

medicaid and the uninsured

October 2011

Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers

EXECUTIVE SUMMARY

Beginning in 2014, the Patient Protection and Affordable Care Act (ACA) will significantly expand coverage for low- and moderate-income families through an expansion in Medicaid eligibility and by making tax credits available to help individuals purchase coverage through new Health Benefit Exchanges. Given their high uninsured rate and limited access to private and public coverage, one group who could significantly benefit from this coverage expansion is lawfully residing immigrant families. However, in order for them to realize this potential benefit, it will be important to address the barriers eligible immigrant families often face to enrolling in coverage and accessing needed care.

This report draws on the experience of outreach and enrollment workers who serve immigrant communities to identify the role of Medicaid and CHIP for immigrant families, key barriers eligible lawfully residing immigrant families face to enrolling in coverage and accessing care, successful strategies to overcome these barriers, and considerations for health reform. It is based on findings from four focus groups that were conducted during July and August 2011 with outreach workers who serve immigrant communities in California, the District of Columbia, and Florida.

The Role of Medicaid and CHIP for Immigrant Families

Medicaid fulfills a number of roles for immigrant families. Focus group participants stressed that Medicaid and CHIP coverage provide immigrant families access to preventive and primary care, including prenatal care, as well as care for chronic conditions. Several noted that, without this coverage, obtaining health care would prove too financially burdensome for low-income immigrant families and require them to make difficult choices between paying for food or rent or health care. Participants also emphasized that, when families obtain Medicaid and CHIP coverage, they often receive health education and connect to other social services, which contribute to an overall increased understanding of health and broad improvements in their quality of life.

“Not only do they get medications and healthcare, but they also get nutrition advice, advice on raising their kids to grow up healthier and have less medical problems when they are adults. So I think just having that access to [Medicaid and CHIP] increases their quality of life immensely.”
Outreach Worker,
San Francisco

Barriers to Coverage and Care for Eligible Immigrant Families

Fear was an overarching coverage barrier that emerged in all of the focus group discussions. Participants identified two distinct fears that deter eligible immigrant individuals and families from applying for coverage. One is that receiving health care benefits will result in them being considered a “public charge” and prevent them from obtaining permanent residence. A second fear, often present among mixed status families—such as U.S.-born children living with an undocumented parent—is that applying for coverage for eligible family members may expose other family members to risk of deportation.

“...They have the fear, you know, that they sign on anything for any type of resources, they won't be able to get permanent status.”
Outreach Worker,
Los Angeles

Burdensome and confusing application processes and difficulty meeting documentation requirements were also consistently identified as enrollment barriers. Participants said that applying for coverage often requires long wait times on the phone or in-person, and that it is difficult for families to take time away from work to complete the application process. Moreover, participants felt that eligibility workers in local offices are not always welcoming or helpful when families do take the time to attempt to enroll. They identified administrative challenges, such as applications not being received or getting passed back and forth between programs. Moreover, they highlighted difficulties immigrant families often face in meeting documentation requirements, particularly since they often work in seasonal jobs and/or are paid in cash and may be highly mobile. Participants noted that many of these difficulties carry over to renewal processes, often leading to losses in coverage at the point of renewal.

Language and literacy issues, as well as limited access to technology, also were identified as key enrollment challenges. Participants noted that individuals who do not speak English or who have low literacy levels often have difficulty understanding forms and notices. Further, they identified numerous instances of individuals encountering problems obtaining translation assistance. Several participants also noted that, as the enrollment process moves increasingly online, enrollment may become more difficult for immigrant families because of limited computer access and low levels of computer literacy.

After enrolling in coverage, immigrant families also face numerous challenges to accessing needed care. Participants described how limited transportation options and language barriers can make it difficult for families to navigate their way to appointments. Further, once an individual arrives for an appointment, they may continue to face language barriers if there are no staff members available that can provide medical interpretation services. Immigrant families may also experience fears and confusion related to navigating an unfamiliar and complicated health care system. Participants noted that many immigrant families require education on how to obtain services under a managed care plan and assistance identifying participating providers. It was further noted that, in some cases, individuals are assigned to a primary care provider who may not have an existing relationship with the family, may not be accessible to the family, and/or may not have the capacity to provide culturally and linguistically appropriate services. Challenges accessing specialty care were also identified. In particular, participants described problems finding participating specialists, as well as lengthy referral processes for specialty care.

"I think most of the barriers we see with the people that we serve is not only that they don't understand or they don't know, but also the paperwork.... It is a lot of paperwork, it is a lot of proof they are requesting, a lot of information that many of them don't have."

*Outreach Worker,
San Francisco*

"I think it really is about just leaving people behind and kids that are more vulnerable to not being insured, whether they are Hispanic or whether they are rural, whether they are Haitian immigrants...if they don't have computers in their home or their parents, for one reason or another, can't access it they are going to be left behind. And those are the kids that are most vulnerable."

Outreach Worker, Florida

"You can do really great eligibility [work] and get them the benefits, but if you don't do the teaching and education on how you use [the benefits]...you are not actually getting anybody access because they just have no idea that that doesn't mean go to the ER."

