major improvement in open enrollment two	NA
Using a social security number to verify citizenship status by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a document number to verify immigration status online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a document number to verify immigration status by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uploading documentation to verify factors like citizenship or immigration status online when applying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uploading documentation to verify factors like citizenship or immigration status online after applying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing a document by mail to verify citizenship or immigration status after applying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in preferred language of applicant through marketplace/healthcare.gov call center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help in the preferred language of applicant through Experian/identity verification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding in-person help from an assister who speaks the applicant's preferred language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eligibility determinations more accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Error screens (such as "yellow screen")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)				

12. Have you developed any best practices or tips that would help ensure a smoother enrollment process for immigrant applicants and individuals in immigrant families that you'd like to share with other assisters? Please provide up to three here.

13. When individuals are correctly determined ineligible for coverage due to immigration status, do you provide information or materials about any of the following? (Check all that apply)

- a. Emergency Medicaid
- b. Safety net clinics
- c. Local programs
- d. Options for private coverage in the individual insurance market (outside of the marketplace and without subsidies)
- e. Other (please specify)

14. What could the federal marketplace do to improve support for ASSISTERS that help immigrant applicants and individuals in immigrant families? (Check up to two)

- a. Provide more federal funding for assisters
- b. Provide more training for assisters
- c. Improve assisters' access to call center or other help
- d. Provide an easier way for assisters to get help on complex cases
- e. Other (please specify)

15. Imagine that the federal marketplace could only do three things to improve the application and enrollment process for immigrant applicants and individuals in immigrant families. What would be on the top of your list? (Check up to three)

- a. Improve system's ability to use social security numbers to verify citizenship
- b. Improve system's ability to use document numbers to verify immigration status
- c. Provide alternative options for proving identity such as allowing trained assisters to verify documentation and make an attestation or allowing images of specific identity documents to be uploaded
- d. Improve the instructions provided in notices sent to consumers
- e. Ensure that marketplace notices are translated into more languages
- f. Improved coordination of federal marketplace and state eligibility systems so that individuals are quickly and accurately determined eligible for Medicaid, CHIP or marketplace
- g. Provide higher quality interpretive services
- h. Providing more immigrant-related enrollment data about application, enrollment and people in inconsistency periods
- i. Other (Please specify)

16. Do you have the ability to assist individuals in languages other than English? If yes, please check all that apply. If no, check “I do not have the ability to assist individuals in languages other than English.”

- a. I do not have the ability to assist individuals in languages other than English
- b. Spanish
- c. Chinese
- d. Vietnamese
- e. Korean
- f. Tagalog
- g. Russian
- h. French Creole
- i. Arabic
- j. Portuguese
- k. African Languages
- l. Other (Please specify)

17. How were your organization’s assistance programs funded during open enrollment two (November 15, 2014 to February 15, 2015) (Check all that apply)

- a. Federal marketplace grant or contract
- b. Office of minority health grant
- c. HRSA grant to community health centers
- d. CHIPRA outreach grantee
- e. State contract
- f. Private foundation
- g. Individual donors
- h. Member dues
- i. Volunteer
- j. Other (Please specify)

18. How likely is your assister program to be available to help consumers during open enrollment three (November 1, 2015 – January 31, 2016)?

- a. Very likely
- b. Somewhat likely
- c. Somewhat unlikely
- d. Very unlikely
- e. Not sure

19. In what state do you provide application and enrollment assistance?

20. Would you be willing to participate in a telephone listening session to tell us more about your experiences with enrollment? Note: Your name or that of your organization will not be shared in anything we publish.

