

Health Care for Immigrants

A Manual for Advocates in Pennsylvania



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About PHLP

The Pennsylvania Health Law Project is a 501(c)3 nonprofit organization.

PHLP is a nationally recognized expert and consultant on access to health care for low-income consumers, older adults, and persons with disabilities. PHLP engages in direct advocacy on behalf of individual consumers while working on the kinds of health policy changes that promise the most to the Pennsylvanians in greatest need.



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This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call PHLP's Helpline at 1-800-274-3258.

Introduction

Publicly-funded health care coverage for immigrants is complex. Eligibility for most publicly-funded insurance programs depends on immigration status. Immigrants who do not have the “appropriate” immigration status to qualify for this insurance may need to rely on a patchwork of community health resources to ensure that all of their needs are met.

As you think about immigrant health care, it will be helpful to keep in mind the three major types of care that all individuals need to access: Primary or preventative care, emergency or specialty care, and long-term or ongoing care. This manual will provide information about the different pieces of the health care system that can fit together to provide complete care to address all three of these areas for immigrants.

The sections on **Medical Assistance, CHIP, and Marketplace (Healthcare.gov) coverage** discuss how immigrants can qualify for health insurance coverage, allowing them to enroll into one insurance which would seek to address all of their health care needs at once.

The section on **Emergency Medical Assistance** discusses a program which provides emergency and/or specialty care on a limited basis for immigrants who do not qualify for traditional Medical Assistance because of their immigration status.

For immigrants who cannot qualify for any health insurance program, advocates need to rely on a variety of resources to help immigrants access appropriate care. These non-insurance resources are detailed in the section entitled **Other Publicly-Funded Health Care Programs**. There is also a list of additional **Resources, Community organizations, and Publications** at the end of this manual.

Finally, the section on **Barriers to Health Care** discusses some common obstacles immigrants face in accessing public health care programs, as well as suggestions on how advocates can work to overcome these barriers for their clients.

Medical Assistance

Medical Assistance (MA) is Pennsylvania’s Medicaid program. It provides free or low-cost health insurance to those who qualify. MA is administered by the Pennsylvania Department of Human Services (DHS), formerly known as the Department of Public Welfare (DPW). Within DHS, local County Assistance Offices (CAOs) are responsible for reviewing and processing applications and renewals for MA coverage.

There are four issues to consider when determining whether your client is eligible for or should apply for MA, including:

- **Pennsylvania Residency**
- **Citizenship or Immigration Status**
- **Category; and**
- **Income and Resource Limits**

This manual is intended to provide a broad overview of MA eligibility while highlighting areas that are most relevant to immigrants. For a complete review of MA eligibility rules, refer to PHLP’s [Medical Assistance Eligibility Manual](#).

1. Pennsylvania Residency

An individual must be a resident of Pennsylvania to qualify for MA, which simply means that the person must be physically present in the state and intend to stay here indefinitely.

It doesn’t matter how long someone has lived here, so long as they intend to remain. Migrant or seasonal workers generally meet the residency requirement unless they already receive Medicaid from another state. Individuals may travel out of state and still be considered residents as long as they ultimately plan to return to Pennsylvania.

Individuals do not need a fixed or permanent address to apply for MA; they just need to include a mailing address on their application so they can receive important application and coverage information. Those without a fixed or permanent address should consider using the address of a friend, family member, or social service agency.

2. Immigration Status

Generally in order to qualify for MA, immigrants must either be in a “**qualified**” immigration status or they must be considered “**lawfully present**”. Some qualified immigrants also need to have been here for five years before they can get federally-funded MA.

Do not assume that your client is ineligible for MA just because they are not a citizen or green card holder! Immigration status is often misunderstood by CAO caseworkers, who may make any number of *completely false* statements such as “She is ineligible because she is not a citizen or LPR”, or “He is ineligible because he does not have a Social Security Number”. You may need to work to ensure the CAO caseworker appropriately applies the immigration status rules so as not to inappropriately deny benefits to your client!

If your client is not eligible for MA because of their immigration status, you should review the rules for enrolling in Marketplace coverage (Healthcare.gov) or qualifying for MA under Emergency Medical Assistance (EMA), both of which are discussed later in this manual.

➤ ***“Qualified” Immigration Status***

Qualified immigrants, as defined by federal law, include:

1. Lawful Permanent Residents (green card holders)
2. Refugees
3. Aslyees
4. Cuban/Haitian entrants
5. Conditional entrants
6. Individuals paroled into the US for more than one year
7. Certain domestic violence & trafficking survivors & their children
8. Persons granted withholding of deportation/removal

For a detailed review of the qualified immigration statuses, see [MA Handbook Section 322.3](#).