*Outreach Worker,
District of Columbia*

Successful Strategies to Overcome Barriers to Coverage and Care

Participants identified a number of creative and successful strategies they have developed to overcome barriers to coverage and care. In particular, participants pointed to the effectiveness of conducting outreach and application assistance through trusted organizations and individuals with strong ties to the immigrant community. The importance of educating families about their coverage options and the enrollment process was stressed. Innovative ideas such as school presentations that encourage youth to educate their community about the availability of coverage were highlighted. Moreover, participants heavily emphasized the value of direct, one-on-one enrollment assistance from trusted individuals with a shared background or experience. Across the focus groups, participants described taking a very active and comprehensive role in helping families obtain and maintain coverage and receive needed care. In addition, participants identified a variety of tools and strategies they have developed to make the process easier for families, including providing families lists of documents they will be required to provide, creating forms to make it easier for families to document income, providing cards that families can present to request translation assistance, and encouraging families to keep records and receipts of all application and paperwork submissions.

“...What actually helps a lot is to have examples of people that have actually gone through it. And our own staff has been in those situations and have received the benefits. It didn’t affect their Green Card, they were able to get healthcare taken care of.... So kind of hearing it from community members has been really helpful for us.”
Outreach Worker,
San Francisco

Strategies and Tools to Help Immigrant Families Overcome Barriers to Coverage and Care

- Utilizing trusted community organizations and individuals to provide outreach and enrollment assistance
- Direct one-on-one assistance from individuals with a shared background or experience
- Educating families about coverage options and the enrollment process
- Providing families with a list of required documents and identifying alternative options
- English and Spanish zero income and cash income form to document income
- Cards that families can present to request translation assistance
- Keeping records and receipts of all application and paperwork submissions
- Maintaining contact over time to assist families with renewal and accessing necessary services

Looking Ahead to Health Reform

To fully realize the potential of the coverage expansions under health reform in 2014, it will be important to assure eligible individuals successfully enroll in coverage. Given their high uninsured rate, reaching and enrolling eligible immigrant families will be key to achieving overall success with the expansion. However, doing so will entail effectively addressing the numerous enrollment barriers they face. At a broad level, assuring enrollment systems are transformed to provide the simple, high-quality user experience that is envisioned under reform will be imperative for addressing many of the barriers eligible immigrant families, as well as other individuals, currently face. Doing so will not only require significant changes in processes and systems, but also an overall cultural shift among local eligibility offices that is focused on promoting coverage. Moreover, successfully enrolling eligible immigrant families will likely require targeted outreach efforts and enrollment assistance. As part of these efforts, the findings from these focus groups, as well as other data, suggest the importance of assuring that trusted community organizations and individuals have adequate training and resources to provide outreach and assistance, conducting outreach through varied locations and methods to meet immigrants where they are, adopting enrollment processes that meet the specific needs of immigrant families, and strengthening messages to dispel fears among the immigrant community.

INTRODUCTION

One primary goal of the Patient Protection and Affordable Care Act (ACA) is to significantly reduce the number of uninsured. To achieve this, beginning in 2014, the law will expand Medicaid eligibility and provide tax credits to help individuals purchase coverage through new Health Benefit Exchanges. The Medicaid expansion and new subsidized exchange coverage will significantly increase the coverage options available to millions of low- and moderate-income families who lack access to affordable coverage today. Given their high uninsured rate and limited access to private and public coverage, one group who could significantly benefit from the coverage expansions in the ACA is lawfully residing immigrant families. However, for eligible immigrant families to fully realize the potential opportunity of the expansions, it will be important to address the myriad of barriers they face to enrolling in coverage and accessing needed care.

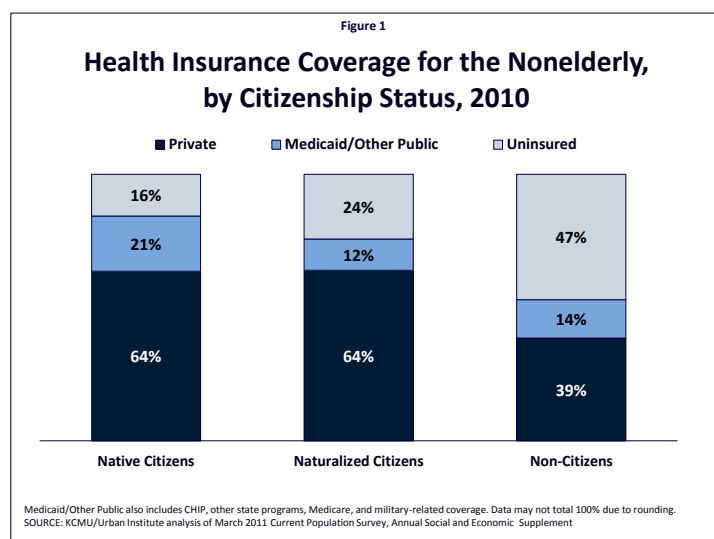
This brief draws on the experience of outreach workers serving immigrant families to identify the role of Medicaid and CHIP for eligible immigrant families, key barriers eligible immigrant families currently face to enrolling in coverage and accessing care, successful strategies to overcome these barriers, and implications for implementation of health reform. It is based on findings from four focus groups conducted with individuals who provide outreach and enrollment assistance in immigrant communities.

