

PY27 Cert Training Module 8

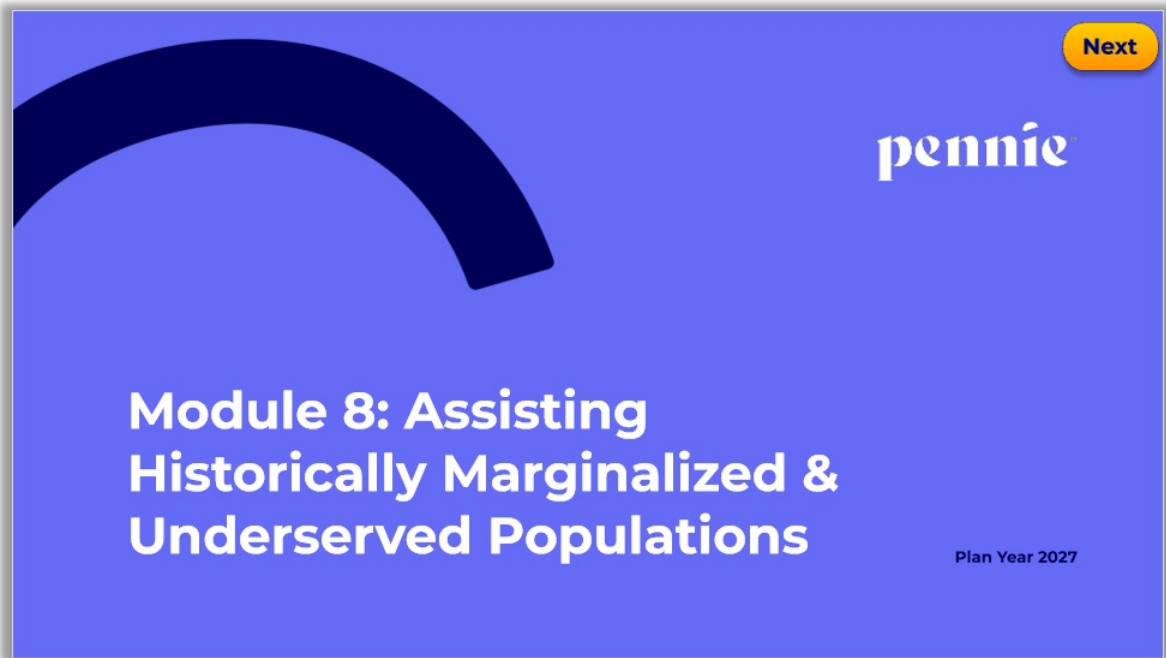
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1. Title Slide

1.1 Title Slide



2. Historically Marginalized & Underserved Populations

2.1 Historically Marginalized & Underserved Populations



2.2 Historically Marginalized vs Underserved

Historically Marginalized vs Underserved

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The term "historically marginalized" is often used interchangeably with "underserved." While underserved customers have limited access to healthcare services, customers from historically marginalized communities tend to experience additional systemic barriers to getting care.

There is considerable overlap between historically marginalized and underserved populations. Many customers you serve may fall into both categories.

Historically marginalized and underserved populations experience more health disparities, or inequalities. This fact is well-measured and studied by public health entities, including the U.S. Department of Health and Human Services. The key concept here is that these inequalities are preventable.

Health inequalities exist on small scales in Pennsylvania towns, and on a bigger scale across Pennsylvania counties, rural/urban areas, and across the Commonwealth.

As an assister or broker, the more you familiarize yourself with the health inequalities that exist in Pennsylvania, the more you can contribute to helping prevent them by connecting the uninsured with health coverage.

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2.3 Historically Marginalized & Underserved Populations

Historically Marginalized & Underserved Populations

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Historically marginalized and underserved populations include minorities or individuals experiencing health disparities. These groups are as varied as the racially, culturally, and socioeconomically diverse individuals who identify as belonging to them.

Some examples are:

- Black or African Americans
- Hispanic or Latinos/Latinas
- Asian Americans
- American Indian and Alaska Natives (AI/AN)
- Multiracial individuals
- Immigrants, refugees, and/or asylees
- Individuals with Limited English Proficiency (LEP)
- LGBTQ+ individuals
- Individuals in rural communities
- Individuals with disabilities or chronic condition
- Individuals with mental health or substance-related disorders
- Low-income individuals
- Pregnant women
- Survivors of abuse or trauma

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2.4 Population Considerations

Population Considerations

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Historically marginalized and underserved populations may have a higher risk of multiple health problems and/or pre-existing conditions. These populations generally have less access to income and generational wealth, further leading to disparities in healthcare and health outcomes.

