The Affordable Care Act (ACA):

A Reflection on Immigrant Access in Illinois

Executive Summary

With Support From:

Overview

The Affordable Care Act (ACA): A Reflection on Immigrant Access in Illinois provides awareness of enrollment issues immigrants and refugees faced in the Federal Health Insurance Marketplace (also referred to as the Marketplace) during the first "open enrollment." Its focus is on lessons learned through the first year of the Illinois Coalition for Immigrant and Refugee Rights' (ICIRR) In-Person Counselor program. In July 2013, as part of the In-Person Counselor Program (IPC), the Illinois Department of Public Health (IDPH) awarded ICIRR $1.25 million to provide outreach and enrollment in the Marketplace and Adult Medicaid for immigrant and refugee families. ICIRR created a network of 29 ethnic community-based organizations across Illinois dedicated to enrolling eligible uninsured immigrants and refugees.

This report is intended as a framework for the United States Department of Health and Human Services (HHS) and the State of Illinois and others in the community who are concerned about the next ACA enrollment period. The first section provides a summary of the successes of the ICIRR's IPC network of 29 organizations. Its goal is to highlight the strengths of our network as well as its uniqueness in the state. The second section focuses on the most significant barriers that immigrants and refugees experienced as they attempted to enroll both in the Marketplace and Adult Medicaid. These barriers are not unique to Illinois, as illustrated by stories from ICIRR's national partners throughout this report. We conclude with policy and programmatic recommendations that could reduce or eliminate these barriers, allowing many more eligible immigrants and refugees to enroll in the next enrollment period.

Successes Enrolling Immigrants and Refugees in Illinois

As of March 2014, ICIRR's IPC partners conducted more than 938 health related events with more than 42,000 attendees in partnership with local social and community organizations and Get Covered Illinois. Through ICIRR's IPC network more than 26,500 immigrants and refugees learned about preventative healthcare, as well as, how to navigate both public and private health insurance systems. Moreover, ICIRR's IPC partners enrolled more than 10,000 immigrants and refugees in health coverage by the end of March.

Barriers to ACA Enrollment

Despite the extensive work achieved by the IPC partner organizations, a number of issues complicated the enrollment process, preventing many immigrants from enrolling in healthcare in Illinois. The main enrollment barriers our IPCs encountered in the Marketplace and Adult Medicaid were Identity Verification Issues (Identity Proofing), Immigration Status Verification Issues, Erroneous Immigrant Referrals to Medicaid, Case Management Overload, Language Barriers, and Lack of Access for Mixed-Status Families.

Policy and Programmatic Recommendations

Based on ICIRR's experience through its network of 29 IPC community organizations and shared experiences in other states, we have identified several recommendations to strengthen and improve the Marketplace and Adult Medicaid enrollment process.

Identity Verification Issues (Identity Proofing)

The United States Department of Health and Human Services (HHS) should

- Provide clearer, consumer-friendly documents describing

the process of identity verification.

- Strengthen communication between the State of Illinois and with the Health Insurance Marketplace Processing center (London, Kentucky)

- Establish alternative avenues for verifying identity when a consumer creates an account on healthcare.gov.[1] For example, consumers should be able to:

    - Upload electronic copies of documents to be verified in real time by the Marketplace[1] OR

    - Determine eligibility for financial assistance and allow for enrollment in a plan pending the outcome of the identity verification process[1]

Immigration Status Verification Issues

HHS should

- Identify and fix the remaining citizenship and immigration status verification problems

- Provide clearer documents outlining the process of immigrant status verification to enrollment assisters (i.e. Navigators, IPCs, CAC, etc.)

- Improve communication between SAVE (the Systematic Alien Verification for Entitlements system), navigators, and the Center for Medicare and Medicaid Services regarding immigrant status and Medicaid eligibility rules, which vary by state

Erroneous Immigrant Referrals to Medicaid

HHS, the Get Covered Illinois team and the Illinois Department of Healthcare and Family Services (HFS) should further collaborate to

- Ensure that appropriate questions are asked on the application so eligibility and the enrollment system can correctly distinguish between immigrants eligible for Medicaid and those who are eligible for the Marketplace

- Coordinate better communication between HFS, HHS and SAVE as well as more system testing to achieve more accurate eligibility determinations in Illinois

- Provide better training and resources for phone operators and advanced casework teams so that they can provide appropriate help when the system does not work

Case Management Overload

HHS and the Get Covered Illinois team should further collaborate to

- Increase the number of resources for navigators and assisters who will provide services to LEP clients

- Treat IPCs as case workers and provide them with tools to maintain confidential documents

- Provide case work training for IPCs to ensure they know how to maintain intake forms and reports

- Offer training for IPCs in volunteer recruitment and management

Language Access

HHS and the Get Covered Illinois team should further collaborate to

- Provide applications, outreach materials, and official notices in multiple languages and with accurate translation

    - Application “tools” are available in different languages but individuals cannot submit them; HHS should accept applications in languages other than English and Spanish.

- Improve outreach to diverse communities. HHS and the Get Covered Illinois team should use data on the LEP population to tailor outreach, education, and enrollment efforts for hard-to-reach and underrepresented populations[2]

- Allow certified navigators and IPCs to act as interpreters for Limited English Proficient (LEP) clients with Experian, HFS, Marketplace, etc.