BACKGROUND

Overview of Immigrants and Health Coverage Today

Immigrants are a diverse group, ranging in immigration status, length of time in the country, country of origin, race/ethnicity, family status and age. As of 2010, there were 38 million immigrants residing in the United States, accounting for 12.5% of the population.¹ This includes 17 million naturalized citizens and 21 million non-citizens, who include both lawfully present and undocumented individuals.² Moreover, there are many more individuals who live in families with mixed immigration status, such as U.S.-born citizen children residing with non-citizen parents. As of 2009, there were 5.6 million citizen children in the United States living with at least one non-citizen parent.³

Similar to native citizens, the majority of naturalized citizens have employer or other private coverage. However, non-citizens are nearly three times as likely to be uninsured relative to U.S.-born citizens, reflecting more limited access to both private and public coverage (Figure 1). Although non-citizens are as likely as citizens to work, they are often in jobs and industries that do not offer coverage. Further, non-citizens are subject to immigrant-specific eligibility restrictions in Medicaid and CHIP. Since 1996, lawfully residing non-citizen immigrants have been barred from enrolling in Medicaid and CHIP during their first five years in the United States. States were recently provided the option to eliminate this “five-year bar” for pregnant women and children, but do not have the option to waive the waiting period for other adults. Undocumented immigrants are prohibited from enrolling in Medicaid and CHIP.⁴



Coverage for Immigrants Under the ACA

As noted, the ACA will significantly expand coverage in 2014. Medicaid will expand to nearly all individuals with incomes up to 133% of poverty (\$14,484 for an individual or \$24,645 for a family of three in 2011). Moreover, individuals without employer or public coverage will be able to buy coverage through new Health Benefit Exchanges, and those with incomes up to 400% of poverty (\$43,560 for an individual or \$74,120 for a family of three in 2011) will be eligible for tax credits to help pay for the coverage. However, as shown in Table 1, immigrants will continue to face specific eligibility restrictions.

**Table 1:
Immigrant Eligibility for Medicaid and Exchange Coverage in 2014**

	Medicaid	Exchange Coverage
Eligibility in 2014	Expands to nearly all individuals with incomes up to 133% of poverty	Individuals without employer or public coverage can buy coverage through exchanges Tax credits available to those with incomes up to 400% of poverty
Naturalized Citizens	Eligible on the same basis as U.S.-born citizens	May purchase exchange coverage and receive tax credits on the same basis as U.S.-born citizens
Lawfully Residing Immigrants	Most lawfully residing immigrants are subject to a five-year wait before they may qualify States may <i>choose</i> to waive the five-year wait for lawfully residing children and pregnant women (but not for other adults)	May purchase coverage and receive tax credits without a five-year wait
Undocumented Immigrants	Prohibited from enrolling in Medicaid	Prohibited from purchasing coverage through exchanges

METHODOLOGY

To gain increased insight into barriers to coverage and care facing eligible immigrants and successful strategies to overcome these barriers, Health Outreach Partners (HOP) and the Kaiser Commission on Medicaid and the Uninsured (KCMU) hosted focus group discussions with outreach and enrollment professionals that serve immigrant communities. A total of 35 professionals participated in one of four focus groups held in San Francisco, CA; Los Angeles, CA; Washington, DC; and Parrish, FL in July and August 2011. The majority of participants were employed by community health centers who serve immigrant populations; however, some worked with other types of organizations serving immigrants. The responsibilities of participants ranged from providing outreach and education to providing direct enrollment assistance and supporting individuals in accessing needed services.

Using a structured interview guide, participants were asked about the role of Medicaid and CHIP for the immigrant families they serve, current barriers to coverage and care facing eligible immigrants, strategies they employ to overcome these barriers, and perceptions of the potential impact of the coverage expansions under reform on immigrant communities. With consent of the participants, all focus groups were recorded and transcribed. Data were analyzed using ATLAS.Ti version 5.5, a qualitative data analysis software program. Findings from the focus groups were supplemented with review of other relevant research and data, including HOP's national needs assessment on farmworker health outreach (Breaking Down Barriers: A National Needs Assessment on Farmworker Health Outreach, available at <http://www.outreach-partners.org/resources/nna>).

KEY FINDINGS

The Role of Medicaid and CHIP for Immigrant Families

Participants stressed that Medicaid and CHIP coverage provide immigrant families access to preventive and primary care, including prenatal care, as well as to care for chronic conditions. Several participants noted the importance of Medicaid and CHIP coverage for enabling immigrants to access prenatal care. It was noted that, without the coverage, many pregnant women would likely go without care, which could lead to increased birth complications and infant mortality.

Moreover, it was recognized that Medicaid and CHIP coverage are key for supporting families in obtaining immunizations and well-child check-ups for children. Participants also indicated that Medicaid and CHIP coverage allow individuals to obtain care for chronic conditions such as diabetes and hypertension, which have a high prevalence among the low-income immigrant population.

“It also helps for the kids with immunizations and checkups, and the physicals for school and sports.”