- a. Yes
- b. No

21. Optional Contact info. Note: Your name or that of organization will not be shared in anything we publish.

Name:

Organization:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

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.
2. R. Garfield, et al, "New Estimates of Eligibility for ACA Coverage Among the Uninsured," Kaiser Family Foundation, January 22, 2016. It is unclear how many eligible lawfully present immigrants who are eligible for marketplace coverage with PTC remain uninsured. The federal marketplace has not shared data on how many enrollees are immigrants or live in immigrant families. The fact that the uninsured rate for noncitizens dropped almost 8 percentage points from 38.7 percent in 2013 to 31.2 in 2014 is evidence that some immigrants are in fact gaining coverage. But the uninsured rate for immigrants (31.2 percent uninsured) is still more than three times the uninsured rate of native-born citizens (8.7 percent uninsured). The census data counts native-born citizens, naturalized citizens, and noncitizens, but does not separate lawfully present noncitizens for other noncitizens. So noncitizens include those lawfully present immigrants eligible for marketplace coverage and those who are not. For more information, see The United States Census Bureau "Health Insurance Coverage in the United States: 2014," (September 2015), available at <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf> (accessed October 4, 2015).
3. U.S. Department of Health & Human Services, "Secretary Burwell previews third Open Enrollment," October 22, 2015.
4. The Personal Responsibility and Work Opportunity Act of 1996 limited eligibility for Medicaid and CHIP to "qualified immigrants," many of who are required to wait five years to gain eligibility for Medicaid and CHIP. For more information on a list of "qualified immigrants", see T. Broder & J. Blazer J (accessed September 23, 2015).
5. For more information explaining the lawfully residing immigration statuses, see National Immigration Law Center, " 'Lawfully Residing' Children and Pregnant Women Eligible for Medicaid and CHIP," available at <http://www.nilc.org/lawfullyresiding.html> (accessed September 23, 2015).
6. Office of the Director U.S. Department of Homeland Security, Clarification of Existing Practices Related to Certain Health Care Information, Statement (October 25, 2013), available at <https://www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf> (accessed September 23, 2015).
7. The majority of assisters surveyed said it still took twice (52 percent) or three times (18 percent) longer to complete and submit an application for families with immigrants versus families with all US-born citizens.
8. E. Seiber, "Which States Enroll Their Medicaid-Eligible, Citizen Children with Immigrant Parents?" Health Services Research, 48: 519-538 (2013).
9. T. Brooks, et al, "Modern Era Medicaid: A 50-State Survey of Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-sharing Policies," Kaiser Family Foundation, January 2015.
10. Derived citizens gain US citizenship through actions of their parents or other members of their family. Naturalized citizens gain US citizenship through a legal process where a non-citizen becomes a citizen.
11. 45 CFR 155.315 (2013).
12. SAVE's own verification process information page states, "If the SAVE Program does not verify an applicant's status on the Initial Verification, it does not necessarily imply that the applicant is not authorized to be in the United States. It may be the result of processing error or indicate the need for additional or corrected documentation." U.S. Citizenship and Immigration Services, "SAVE Verification Process," available at <http://www.uscis.gov/save/getting-started/save-verification-process> (accessed June 24, 2015).
13. 45 CFR 155.305 (2015) and 45 CFR 155.315 (2015).
14. Centers for Medicare & Medicaid Services, "Update to FFM Functionality for Immigrants with Income Under 100% FPL" (December 2015), available at <https://marketplace.cms.gov/technical-assistance-resources/immigrants-with-income-under-100-percent-fpl.pdf> (accessed January 20, 2016).
15. This works a little differently in FFM determination states (of which there are 10) than FFM assessment states. In determination states, the applicant should be immediately enrolled in Medicaid and informed that he or she must send in proof of her immigration status to complete the eligibility process, though it does not always work this way, at least two of ten determination states are not providing Medicaid to individuals while their immigration status is being documented and verified. In FFM assessment states, the FFM treats applicants as though likely to be eligible for Medicaid, and the Medicaid applicants are told to provide the Medicaid agency with documents to prove their immigration status. In most cases, Medicaid benefits are not provided with the individual gathers and submits documents. Conversation with Shelby Gonzalez, Center on Budget and Policy Priorities, November 2, 2015.
16. In January 2015, Get Covered Illinois (GCI) provided guidance about a process where application assisters could call GCI to request a "Medicaid Expedite" for individuals facing medical emergencies. The guidance stated that for a "Marketplace eligible consumer who has been incorrectly referred to Medicaid but has a medical emergency and needs to get back on the marketplace, this procedure may also be followed to receive a Medicaid denial more quickly." The application assister would provide information about the applicant, the problem with individual's application to the FFM (including whether there was a data inconsistency, incorrect financial help, incorrect eligibility result or other issue), and the Emergency need (the state provided a list of emergencies acceptable for expediting the denial). Get Covered Illinois guidance on file with author.
17. Op. cit. (14).
18. This information is available in Arabic, Chinese, French, French Creole, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, Urdu, and Vietnamese.
19. The tagline states, "If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596."
20. Centers for Medicare Medicaid Services, "Assister newsletter," (April 2015), available at <https://marketplace.cms.gov/technical-assistance-resources/assister-newsletter-april-21-2015.PDF> (accessed November 17, 2015).
21. Data matching notices are posted on the federal marketplace website. As of November 17, 2015 there are no specific notices describing why immigration status documentation received did not clear up the data matching problem, and exactly which documents need to be submitted. For more information, see "Applications and Forms," Centers for Medicare & Medicaid Services, available at <https://marketplace.cms.gov/applications-and-forms/notices.html> (accessed November 17, 2015).
22. National Immigration Law Center, "Freedom of Information Act (FOIA) Requests," (September 2014), available at <http://www.nilc.org/healthcarelitig.html#complaints> (accessed September 23, 2015).
23. Centers for Medicare & Medicaid Services, "March 31, 2015 Effectuated Enrollment Snapshot," (March 2015), available at <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html> (accessed September 23, 2015).

