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Strengthening Immigrants' Health Access: Current Opportunities

Introductions:

Welcome and Introduction to the RCHN Community Health Foundation Webcast Series by

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Strengthening Health Insurance Opportunities for Immigrants

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February 2014

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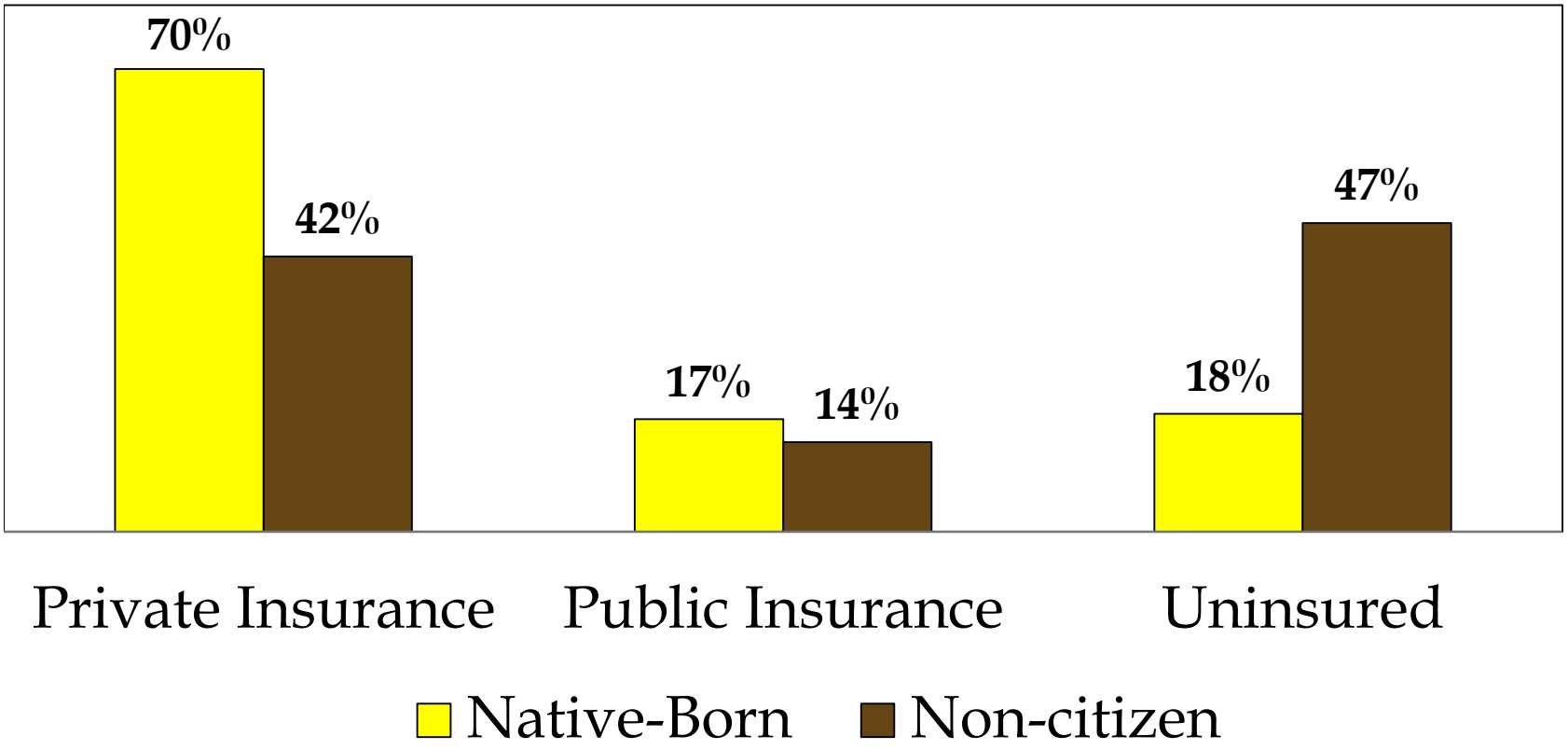
New Opportunities and Responsibilities for Legal Immigrants

- Well known that ACA does not cover undocumented immigrants.
- Less well known that ACA provides major help to "lawfully present" immigrants. A new legal standard.
- About 11-12 million undocumented immigrants
- Up to 6 million "lawfully present" immigrants (not eligible for Medicaid under current law) could be helped by ACA.
- The lawfully present are also subject to the individual responsibility to have insurance or pay a tax penalty.