*Outreach Worker,
San Francisco*

Several participants noted that, without Medicaid and CHIP coverage, obtaining health care would prove too financially burdensome for low-income immigrant families. They felt that, in the absence of this coverage, families would be required to make difficult choices between paying for groceries or rent versus seeking medical care or purchasing prescription medication for chronic conditions like diabetes or hypertension. Further, some participants suggested that if Medicaid and CHIP were not available, individuals would be likely to seek home remedies or care from informal resources, rely on over the counter medications, stretch prescription medications, and forgo needed services.

“They are already overwhelmed as we speak. I can just imagine these people without any type of insurance. Where else would they go and seek services if not when it is urgent? ...It wouldn’t be affordable for them to seek primary care [or] preventative care.”

*Outreach Worker,
Los Angeles*

Participants also emphasized that Medicaid and CHIP coverage contribute to an overall increased understanding of health and broader improvements in quality of life among immigrant families. It was noted that, as a result of obtaining Medicaid or CHIP coverage, immigrant families often gain a new understanding of the importance of preventive health care and how to utilize care within the U.S. health care system. Participants said that they often provide health education to families when they enroll in Medicaid and CHIP coverage, including education on the importance of immunizations and preventive health as well as nutrition counseling. Moreover, participants pointed out that, when families seek and connect to health care coverage, they often are connected to other important social services and supports that lead to improvements in their overall family well-being.

“Not only do they get medications and healthcare, but they also get nutrition advice, advice on raising their kids to grow up healthier and have less medical problems when they are adults. So I think just having that access to [Medicaid and CHIP] increases their quality of life immensely.” Outreach Worker, San Francisco

“Where you access your health care . . . you also [access] education, social services, like many other services that if you don’t have an insurance you won’t go to your community center and you won’t get educated about these other resources....”

Outreach Worker, District of Columbia

“Just having the access to Medi-Cal [Medicaid] opens up a whole new perception of health. Many people come from countries where there is not preventive health—you go to the doctor when you are deathly ill...We do a lot of education in our program about preventive health and that they get the immunizations...So I think just changing their perception.”

Outreach Worker, San Francisco

Enrollment Challenges

Eligible immigrants face a variety of barriers to enrolling in Medicaid and CHIP coverage. Some barriers, such as burdensome or confusing enrollment processes, affect all individuals seeking coverage. However, immigrant families are more likely than other families to face certain challenges, such as language and literacy issues, lack of transportation, confusion about the U.S. health care system, and limited access to technology. Any one of these barriers can be formidable. However, many immigrants encounter multiple barriers simultaneously, compounding the challenges they face.

One key enrollment barrier that emerged in all of the focus group discussions was fear. Participants identified two distinct fears that deter eligible immigrant individuals and families from applying for coverage. One is that receiving health care benefits will jeopardize their immigration status. Participants noted that even though rules expressly prohibit an individual's immigration status from being negatively impacted by receipt of Medicaid or CHIP coverage, many immigrant families are advised by lawyers not to seek coverage because it will result in them being considered a "public charge" and prevent them from obtaining permanent residence. A second fear is that applying for coverage for eligible family members may expose other family members to risk of deportation. This fear is often present in families with mixed immigration status, such as a family with U.S.-born citizen children and one or both parents who are undocumented.

Additionally, participants consistently indicated that the Medicaid and CHIP application process was burdensome and confusing for immigrant families. Participants said that applying for coverage often requires long wait times on the phone or in-person, and that it is difficult for families to take the time away from work to complete the process. They noted that, if an individual needs to go to a specific location to complete the process, that arranging transportation or navigating public transit systems may require significant time and effort. Moreover, participants felt that eligibility workers in local offices are not always welcoming or helpful when families do take the time to attempt to enroll. Participants further highlighted administrative challenges, such as applications not being received or processed or getting passed back and forth between programs, leading to lengthy wait times for an eligibility determination and sometimes leaving families without an eligibility decision.

"...They have the fear, you know, that they sign on anything for any type of resources, they won't be able to get permanent status."

*Outreach Worker,
Los Angeles*

"We definitely see some of the things that I am sure all of you do too in terms of people worrying about if ...getting Medicaid or getting any benefits would be considered a public charge...."

*Outreach Worker,
District of Columbia*

"...also the fear that these people on the other end might report them to INS [ICE] and then they are deported...although their children are U.S. citizens."

*Outreach Worker,
Los Angeles*

"...but even sometimes I have faxed it and they still didn't receive it somehow...the information is not getting through to whoever needed it, so three, four, five days, a week, two weeks later, they still didn't get that information that was faxed."

Outreach Worker, Florida

"...it is a lot of back and forth and they never get there."

*Outreach Worker,
San Francisco*

The difficulties immigrant families face in meeting documentation requirements were also highlighted by participants. As part of the Medicaid and CHIP application process, individuals often must provide documentation of their income. Similarly, individuals sometimes must present documented evidence of their residency within the state. Focus group participants stressed that these documentation requirements are often very challenging for immigrant families to meet, particularly since they often work in seasonal jobs and/or are paid in cash and may be highly mobile.