➤ ***The Five Year Bar***

Some immigrants must wait five years after entering the U.S. before they can get full, federally-funded MA. This waiting period is known as the “Five Year Bar”. Importantly, it does not apply to many immigration statuses, and it does not apply to State-Funded MA (also known as “GA-related” MA, discussed later in this manual).

The immigrants listed below are exempt from the Five Year Bar, so they can get federally-funded MA as soon as they enter the U.S., with no waiting period:

- Pregnant women;
- Children under 21;

- Refugees and asylees;
- Cuban/Haitian entrants;
- Survivors of trafficking;
- Immigrants whose deportation is being withheld;
- Certain veterans and their families; and
- Certain people who have lived in the U.S. continuously since before 8/22/1996 who are now legal immigrants

➤ ***“Lawfully Present” Immigrants***

Children under 21 and pregnant women need only be ‘lawfully present’ in order to qualify for federally-funded MA. They do not need to meet the more stringent standard of “qualified” immigration status discussed above, and moreover, they are not subject to the Five Year Bar.

The following individuals are **lawfully present** for the purposes of MA eligibility:

- Non-immigrants who have not violated the terms of their status (e.g. U-Visas, tourists, students);
- Individuals paroled into the US for less than 1 year, except for those paroled for prosecution, for deferred inspection, or pending removal;
- Individuals in temporary resident status;
- Individuals in Temporary Protected Status (TPS) and pending applicants for TPS who have been granted employment authorization;
- Individuals who have been granted employment authorization;
- Family Unity beneficiaries;
- Individuals currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
- Individuals currently in deferred action status (*EXCEPT DACA recipients*);
- Individuals whose visa petition has been approved and who has a pending application for adjustment of status;
- A pending applicant for asylum or for withholding of removal who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
- Individuals who have been granted withholding of removal;
- A child who has a pending application for Special Immigrant Juvenile status; or
- Individuals who are lawfully present in the Commonwealth of the Northern Mariana Islands or American Samoa

3. Category

Medical Assistance covers many “categories” of people. Each category of MA has its own income and resource limits and rules. Advocates must determine which category a client fits into in order to determine whether the client’s income and resources are within the appropriate limits. Below is an overview of MA categories. For a more complete look at these categories, see PHLP’s [Medical Assistance Eligibility Manual](#).

➤ ***Categories for Adults***

- 1. MAGI for Adults Age 19 through 64 (MAGI)** – This is the broadest category and the one you should usually consider first when trying to determine if your client qualifies for MA. MAGI adult covers lower-income adults under age 65. It has no resource limit and you do not need to prove any disability or serious health condition in order to qualify.
- 2. MAGI for Pregnant Women** - This category has very high income limits and no resource limit. For purposes of household size, the CAO considers the unborn child to be a member of the household.
- 3. Former Foster Youth - Under the ACA, youth who were in foster care on their 18th birthday qualify for MA until they turn 26, regardless of their income or resources.**
- 4. Adults with Disabilities or Age 65 + (Healthy Horizons)** – This category covers low-income adults age 65 or older and low-income adults age 18-64 who have a disability that is either permanent or expected to last 12 months or more. The income and resource limits for this category are low. Disability is established either by being on Social Security Disability Insurance (SSDI) or through medical forms completed by a doctor. Individuals are required to apply for Social Security benefits as part of the Health Horizons application process.
- 5. Disabled, Working Adults (MAWD)** – If an individual is working despite their disability, the income and resource limits are much higher than the Healthy Horizons limits. Disability is established either by receiving SSDI or with medical forms completed by a doctor. Unlike Healthy Horizons, individuals are not required to apply for Social Security to be eligible for MAWD, but MAWD recipients must pay a monthly premium for coverage.

6. **Adults who need Long Term Services at Home (HCBS Waiver Programs)** – This group of categories provides full MA benefits to older adults and/or disabled adults who need services and supports to remain in their home and community. The income and resource limits are high (Income may be no more than 300% of the Federal Benefit Rate, or \$2,199 in 2015, and resources must be under \$8,000).
7. **Women with Breast or Cervical Cancer (BCCPT)** – This category has no income or resource limits and covers women under age 65 with a diagnosis of breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.
8. **GA-Related MA (For immigrants with very low incomes)** – Since Pennsylvania adopted Medicaid expansion in 2015, the three GA-related MA categories listed below are available only to immigrants who have very low income and are either “lawfully present” or “qualified” and within the five year waiting period known as the Five Year Bar. The income and resource limits for the three GA-related MA categories are much lower than the other MA categories described above.
 - **Adults with Temporary Disabilities (GA-related NMP)** – a doctor should complete an Employability Assessment Form (PA 1663) indicating the applicant’s temporary disability impacting their ability to work.
 - **Adults who require Health Sustaining Medications (GA-related NMP)** – a doctor should complete a Health-Sustaining Medication Assessment Form (PA 1671) indicating that the applicant needs medications to be able to work.
 - **Adults Age 59+ (GA-related MNO)** – adults with low enough income and resources can qualify simply based on age.