Almost Half of Non-citizen Immigrant Adults Are Uninsured. Gaps in Private Coverage. 2012



Rules Are Complicated

- Eligibility rules are complicated and many state, PCA and CHC staff are unaware of these changes.
- Unfortunately, anecdotal reports indicate that navigators and call center staff are also sometimes misinformed.
- Situation is compounded by complexity of immigration rules, language barriers and immigrants' fears.
- But if CHCs can get more coverage for some of their uninsured immigrant patients it will help the patients and boost CHC revenues.

Rules Before ACA

- US-born children of immigrants and naturalized citizens are eligible for Medicaid.
- Certain legal immigrants – mostly those who are lawful permanent residents (LPRs, green cards) for more than 5 years – are eligible for Medicaid.
- Under ICHIA, states may eliminate 5 year waiting period for children or pregnant women (less than half the states)
- Some states use state funds (no federal matching to cover some other legal immigrants (about one-third of states).

ACA Expansions

- About half the states are expanding Medicaid to 133% of poverty. This will expand eligibility for LPRs in those states (other basic immigration rules unchanged).
- Biggest change is for health insurance exchanges – which must be established in every state, sometimes state-based and sometimes federally-administered.
- "Lawfully present" are eligible for exchanges and tax credits on same terms as citizens (with one exception).
- Lawfully present immigrants may also get insurance thru small business (SHOP) parts of exchanges.

Lawfully Present

- Includes **almost all legal immigrants** including LPRs in US for less than 5 years, those with visas (student or work visas) or temporary status (about 6 million people).
- Two main groups excluded: undocumented immigrants and Dreamer (DACA) kids admitted for temporary period.
- Also lets lawfully present immigrants also get exchange even if income is below 100% of poverty if they are not eligible for Medicaid or other insurance. This is a federal rule, not state option.
- So if state did not expand Medicaid, lawfully present immigrants in the "gap" can get exchange and tax credits.

Applying

- Immigrants who want to apply for coverage must provide SSNs to check on immigration status. May be checked again DHS SAVE system. If DHS data are not clear, may need to provide additional info, such as immigration documents.
- Household members who are **not** applying for coverage (e.g, if they are undocumented) may need to provide information about income, etc., **but are not required to provide information on immigration status.**
- **DHS has assured that data about immigration status will only be used for checking eligibility, not for immigration enforcement.**

Implications

- Massive increase in availability of private insurance for immigrants as well as federal subsidies, as well as expansion of Medicaid coverage.
- Greater parity for legal immigrants and citizens.
- But exchange benefits are complicated and often include deductibles and copayments. If low-income, eligible for cost-sharing reductions.
- Barriers. Exchange websites have been "glitchy" and complicated. Typically only in English.
- Initial evidence is that Latino enrollment is low.
- CHCs can help enroll immigrant patients.

Individual Mandate

- Like citizens, lawfully present immigrants also subject to tax penalty if they are uninsured. Undocumented immigrants are exempt.
- There are hardship exemptions, such as for those too poor to file a federal income tax return or whose premiums would exceed 9.5% of income.
- Needs to be caution for those who may be filing taxes under false IDs or false SSNs.

Resources

- L Ku. Strengthening Immigrants' Health Access: Current Opportunities (includes legal citations). https://sphhs.gwu.edu/pdf/hp/current_opportunities_for_immigrants.pdf
- National Immigration Law Center – various documents http://www.nilc.org/ACAfacts.html
- Centers for Medicare and Medicaid Services. Go to www.healthcare.gov and then search on Immigrant for some guidance
- New York's Exchange Portal: A Gateway to Coverage for Immigrants http://www.empirejustice.org/publications/reports/new/new-yorks-exchange-portal-a.html#.UukeYiGYZdh
- New York State of Health https://nystateofhealth.ny.gov/

Strengthening Health Insurance Opportunities for Immigrants

Elizabeth Swain, MA
President & CEO, Community Health Care Association of NYS
February 2014