“I think most of the barriers we see with the people that we serve is not only that they don’t understand or they don’t know, but also the paperwork.... It is a lot of paperwork, it is a lot of proof they are requesting, a lot of information that many of them don’t have.”

Outreach Worker, San Francisco

“The other thing that has...been a problem...is proof of income....Especially if it is a day laborer, because...you can’t get a letter from your employer very easily and you get paid in cash....” Outreach Worker, District of Columbia

Participants additionally identified enrollment challenges related to language and literacy. Participants noted that individuals who do not speak English often have difficulty understanding forms and notices. Further, they identified numerous instances of individuals encountering problems obtaining translation assistance. It was also recognized that low literacy levels often lead to enrollment challenges, particularly due to complex forms and notices that may have small font and include legal language that can be intimidating and confusing for families.

“I just am constantly surprised by how many reports we get of people who are told...by the security guard or the person at the front desk, there is just no one who speaks your language today.” Outreach Worker, District of Columbia

“One thing that makes it difficult to enroll them...Some immigrants are unable to read and so one would have to like read the form for them....” Outreach Worker, Los Angeles

Some participants expressed concern that immigrants are being left behind in the enrollment process due to their limited access to technology. These participants noted that as the enrollment process moves increasingly online that it may become even more difficult for immigrant families to navigate because of their limited computer access and low levels of computer literacy. They commented that many immigrant individuals and families need assistance to complete the online application process, and, sometimes, may rely on their children to provide this assistance, which raises numerous concerns.

“I think it really is about just leaving people behind and kids that are more vulnerable to not being insured, whether they are Hispanic or whether they are rural, whether they are Haitian immigrants...if they don’t have computers in their home or their parents, for one reason or another, can’t access it they are going to be left behind. And those are the kids that are most vulnerable.” Outreach Worker, Florida

“The issue is...that, technologically, we are going really, really fast. Our community, the community of immigrants, they are really, really behind. When you are talking about the regular families in the United States, they, they are used to now, to do all the...payments, the applications, the bank accounts, everything on the internet. The Hispanic community, sometimes they don’t even have one computer at home.” Outreach Worker, Florida

Participants stressed that many of these challenges carry over to the renewal process, contributing to losses in coverage. For example, they described instances of renewal notices and paperwork being mailed to old addresses and said that the notices are difficult to understand, particularly due to language and literacy barriers. As a result, many immigrant families do not complete the renewal process and experience a lapse in coverage. It was further noted that some families may not even recognize that their coverage has lapsed until they receive a bill for uncovered care.

“...With the recertification they send a mail out thing and...they wait for that to come, but a lot of times if it doesn’t, or if it comes in English they don’t know what it is because we serve primarily Spanish-speaking patients and so they will bring it in much later or bring it in not knowing what to do...”

*Outreach Worker,
District of Columbia*

Barriers to Accessing Health Care

Enrolling in coverage is the first step in assuring care for immigrant individuals and families. However, to translate coverage into appropriate care, individuals and families must be able to access needed preventive, primary, and specialty services. Yet, many of the same challenges that make it difficult for immigrant families to enroll in coverage also present barriers to accessing needed care.

Participants described how transportation and language barriers make it difficult for immigrant families to access health care services. They noted that, oftentimes, especially in rural communities, long distances are traveled to reach appointments. This can be particularly difficult for families that have limited or inconsistent transportation options. Participants also commented that language barriers can make it difficult for families to navigate their way to appointments. Further, once the individual or family arrives for an appointment, they may continue to face language barriers. The provider’s office may not have staff members who are fluent in their language and able to provide competent medical interpretation services. When individuals and families are not provided appropriate translation services, they can encounter difficulties in clearly communicating their needs and in understanding provider instructions for care.

“If you are not right in that city and you don’t have a car, you might have to take three or four busses to get to a clinic. So you have to leave an hour and a half earlier and you might still have a wait once you get there. And then how long does it take to get home? You might have to take a whole day off work. And we are not open on the weekend; we are not open in the evenings; so if you are working full days it is hard to utilize your insurance you just got.” Outreach Worker, San Francisco

“Many of our clients don’t speak English, so just getting there is a problem. They don’t know the way around, and they always have to ask a relative to take them, and it is hard for them to take off. So a lot of them just decide not to go to the services, it is too far for them.” Outreach Worker, San Francisco

Fears and confusion related to navigating an unfamiliar and complicated health system were also identified as barriers to obtaining care. Several participants noted that after enrolling in coverage, individuals are often enrolled in a managed care plan. They said that many immigrant families require education on how to obtain services under the plan and assistance in identifying participating providers. It was further noted that most participating provider lists are available online, but that many families do not have internet access, making it challenging for families to review their options. In addition, some plans assign beneficiaries to a primary care provider (PCP) if they do not select one. Participants described instances in which immigrant individuals and families were assigned to PCPs who did not have an existing relationship with the family, whose locations were not accessible to the family, and/or who

did not have the capacity to provide culturally and linguistically appropriate services. A few participants commented that it is not unusual for an immigrant family to show up for an appointment at their usual community health center and be unaware that they had been assigned to a different PCP.