➤ **Categories for Children**

1. **MAGI for Kids Age 0-18** – The income limits for children vary based on the child’s age. Children born in the U.S. are eligible for MA regardless of their parent’s immigration status.
2. **PH-95 for Children with Disabilities** – Children under 18 whose household income is above the traditional MA limit can still qualify for coverage if they have a serious disability or health condition. This category does not consider parents’ income. For more information, see our [Guide to PH-95 Eligibility](#).

- 3. Non-MA coverage: Children’s Health Insurance Program (CHIP)** – This is an alternative to MA coverage for kids with household income that is too high for MA (and the child also cannot get PH-95). See the section on CHIP later in this manual for more information.

4. Income and Resource Limits

Income and resource limits vary among MA categories, as do the rules about what kind of income and resources count in the eligibility determination. Note that there is no resource limit for children, and there is no resource limit for MAGI MA categories.

The income and resource limits for all categories of MA are listed in PHLP’s [MA Eligibility Manual](#). Because there are so many categories of MA, we have chosen not to reprint the income and resource limits here. Below are the income and resource limits for the GA-related categories of MA only, since these categories are only available to immigrants:

1. Adults with Temporary Disabilities (GA-related NMP)

| <i>Household Size</i> | <i>Income Limit *</i> | <i>Resource Limit</i> |
|-----------------------|-----------------------|-----------------------|
| 1 | \$205 | \$250 |
| 2 | \$316 | \$1000 |

* These income limits vary slightly by region. See [MA Handbook Section 368 Appendix A](#).

2. Adults who require Health Sustaining Medications (GA-related NMP)

| <i>Household Size</i> | <i>Income Limit *</i> | <i>Resource Limit</i> |
|-----------------------|-----------------------|-----------------------|
| 1 | \$205 | \$250 |
| 2 | \$316 | \$1000 |

* These income limits vary slightly by county. See [MA Handbook Section 368 Appendix A](#).

3. Adults Age 59+ (GA-related MNO)

| <i>Household Size</i> | <i>Income Limit (for 6 months)</i> | <i>Resource Limit</i> |
|-----------------------|---|-----------------------|
| 1 | \$2,550 | \$2,400 |
| 2 | \$2,650 | \$3,200 |

Emergency Medical Assistance (EMA)

Emergency Medical Assistance (EMA) is available to immigrants **regardless of immigration status** or how long they have been here. It is the only way an undocumented immigrant can receive MA coverage.

Importantly, EMA is not a separate category of MA, but rather it is a way around the immigration status requirement and/or the Five Year Bar . EMA is essentially a temporary enrollment into the MA program for a short time to treat a specific medical problem, known as an “Emergency Medical Condition” (EMC). After treatment for the EMC is complete, the enrollment ends. In order to qualify for EMA, an immigrant must meet all requirements of MA eligibility (PA residency, category, and income/resource limits) plus they must have an EMC.

What is an Emergency Medical Condition?

An Emergency Medical Condition does not necessarily require an "Emergency" in the “Emergency Room” sense of the word. It does require that the immigrant have a serious medical condition meeting the definition of EMC, which is defined as follows:

An **emergency medical condition** is a medical condition with acute symptoms of such severity, including severe pain, that without immediate attention, the result may be:

- the patient's health is in serious jeopardy;
- the patient may suffer serious impairment to bodily functions; **or**
- the patient may suffer serious dysfunction of any body organ or part.

Again, an EMC may or may not require an Emergency Room visit. For example, a tumor that is potentially fatal may not warrant a trip to an Emergency Room, but should certainly be considered a possibility for EMA. An emergency medical condition **does not** include care and services related to organ transplant procedures.

Labor and delivery is automatically an EMC. In most cases immigrants do not even need to apply for EMA for labor and delivery, as hospitals report and apply directly for this coverage. Still, it is always a good policy to double-check and make sure the hospital actually did apply. Although labor and delivery will be covered as an EMC, pregnancy itself is not an EMC except in the case of a high risk pregnancy (for example, a pregnant woman who is diabetic may be considered high risk). As such, EMA is not available for prenatal care unless the pregnant woman can show she has a high risk pregnancy.