Looking Back to Move Forward on Immigrant Health

- Federal laws reflect a deep seated reluctance to provide public benefits to immigrants
- Specified groups of immigrants have pathways to citizenship and employment
- Access to cash assistance, food stamps and Medicaid has always been restricted for most
- ACA Health Insurance Exchanges have the potential to remove many barriers to coverage for long excluded immigrants
- Average median annual income for non-citizens is $25,000 which is half that of citizen households
- Understanding these coverage opportunities will allow PCA and CHC staff to strengthen the health and future of the larger population served by community health centers

Immigrant Coverage Long a Challenge

- Empire Justice Center's Report New York's Exchange Portal: A Gateway to Coverage for Immigrants (citation) an important resource
- New York Immigration Coalition and other immigrant advocacy organizations offer insights into immigrants' experience in the first four months of implementation
- 4.3 million immigrants live in New York State
- Non-citizens are over three times as likely as citizens to lack health insurance
- Success of outreach & enrollment workers in utilizing Immigrant and Eligibility Crosswalk, other tools to enroll immigrants in coverage will be critical in addressing access to coverage and access to health care

New Health Care Options for Lawfully Present Immigrants

- ACA expands health coverage options in two ways:
- Expands Medicaid eligibility for most adults up to 138% of the FPL creating a new mandatory coverage population of single adults and childless couples
- Creates new health coverage options for those with incomes over the newly-expanded income level for Medicaid
- ACA expands the “lawfully residing” classification to apply to all population categories not just pregnant women and children- new classification called “lawfully present”
- Up to 6 million lawfully present immigrants could be helped by the ACA

New York State's Health Insurance Marketplace : Gateway to Coverage for Immigrant Households

- Called "New York State of Health", NY's Marketplace is a State based health insurance exchange (of 17 nationally)
- New York is a Medicaid Expansion State (of 26 nationally)
- Overall, New York will add more than one million people to those covered by insurance, but only 10% of the newly covered will be in Medicaid
- New York envisions an Exchange Portal, welcoming families of mixed immigration status, automate verification of immigrant eligibility for both federal and state Medicaid, prescreen undocumented immigrants for more limited forms of coverage like Emergency Medicaid

Tools for Determining Insurance Eligibility

- Advocates and policy makers need to navigate the complex intersections of immigration status and eligibility of existing and emerging health care coverage options
- Tools have been developed to assist folks in many states to assist in getting immigrants covered
- Also very important to protect health care access for undocumented immigrants – ineligible for coverage benefits
- Health Coverage Crosswalk: Eligibility by Immigration Status (citation)
- This tool presents the Benefits Related to Immigration Classifications (lawfully present, qualified aliens, PRUCOL, etc.) and Immigration Status along the left margin and crosswalks all coverage options at the top of the page

Maximizing Immigrants' Coverage & Ensuring Access to Health Care

- Utilize Outreach and Enrollment Best Practices
- Every patient screened for eligibility for coverage
- Tracking all enrolled and those eligible but not enrolled
- Improved access to health care services
- Tracking those ineligible for coverage and ensuring their continued access to health care services as well
- Leverage all training and technical assistance opportunities to maintain best practices in O & E staff across all health care delivery locations
- Look for best practices in other states through training opportunities and networking

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Strengthening Health Insurance Opportunities for Immigrants

Presenter: Bobbi Ryder, National Center for Farmworker Health

NCFH
National Center for Farmworker Health, Inc.

Section I. ACA, Benefits and Advantages to CHCs and Immigrant Families

A. States with MA Expansion

B. Lawfully Present Individuals

C. Mixed Immigration Status Families

D. C/MHCs are a Known Entity

E. CA and NY Exploring Expansion of Coverage

F. Other?

Section II: Restricting Factors

A. CHC Service Delivery Capacity
B. Historical Exclusions of Immigrants and Agricultural Workers
C. Patients' Fear and Misunderstanding
D. Need to Anticipate Other Residual Uninsured and Uninsurable Populations

Section II: Restricting Factors

A. CHC Service Delivery Capacity

- Having insurance does not assure access
- Changes in payor mix +/-
- Reduction of reimbursement rates from 3rd party insurers
- States' fiscal distress
- Concerns about future federal grant funding

Section II: Restricting Factors

B. Historical Exclusions of Immigrants and Ag. Workers

- Wage and labor laws
- Worker protection standards
- Disaster relief
- Continuity of care, portability
- PCMH?
- ACOs?