“If they can get Medicaid, how are they supposed to know what doctor to go to...that is a huge barrier. It is just getting the information out there to families that don’t have internet access in their homes.” Outreach Worker, Florida

*“You can do really great eligibility [work] and get them the benefits but if you don’t do the teaching and education on how you use [the benefits]...you are not actually getting anybody access because they just have no idea that that doesn’t mean go to the ER.”
Outreach Worker, District of Columbia*

Participants further described challenges associated with accessing specialty care. They identified difficulties finding participating specialists as well as lengthy referral processes for specialty care. It was also noted that if the referral paperwork sent to the family is not in their language or is mailed to an outdated address, the appointment may be missed and the entire process has to be restarted.

“When the referrals are done...it takes longer than six months—that person could have moved, their family could have moved two times in that six months. So the referrals get lost. And so, sometimes referrals take a year or a year and a half because they went to the wrong addresses.” Outreach Worker, Los Angeles

Successful Strategies to Overcome Barriers to Coverage and Care

As outreach workers serving immigrant communities, focus group participants face and deal with these barriers to coverage and care on a daily basis. Through their work and experience, many have developed and identified creative and successful strategies to overcome these barriers, as described below.

Participants pointed to the importance of conducting outreach and application assistance through trusted organizations and individuals with strong ties to the immigrant community. It was noted that local organizations such as community health centers, churches, and community-based organizations, have earned and maintained trust within the immigrant community and respect and understand language and cultural differences, making them particularly effective avenues for outreach and application assistance. The importance of direct one-on-one assistance through trusted individuals was also heavily emphasized by participants. Individuals such as health outreach workers, *promotoras* (lay health promoters), clergy, case managers, or individual leaders within the immigrant community were identified as particularly useful outreach resources. Moreover, participants highlighted the effectiveness of individuals and families hearing outreach messages from individuals within the community who have a shared background and/or experience, as well as innovative outreach and education efforts, such as encouraging youth in schools to educate their community about coverage options.

*“...What actually helps a lot is to have examples of people that have actually gone through it. And our own staff has been in those situations and have received the benefits. It didn’t affect their Green Card, they were able to get healthcare taken care of.... So kind of hearing it from community members has been really helpful for us.”
Outreach Worker,
San Francisco*

“I was mentioning, having presentations with the schools...and talk[ing] about the eligibility requirements for Medi-Cal [Medicaid] and challenging youth to go, to write what you learned today. Go and talk to 10 people about it and then come back and give us your feedback...and...the purpose is to break that fear and have the youth talking to adults about Medi-Cal [Medicaid] and all the different...programs.” Outreach Worker, Los Angeles

The value of educating individuals and families about their coverage options and the enrollment process was highlighted by a number of participants. Participants noted that they often begin the enrollment process by educating the family about coverage options and the benefits they provide. As part of this effort, they often also seek to dispel fears the family may have related to their immigration status. Moreover, several participants emphasized the importance of explaining the entire enrollment process to individuals, so they know what to expect during each step along the way.

*“This is the first step in the process, okay, do you understand that? Do you have any questions? This is what you are going to do after you get that and this is what we are aiming for...and you leave really trying to spend as much time as possible to make sure the patient actually knows what is going on...and is not just doing it to do it.”
Outreach Worker, District of Columbia*

Moreover, many participants have developed long-standing relationships with individuals and families to provide comprehensive and ongoing support in obtaining and maintaining coverage and utilizing needed care. Across the focus groups, a number of participants described taking a very active and comprehensive role in helping families enroll in coverage and connect to care. For example, they help families complete the application, and, in some cases, submit the application on their behalf; conduct follow-up as necessary to assure necessary forms and paperwork are received and processed; reach out to families prior to the end of their coverage period to assure that they successfully complete the renewal process; and work closely with families to help connect them to necessary providers and services. They noted that taking on these responsibilities is time-consuming and burdensome, but viewed it as necessary to assure families get the coverage and care they need.

“So the only way I catch it is because every week I follow up with the same families that I apply with. So every week...I am following up with everyone a month back...and that helps me catch all of the glitches like they didn’t get their fax.” Outreach Worker, Florida

“...We have... staff who actually gets the listing of all the participants and they look through to see what are the next, when does the benefits expires.... We will...actually get them in at our clinic and start that process.... So that is one way that we are kind of reaching out to them and we do actually go out to their homes if we can, reach them by phone to come to us to get them in and recertify them before actually the insurance sends them the information how to do it on their own.” Outreach Worker, District of Columbia

Several participants described tools they utilize to simplify the enrollment process for families and help meet their language needs. For example, a number of participants said that they find it helpful to provide families a list of different documents the family will be required to provide as part of the enrollment process and help them identify alternative options as needed. Moreover, one participant described an English and Spanish zero income form and a cash reporting form that her health center had developed to help families meet income documentation requirements. Similarly, another participant’s organization created cards that individuals can provide as needed to communicate their need for

translation assistance to eligibility workers and/or providers. In addition, several participants noted that they encourage individuals to keep receipts and records when they submit applications or other materials to help address instances in which paperwork is not received or processed.

“...We developed an English and Spanish zero income form and also a cash form... And we have actually found that to be really, really helpful and successful and especially having it in English and Spanish so that when a person signs it there is a level of comfort knowing that they know what they are signing and it is not just in English.”