The Doctor's Letter

The key to an EMA application is a strong letter from a doctor confirming the immigrant's EMC, along with supporting medical records included with the application. The doctor's letter must do all of the following:

- Identify the specific Emergency Medical Condition;
- State that the patient meets one or more prongs from the EMC definition, using the exact language of the definition;
- State that the need for treatment is "immediate";
- Specify the kinds of treatments which will be needed (e.g. doctor's visits, hospitalization, surgery, etc.) and the duration and frequency of those treatments;
- Explain duration of the EMC, using real calendar dates. (Doctors hate to do this because it involves guessing, but it is required. For example: "This EMC started December 11, 2014, and is expected to end March 3, 2015". A good rule of thumb is to limit the request to about 6 months, unless the situation clearly warrants asking for more than 6 months (e.g. a high risk pregnancy). Asking for more than 6 months generally increases the chance of a denial);
- Explain what might happen if the immigrant does not get the requested treatment. (e.g. without treatment the patient will suffer terrible health consequences like paralysis or death, or they will need very expensive treatments such as a surgery if they are not given EMA. This increases the chance of an approval.)

A template EMC verification letter is available on [our website](#). Advocates are encouraged to provide this template letter to the doctor to assist with the application.

Applying for EMA

There is no separate application for EMA; an immigrant can apply for EMA using the standard application form ([PA-600HC](#)) or by submitting an application online via [COMPASS](#). Because applying for EMA entails obtaining and submitting lots of supporting medical documentation to stand up to the medical review process, advocates are encouraged to provide hands on application assistance wherever possible.

Additionally, EMA applicants are not required to provide the following on their EMA application:

- Disclosure of immigration status or lack thereof (while certainly you may not provide false information, it is fine to write “EMA only” or “Non-qualified status” if prompted);
- Signature of citizenship declaration;
- Verification of immigration status; and/or
- Social Security number.

Getting EMA to cover past medical bills

Immigrants who need immediate medical treatment should never delay seeking medical treatment in order to apply for EMA first. You can always seek EMA to cover a bill afterwards.

Additionally, there are numerous laws (most notably EMTALA, the Emergency Medical Treatment and Labor Act) which require that someone experiencing a medical emergency have their condition stabilized in a hospital Emergency Room, regardless of their immigration status.

Many hospitals use third-party collection companies to complete EMA applications on behalf of immigrants. Be wary of such contractors, since they are pursuing the interests of the hospital and not the immigrant. These companies usually do not prepare the application to include additional medical treatments the immigrant needs after hospitalization. In that case, it is perfectly acceptable to submit a separate EMA application for ongoing coverage!

Getting EMA to Cover Ongoing Treatment

EMA has been approved to cover ongoing treatment such as dialysis, cancer treatments, or prenatal care in the case of a high-risk pregnancy. It may involve a bit more advocacy to get this care approved. As such, advocates should take the following additional steps when completing EMA applications for ongoing treatment:

1. Attach to the application a copy of [Operations Memorandum # 040301](#), which explains that CAOs have the authority to approve EMA for ongoing treatment; and
2. Make sure that the doctor’s EMC letter places extra emphasis on the serious consequences of non-treatment (e.g. “without this treatment, this patient could die within days”); and the expensive medical emergencies that may arise without treatment (e.g. “without this treatment, the patient will likely experience a medical emergency within days requiring hospitalization and/or surgery.”)

Children's Health Insurance Program (CHIP)

Overview of CHIP

CHIP stands for the Children's Health Insurance Program, Pennsylvania's program to provide free or low-cost health insurance to uninsured children up to age 19 whose families earn too much to qualify for MA. CHIP uses the same “**lawful presence**” immigration status requirement that is utilized for pregnant women and children applying for MA.

No family makes too much money to get CHIP. For children in lower-income families, CHIP is free. For children in higher-income families, CHIP is available for a premium which is based on the household's income. CHIP coverage is comprehensive and includes both physical and behavioral services, including prescription drugs, vision, hearing and dental services as well as emergency care and in-patient services.

Applying for CHIP

An applicant can use COMPASS to apply for both MA and CHIP. In addition, once an MA application is submitted, if household income is too high for the child to qualify for MA, the County Assistance Office will send the child's portion of the application to the CHIP program. The CAO must make this MA-to-CHIP transfer **whether or not citizenship or immigration status has been verified on the application**, so the transfer should never be held up by verification requests.

In some cases, applying directly to CHIP may be more appropriate than applying for MA. For example, you would consider applying directly to CHIP if it is clear that an immigrant child's household income is too high to qualify for MA (and the child does not have a severe disability which might qualify for PH-95 coverage, discussed in PHLP's [Medical Assistance Eligibility Manual](#)). Applications may be submitted directly to CHIP by phone at 800-986-KIDS, online at www.chipcoverspakids.com, or by contacting a CHIP plan directly. A list of CHIP plans by county can be found [here](#).

