

Proving legal status slows immigrants' ability to get, keep health coverage

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For thousands of consumers, proving they are legal U.S. residents so they can keep their Obamacare plans can be a bigger health care challenge than affording them.

Documentation issues over immigration or [citizenship status](#) ensnared more than a half million people who bought plans on HealthCare.gov last year. Health and Human Services Secretary Sylvia Burwell noted 85% fewer people had their plans terminated for these "data matching" issues for the first three months of 2016—the most recent information available—than the first quarter of 2015.

That's 17,000 people in the first quarter of this year compared with 117,000 people in early 2015.

"If you have a data issue and you're not well, you're going to work hard to get it resolved," Burwell told reporters recently. But if you're healthy and struggling to find the forms needed to satisfy federal regulators, you're more likely to give up, she said.

For those trying to find the correct forms to show they're legal residents, the challenges are daunting and can mean the difference between having insurance or going without it.

Padma Obla of South Riding, Va., has been without health insurance for more than four months since she was abruptly dropped from a family plan that also covered her husband, Shyam, and their 5-year-old son,

Amirthyog. After Shyam threatened to call the couple's U.S. senator, a supervisor at the HealthCare.gov call center discovered the problem was because Priya's Social Security card had her maiden name while her passport had her married name.

A new Social Security card with the right name was uploaded Wednesday, but it's unclear how long it will take for HealthCare.gov to verify it and for Padma to get insurance coverage again.

"The employees who take the calls should know exactly why it got terminated," says Shyam Obla. "Luckily she didn't get sick."

Shyam, who works in IT, moved here from India and Padma came in 1999, the year they were married. They became citizens in 2009.

Federal officials "never quite got it right for immigrant families," says Angel Padilla, a health policy analyst with the National Immigration Law Center. "They've come a long way and have worked to improve systemic problems, but there are still some lingering issues in trying to make this work for immigrants."

Once her plan is reinstated, the Obla family will owe back premiums or face a penalty at tax time for the months she was uninsured. Shyam says they will do so, but Jonathan Katz, an insurance broker with Virginia Health Plans in Herndon, Va., says some would rather take a chance or may not have the money.

It can also appear "completely random" and involve people who aren't even immigrants. says Katz, Parents who were born in Virginia hospitals have even been asked to prove their new babies are here legally. Even a birth certificate may not be enough; he has had to provide pediatrician records on behalf of clients' babies as well.

"The most maddening part of the whole data matching issue is that there is no conclusive way to know they've accepted the documents," says Katz, who has sold insurance for 25 years.

Consumers who haven't provided adequate citizenship or immigration status documentation within 95 days have their plans terminated. The Centers for Medicare and Medicaid Services say consumers can enroll again through HealthCare.gov during a special enrollment period.

Data issues go beyond health or inconvenience for the individual consumers. It jeopardizes the balance of sick and healthy individuals insured, which increases insurers' costs and makes them more likely to raise premiums or drop out of the market.

About 11 million people are currently insured on the federal and state health exchanges. The uninsured rate is now below 9%—the lowest in history—but the National Health Interview Survey out this week showed the rate of progress has slowed dramatically.

Retention of those already enrolled was a top concern mentioned by Burwell, but enrolling the healthier people who haven't felt the need for insurance at least as critical.

When people enrolled in health plans and getting medical treatment have their insurance suddenly canceled, "it is adding to the instability [consumers](#) and plans are dealing with in the market and drives up the costs for everybody," says Clare Krusing, spokeswoman for the trade group America's Health Insurance Plans.

Data problems appear most tied to HealthCare.gov, the federal Affordable Care Act exchange that handles insurance sales for 38 states that don't have their own marketplaces for individual health plans.

States that set up their own exchanges have far more flexibility to solve enrollment and eligibility issues than the federal government does, says Maydad Cohen, a former special assistant to the governor of Massachusetts. That state faced data-matching issues of their own relating to immigration documentation and general identity proofing. Cohen led the effort to integrate the state eligibility and enrollment system for the 2015 open enrollment.

The state also did targeted outreach to the people who had been affected by the issues.

"If you could not prove who you said you were, you could not continue," says Cohen, now a senior vice president at IT company hCentive, which helped launch some of the state exchanges. When that happens, "people are going to say, 'I didn't even want to do this in the first place.' Healthy people are more likely to say that."

Still, while technology and document matching causes some people to incorrectly be blocked from enrollment, Cohen says it's equally true to say, "it is playing a key role in stopping those not eligible from receiving insurance."

Amid the heated anti-immigrant rhetoric in the presidential campaign, Padilla says few even legally in this country are willing to take chances.

"Any additional barrier is going to reduce enrollment rates," says Padilla. "Their primary concern is keeping the family intact so it's less likely that they will push forward until they get overage."

Besides, immigrants often have low incomes and "don't have time to spend hours on the phone," he says.

Sometimes, immigrants get their documents uploaded, but if they don't

get verified immediately, "things really unravel and they lose eligibility," says Katz. "If it's not solved on a timely basis, it's near impossible to prevent a break in coverage without congressional assistance."

When it comes to increasing the number of healthy people getting insurance, Padilla and other immigration advocates say HHS should take a bigger step and allow health coverage for the young people covered by the immigration policy known as Deferred Action for Childhood Arrivals (DACA). The policy allows certain illegal [immigrants](#) who entered the country before their 16th birthday and before June 2007 to get a renewable two-year work permit and exemption from deportation. Unlike others who are here legally, these likely healthy young [people](#) can't buy insurance on the exchanges.

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