- Ensure language access for LEP applicants throughout the entire enrollment process including accessing Experian phone operators. If Experian cannot provide multilingual phone operators then Experian should contract directly with an interpreter calling center similar to the Marketplace

Lack of access for Mixed-Status Families

(HHS) should

- Provide alternative documents and also allow for self-attestation of income when documents are not available and give clear guidance on verifying household income so every family has an opportunity to successfully submit an application and every eligible family member in the household can enroll in health insurance

- Provide mixed-status families with detailed, clear, and consumer-friendly guidance on how to apply, and reassurance that it is safe for eligible family members to apply, for health coverage in the Marketplace

- Improve infrastructures to better facilitate access for mixed status families

The Affordable Care Act (ACA): A Reflection on Immigrant Access in Illinois

In 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) into law. The ACA gave states the option to participate in or set up their own health insurance marketplaces that serve as an avenue to purchase health insurance. The first open enrollment period for the health insurance marketplace ran from October 1, 2013 to March 31, 2014.

The Affordable Care Act provides an opportunity for the most vulnerable populations to obtain health insurance, including lawfully present immigrants who often face a number of barriers to access health and human services. The Kaiser Commission on Medicaid and the Uninsured reported that immigrants have a higher uninsured rate than the U.S.-born.[3] Forty-six percent of non-citizens (whether lawfully present or undocumented) and 23 percent of naturalized citizens are uninsured, compared to 15 percent of the U.S.-born, indicating a lack of access to health care coverage among the immigrant population.

This report provides a summary of our May 2013 study *Affordable Care Act Implementation in Illinois: Overcoming Barriers to Immigrant Health Care Access*[4] and of the lessons learned through the first year of the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) In-Person Counselor program, which provided ACA related outreach and enrollment services to eligible immigrants and refugees in Illinois. The report also addresses some of the most significant barriers that immigrants experienced as they attempted to enroll both in the federal Health Insurance Marketplace (also referred to as the Marketplace) and Adult Medicaid. These barriers are not unique to Illinois, as illustrated by stories from ICIRR's national partners throughout this report. The report concludes with policy and programmatic recommendations that could reduce or eliminate these barriers, allowing many more eligible immigrants and refugees to enroll in the next enrollment period.

Background: Immigrants and Health Care Coverage in Illinois Pre-ACA

In our May 2013 report, we described the demographic profile of immigrants in Illinois and discussed the expected challenges of ACA implementation based on unique characteristics of the immigrant population and barriers that have persistently prevented them from gaining access to health and human services.

Illinois is home to 1.8 million foreign-born,[5] the sixth largest state immigrant population in the United States. According to the 2008-2010 American Community Survey, approximately 539,931 foreign-born in Illinois are uninsured, representing 30% of the total uninsured population. From this total, 259,073, or 48%, are eligible for coverage under the Affordable Care Act.[6] Of the total uninsured immigrant population in Illinois, 69 percent are Latino, 15 percent are White, non-Latino immigrants,[7] and 10 percent are Asian. Moreover, the Migration Policy Institute reported that Illinois has 1,146,812 Limited English Proficient individuals (LEP), the fifth largest state LEP population in the United States.[8]

Several barriers prevent immigrants from applying for and receiving health and human services in Illinois. These same barriers were expected to limit immigrant access in the Health Insurance Marketplace:

- Language, literacy, and cultural barriers
- The complexity of the application process and eligibility rules for immigrants
- Limited access to transportation and lack of time due to work obligations
- Confusion due to reliance on word of mouth to receive information about public benefits

- Fear and mistrust of application process among mixed-status families
- Limited computer proficiency
- Administrative burdens for caseworkers and public agency staff

To address many of these barriers during the implementation of the ACA, ICIRR created a healthcare education campaign, the Immigrant Health Care Access Initiative (IHAI), and participated in the state wide In-Person Counselor Program (IPC). For the IPC program ICIRR built a network of 29 community organizations based on an existing programmatic model, the Immigrant Family Resource Program (IFRP), which has a proven track record and is recognized widely in the State of Illinois. The IFRP is a 14 year old partnership between the State of Illinois, the Illinois Department of Human Services (IDHS), ICIRR, and 37 ethnic community based organizations (CBOs) that assist LEP individuals navigate health and human services in Illinois.

Successes Enrolling Immigrants and Refugees in Illinois

Immigrant Health Care Access Initiative (IHAI)

ICIRR created the Immigrant Healthcare Access Initiative (IHAI) in 2012 with the aim of increasing access to healthcare services and knowledge of the ACA and healthcare rights among uninsured and underinsured, low-income, and LEP immigrant families in areas with growing immigrant populations. The IHAI is a multiethnic healthcare education campaign that trains community organizations and leaders on immigrant eligibility for existing healthcare services, including the ACA. To develop expertise in health care policy, ICIRR has partnered with organizations that are experts in the field, including the Sargent Shriver National Center on Poverty Law, Asian Health Coalition, EverThrive, Campaign for Better Health Care, SEIU Healthcare Illinois Indiana, and National Immigration Law Center. In addition, ICIRR seeks to ensure that healthcare agencies and providers are prepared to work with immigrant communities in a culturally competent manner through advocacy, outreach, and trainings that are aimed at service providers and immigrant families. Through this initiative, ICIRR also advocates and works towards the creation of immigrant-friendly healthcare policies and programs that are linguistically accessible and easy to use, and have a diverse governing board. In the past two years, through the IHAI, ICIRR has trained more than 73 ethnic and mainstream community organizations and more than 1,106 staff from community organizations and ICIRR leaders on the ACA.

In-Person Counselor Program (IPC)

Arab American Family Services (AAFS) IPC staff

Like many applicants I've assisted over the past few months, my client was confused and worried about the price he had to pay. He debated paying the penalty or just getting insurance for his wife, and buying a cheaper plan for himself. He was worried, and the first thing he said to me after looking at the estimated costs was, "Give my wife the $125 plan and I'll take the $60 plan." Definitely valiant, but I had to tell him that we have to submit an application first to see what you qualify for and if you can get coverage for both of you. In this case his child had All Kids, but they were over income for him and his wife. In addition, she has been a LPR for less than five years. I helped them complete the application and at the end we hoped for the best and submitted the application. The green card went through and they both qualified for tax credits and lower deductibles. The real amazing thing was that the HMO for $125 that he told me he wanted at the beginning was still available and at $125, but for BOTH clients! At this point the client was ecstatic and was extremely satisfied. He left in shock but in a good way.