- For example, when compared to members of other racial and ethnic groups, Black and African American people have higher rates of getting and dying from many kinds of cancer, including the highest rate of death from cancer overall ([CDC.gov](https://www.cdc.gov))

Historically marginalized groups are also more likely to face administrative and social barriers that can negatively impact healthcare access and health outcomes. These may include:

- Less access to transportation for work and healthcare
- Fewer primary care doctors practicing in the nearby area
- Fewer family members who have primary or consistent care (less health literacy)
- Fewer family members with consistent, affordable health insurance (less insurance literacy)

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2.5 Population Considerations

Population Considerations

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Due to discrimination, lack of access, and other inequities, historically marginalized populations may also:

- Fear and/or distrust government entities, preventing them from enrolling in government assistance programs
- Hesitate to disclose sensitive information about themselves or family members
- Face language and other communication barriers that impact their ability to give informed consent without assistance
- Have less access to the internet

Note: Individuals living with a disability may face additional barriers to those listed here.

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2.6 Population Considerations

Population Considerations

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Underserved populations include customers who share one or more of the following characteristics:

- Receive fewer healthcare services
- Encounter barriers to accessing primary healthcare services (e.g., economic, cultural, and/or linguistic)
- Have a lack of familiarity with the healthcare delivery system
- Face a shortage of readily available primary care providers and specialists in their area

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2.7 Factors Affecting Access to Care

Factors Affecting Access to Care**BackNext**

These barriers may prevent customers from historically marginalized or underserved populations from accessing necessary health coverage, meaning they are overall less likely to get medical care. They may:

- Delay seeking care when they are ill
- Get care that doesn't fit their specific needs
- Get a late disease diagnosis
- Get less overall care, including follow-up or ongoing care
- Pay higher medical costs and incur debt

An individual who lacks coverage may wait to get care for an illness or injury until it has progressed or worsened, at which point, they will likely go to a hospital emergency room or other clinic. This is a pattern of seeking reactive treatment, rather than preventive. It also puts additional stress on our healthcare system.

Research shows that customers who regularly see the same doctor tend to have better health outcomes. They are also more likely to get healthcare that prevents a health emergency.

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3. Pennsylvania Demographics & Uninsured Populations

3.1 Pennsylvania Demographics & Uninsured Populations

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3.2 PA's Demographic & Uninsured Populations

PA's Demographic & Uninsured Populations

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On the next slides, we will take a look at some U.S. Census Bureau data which will show the demographic and socioeconomic makeup of Pennsylvanians. We will compare these figures to the same breakdown of uninsured citizens in the Commonwealth and identify how they differ.

When considering the uninsured population, larger, more metropolitan areas tend to have a larger number of uninsured individuals, but some rural counties have a higher uninsured rate by percentage of the population.

By learning more about the population of uninsured, their situations, and challenges, it is Pennie's goal to insure as many residents of the state as possible. Pennie relies on the strategic partners who are members of these same communities to attempt to seek out these individuals and offer to assist the min protecting their health and safeguarding their finances by enrolling in coverage.

¹: [Uninsurance Rates for Pennsylvania in 2023 and 2024 | SHADAC.org](#)

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3.3 PA's Demographic & Uninsured Populations

PA's Demographic & Uninsured Populations

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U.S. Census Bureau ACS 5-Year Estimates Subject Table S2702 (2023)		Pennsylvania		
Category	Subcategory	Total (est.)	Total Un- insured (est.)	Difference
Total Population		12,800,535	715,495	5.59%
Age	<19 years	22.3%	19.6%	-2.7%
	19-34 years	20.6%	34.9%	14.3%
	35-64 years	38.4%	45.5%	7.1%
	65+ years	18.7%	1.7%	-17.0%
	Median Age	40.7	32.8	-7.9
Sex	Male	49.1%	56.3%	7.2%
	Female	50.9%	43.7%	-7.2%
Race	White alone	75.9%	64.7%	-11.2%
	Black or African American alone	10.5%	12.7%	2.2%
	American Indian & Alaska Native alone	0.2%	0.4%	0.2%
	Asian alone	3.7%	4.3%	0.6%
	Hispanic or Latino alone	8.4%	18.1%	9.7%

When examining the data comparing average age, sex, and race/ethnicity between the total population of the Commonwealth and the uninsured population, we can garner some important points:

- The median age of the uninsured population is nearly 8 years younger than the state average, with ~14% more likely to be between the age of 19 and 34
- Males are ~7% more likely to be uninsured than females
- The uninsured are ~2% more likely to identify as Black or African American, and almost 10% more likely to identify as Hispanic or Latino

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3.4 PA's Demographic & Uninsured Populations

