Health Coverage Options for Consumers Experiencing Homelessness

This fact sheet provides information and guidance that Navigators and certified application counselors (collectively, assisters) need to know when helping consumers experiencing homelessness.

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Version 1.0 November 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

Overview

Assisters should be aware of health coverage options for consumers experiencing homelessness, as these consumers may present unique situations related to eligibility or enrollment in the Health Insurance Marketplace^{®i}.

Many people experiencing homelessness have complex health challenges that both contribute to and are exacerbated by homelessness. They generally have limited access to health care because they are often un- or under- employed, lacking employer-sponsored insurance, and living in poverty.

The Affordable Care Act benefits people experiencing homelessness by:

- Making health insurance more accessible and affordable both through affordable private insurance and expanded Medicaid eligibility — giving people greater protection from financial vulnerability that can lead to homelessness.
- Ensuring coverage of the kind of health care services that can help support people as they exit homelessness, including behavioral health care, rehabilitative services, and other supports.

Marketplace Coverage Options

If a consumer experiencing homelessness wants to enroll in a Marketplace plan, assisters should explain that there are different types of Marketplace health insurance plans designed to meet different needs, including Catastrophic plans.

Financial Assistance

Financial assistance can come in the form of premium tax credits (PTCs) to lower monthly insurance payments (called premiums) or cost-sharing reductions (CSRs) that lower the amount a consumer has to pay for deductibles, copayments, and coinsurance. Consumers can use advance payments of the premium tax credit (APTC) to lower their monthly insurance payments when they enroll in a plan through the Marketplace. The consumer's APTC is based on the estimated annual household income and the household size that the consumer reports on their Marketplace application. The consumer's PTC is determined after the end of the year based on the actual household income and household size for the year at tax filing. In general, individuals and families may be eligible for APTC for their Marketplace coverage if their household income for the year is at least 100 percent but no more than 400 percent of the federal poverty level (FPL) for their household size. The American Rescue Plan Act (ARP) expanded eligibility for PTC for Plan Year (PY) 2021 and PY 2022. Under ARP, APTC is now also available to consumers with expected household income above 400 percent of the FPL. The Inflation Reduction Act extended these eligibility changes through PY 2025.

Special Enrollment Period for Low-income Households

Starting March 18, 2022, consumers who are eligible for APTC in the Marketplaces with a projected annual household income at or below 150 percent of the FPL are eligible for a monthly Special Enrollment Period (SEP) to enroll in a qualified health plan (QHP) or change from one QHP to another. This SEP will be available while the applicable percentage for purposes of calculating PTCs for eligible consumers remains zero percent, through 2025.

APTC-eligible consumers with a household income at or below 150 percent of the FPL can submit a new application or update an existing application to apply for this SEP. For more information about SEP eligibility, assisters may refer consumers to <u>HealthCare.gov/coverage-outside-open-enrollment/your-options</u>.

Catastrophic Coverage and Hardship Exemptions

Some consumers may choose a Catastrophic health plan as an affordable way to protect themselves from very high medical costs. Catastrophic plans are health plans that meet all of the requirements applicable to other QHPs but don't cover any benefits other than three primary care visits per year before the plan's deductible is met. The premium amount you pay each month for health care is generally lower than for other QHPs, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. Catastrophic coverage is available to consumers under age 30 or people of any age with an affordability or hardship exemption. Experiencing homelessness is a hardship category. To apply for an exemption, a consumer can use the hardship exemption form at <u>HealthCare.gov/exemption-form-instructions</u>. They will select the type of hardship(s) they're applying for, the date the hardship started, when they expect it to end or if it's ongoing, and who in the tax household has experienced the hardship.

Hardship exemptions usually cover the month before the hardship, the months of the hardship, and the month after the hardship. In some cases, the Marketplace may provide the exemption for additional months, up to a full calendar year.ⁱⁱ For people ineligible for Medicaid only because a state hasn't expanded Medicaid coverage, the hardship exemption will be granted for the whole calendar year.