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24. While assisters perceived this as an additional requirement for naturalized citizens, this was likely a routine data matching issue that followed the standard protocol to clear up such an inconsistency. There are two main reasons why SSNs entered into the healthcare.gov online application may not validate citizenship. The first reason is either because there was a name change or date of birth or other error in coding the number. The second reason is that the SSN itself could not be used to validate citizenship. As a result, the FFM needed to receive additional documentation, in accordance with the inconsistency rules to clear up the data matching error.
25. Assisters described this situation as one of documents getting lost. However, some stakeholders have suggested that the problem may occur when the individual has more than one Healthcare.gov online account (possibly as a result of an individual's attempt to work around system problems) and documents were matched to the duplicate account.
26. T. Shaw & S. Gonzales, "Remote Identity Proofing: Impacts on Access to Health Insurance," Social Interest Solutions and Center on Budget and Policy Solutions (Jan 2016).
27. The Consumer Financial Protection Bureau (CFPB) recently found that more than 26 million adults in America are "credit invisible," meaning that they have no credit records maintained by the three nationwide credit-reporting agencies. CFPB also found that Hispanics are more likely to be credit invisible than Whites, Asians or Blacks. For more information, see Consumer Financial Protection Bureau, "Data Point: Credit Invisibles," (May 2015), available at http://files.consumerfinance.gov/f/201505_cfpb_data-point-credit-invisibles.pdf (accessed September 23, 2015).
28. This question for assisters was worded, "When applying for coverage on the federal marketplace ONLINE/on healthcare.gov, have you experienced any of the following problems? Please indicate whether it was a problem and how often." While the overall survey was geared toward assisters who had helped families with immigrants, this question was not limited to immigrant families only.
29. Op. cit. (26).
30. Some people born in the United States are also limited English proficient. J. Zong, J. Batalova, "The Limited English Proficient Population in the United States," Migration Policy Institute, (July 2015), available at <http://www.migrationpolicy.org/article/limited-english-proficient-population-united-states> (Figure 1) (accessed November 16, 2015).
31. Ibid.
32. Migration Policy Institute tabulation of data from the U.S. Census Bureau 2013 American Community Survey. See *ibid.* Analysis of data about LEP populations eligible for marketplace subsidies (based on income and immigration status) is beyond the scope of this paper, however it is known that LEP populations are more likely to be low income than English proficient individuals.
33. In the first open enrollment period, there were also "job aids," basically translated versions of the paper application in multiple languages, available as well.
34. This information is available in Arabic, Chinese, French, French Creole, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, Urdu, and Vietnamese.
35. The original tagline stated, "If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.
36. The revised tagline states, "This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter." See Op. cit. (17).
37. S. Schwartz, "Advocates File Civil Rights Complaint with HHS on Coverage Termination Day," Center for Children and Families, available at <http://ccf.georgetown.edu/all/advocates-file-civil-rights-complaint-with-hhs-on-coverage-termination-day/> (accessed September 23, 2015). The complaint is still pending at HHS OCR.
38. The HHS Office for Civil Rights LEP Guidance includes a "safe harbor" for recipients of federal funds who meet specific translation guidelines. The "safe harbor" means that recipients of federal funds will not be held in violation of federal civil rights laws when: 1) "vital" documents are translated for each LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered; or 2) if there are fewer than 50 people in a language group that reaches the five percent trigger and the recipient does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost. See "U.S. Department of Health and Human Services Office for Civil Rights, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf> (accessed October 6, 2015).
39. A small percent of assisters (three percent) said that getting language assistance through the FFM call center was almost always a problem, less than one in ten assisters said it was often a problem (seven percent).
40. Slightly more than one in ten (11 percent) assisters responded that it was almost always a problem getting help in the preferred language of the applicant when calling Experian, and one in ten (10 percent) assisters said this was often a problem.
41. HHS OCR's LEP guidance provides a safe harbor when "vital" documents should be translated for each LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered or if there are fewer than 50 people in a language group that reaches the five percent trigger or if the recipient does not translate vital written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost. Op. cit. (38).
42. HHS staff indicated that if a translator in a needed language is not available through the language line at a given time, the FFM call center will document the language and available times to call back, and return the call when the translator is available.
43. In the 2015 Navigator application FAQs, HHS says that applicants that demonstrate a focus on underserved populations or communities and a commitment to serve these populations or communities, while also being prepared to assist any consumer seeking assistance may receive a higher score in the application than those applicants that do not. HHS's definition of underserved included populations with limited English proficiency). Centers for Medicare & Medicaid Services, "External Frequently Asked Questions for Navigator FQA," available at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health->