As noted above, ICIRR's In-Person Counselor Program (IPC) is a network of 29 ethnic community-based organizations across Illinois dedicated to providing outreach and enrollment in the Health Insurance Marketplace for immigrant and refugee families. The IPC program is a partnership between the Illinois Department of Public Health (IDPH), the State of Illinois, Get Covered Illinois and ICIRR.

All In-Person Counselors (IPCs) participate in both state and federal trainings and are certified by the Illinois Department

Spanish Community Center IPC staff

Armando & Carmen were clients that I serviced this morning. Our clients were referred by a client we serviced in the past. Our clients traveled 30 miles away from another town to our office today because of the referral they received of our office being knowledgeable, positive, genuine and skillful in the services provided. Our clients are Bolivian and they will finish their five-year Medicaid bar in June. Armando was recently diagnosed with brain cancer and his employment and insurance terminated in mid-April. We successfully submitted their application today for Medicaid to start June. They were both teary eyed upon leaving and told me that we had lifted a very heavy burden from their hearts. While I know that this story is similar to persons we have serviced in the past, I cannot express enough the gratitude our clients showed this afternoon. Most of the clients in these situations are lost, heartbroken and in desperate need of assistance. Knowing the impact the Spanish Community Center is establishing for ACA clients is absolutely incredible.

of Insurance to assist Illinois residents with outreach and enrollment in health care coverage including the Marketplace and Adult Medicaid. ICIRR's IPCs serve as outreach workers, navigators, case managers, and professional interpreters of 32 languages. They also provide support for immigrants who have limited computer and low health care literacy, and help mixed status families overcome immigration related fears.

IPCs working within ICIRR's network of 29 community organizations play a pivotal role in ensuring access to health coverage for thousands of immigrants and refugees who would not have otherwise gained coverage. The ability of IPCs to adapt to difficult circumstances was immeasurable, including being persistent and adapting to the many enrollment barriers immigrants and refugees face, which will be detailed further below. One of our network's strengths was the ability to provide consumers individualized information in their native language. Our IPCs stayed positive with the clients, encouraging them throughout the tedious and fragmented process by reminding them of the benefits of having health insurance.

East Central Illinois Refugee Mutual Assistance Center (ECIRMAC) IPC staff

I have a client who is an owner of a small business. He and his wife were very concerned that their family had no health insurance, so I started looking for potential options. I looked for more than four weeks on the marketplace, but when I would show him the options, the price was always too expensive for him. "No one is sick in our family," he would say. "How can I pay so much money for insurance?" Again, I would look for more options and arrange to meet with him and his wife to show them the results, but he would respond that it was too much money. I was really desperate with this case because the client wanted to abide by the law, but he couldn't pay much money. Finally I found a solution. I helped enroll his two daughters in All Kids and he and his wife were able to obtain a tax credit with their own coverage. He was really happy about this. After over two months of work the family is now covered!

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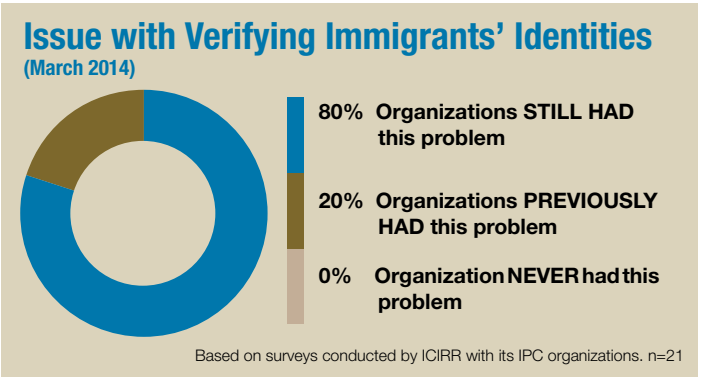
Barriers to ACA Enrollment and Recommendations

Despite the extensive work achieved by enrollment assisters in many states, several barriers complicated the Marketplace enrollment process, preventing many immigrants from enrolling in health coverage. For example, in ICIRR's IPC network, about 10 percent of the Marketplace applications were not approved as of the second week of March due to identity verification and website glitches. The application process for Adult Medicaid was smoother in comparison to Marketplace in Illinois.

These obstacles were the result of a poorly designed Marketplace system that was not planned and implemented with immigrant and refugees in mind. The system was not prepared to take into consideration the various statuses that exist in immigrant and refugee communities, as well as, the complexities of mixed status families. Additionally, according to a study done by the United States Department of Health and Human Services (HHS) Office of Inspector General, "marketplaces were unable to resolve most inconsistencies, which they reported most commonly as citizenship and income."[9] Consequently, IPCs had to provide time-consuming case management for many individuals, which took away from time they could devote to outreach and assisting more families.

In the following paragraphs we describe the most significant Marketplace barriers that affected uninsured immigrants and refugees in Illinois, as reported by ICIRR's IPC network of 29 community organizations.