If a consumer's hardship exemption application is approved, the letter they get will include information on Catastrophic health plans. For more information about Catastrophic plans, visit <u>HealthCare.gov/choose-a-plan/catastrophic-health-plans</u>. For more information about hardship exemptions, visit <u>HealthCare.gov/health-coverage-exemptions/hardship-exemptions</u>.

Application Assistance

Consumers experiencing homelessness may face unique challenges when applying for health coverage through the Health Insurance Marketplace[®]. These challenges include:

- Address. An address is a required component of the application process. Therefore, consumers who are homeless or who don't have an address will need to provide one to complete a Marketplace application and get an eligibility determination. Consumers experiencing homelessness can list the following addresses on an application:
 - Shelter, friend, or relative within the state in which they are applying for coverage.
 - Post Office (P.O.) box.
- Phone number. Phone numbers may change periodically, making it difficult for the Marketplace or for assisters to reach consumers for any needed follow-up.
- Documentation (e.g., birth certificates, ID cards, Social Security cards). Documents may
 not be available or may be lost or destroyed.
- Low literacy or low health literacy. This may be a challenge, especially for those consumers who may be applying for insurance for the first time (for more information about how to help consumers with low literacy or low health literacy, refer to the Serving Vulnerable and Underserved Populations course at <u>Marketplace.cms.gov/technicalassistance-resources/training-materials/vulnerable-and-underserved-populations.pdf</u>).

If consumers experiencing homelessness need additional help, assisters can direct them to the state Medicaid agency or other homeless service resources, like shelters and free community clinics. Be sure to follow all applicable CMS guidance when making referrals to organizations that are not other Federally-facilitated Marketplace (FFM) assisters or Department of Health and Human Services (HHS) entities. For more information about working with outside organizations, refer to the Tips for Assisters on Working With Outside Organizations webinar at <u>Marketplace.cms.gov/technical-assistance-resources/assisters-working-with-outside-organizations.pdf</u> and the Tips for Assisters on Working with Outside Organizations job aid at <u>Marketplace.cms.gov/technical-assistance-resources/assister-guidance-on-referrals-to-outside-organizations.pdf</u>.

Medicaid and CHIP

Medicaid

Medicaid is an important avenue for individuals and families who experience homelessness to secure basic health care services. In addition, there are certain Medicaid benefits that can play an especially important role in assisting people who are at risk of or experience chronic homelessness to achieve greater self-sufficiency and independence, including:

Behavioral health services, including mental health and substance use disorder services;

- Case management;
- Personal care/personal assistance services; and
- Home and community-based services.

Medicaid coverage may be new to many consumers who are experiencing homelessness. Prior to Medicaid expansion, many individuals experiencing homelessness were not eligible for Medicaid coverage. However, there are still a significant number of individuals experiencing homelessness in Medicaid expansion states who are not enrolled and are not aware of their eligibility.

- In states that have not expanded Medicaid, there may be a coverage gap between eligibility for Medicaid and Marketplace subsidies for consumers who have incomes below the income eligibility for Marketplace subsidies but above an applicable Medicaid limit in their state.
- Some of these consumers may benefit from the resources listed in the Resources for Uninsured Consumers section below.

Assisters should remind consumers that even if their state hasn't expanded Medicaid and it seems like their income is below the level to qualify for financial assistance with a Marketplace plan, they should fill out a Marketplace application. Each state has coverage options that could work for them – particularly if they have children, are pregnant, or have a disability. When they provide more detailed income information, their income may then fall into the range to qualify for Medicaid.

CHIP

There are also a significant number of children experiencing homelessness. Some of them may be eligible for the Children's Health Insurance Program (CHIP) if they are in families with incomes too high to qualify for Medicaid but too low to afford private coverage. States have the flexibility to adopt their own coverage standards, but they must adhere to certain conditions. A child must be:

- Under 19 years of age;
- Uninsured (determined ineligible for Medicaid and not covered through a group health plan or creditable health insurance);
- A U.S. citizen or have qualifying immigration status;
- A resident of the state; and

• Eligible within the state's CHIP income range based on family income.