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- [Insurance-Marketplaces/Downloads/Navigator-FOA-External-FAQs-FINAL-508-MM.PDF](#) (accessed November 8, 2015).
44. "Assister Help Resource Center Questions and Answers." Available at http://www.nationaldisabilitynavigator.org/wp-content/uploads/news-items/CMS_ahrc-questions-and-answers.pdf (accessed December 3, 2015).
45. In the online survey, these were much more popular answers than more "self-focused" options, like providing more federal funding to assisters (34 percent), or training for assisters (38 percent).
46. "State Health Insurance Marketplace Types, 2015," The Henry J. Kaiser Family Foundation, available at <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/> (accessed September 23, 2015).
47. Note that non-citizens who meet Medicaid's other eligibility criteria, but not the immigration status requirements are eligible for treatment of an emergency medical condition paid for by Medicaid, commonly known as "emergency Medicaid."
48. "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," Pub. L. 104-193, 110 Stat 2105 (1996); subsequently amended "Illegal Immigration Reform and Immigrant Responsibility Act of 1996," Pub. L. 104-208, 110 Stat 3009 (1996).
49. For more information, especially about authority for and eligibility of survivors of domestic violence, survivors of trafficking, individuals "lawfully residing" before 8/22/96, Amerasian LPRs, and Iraqi and Afghan special immigrants, see Op. cit. (5).
50. This option was enacted as Section 214 of the CHIP Reauthorization Act of 2009 (CHIPRA). "Children's Health Insurance Program Reauthorization Act of 2009," Pub. L. 111-3, 123 Stat 8 (2009).
51. For more information explaining the lawfully residing immigration statuses, see "'Lawfully Residing' Children and Pregnant Women Eligible for Medicaid and CHIP," National Immigration Law Center, <http://www.nilc.org/lawfullyresiding.html> (accessed September 23, 2015).
52. Note that on July 1, 2015, after "Modern Era Medicaid" was published, Colorado began coverage for lawfully residing children with no five-year waiting period. Center for Children and Families and the Henry J. Kaiser Family Foundation, "Modern Era Medicaid," (January 2015), available at <http://ccf.georgetown.edu/wp-content/uploads/2015/01/Modern-Era-Medicaid-January-2015.pdf> (accessed September 23, 2015). See also Center for Children and Families, "CHIP and Health Coverage for Lawfully Residing Children," available at <http://ccf.georgetown.edu/wp-content/uploads/2015/06/CCF-ICHIA-KIDS-1-pagerFINAL-1.pdf> (accessed September 23, 2015).
53. 67 Fed. Reg. 61955-74 (October 2, 2002); Department of Health and Human Services, Letter to State Health Officials, Statement (Nov. 12, 2002); and National Immigration Law Center, "Prenatal Coverage through the State Children's Health Insurance Program," (June 2003). For more information on the number of states that provide the CHIP unborn child option, see Ibid.
54. For more information on a list of states providing optional coverage, including prenatal care with CHIP funding, see "TABLE: Medical Assistance Programs for Immigrants in Various States," National Immigration Law Center, available at <http://www.nilc.org/health.html> (accessed September 23, 2015).