Identity Verification Issues (Identity Proofing)



Identity verification for the Health Insurance Marketplace is done through the online Federal Health Insurance Marketplace (www.healthcare.gov) and the Marketplace phone operators. Section 1411 of the ACA requires verification that a person who is to be covered through a plan in the individual market Exchange is a citizen or national of the U.S. or a lawfully present noncitizen.[10] HHS contracted with Experian to verify the identity of individuals. For low-income individuals and recent immigrants, the process has been burdensome and complicated. Many of ICIRR's IPCs have shared that when Experian is unable to verify an individual's identity online, the person is told to call Experian's phone operators. But when an IPC or individual calls the operators, often the consumer's identity still cannot be verified. Several IPC staff and immigrant applicants report having called Experian and being told that Experian could not verify the uninsured immigrant's identity because the Experian system is dependent on credit history,

something new and low-income immigrants tend not to have.

When a phone call could not resolve the identity issue, Experian asks applicants to mail in or upload documents that prove their identity. Many IPCs were unable to upload immigration documents due to technical errors, so applicants needed to mail documents with sensitive information. The mail-in process involved still further delays: within our IPC network, as of March 2014, at least two-thirds of the clients whose documents were mailed in were still waiting to hear back.

Another set of issues with Experian in this process involved the IPCs' inability to interpret or translate for LEP individuals and Experian's phone operators limited language availability. These difficulties are discussed in greater depth in the "Language Access" section below.

Insure Central Texas, a program of Foundation Communities, a non-profit - Austin, Texas

A customer walked into one of our centers in the beginning of February asking about the ACA. He had just received his legal permanent residency card and was ready to comply with the law. We created an account and proceeded to the verification of identity where we got stuck because he lacked a traditional credit history. As it often happens with these cases, a yellow box appeared on the screen asking us to call Experian and have them verify his identity. We called and Experian said they couldn't verify him and that our next step was to call the Marketplace. The Marketplace told us that we needed to upload proof of identity on his healthcare.gov account and then wait for a letter saying his identity had finally be verified. When we tried to upload the documents an error message appeared saying that we could not upload anything for the time being. We called the Marketplace again and they suggested we try again on another day. The client came back two weeks later to upload his documents and we were successful. We told him to come back when he received his confirmation letter. It was mid-March and the client still had not returned. We called him and he said he still hadn't received anything. He came back to the center and we called the Marketplace to ask what we could do next. They told us they hadn't received any documents and that we should try Experian again. We called Experian and tried to verify his identity for an hour with them. Finally they told us his identity had been verified (they did this by using all of the addresses the customer had lived in before) and that we should continue with the application. We finished the application but when the time came to sign and continue with plan selection, the same yellow box appeared saying that his identity still wasn't verified. We called the Marketplace and after a brief discussion we were transferred to a specialist, who was then able to sign for the customer and we were finally able to choose a plan. The client said that this had been a wearisome ordeal and he hoped it would get better in future years. In total, we spent about 8 hours working with this customer alone, but there were many more like him.

Additionally, many immigrants have been told their identity was verified but they then encountered a "Pending" or "In Progress" status prior to the last application step. The lack of identity status verification impeded their enrollment in health care coverage, creating significant work for IPC organizations. Uninsured immigrants whose identity status could not be verified had to go through additional steps and multiple unsuccessful attempts that at times took them or the IPCs several hours. These additional steps include calling Experian or uploading or mailing documents to the Health Insurance Marketplace processing center.

A recent study found that as of the first quarter of 2014, the Federal marketplace was unable to resolve about 89 percent of inconsistencies.[11] Additionally, the study found that these inconsistencies "pertained to citizenship, national status, and lawful presence; income; and employer-sponsored minimum essential coverage."[11] In Illinois, attempts were made to address and resolve these issues through Get Covered Illinois, local and national level advocates. These ongoing barriers in the Health Insurance Marketplace reveal an inefficient marketplace system that creates additional enrollment steps and procedures for uninsured immigrants and refugees.

While HHS improved the online application throughout open enrollment, alternatives for verifying identity should be created so immigrants do not continue experiencing delays or remain excluded.

Korean American Community Services (KACS) IPC staff

If online verification fails, I help client try phone verification. If client does not have credit (or has never built credit using credit card, making car payment, etc.), phone verification fails as well. Then we are told to send client's legal documents (DL, passport, green card, etc.) to Kentucky. I've sent the documents there several weeks ago, but so far neither my client nor I have ever heard anything from KY yet. Also, it seems that if my client fails to verify his/her identity at first (in the beginning, during the initial attempt), this client will continue to fail verifying the identity no matter what, every time the person signs in again for re-trial.

Immigrant Status Verification Issues

Immigrant status verification is a process required for most social assistance programs. In Illinois, Medicaid has its own identity verification process. U.S. citizens are required to provide a Social Security number, and legal permanent residents (LPR) need to provide their alien number. For the Health Insurance Marketplace, applicants are asked to attest either that they are U.S. citizens or that they are lawfully present in the U.S. The Social Security Administration (SSA) verifies the name, Social Security number, and date

of birth of citizen applicants. The applicant's attestation of citizenship was considered substantiated if it is consistent with SSA data. The noncitizen applicant's attestation of lawful immigrant status had to be verified with information contained in the Department of Homeland Security's (DHS) databases, accessible through the Systematic Alien Verification of Entitlements (SAVE) system. Verification through the online system has been stringent and confusing while phone verification was less stringent; it is still unclear why these differences exist. When applying online, clients cannot submit their application without electronic verification of identity and immigration status. In general, U.S citizens were e-verified easily at our IPC partner organizations, but various problems arose for legal immigrants and refugees. For example, when applicants set up their online account, they are asked for resident status (type of immigration visa or residency). The electronic verification system should quickly process the information and verify the client's identity within minutes, but in most cases this verification did not happen and the applicants were required to try multiple times or upload/mail documents to prove immigration status.