Again, the application process is streamlined so that no child should fall through the cracks. If you are not sure whether your client qualifies for MA or CHIP, just apply for MA and the system should send the child to CHIP if their household income is too high for MA.

Marketplace (HealthCare.gov)

Overview of Marketplace Coverage

Many immigrants are able to receive health insurance for the first time ever thanks to the Affordable Care Act and the new Health Insurance Marketplace (also known as HealthCare.gov or “Obamacare”). The Marketplace offers health insurance plans that provide comprehensive coverage at an affordable price for many low-income consumers.

An immigrant must be “**lawfully present**” to enroll in a Marketplace plan and to receive financial help paying for the plan (which is discussed below). Lawful presence includes an array of immigration statuses, from Lawful Permanent Residents (LPRs or “green-card holders”); to humanitarian statuses like asylum; to non-immigrant visa holders, including those on work or student visas. “Qualified” immigrants who do not meet the Five Year Bar should also consider the Marketplace. A full list of immigration statuses eligible for Marketplace coverage is available [here](#).

Notably, **undocumented immigrants** are excluded from enrolling in the marketplace, even from buying a plan at full cost. Recipients of President Obama’s policy on **Deferred Action for Childhood Arrivals (DACA)** are also specifically excluded from the marketplace.

Lawfully present immigrants who cannot afford to pay full price for a Marketplace plan may receive financial assistance to pay for the plan (including premiums and out-of-pocket costs) if they meet the income limits.

Financial assistance on the Marketplace comes in two forms: Premium Tax Credits (PTCs) and Cost Sharing Reductions (CSRs). PTCs help lower an individual’s monthly health insurance premium (money paid each month to be enrolled in the plan), while CSRs help with out-of-pocket costs (money spent on things like doctor’s visits, lab tests, and prescription drugs.) CSRs are only available to people enrolled in “Silver” level Marketplace plans. For more information on PTCs and CSRs and how they work, refer to the “Resources” page in the final section of this manual.

Generally, only people with household incomes between **138% FPL and 400% FPL** can get help paying for Marketplace coverage using PTCs and CSRs. However, there is an important exception to this rule that only applies to immigrants! **Immigrants who are ineligible for MA because of their immigration status can get PTCs and CSRs even if**

their income is below the traditional 138% FPL floor. This includes immigrants who are ineligible for MA because of the Five Year Bar.

Example: Juan is a Lawful Permanent Resident (green card holder) who has lived in the U.S. for three years. He earns \$12,500 a year working in a restaurant. He is single and has no children. Juan does not qualify for MA because, although he is a green card holder, he is within the Five Year Bar. Juan can qualify for financial assistance on the Marketplace even though his income is below 138% FPL because his immigration status makes him ineligible for MA.

Applying for Marketplace Coverage

Individuals can apply for Marketplace coverage and financial assistance like PTCs and CSRs online at www.healthcare.gov, over the phone by calling 800-318-2596, or in person with a local health insurance Navigator.

If the Marketplace assesses an individual as eligible for MA, it will then forward that individual's application file to DHS in Pennsylvania for an MA eligibility determination. However, it is strongly encouraged that advocates and individuals who receive this message start a new MA application, even if they are told their application file will be sent to the state for an eligibility determination, as there have been long delays and other problems with this file transfer from the Marketplace to the state as of December 2014.

Individuals can only apply for Marketplace coverage during the annual **Open Enrollment period**. Open Enrollment for 2016 coverage was November 1, 2015 through January 31, 2016. An individual needs to qualify for a **Special Enrollment Period (SEP)** if they want to enroll outside of the open enrollment period. SEPs exist for certain major life events such as getting married or having a baby, or by a loss of health insurance coverage.

All Marketplace applicants will be asked to document their citizenship or immigration status. Depending on their immigration status, an immigrant may need to have one or more of the following documents available when applying for Marketplace coverage:

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)

- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- ORR eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal
- Alien number (also called alien registration number, USCIS number, or 1-94 number)

Healthcare.gov offers a [complete list](#) of the documents that can be used to verify immigration status when applying for coverage on the Marketplace.

Local Navigator groups receive funding to help individuals apply and enroll in Marketplace coverage. To find a local Navigator, go to www.localhelp.healthcare.gov and search by zip code. It is strongly recommended that any immigrant with income under 138% FPL applying for Marketplace coverage do so with the assistance of a Navigator to ensure that the enrollment system recognizes the immigrant's eligibility to receive APTCs and CSRs.

The Center on Budget and Policy Priorities has a very useful [webinar](#) that discusses verification of citizenship and immigration status for Marketplace applications.