Seth Holmes, Author: FRESH FRUIT, BROKEN BODIES….Don't confuse natural with normal:

"More broadly, we have seen that these **social and health disparities are understood to be natural due to perception….**These processes of normalization and naturalization are **critical to understand** because they serve to justify social structures and health disparities. This justification, then, fosters their (the disparities') persistence and reproduction."

Section II: Potential Pitfalls

C. Fear and Misunderstanding

- Immigration Status
- Language Barriers
- Literacy and Health Literacy
- Cultural Belief Systems
- Understanding of Health Systems based on Place of Origin
- Lack of Technology Access

Section II: Potential Pitfalls

D. Anticipate Other Residual Uninsured and Uninsurable

- Who else might be in the same boat?
  - 'Off the record' labor groups
  - Other marginalized populations

(What other populations do we know of whose health insurance needs will probably not be addressed by the ACA who will need to use the CHCs?)

Section III: Solutions: Focus on Mission Keep Hope Alive

A. Workforce Development
B. Growing Champions
C. Bd Recruitment, Orientation and Training
D. Adoption of Admin and Gov Policies
E. Application of Policies
F. Community/Civic Engagement
G. Counter Anti-immigrant Sentiment Through Public Education

Section III: Solutions
A. Workforce Development

1. Staff orientation & re-orientation
2. Field/Housing experience for all staff
3. Care Management relevant to pt needs
4. Integration of Promotoras and Outreach workers within C/MHC Team
5. Integration of Special Pops Needs into overall Practice Management System
6. Employment of qualified interpreters
7. Big Picture Training, not ‘just because

Section III: Solutions
B. Growing Champions

1. Remember our Roots
2. Recruit from among target population
3. Educate staff and Board on historical origins of population and program
4. Cultivate and celebrate cultural competence
5. Recognize integrity and respect of population
6. Use of social media to promote cause and understanding
7. Recruit friends and family to promote cause

Section III: Solutions
C. Board Recruitment, Orientation and Training

- Avoid Token Consumer Representation
- Seasonal Representative vs Migratory
- Fully Orient Consumer Reps to Business
- Fully Orient At Large Mbrs to Special Pops
- Fully Functioning Bd. Members are Good at Both
- Board Training on Program Requirements +

Section III: Solutions:
D. Adoption of Administrative and Governance Policies

- Eternal Battle of Mission vs Margin
- Strive to Understand Intent of Legislation
  - "representative of population served"
  - "do not deny service based on inability to pay"
  - " must make every effort to collect fees"
  - "agriculture means farming in all of its branches"
  - assume responsibility for access and utilization

Section III: Solutions:
D. Adoption of Administrative and Governance Policies

- Avoid Rigidity in Policy Adoption
- Consider “Alternate Documentation”
  - Self Declaration of Income and Status
- Avoid Token “Extended Hours”
- Assure Quality in Patient Experience
- Attention to Intake and Documentation
- Equal Access for All
- Equal Accountability for All

Section III: Solutions:
E. Application of Policies

- Think Integrated Systems
- Annual Policy Review, Board and Admin
- Bring Policies out of Closet (off the shelf)
- Develop and Implement Procedures to Accompany Policy
- Educate/Train on Policies & Procedures
- Utilize Technology to Facilitate Access to P&P

Section III: Solutions:
F. Community/ Civic Engagement

- Forge Interagency Collaboration to Mutual Benefit
- Develop Community Leadership Teams
  - Cultivate Potential Board Members, Volunteers and Advisors
  - Promote Healthy Choices & Prevention
  - Promote Community Leadership Opportunities
  - Give Voice to Reduce Disparities
- Encourage Voter Registration Drives
- Arrange for Functional English Language Classes
- Reward Staff Engagement in Community Leadership

G. Public Education - One Example:

The Bracero Treaty, 1942 – 1964

Mexico's contribution to the Allied War effort benefitted the US economy well beyond the end of WWII and established multi generational patterns of immigration that continue today.

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Promoting Health for America's Farmworkers

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