According to HHS Office of Inspector General's study, a state's ability to resolve data inconsistencies varied. For example, the California marketplace was able to resolve some of its inconsistencies but did not have the resources to resolve all of them.[10] As of mid-February, California reported having about 143,307 applicants with inconsistencies in qualified health plan (QHP) enrollment eligibility. In the study they also found that seventy-seven percent of all inconsistencies were related to citizenship/lawful presence (44 percent) and income (33 percent). In California, the study found that as of mid-February, there were about 42,228 unique inconsistencies related to citizenship. During this same period, New York reported it had about 28,984 unique inconsistencies related to citizenship. It also found that the majority of states that have a state marketplace reported being able to resolve inconsistencies without delay.

Erroneous Immigrant Referrals to Medicaid

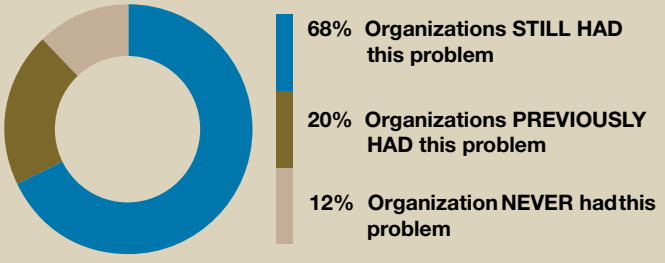
In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PROWRA) passed by Congress severely limited immigrant eligibility for many essential federal safety net programs. One of these programs is Medicaid, which has income and immigration requirements. Lawful permanent residents (LPR) need to have had their residency status for at least five years and have income at or below 133 percent of the federal poverty level (FPL). Some immigrant statuses are exempt from the five year bar, including asylees, refugees, Cuban and Haitian Entrants, Amerasians, Special Immigrant Visa holders from Iraq or Afghanistan, and certified victims of human trafficking. Although these exemptions exist, the majority of applicants with less than five years of LPR status do not qualify for Medicaid but qualify for the Marketplace. Although the Marketplace online application was meant to determine who was eligible for what program — Adult Medicaid or Marketplace — it did not function as intended. Many LPRs were incorrectly referred to Medicaid and had their Marketplace application progress frozen. This error created much confusion and additional case management time for IPCs since they had to get verbal or written confirmation from a Medicaid phone operator (at the Illinois Department of Human Services-IDHS) that the LPR applicant was ineligible before he/she could continue to enroll and purchase health care coverage.

South East Asia Center (SEAC) IPC staff

Since the application (which is actually screening and not applying) on healthcare.gov does not ask for the arrival date (Alien number does not help, as you know), all of our low income immigrant clients who have not been here for 5 years are referred for Medicaid. We cannot move forward online until after the client gets denied by the State. How long will that take? We can only tell the client to wait and assure them everything will work out OK one way or another. Also, it turns out that Experian told us that they do not have translators other than Spanish. They would not let us translate either. They can only talk to the client and not us, even though we are an IPC. We are told to call healthcare.gov to get verified.

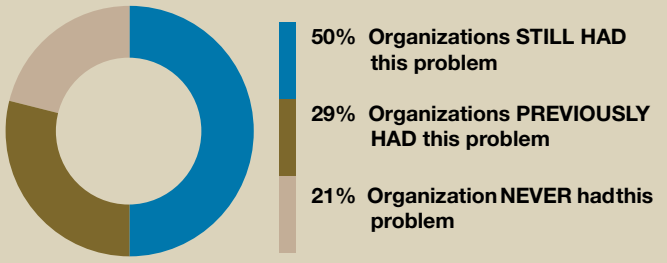
We learned through ICIRR's IPCs that one of the reasons legal permanent residents were being incorrectly referred to Medicaid was because only their income was being taken into consideration and not their immigration status. In the first four months of enrollment in Illinois, low-income uninsured LPRs with less than five years of residency who wanted to purchase health coverage had to forego tax credits (financial assistance) in order to successfully obtain health coverage.

Erroneous Immigrant Referrals to Medicaid (March 2014)



Based on surveys conducted by ICIRR with its IPC organizations. n=21

Immigrant Client Wrongly Found Ineligible for Advance Premium Tax Credits (March 2014)



Based on surveys conducted by ICIRR with its IPC organizations. n=21

This issue was partially resolved in the fifth month of enrollment (February) when the United States Department of Health and Human Services (HHS) added an additional Medicaid denial question in the Marketplace website. This additional question, however, required the LPR applicant or IPC staff to complete a full Medicaid application for the sole purpose of declaring Medicaid ineligibility in order to continue with the Marketplace application in a timely manner. Otherwise, checking the box indicating Medicaid denial without an official Medicaid denial might be considered fraud and affect later citizenship processes.

Insure Central Texas, a program of Foundation Communities, a non-profit - Austin, Texas

Before the application on healthcare.gov included a box to check that someone was not eligible for Medicaid due to an ineligible immigration status, we had a lot of problems trying to get someone enrolled without being sent to Medicaid first. For example, we had several cases of legal permanent residents who had had their 'green cards' for less than five years and were under the 100% Federal Poverty Level, rendering them ineligible for Medicaid but able to purchase a Marketplace plan with Premium Tax Credits and Cost-Sharing Reductions. The process went like this: we would create an account, jump through the identity verification hurdles, submit an application we knew would send them to Medicaid, have the customers apply for Medicaid even though we knew they would not qualify, ask the customers to come back with their denial letters, call the Marketplace where we would spend an hour with a 'regular' representative trying to explain the complex situation, then we were transferred to a 'specialist' who after another hour or two told us the customer qualified for PTCs but not CSRs. When the little box appeared on the healthcare.gov application asking if the customer was ineligible for Medicaid because of his/her immigration status we were so happy! We called back a lot of the customers who didn't have the time to wait for hours on the phone and didn't receive PTCs and CSRs and the customers who were able to wait but still didn't receive CSRs and they were finally able to come back and choose a health insurance plan that worked for their families. was too high for her to afford.