Other Health Care Options for Immigrants

Unfortunately, some immigrants simply cannot get public health insurance. But they can still get health care. Immigrants who do not qualify for MA, EMA, CHIP, or the Marketplace will need to explore other health care options to ensure their health care needs are met and to access important services like routine primary care and prescription drugs. While there are not as many options as advocates would like, there are some other health care options for immigrants regardless of immigration status, and each is discussed below.

Community Health Clinics and Federally Qualified Health Centers (FQHCs)

Pennsylvania has a large network of community health clinics and Federally-Qualified Health Centers (FQHCs) that provide a range of free or low-cost primary health care services regardless of immigration status or insurance coverage. While these clinics mainly focus on primary health care, many also offer dental services, behavioral/mental health services, access to discount medications, and referrals to specialists for further treatment and follow-up.

These health clinics, and specifically the doctors and nurses who treat patients within these clinics, are usually very helpful in establishing the medical documentation needed to support an EMA application (discussed above.)

Often, these clinics use a sliding fee scale to make care affordable or free for low-income folks. Each CAO keeps a list of FQHCs on hand. To find community health centers, use the Pennsylvania Association of Community Health Centers (PACHC) [online search tool](#) or browse the clinic directory at [NeedyMeds.Org](#).

Philadelphia City Health Centers

The city health clinics in Philadelphia provide a range of primary care services for city residents regardless of their immigration status. The City of Philadelphia has been explicit about the following important protections for immigrants using the City Health Care Centers:

- The Philadelphia City Solicitor has officially clarified that all immigrants are eligible for Philadelphia City Services, such as the District Health Centers, and that immigration status is confidential information that city employees cannot share.
- The Philadelphia City Department of Public Health has officially clarified that all immigrants can get care at health care centers, that social security numbers are not

required, that the health care centers must be extremely flexible about residence/identification accepted, and that no patient should be turned away without seeing a clinician if they don't have proof of identification or residence.

Nurse-Managed Health Centers

Nurse-managed health centers are another excellent option for immigrant primary health care, and Pennsylvania is lucky to have one of the highest concentrations of nurse-managed health care centers in the nation. These centers are staffed by nurses who provide excellent care for patients on a sliding fee scale or in some cases for free. There are no restrictions for treatment based on immigration status or not having a Social Security Number.

It is extremely important to note that, in the event an immigrant need specialist care beyond the scope of the nurse-managed health care center, nurse practitioners can complete Medical Assistance disability forms and EMA letters on behalf of patients, thus helping them secure coverage for the needed specialty care. See the [NNCC listing of the Pennsylvania nurse-managed health care centers](#) to find a nearby center and learn more about nurse-managed health care centers.

Hospital Charity Care

Many hospitals are able to provide free or low-cost health care services to low income patients under a program known as Charity Care. Typically, access to Charity Care is not automatic; someone with outstanding or upcoming/expected medical bills must apply through the hospital billing office to have some or all of their bill paid through Charity Care.

The income limits and immigration status requirements vary from hospital to hospital. Some hospitals also require an individual to apply for MA as part of the Charity Care application process. Immigrants should contact the hospital billing office and/or social worker to inquire about Charity Care eligibility and to obtain an application.

HealthyWoman Sites

The HealthyWoman program is a free breast and cervical cancer early detection program offered through the Pennsylvania Department of Health. Through a network for HealthyWoman sites, the program provides free breast exams, mammograms, pelvic exams, and pap smears to women regardless of immigration status. Women between the ages of 40-64 can qualify for HealthyWoman services, while women under age 40 qualify only if symptomatic, and women above age 65 qualify only if they are not on Medicare.

If follow-up diagnostic care is needed following a HealthyWoman exam or test, the HealthyWoman program will refer the patient to the Breast and Cervical Cancer Prevention and Treatment (BCCPT) program. BCCPT is part of MA and is subject to the normal MA immigration status requirements for eligibility. In other words, unless pregnant or under the age of 21, a woman will need to be in a “qualified” immigration status to receive the follow-up BCCPT services, or she must qualify for EMA through the process described earlier in this manual.

To apply for HealthyWoman services, call 1-800-215-7474

Philadelphia Prenatal Care

In Philadelphia, prenatal care services are available for all women regardless of immigration status. The Philadelphia City Health Department’s Division of Maternal, Child, and Family Health (MCFH) is charge of administering these services. There are over 40 prenatal care providers through MCFH. Contact MCFH [online](#) or by phone at 215-685-5225 for further information and a list of provider sites. Advocates and immigrants will find that although there is universal coverage for prenatal care in Philadelphia, funding limitations sometimes make it hard to access this care. Remember also that lawfully present pregnant women can qualify for full Medical Assistance if they meet all other eligibility requirements, and otherwise women with high risk pregnancies can try to obtain EMA.