55. A person whose only connection to the U.S. is through birth in an outlying possession (currently limited to American Samoa and Swains Island), or through descent from a person so born acquires U.S. nationality but not U.S. citizenship. Nationals may reside and work in the U.S. without restrictions and apply for citizenship. Not all U.S. nationals are U.S. citizens; however, all U.S. citizens are U.S. nationals. See 8 U.S.C. §1408 (1986).
56. U.S. Department of Health and Human Services, "Immigration Status and the Marketplace," available at <https://www.healthcare.gov/immigration-status-and-the-marketplace/> (accessed September 23, 2015).
57. For more information on the lawfully present immigration statuses, see "'Lawfully Present' Individuals Eligible under the Affordable Care Act," National Immigration Law Center, available at <http://www.nilc.org/ACAfacts.html> (accessed September 23, 2015).
58. 45 CFR § 155.305f(2) (2013); and 26 CFR § 1.36B-2b(5) (2013).
59. Experian states that it has data on more than 215 million consumers, including credit report data and demographic data from more than 400 data sources. See "Precise ID: An integrated approach to the world of identity risk management," Experian Information Solutions, (September 2006), available at https://www.experian.com/whitepapers/precise_id_whitepaper.pdf. Op. cit. (26).
60. Health Insurance Marketplace, "FAQ on Remote Identity Proofing, Remote Identity Proofing Failures and Application Inconsistencies (Federally-facilitated Marketplace)," (May 2014), available at <https://marketplace.cms.gov/technical-assistance-resources/remote-identity-proofing-faqs.pdf> (accessed September 23, 2015).
61. Recent testimony provided by the GAO said that when testing marketplace applications, a government contractor (likely Experian) could not resolve the identity verification, the contractor directed the individual to call the marketplace (either federal or state). Statement of Seto Bagdoyan, "Preliminary Results of Undercover Testing of the Federal Marketplace and Selected State Marketplaces for Coverage Year 2015," United States Government Accountability Office (October 23, 2015) available at <http://www.gao.gov/assets/680/673286.pdf> (accessed January 21, 2016).
62. Center on Budget and Policy Priorities, "Key Facts: Helping Families That Include Immigrants Apply for Health Coverage," <http://www.healthreformbeyondthebasics.org/key-facts-application-process-families-that-include-immigrants/> (accessed November 4, 2015).
63. Ibid.
64. Note, those who respond that they are a naturalized or U.S. citizen are then asked to choose a document type and verify citizenship status.
65. This is actually the same number, but the A number has an "A" in front of it.
66. U.S. Citizenship and Immigration Services, "SAVE Verification Process," available at <http://www.uscis.gov/save/getting-started/save-verification-process> (accessed June 24, 2015).
67. Ibid. SAVE provides up to four indicators about the applicant, depending on what is needed by the eligibility entity: 1) Is the individual a qualified immigrant? 2) Is the individual subject to the five-year bar? 3) If subject to five-year bar, has the individual met it? 4) Is the individual lawfully present? (For more information on SAVE, see text box in Appendix B).
68. For more information about SAVE, see "What is SAVE?," U.S. Citizenship and Immigration Services, available at <http://www.uscis.gov/save/what-save/what-save> (accessed September 23, 2015).
69. Op. cit. (62).
70. Op. cit. (62).
71. Op. cit. (62).