Moreover, several low-income LPRs who have overcome the verification barriers and false Medicaid referrals have not been offered Advance Premium Tax Credits (APTC) even when they were eligible. As of March 2014, a significant number of LPRs with less than five years of residency and incomes below the federal poverty level (FPL) continued to be denied APTC. Generally, applicants under 100 percent of the FPL cannot receive APTC; however, applicants who are ineligible for Medicaid or CHIP due to their immigration status are eligible for APTC. Electronic verification was expected to distinguish the different immigration statutes and income levels, but many eligible immigrant applicants were denied APTC. When this issue arose, IPCs had to call Marketplace phone operators for assistance. Unfortunately, the majority of these phone operators were not well trained or were misinformed on immigrant eligibility for APTC. As a result, many low-income LPRs are still waiting to buy health care coverage. This exclusion has hit particularly hard individuals in a health crisis (chronic or acute) who have been desperately seeking health coverage and have had to forego medical care. In order to further avoid this and get a quicker response, the state developed a process with the Illinois Department of Healthcare and Family Services (HFS) to expedite medically urgent cases.

Case Management Overload

Indo-American Center (IAC) IPC staff

The whole process has been really frustrating. No matter how many times we call the Marketplace about the status of the applications, none of the representatives can give a straight answer. There is no fixed guideline telling us what needs to be done in case of manual identity verification. Different Marketplace Representatives tell us to submit different documents for the same problem. In one case we confirmed a consumer's identity over phone, but the website still showed that his identity could not be verified. Sometimes they had referred cases to some higher authority and told us that they would call back within 5 to 7 business days, but we never heard from them. In the end, all representatives say that the system has a lot of problems. The clients come every day with their pending application, and I can't help them with anything. This is also harming my enrollment goals.

According to a Families USA's Special Report from April 2014, research conducted by Enroll America and a study by the Urban Institute found that "three of four consumers would like in-person help with applying for health insurance and almost half of uninsured people who did not plan to buy insurance would be more likely to buy insurance if they had in-person support."[12] Throughout our network we saw the high demand for in-person assistance.

IPCs that primarily serve uninsured limited English proficient immigrants and refugees have to spend more time with each applicant compared to IPCs that serve the uninsured native-born. IPCs in Illinois reported long wait times on the Marketplace and Experian Hotlines and the need for case management assistance. Similarly, ACA enrollment assisters that partnered with the California Pan-Ethnic Health Network (CPEHN) reported long wait times and dropped calls when LEP clients called phone operators. CPEHN partners also experienced a high volume of calls asking for case management assistance and help with how to utilize health care coverage.[13]

The workload of enrollment assisters was further compounded by technological errors that required multiple appointments. When some of the website issues were resolved, ICIRR's IPC partners were asked to create new accounts with new email addresses for their clients. Since the IPCs could not fill out an application without the client being present, they scheduled multiple appointments for one application and after numerous

attempts were sometimes still unsuccessful. As a result, IPCs who had applicants with enrollment barriers scheduled between two to three appointments per client, with each appointment lasting between two to four hours. Many of our IPCs worked more than anticipated both after regular work hours and during weekends even though case management was not part of their IPC role.

Language Access

Illinois is home to more than one million Limited English Proficient (LEP) individuals. Illinois' LEPs speak several dozen languages, including Spanish, Polish, Arabic, Korean, Mandarin, Vietnamese, and many others. The chart below highlights the top five languages LEPs speak in Illinois.

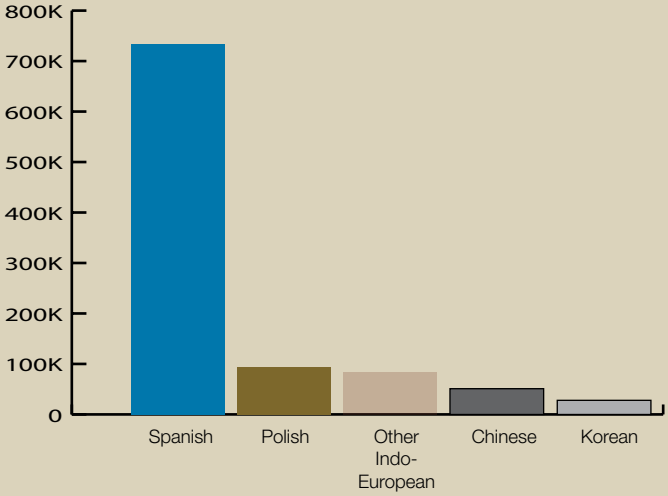
LEP individuals found obstacles at every step. As the Greenlining Institute observed in California, "certified enrollment counselors experienced difficulty enrolling LEP individuals in health insurance plans without a culturally and linguistically appropriate website and application materials."[14] To better assist LEPs, ICIRR's IPCs frequently found themselves translating enrollment and outreach materials in various languages in addition to translating simultaneously information about health insurance plans. This translation work meant that our IPCs dedicated more time to assisting each client than they would have spent assisting an English speaking client.

ICIRR's IPC network experienced major obstacles in accessing both Experian and the Marketplace phone operators. During the first few months of open enrollment, both the Experian and the Marketplace phone operators refused to work with the IPCs and the LEP applicants who needed interpretation. The phone operators commonly only wanted to speak directly with the LEP applicant even though the operators only had few languages available to the applicants, and even though IPCs are trained and certified on how to handle confidential and legal information and always obtain a client consent form giving permission to use their personal information for the purposes of obtaining health care coverage.