WIC

The Women, Infants, and Children program is available to provide healthy foods, supplements, and nutrition services to pregnant women, postpartum and breastfeeding women, infants, and children up to age 5. WIC is available without regard to immigration status. To qualify, an individual must have income within 185% FPL. For more information, visit WIC [online](#) or call WIC directly at 1-800-942-9467. In Philadelphia, the WIC program has been formally recognized to have the same protections for immigrants as the Philadelphia Health Care Centers.

PACE/PACENET

PACE is a low-cost prescription drug program for Pennsylvanians age 65 and older who meet the PACE income requirements. It is available without regard to immigration status. For individuals over the PACE income limit, there is another tier of coverage called PACENET, with an even higher income limit, and that program is also available without regard to immigration status. For more information and to apply, visit PACE/PACENET [online](#) or call 1-800-225-7223.

Prescription Assistance Programs

Immigrants with prescription drug needs who can't get their drugs through programs such as Medical Assistance or PACE/PACENET should see if they can get their prescription drugs covered through sites like NeedyMeds.org, RxAssist.org, and other prescription program sites. These sites have information available about free or reduced rate prescription programs run by drug companies. Some of these programs may be open to individuals regardless of immigration status. Immigrants can also directly contact the drug companies who produce the drugs they use to find out about what reduced-cost programs their drug company offers.

County Mental Health, Intellectual Disability and/or Substance Abuse treatment Services

Every county in Pennsylvania is required to provide Mental Health, Intellectual Disability, and Substance Abuse (Drug and Alcohol) treatment services for county residents. These services may include everything from basic wellness visits, to home supports, to case management services, to crisis intervention care. Because the system is organized at the county level, and due to the wide range of funding sources (local, state, and federal funds), it is difficult to generalize about what services are available without regard to immigration status.

If your client is uninsured and needs any of these services, you should immediately refer them to their county MH/ID or the county Drug and Alcohol Program (sometimes called the Single County Authority.)

Contact information and more detail about accessing these important mental health and drug and alcohol services is available in PHLP's publication entitled [How to Obtain Mental Health and Drug & Alcohol Services in Pennsylvania](#).

Barriers to Health Care

Even if an immigrant is eligible for a public health program, there are a whole host of barriers and challenges which may prevent the immigrant from applying, becoming eligible, and actually receiving services. Advocates for immigrants have to focus not only on eligibility for services, but also on the multiple issues that impact access to services. This section deals with four such access issues, including:

- Mixed Status Families
- Fear of Applying for Programs
- Language Problems or Limited English Proficiency
- Verification Problems

Mixed Status Families

A mixed status family is one where some members of the family have different immigration statuses from other members of the family. As an extremely common example, consider a family where one or both parents are undocumented immigrants, but their child or children were born in the United States and thus are U.S. citizens. This is a mixed status family. To begin with, remember that any child born in the U.S. is a U.S. citizen with all of the full rights of citizenship, regardless of the immigration status of her parents or any other members of her household.

In many mixed status families, an eligible member of the household may not be enrolled in a program such as MA because of confusion around eligibility due to the other members in the household. But the rule on this point is very simple: Only the immigration status of the intended beneficiary of an application for a publicly-funded health program is relevant. Any person who is eligible for a publicly funded program such as MA or CHIP is eligible *regardless of the status of his or her family or household members*, and should apply immediately.

Fear of Applying for Government Programs

Many immigrants do not apply for publicly-funded health programs they are eligible for, or do not apply for their children, out of fear that they will have problems with government or immigration authorities. Although there is never a 100% guarantee for any immigrant when interacting with other people (whether it be a store clerk or a CAO caseworker), the reality is applying for public health programs is extremely low risk for immigrants. First of

all, as mentioned above, only the immigration status of the intended beneficiary is relevant to an application for a program such as MA or CHIP. The immigration status of other household members is irrelevant.

Remember: You never need to divulge your client's immigration status. If asked about an immigrant's status, simply answer: "Not in a qualified immigrant status".

In addition, it is also not the policy of health care programs to "report immigrants". As a practical matter, note that the immigration enforcement agency is a federal agency, while MA, CHIP, and other public programs are generally administered at the state and local level. PHLP is aware of no law, procedure, or policy in any Pennsylvania or local public health program encouraging or requiring the sharing of immigration status information with immigration or governmental authorities. In fact, some programs explicitly prohibit the sharing of private immigrant information. For example, the City of Philadelphia considers immigration status to be confidential information and specifically prohibits city employees from disclosing this information about immigrants using services such as the City Health Care Centers. In addition, the Affordable Care Act (ACA) includes privacy protections intended to encourage participation by mixed-status families. The federal immigration enforcement agency has specifically said that information about immigration status obtained for health insurance eligibility purposes will not be used for immigration enforcement.