Outreach Worker, District of Columbia

LOOKING AHEAD TO HEALTH REFORM

To fully realize the potential of the coverage expansions that will take place under health reform in 2014, it will be important to assure eligible individuals successfully enroll in coverage. Given the numerous challenges they face, eligible immigrant individuals and families are one group that will likely require targeted outreach efforts and significant enrollment assistance. The findings from these groups, as well as other data, suggest a number of key considerations for outreach and enrollment efforts focused on reaching eligible immigrants under reform, including the following.

Assuring trusted organizations and individuals within the immigrant community are adequately prepared and supported to provide outreach and enrollment assistance. These focus group findings clearly support the longstanding understanding of the importance of conducting outreach and enrollment assistance through community-based organizations and individuals that are trusted by the immigrant community. Under reform, these organizations and individuals, including community health centers (see text box) will likely serve as a key resource to help get eligible individuals and families enrolled in both the Medicaid expansion and new coverage offered through the exchanges. As such, it will be important for outreach staff to be well-trained and well-informed about how coverage options for immigrants are affected by the ACA. Moreover, it will be key for them to understand the coverage options available through new exchanges, so that they can help individuals and families navigate their plan choices.

The Role of Community Health Centers for Low-Income Immigrants Under Reform

Community Health Centers (CHCs) are an important source of primary care for individuals nationwide. Health centers are community-based organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. The National Association of Community Health Centers (NACHC) estimates, in the last year, CHCs provided primary health care services to more than 20 million patients, mostly uninsured or underinsured, in over 8,000 local communities nationwide.

Given their long history of serving low-income populations and their longstanding commitment to serving immigrant populations, CHCs are well-positioned to provide the supportive services often needed by immigrant populations. Additionally, many CHCs, including Migrant Health Centers (MHCs) and/or Homeless Health Centers (HCHs), house many of the outreach and enabling services, such as case management, transportation, language services, community and patient education services, and direct enrollment assistance that are often necessary to connect immigrant families to coverage and care. MHCs and HCHs, in particular, are also known for pioneering the provision of outreach services, health promotion, and patient education/empowerment for farmworkers and homeless individuals.

As such, CHCs will likely serve as a key resource for enrolling eligible immigrant individuals and families in coverage under reform and will continue to serve as a vital source of care for the newly enrolled, as well as for those individuals, including undocumented individuals, who remain uninsured.

In addition, direct one-on-one enrollment assistance will likely remain an important component of effectively enrolling eligible immigrant individuals and families. As noted by focus group participants, providing this level of assistance can be burdensome and time-consuming, but is often imperative for individuals and families to successfully obtain coverage and care and maintain it over time. As such, assuring that these organizations have the necessary resources and capacity to provide this assistance will be important for enrollment efforts under reform.

Meeting immigrant families where they are. The focus group findings and other research also highlight the importance of connecting with immigrant families where they live, work, and/or congregate. As such, reaching out to eligible immigrant individuals and families through varied locations and methods will be key under reform. Focus group participants identified a number of potentially effective outreach avenues, such as schools, provider offices, emergency rooms, food pantries, and health fairs. Some also suggested that media outreach, particularly through cultural radio and television channels, would likely be very important. Other research also highlights the effectiveness of conducting outreach through local businesses such as laundromats, restaurants, and grocery stores carrying ethnic products, which can provide a safe and trusted setting and a receptive immigrant audience.⁵ Additionally, in rural areas, local businesses that hire immigrants, such as agricultural growers, produce packing houses, and canneries, can prove to be useful outreach avenues.⁶

Providing a simple and welcoming application and enrollment process that meets the specific needs of immigrant families. In addition to expanding coverage, another key goal of health reform is to significantly streamline and simplify the application and enrollment process. The ACA envisions an integrated enrollment process for Medicaid, CHIP, and exchange coverage that will, in most cases, provide real-time eligibility determinations and provide a high-quality user experience. Under the ACA, individuals will be able to apply online, as well as by phone or in-person. Assuring enrollment systems are transformed to the system envisioned under reform will be imperative for addressing many of the barriers immigrant families, as well as other individuals, currently face. Doing so will not only require significant changes in processes and systems, but also an overall cultural shift among local eligibility offices that is focused on promoting coverage.

However, even with overarching simplifications, eligible immigrant individuals and families may continue to face increased enrollment challenges relative to other individuals due to their types of employment, living situations, family characteristics, and language barriers. Notably, the new enrollment system will primarily rely on data available through other federal and state databases. However, many eligible immigrant individuals and families may not have data available through these databases. As such, they may still be required to provide paper documentation of certain eligibility criteria, such as income. To assure these requirements do not create an enrollment barrier for immigrant individuals and families, it will be key to have simple processes for individuals to provide this documentation that are designed to accommodate some of the common employment situations among immigrants, such as cash-paid jobs, seasonal jobs, and jobs with fluctuating incomes.