PA's Demographic & Uninsured Populations

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U.S. Census Bureau ACS 5-Year Estimates Subject Table S2702 (2023)		Pennsylvania		
Category	Subcategory	Total (est.)	Total Uninsured (est.)	Difference
Employment Status 16+ years old with earnings	Employed	60.5%	63.6%	3.1%
	Unemployed	3.3%	9.4%	6.1%
	Not in Labor Force	36.2%	27.0%	-9.2%
Household Income 2023 inflation adjusted dollars	<\$25,000	10.6%	14.2%	3.6%
	\$25,000-49,999	14.2%	20.3%	6.1%
	\$50,000-74,999	14.9%	19.8%	4.9%
	\$75,000-99,999	13.4%	14.0%	0.6%
	\$100,000+	46.9%	31.6%	-15.3%
	Median Income	\$76,034	\$51,741	-\$24,293
Federal Poverty Level In past 12 months	<50% FPL	5.6%	10.7%	5.1%
	50-99% FPL	6.2%	9.3%	3.1%
	100-149% FPL	7.2%	12.1%	4.9%
	150-199% FPL	7.8%	12.7%	4.9%
	200-299% FPL	15.7%	20.6%	4.9%
	300%+ FPL	57.6%	34.6%	-23.0%

Analyzing employment status, household income, and Federal Poverty Level, we see:

- While a larger percentage of uninsured are unemployed, there is also a larger percentage of those who *are* employed. This is partially due to the smaller percentage of uninsured not in the labor force.

Households with uninsured members are more likely to have a yearly income under \$75,000, with a yearly median household income nearly \$25,000 less than the average.

- This is also reflected in the FPL percentages, with higher rates of uninsured at each band under 300%, and 23% less than average above

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3.5 Race/Ethnicity Data for Pennie Enrollees

Race/Ethnicity Data for Pennie Enrollees

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While Pennie attempts to collect similar data of our enrollees, there is currently a "gap" in our data due to under-reporting of race and ethnicity information. Of all Pennie enrollees, approximately 20% choose not to self-report their race and ethnicity on their Pennie application.

As a customer's assister or broker, it is important that you encourage customers to complete this part of the application. A greater response rate will help Pennie to:

- Obtain a more complete picture of the Marketplace
- Better understand and serve our customers
- Craft policies that best serve historically marginalized and underserved communities

Still, participation is optional, and an enrollee may choose not to self-report.

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4. Assisting Immigrants

4.1 Assisting Immigrants



4.2 Qualified Health Plans (QHPs)

A presentation slide with a light orange background. At the top, there is a dark orange horizontal bar containing the title 'Qualified Health Plans (QHPs)' in white text. To the right of the title bar are two yellow buttons labeled 'Back' and 'Next'. Below the title bar, the text 'Pennie has a significant population of enrollees who are immigrants – more than 60,000 enrollees as of January 2025.' is displayed. This is followed by the heading 'Immigrants who qualify for Pennie may be:'. Below this heading is a list of seven categories arranged in two columns: Students, Office workers, Migrant workers, Spouses of U.S. citizens, Refugees, Asylees, and A number of diverse visa statuses. A paragraph at the bottom states: 'Certain more-vulnerable immigration statuses, such as refugees or asylees, will typically be MA-eligible. These visa statuses also qualify for Pennie enrollment, however, these immigrants should be informed of their different options for coverage given income status.' The 'pennie' logo is in the bottom right corner.

Qualified Health Plans (QHPs)

Pennie has a significant population of enrollees who are immigrants – more than 60,000 enrollees as of January 2025.

Immigrants who qualify for Pennie may be:

- Students
- Office workers
- Migrant workers
- Spouses of U.S. citizens
- Refugees
- Asylees
- A number of diverse visa statuses

Certain more-vulnerable immigration statuses, such as refugees or asylees, will typically be MA-eligible. These visa statuses also qualify for Pennie enrollment, however, these immigrants should be informed of their different options for coverage given income status.

4.3 Assisting Immigrant Households

Assisting Immigrant Households

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When you assist households that include immigrants, you should:

- Avoid using words such as "undocumented," "unauthorized," or "illegal." Instead, you can politely ask a customer questions like, "Do you have a visa?," "How did you enter the U.S.?", or "Are you authorized to work or study in the U.S.?"
 - You may hear this referred to as "having papers" versus "not having papers"
- You should use words such as "eligibility" and phrases like "eligibility status"
- It's good practice to ask customers about their income status *before* asking about their immigration status
 - Remind these customers that their income may qualify for programs that could lower their costs
- Be mindful that only household members applying for coverage need to include their citizenship/immigration information in a Pennie application

Note: Applicants with an SSN are required to provide it on the Pennie application. However, it is not required for applicants who do not have an SSN.

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4.4 Immigrants Applying through Pennie

Immigrants Applying through Pennie

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Most legal immigrants who qualify for Pennie will have the correct identifying information and documents in their possession and should have these documents with them when they apply.

Most lawfully present immigrants who are also Legal Permanent Residents (e.g., individuals who were admitted to the U.S. on a citizenship path) will have an SSN.