Due to the limited role IPCs had with the phone operators, LEP applicants tried calling themselves asking to speak with a phone operator in their native language. In many instances they experienced a long delay or found that their language was not available. For example, immigrants calling to request a Spanish-speaking representative had to usually wait 10 minutes or more to get a translator on the phone. Other times, clients were directed to English speaking operators even though they selected Spanish and on several occasions were told to submit documents by mail if no bilingual operator was available. Applicants requesting Mandarin or Cantonese translators frequently did not have access to such translators, even though the Chinese languages are some of the most prevalent non-English languages.

IPCs saw improvements in February on the Marketplace Hotline when they were permitted to act as interpreters. Experian should allow IPCs to serve as interpreters for LEP applicants and provide services in multiple languages in addition to English and Spanish.

Number of Limited English Proficient (LEP) Speakers in Illinois



Data Source:
Rob Paral & Associates, estimates derived from the 2010-2011 American Community Survey

In addition, minimal amount of promotional materials were available in other languages besides Spanish and English causing many immigrants to be confused about their health coverage options. The materials were also not created in consultation with navigators/IPCs who understand how to communicate with immigrant audiences. Many IPCs in ICIRR's network reported that the educational materials in other languages were not culturally competent and that the information was written in complex language and was not translated correctly. Furthermore, there was a lack of Marketplace presence in the ethnic media (radio and local TV channels) other than in the Spanish language media outlets, which was desperately needed due to multiple conflicting messages around Marketplace enrollment that created confusion and mistrust among immigrants. Many of our IPCs and other community partners had to do their own educational campaigns in order to debunk the myths and ensure that the immigrant community received accurate information, which often took significant time and resources from them. Providing and accepting applications in multiple languages would permit more clients to complete an application independently freeing the time of IPCs and phone operators.

Lack of Access for Mixed-Status Families

Obstacles relating to immigration status had a particularly harsh impact on mixed-status families. A mixed-status family is composed of members with different immigration statuses; for example, one parent may be undocumented, the other may be a legal permanent resident, and the children may be U.S. citizens. According to recent estimates summarized by ICIRR, of the 198,000 Illinois family households with at least one undocumented immigrant, 87% have at least one family member who is a U.S. citizen or lawful permanent resident.[15] Thus, Illinois is home to a significant number of mixed-status families, many of whom face a number of barriers to health coverage.

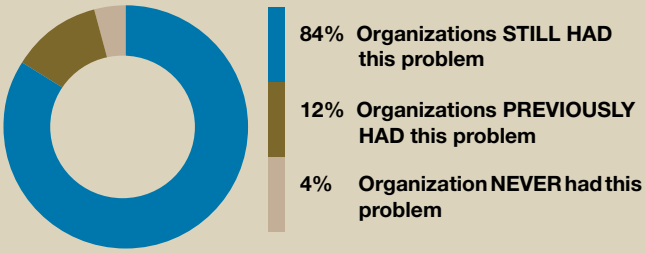
Youth Service Bureau (YSB) IPC staff

The couple I had worked with recently was in the process of applying for residency for the husband. He works under an assumed name and because of that we didn't know how we would be able to report his income. Also they were instructed by their immigration lawyer to file taxes separately even though they are married and with doing so the wife who is eligible would not qualify for any type of tax credits. They decided to opt out and take the fine since price of insurance was too high for her to afford.

Mixed-status families often avoid applying for health and human services, such as health insurance, because they are afraid of that they will be considered a public charge and that sharing information with the government might lead to an undocumented family member being deported. These families are also confused about the enrollment requirements. This situation is particularly problematic for mixed-status families with children who qualify for the health insurance marketplace.

Additionally, some IPCs had difficulty submitting proof of income when applying for tax credits if one of the income-earning household members was undocumented because many such individuals work without a valid Social Security number or get paid in cash. Even though many of these individuals have an ITIN (Individual Tax Payer Identification Number) to file their income taxes, the Marketplace website did not allow the use of the ITIN to verify income. Instead, they had to upload another type of proof, such as bank statements with their name, to verify income; however, there was no guidance on how to handle these cases. Marketplace phone operators and navigators were not given proper tools or resources to assist them. The IPCs themselves had a difficult time assisting these families and finding solutions to the problems they encountered during the enrollment process.

General Marketplace Website Glitches
(March 2014)



Based on surveys conducted by ICIRR with its IPC organizations. n=21

Policy and Programmatic Recommendations

The first open enrollment period of the Federal Marketplace provided the opportunity for millions of uninsured individuals to obtain health care coverage. Based on ICIRR's experience through its network of 29 IPC community organizations and shared experiences in other states, we have identified several recommendations to strengthen and improve Marketplace enrollment process. The successful implementation of these recommendations will require the collaboration of various stakeholders who are committed to ensuring that immigrants have equal access to healthcare coverage in Illinois and throughout the United States. It is our hope that by addressing these issues now, next year more immigrants and refugees will gain access to health coverage through the Marketplace by ensuring a smoother application process for everyone.