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72. Op. cit. (62).
73. Op. cit. (14).
74. Details about this process are provided in Op. cit. (62).
75. Op. cit. (62).
76. The “Welcome Mat” effect is a term used to describe why expanding coverage to uninsured children results in many low-income families with already-eligible children securing coverage. For more information see Center for Children and Families, “Putting Out the Welcome Mat: Implications of Coverage Expansions for Already-Eligible Children,” (September 2008), available at http://ccf.georgetown.edu/wp-content/uploads/2012/03/Strategy%20center_putting%20out%20the%20welcome%20mat.pdf (accessed September 23, 2015). See also L. Coutré, “New Hanover DSS staff working overtime to clear Medicaid backlog,” available at <http://www.starnewsonline.com/article/20150622/ARTICLES/150629935/> (accessed September 23, 2015); and A. Seidman, “New Jersey Works to Fix Medicaid Backlog,” available at <http://www.govtech.com/state/New-Jersey-Works-to-Fix-Medicaid-Backlog.html> (accessed September 23, 2015).
77. Op. cit. (14).
78. Prior to December 15, 2015, there was a multiple step, manual process for individuals in this group to get PTC. What follows is a summary of the prior manual process. The FFM notified the consumer periodically that s/he could enroll in coverage without PTC and that s/he need to provide proof of immigration status. If the consumer sent in proof, the case was sent to a special processing unit for verification of immigration status first, based on Medicaid rules. If determined ineligible for Medicaid based on verification of his/her immigration status, the FFM notified the consumer to return to the FFM and provides instructions on how to get an updated eligibility determination. The individual had to then return to the FFM to update the application, indicate that Medicaid has been denied, and provide any other needed information before the FFM could make a correct eligibility determination for PTCs. Details about this process are provided in Center on Budget and Policy Priorities, “Key Facts: Helping Families That Include Immigrants Apply for Health Coverage,” <http://www.healthreformbeyondthebasics.org/key-facts-application-process-families-that-include-immigrants/> (accessed November 4, 2015).
79. ACA § 1411(c)(2) (2010) and 45 CFR § 155.315(c) (2013).
80. Op. cit. (12).
81. For more information, see National Immigration Law Center, “ACA: Fact Sheets & Advocacy Materials,” <https://www.nilc.org/ACAfacts.html> (November 18, 2015).
82. This information is available in Arabic, Chinese, French, French Creole, German, Gujarati, Hindi, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, Urdu, and Vietnamese.
83. Op. cit. (18).
84. 42 CFR 155.315(c)(3) (2013)



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