Members of the household are not required to provide an SSN on the Pennie application if they are not seeking coverage, even if they have one.

Some lawfully present immigrants will have an **Individual Tax Identification Number (ITIN)** instead of an SSN. Many immigrants who earn wages in the U.S. – but are not lawfully present – will obtain an ITIN in place of an SSN to comply with annual U.S. tax filing laws.

An ITIN is not acceptable for Pennie application purposes.

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4.5 Proof of Immigration Status

Proof of Immigration Status

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In addition to eligibility requirements, assisters and brokers need to be familiar with the acceptable proof-of-immigration-status documents that immigrant customers need when completing a Pennie application.

When customers apply for coverage through Pennie, they may need to attest to an eligible immigration status and answer other relevant questions. Customers should select the document that corresponds with their most current immigration status from a drop-down list in their application.

The Pennie application requires only certain pieces of information from these documents. Either electronic or copies of authentic paper documents may be used.

If the customer's information cannot be verified, Pennie may contact them by their preferred method (email, mail, or online account) for clarification or further documentation. The customer will have **90 days** to provide Pennie with supporting documentation by uploading documents to their online account or sending copies of their documents by mail.

A full bilingual list of these documents is available at [Documents to Confirm Your Immigration Status | Pennie.com](#)



4.6 Eligibility for Non-citizens

Eligibility for Non-citizens

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Undocumented immigrants and non-citizens not lawfully present in the U.S. are not eligible to apply and enroll in coverage through Pennie. However, they can still purchase coverage outside of Pennie or may be eligible for MA.

Generally, immigrants must be qualified non-citizens for five years to be eligible for MA. However, this does not apply to children and pregnant women. **Pennsylvania covers lawfully-residing immigrant children and pregnant women without a five-year waiting period for comprehensive MA and CHIP coverage** if they meet other eligibility requirements.

Note: A child's eligibility for APTC/CSR through Pennie, or for MA and CHIP coverage, is based on the *child's* citizenship or immigration status, and not the citizenship or immigration status of the *child's* parents.

Some covered groups – such as immigrants – may only be eligible for *limited* MA benefits. Immigrants who aren't eligible for traditional MA or a QHP through Pennie may be able to get limited MA coverage for emergencies regardless of their immigration status or ability to provide proof. However, it is not ongoing coverage and the individual must reapply each time they need it.



4.7 Eligibility for Refugees & Asylees

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Refugees and asylees moving to the Commonwealth will likely have a visa "class of admission" code printed in their immigration documents that demonstrates their refugee status.

Refugees are typically granted their refugee visas before immigrating to the **U.S. Citizenship and Immigration Services (USCIS)** issues many refugee codes, some starting with the letters "RE," though there are many refugee codes that start with different letters.

Asylees typically apply for asylum after arriving in the U.S. There are many asylee codes, some starting with the letters "AS," though many start with other letters as well.

A pending application for **Temporary Protected Status** is sufficient to enroll in coverage through Pennie if:

- They have been granted an **Employment Authorization Document (EAD)** ("work permit") by USCIS
- Are a child under age 14 who has had an asylum application pending with USCIS for 180 days or more

They may also be eligible for MA or CHIP.

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5. Working with American Indians & Alaska Natives (AI/ANs)

5.1 Working with American Indians & Alaska Natives (AI/ANs)

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Working with American Indians & Alaska Natives (AI/ANs)

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5.2 ACA Provisions for AI/AN Customers

ACA Provisions for AI/AN Customers

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While there are no federally-recognized Indian tribes currently based in Pennsylvania, individuals who are members of federally-recognized tribes do live in the Commonwealth. It is important to be aware that AI/AN customers have access to unique benefits under the Affordable Care Act.

Even if AI/AN customers choose to enroll in private insurance through Pennie with APTC and/or CSRs, they can continue to get services through The Indian Health Service, Tribal 638, or Urban Indian Health (I/T/U).



5.3 AI/AN Eligibility for Pennie Coverage

AI/AN Eligibility for Pennie Coverage

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For the purposes of eligibility for coverage through Pennie, an AI/AN is a member of a federally-recognized tribe or a shareholder in an Alaska Native Claims Settlement Act (ANCSA) corporation. **Customers will need to demonstrate that they meet certain eligibility criteria to show that they qualify as AI/ANs.**

When completing an application, income from Indian trust land, natural resources, and items of cultural significance are referred to as "tribal income" and are not included as part of an AI/AN individual's MAGI for the purposes of eligibility for premium financial savings. Income from these sources should be reported under "tribal income" in the Pennie application.

For the purposes of eligibility for MA and CHIP, an AI/AN is a member of a federally-recognized tribe, an ANCSA shareholder, or any individual eligible to receive services from the Indian Health Service.



6. Final Slide

6.1 Final Slide