Moreover, it will be important for the application and enrollment system to be easily accessible to immigrant families. This will include addressing language and literacy needs so that individuals can easily determine where and how they can apply for coverage online or through other formats, as well as providing forms and notices in multiple languages and providing necessary translation services. In addition, under reform, it is anticipated that many individuals will enroll through an online application. However, the findings presented here highlight that many immigrant individuals and families may not have access to the internet and/or may not be comfortable applying for services online. As such,

assuring that other application avenues, such as phone and in-person options, are readily available to immigrant communities, particularly in rural areas with limited transportation, will be important.

Strengthening and reinforcing messages to dispel fears among the immigrant community. Findings from these focus groups demonstrate that fear remains a significant enrollment barrier among the immigrant community, affecting both lawfully residing immigrants, who have concerns about potential negative impacts of receiving Medicaid and CHIP coverage on their immigration status, and mixed status families, who have fears about putting undocumented family members at risk. Past guidance has sought to address some of these fears by clarifying that receipt of Medicaid and CHIP coverage will not affect one's immigration status. However, these findings suggest that it may be necessary to re-convey and strengthen this message as part of outreach efforts under reform.

Moreover, there are steps that could be taken to lessen fears among mixed status families, such as minimizing the information required from family members who are not applying for coverage themselves and providing clear messages that applying on behalf of eligible family members will not put any undocumented family members at risk. Addressing these fears may, in fact, take on added importance under reform as there are some concerns that, because undocumented immigrants are specifically excluded from coverage options and requirements under reform, insurance status and immigration status will be more closely linked, potentially making families with undocumented individuals even more fearful about seeking coverage or health care.

CONCLUSION

In conclusion, Medicaid and CHIP play a vital role for low-income immigrant families, enabling them to access needed care and providing important financial protections for their families. Moreover, enrollment in Medicaid and CHIP often leads to families receiving health education and other types of assistance that increase their overall understanding of health and contribute to broad improvements in their family well-being. However, eligible immigrant families face numerous challenges to enrolling in coverage and obtaining care, including fear, difficulty navigating the enrollment process and providing necessary documentation, language and literacy barriers, and lack of transportation. Outreach workers serving immigrant communities today have developed a number of strategies and tools to help overcome these challenges (see text box).

Strategies and Tools to Help Immigrant Families Overcome Barriers to Coverage and Care

- Utilizing trusted community organizations and individuals to provide outreach and enrollment assistance
- Direct one-on-one assistance from individuals with a shared background or experience
- Educating families about coverage options and the enrollment process
- Providing families with a list of required documents and identifying alternative options
- English and Spanish zero income and cash income form to document income
- Cards that families can present to request translation assistance
- Keeping records and receipts of all application and paperwork submissions
- Maintaining contact over time to assist families with renewal and accessing necessary services

One key goal of reform is to significantly expand coverage. To fully realize the potential of the coverage expansion, it will be important to assure eligible individuals successfully enroll. Given their high uninsured rate, reaching and enrolling eligible immigrant families will be key to achieving overall success with the expansion. However, doing so will entail effectively addressing the numerous enrollment

barriers they face. At a broad level, assuring enrollment systems are transformed to provide the simple, high-quality user experience that is envisioned under reform will be imperative for addressing many of the barriers immigrant families, as well as other individuals, currently face. Achieving this will not only require significant changes in processes and systems, but also an overall cultural shift among local eligibility offices that is focused on promoting coverage.

However, successfully enrolling eligible immigrant families also will likely require targeted outreach efforts and enrollment assistance. As part of these efforts, the findings from these focus groups, as well as other data, suggest the importance of assuring trusted community organizations and individuals have adequate training and resources to provide outreach and enrollment assistance, conducting outreach through varied locations and methods to meet immigrants where they are, adopting enrollment processes that meet the specific needs of immigrant families, and strengthening messages to dispel fears among the immigrant community.

ENDNOTES

¹ KCMU/Urban Institute analysis of March 2011 Current Population Survey, Annual Social and Economic Supplement.

² Ibid.

³ Children of Immigrants Data Tool, Urban Institute, <http://datatool.urban.org/charts/datatool/pages.cfm>.

⁴ Medicaid payments for emergency services may be made on behalf of undocumented immigrants who would otherwise qualify for coverage, and states may elect to use CHIP funds to cover pregnant women without regard to their immigration status by extending coverage to the unborn child.

⁵ Health Outreach Partners, "Breaking Down Barriers: A National Needs Assessment on Farmworker Health Outreach." 2010, <http://www.outreach-partners.org/docs/FAN%20Report%20Edn.4.pdf>.

⁶ Ibid.

This issue brief was prepared by Oscar C. Gomez and Liberty Day of Health Outreach Partners and Samantha Artiga of the Kaiser Commission on Medicaid and the Uninsured. Health Outreach Partners' mission is to build strong, effective, and sustainable grassroots health models by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable, and underserved populations. The authors thank the focus group participants for their participation and the following organizations for assistance in coordination of the focus groups: Association of Asian Pacific Community Health Organization, Gulfcoast South Area Health Education Center, District of Columbia Primary Care Association, Community Clinic Association of Los Angeles County, and St. Barnabas Senior Services.

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This publication (#8249) is available on the Kaiser Family Foundation's website at www.kff.org.



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.