Identity Verification Issues (Identity Proofing)

The United States Department of Health and Human Services (HHS) should

- Provide clearer, consumer-friendly documents describing the process of identity verification
- Strengthen communication between the State of Illinois and with the Health Insurance Marketplace Processing center (London, Kentucky)
- Establish alternative avenues for verifying identity when a consumer creates an account on healthcare.gov.[16] For example, consumers should be able to
    - Upload electronic copies of documents to be verified in real time by the Marketplace[16]

      OR
    - Determine eligibility for financial assistance and allow for enrollment in a plan pending the outcome of the identity verification process[16]

Immigration Status Verification Issues

HHS should

- Identify and fix the remaining citizenship and immigration status verification problems
- Provide clearer documents outlining the process of immigrant status verification to enrollment assisters (i.e. Navigators, IPCs, CAC, etc.)
- Improve communication between SAVE (the Systematic Alien Verification for Entitlements system), navigators, and the Center for Medicare and Medicaid Services regarding immigrant status and Medicaid eligibility rules, which vary by state

Erroneous Immigrant Referrals to Medicaid

HHS, the Get Covered Illinois team and the Illinois Department of Healthcare and Family Services (HFS) should further collaborate to

- Ensure that appropriate questions are asked on the application so eligibility and the enrollment system can correctly distinguish between immigrants eligible for Medicaid and those who are eligible for the Marketplace
- Coordinate better communication between HFS, HHS and SAVE as well as more system testing to achieve more accurate eligibility determinations in Illinois
- Provide better training and resources for phone operators and advanced casework teams so that they can provide appropriate help when the system does not work

Case Management Overload

HHS and the Get Covered Illinois team should further collaborate to

- Increase the number of resources for navigators and assisters who will provide services to LEP clients
- Treat IPCs as case workers and provide them with tools to maintain confidential documents
- Provide case work training for IPCs to ensure they know how to maintain intake forms and reports
- Offer training for IPCs in volunteer recruitment and management

Language Access

HHS and the Get Covered Illinois team should further collaborate to

- Provide applications, outreach materials, and official notices in multiple languages and with accurate translation
    - Application "tools" are available in different languages but individuals cannot submit them; HHS should accept applications in languages other than English and Spanish.
- Improve outreach to diverse communities. HHS and the Get Covered Illinois team should use data on the LEP population to tailor outreach, education, and enrollment efforts for hard-to-reach and underrepresented populations[17]
- Allow certified navigators and IPCs to act as interpreters for Limited English Proficient (LEP) clients with Experian, HFS, Marketplace, etc.

- Ensure language access for LEP applicants throughout the entire enrollment process including accessing Experian phone operators. If Experian cannot provide multilingual phone operators then Experian should contract directly with an interpreter calling center similar to the Marketplace

Lack of Access for Mixed-Status Families

(HHS) should

- Provide alternative documents and also allow for self-attestation of income when documents are not available and give clear guidance on verifying household income so every family has an opportunity to successfully submit an application and every eligible family member in the household can enroll in health insurance

- Provide mixed-status families with detailed, clear, and consumer-friendly guidance on how to apply, and reassurance that it is safe for eligible family members to apply, for health coverage in the Marketplace

- Improve infrastructures to better facilitate access for mixed-status families

ICIRR hopes this report can serve as an important resource for both the State of Illinois and HHS for guiding immigrant friendly implementation in the next ACA enrollment period.

About ICIRR's In-Person Counselor Program

The In-Person Counselor Program (IPC) at ICIRR is a network of 29 ethnic community-based organizations across Illinois dedicated to providing outreach and enrollment services for health insurance and health literacy for immigrant and refugee families. The IPC program is a partnership between the State of Illinois, Get Covered Illinois, the Illinois Department of Public Health (IDPH), and the ICIRR.

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THE CHICAGO COMMUNITY TRUST AND AFFILIATES

The Strength of Our Network

Alliance of Filipinos for Immigrant Rights and Empowerment (AFIRE)

Arab American Action Network (AAAN)

Arab American Family Services (AAFS)

Asian Human Services

Cambodian Association of Illinois (CAI)

Casa Guanajuato - Moline

Casa Michoacán/FEDECMI

Centro de Información

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Chinese American Service League (CASL)

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Hanul Family Alliance

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Instituto del Progreso Latino (IDPL)

Korean American Community Services (KACS)

Latino Organization of the Southwest (LOS)

Mano a Mano Family Resource Center

Mujeres Latinas en Acción (Mujeres)

Muslim Women Resource Center (MWRC)

Northwest Side Housing Center

P.A.S.O. - West Suburban Action Project

South-East Asia Center (SEAC)

Spanish Community Center

United African Organization (UAO)

Youth Service Bureau of Illinois Valley (YSB)

Endnotes

1. Families USA. *Accelerating the Affordable Care Act's Enrollment Momentum: 10 Recommendations for Future Enrollment Periods*, Special Report. April 2014. p. 9

2. Medina, Jordan, and Carla Saporta (June 2014). *Covered California's First Year: Strong Enrollment Numbers Mask Serious Gaps*. The Greenlining Institute. http://greenlining.org/issues/2014/covered-californias-first-year-strong-enrollment-numbers-mask-serious-gaps/

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5. Rob Paral & Associates, estimates derived from the 2008-2010 American Community Survey.

6. Naturalized citizens and legal non-citizens were eligible to enroll in the ACA, while the undocumented and DACA (Deferred Action for Childhood Arrivals) recipients were not (http://www.nilc.org/immigrantshcr.html).

7. White immigrants includes Arab immigrants as well as Western and Eastern European immigrants

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13. California Pan-Ethnic Health Network. *Improving Enrollment of Communities of Color in Health Coverage: Recommendations from First Responders to Covered California and Medi-Cal*. June 2014

14. Medina, Jordan, and Carla Saporta (June 2014). *Covered California's First Year: Strong Enrollment Numbers Mask Serious Gaps*. The Greenlining Institute. http://greenlining.org/issues/2014/covered-californias-first-year-strong-enrollment-numbers-mask-serious-gaps/

15. Tsao, Fred. 2014. *Illinois' Undocumented Immigrant Population: A Summary of Recent Research by Rob Paral and Associates* (http://icirr.org/sites/default/files/Illinois%20undocumented%20report_0.pdf).

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