States may also elect to cover pregnant individuals, children whose parents have access to public employee coverage, and/or lawfully residing children and pregnant individuals in CHIP that meet the eligibility standards outlined above.

For more information on Medicaid and CHIP, refer to the Health Coverage Options for the Uninsured job aid at <u>Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf</u> and visit <u>Medicaid.gov</u>. Assisters can direct consumers to <u>Medicaid.gov/about-us/beneficiary-resources/index.html</u> to find contact information for their state office.

Outreach

Assisters should be aware of the importance of targeted strategies for outreach and enrollment with consumers experiencing homelessness. Partnering with organizations such as homeless services may help with identifying locations to reach consumers and learning best practices for discussing with consumers their health coverage needs. For instance, building trust with vulnerable consumers may take time, and consistent outreach may be helpful so that consumers are comfortable discussing and learning about enrollment options. For more information about requirements and guidelines when working with outside organizations, refer to the Tips for Assisters on Working with Outside Organizations job aid at <u>Marketplace.cms.gov/technical-assistance-resources/assister-guidance-on-referrals-to-outside-organizations.pdf</u> and webinar at <u>Marketplace.cms.gov/technical-assistance-resources/assisters-working-with-outside-organizations.pdf</u>.

HRSA Health Center Program

One way that consumers experiencing homelessness may connect to needed health care is through health centers that receive Health Center Program federal grant funding through the Health Resources and Services Administration (HRSA).ⁱⁱⁱ These health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services.

The Health Care for the Homeless (HCH) program has been a part of the larger community Health Center Program. HCH programs are a "special populations" category of health centers that are required to serve predominantly people experiencing homelessness.^{iv}

Health centers integrate access to pharmacy, mental health, substance use disorder, and oral health services. By emphasizing coordinated care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology, health centers reduce health disparities. For more information about the Health Center Program, refer to HRSA's About the Health Center Program at <u>BPHC.hrsa.gov/about/index.html</u>.

Consumers experiencing homelessness may receive additional support from health centers that benefit from the 340B Drug Pricing Program^v, which allows health centers to purchase outpatient drugs at significantly reduced costs. Health centers can pass the savings on to their patients through reduced drug prices.

Resources for Uninsured Consumers

Assisters should also be familiar with other coverage options that may benefit consumers who may not qualify or are otherwise unable to access Marketplace or Medicaid/CHIP health coverage, including:

- Short-term, limited-duration insurance (STLDI)
- Free or low-cost health care
- Prescription medication discounts
- Retail-based health care clinics and urgent care clinics
- Emergency department care
- Charity care
- The Centers for Disease Control and Prevention (CDC) and health departments
- Copay/coinsurance relief programs
- Local homeless shelters

For more information about these resources, please refer to the Resources for the Uninsured webinar at <u>Marketplace.cms.gov/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf</u> and the Health Coverage Options for the Uninsured fact sheet at <u>Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf</u>.

Assister Resources

- HHS Programs to Address Homelessness
- Resources for the Uninsured
- Medicaid and CHIP Overview
- Outreach and enrollment
- Serving Vulnerable and Underserved Populations

- Tips for Assisters on Working with Outside Organizations
- Other resources (CMS offers these links to nongovernmental third-party websites for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.)
 - National Health Care for the Homeless Council
 - Homeless Shelter National Directory



ⁱ Health Insurance Marketplace[®] is a registered service mark of the Department of Health & Human Services. ⁱⁱ For people eligible for Indian Health Services, the hardship exemption lasts as long as the consumer remains eligible. For people under 21 who are eligible for an exemption due to religious conscience, they'll need to reapply if they remain a member when they turn 21.

iii <u>42 USC § 254b: Health centers</u>

V 42 USC § 254b(h): Homeless population

v 340B of the Public Health Service (PHS) Act