Some immigrants are also concerned about how the use of public health programs will impact their pending or future immigration petitions. To be clear, the use of public health programs does not impact immigration status, with the very limited exception of public health programs for Long Term Care (e.g. applying for MA to cover a nursing home stay.) Use of Long Term Care services may create a "public charge" issue. A "public charge" generally means someone who requires government assistance to survive. Advocates concerned about the impact of applying for Long Term Care for their client should speak with an immigration attorney, and may want to review the Public Charge publication from the National Immigration Law Society (NILC), linked at the end of this manual.

Language Barriers

The ability to speak, write or understand English is a major access issue impacting health care for immigrants. The law on access to publicly-funded health care for "Limited English Proficient" ("LEP") individuals is clear: Any entity receiving federal funding (and most public programs receive federal funding) must be in compliance with Title VI of the 1964 Civil Rights Act, which prohibits discrimination on basis of national origin, including language.

Immigrants should be provided translation and interpretation services when using public health care programs or services, including MA, CHIP, public health clinics, and virtually all others. In addition, most hospitals receive federal funding and are required to provide language assistance also. Language services are free and they are a legal right!

At the very least, immigrants at health program offices (such as County Assistance Offices) and hospitals should be provided an interpreter through a language-line, which is an interpreter that is used by the telephone. Typically, an immigrant will be provided a card to select their language, and then an interpreter is called who can interpret the conversation or documents.

Immigrants should receive important MA notices (such as MA denial or termination notices) in the immigrant's native language. If an immigrant receives a notice in a language they don't understand, this is not proper notice. The advocate should argue that the notice is not proper and that the immigrant should be provided with a notice in their appropriate language. Further, if an immigrant missed an appeal deadline because they couldn't read their notice, advocates should push the CAO to reactivate the MA benefits and allow the immigrant to appeal once a proper notice is provided.

While the law is very clear on requiring language services for everyone using an entity which receives federal funding, the sad reality is that the languages services are infrequently provided. Immigrant advocates will have to engage in extensive advocacy to make sure these services are provided. If you see repeated violations of these requirements, you should carefully document the violations, and then report the pattern of results to the local Department of Justice [Office for Civil Rights](#).

Verification Problems

Most publicly-funded health programs have a list of documentation requirements for eligibility. Verifications are reviews of these documents to confirm information an immigrant discloses on their application. Verifications are perhaps the largest and most frustrating barrier to care that immigrants face. Although verifications often cause problems, in many cases these verifications are not really necessary, or there are simple solutions. Below the most common verification problems are described.

Social Security Number (SSN)

Although most programs request a Social Security number, it is not always required. This distinction may not be clear to program staff, and is certainly intimidating and confusing to immigrants. Immigrants who are asked to provide an SSN, when dealing

with the health of a child, may be tempted to provide a false number to secure treatment for their child, which could actually cause problems even though the SSN was never really needed.

EMA does not require SSNs. Neither do the CHIP program, public health clinics or any Philadelphia city programs. Medical Assistance does require SSNs (except for children under age 1), but the County Assistance Office must assist eligible immigrants in applying for SSNs, and once an immigrant has applied for an SSN they cannot be denied or delayed benefits if they are otherwise eligible. Remember also, as mentioned above, that the SSNs of household members who are not beneficiaries of the application are irrelevant to the application and should not be required.

Immigration Status

Proof of immigration status is also not required in all programs. EMA does not require proof of immigration status. Public health clinics and Philadelphia city services also do not require proof of immigration status.

Although MA requires "qualified" immigrants to verify their immigration status, immigrants who are having trouble proving their immigration status because they lack the proper documentation can refer the County Assistance Office to the "SAVE" program verification process. SAVE stands for Systematic Alien Verification for Entitlements. Under this program, the County Assistance Office can verify immigration status with the federal immigration system. That rules of this program state that an application cannot be delayed while this verification is conducted; if the individual is otherwise eligible, the County Assistance Office must authorize Medical Assistance benefits while waiting for the response from SAVE.

Advocates should also be aware that the 2005 Deficit Reduction Act placed requirements on some U.S Citizens to provide documents proving their identity and U.S. citizenship when applying for MA. These requirements are sometimes incorrectly placed on qualified immigrants (such as LPRs) or non-qualified immigrants (such as individuals with student visas). Advocates should note that these requirements only apply to applicants claiming to be citizens. In that case, if the individual is having trouble providing verification of citizenship, they may complete a Citizenship and Identity Form ([PA 1809](#)).

City, County, or State residence

Geographic residence (i.e. living in Pennsylvania) is a requirement for many state programs. It is important to understand this requirement has nothing to do with

“Permanent Residence” status as it is used in the immigration law context; this is just a question of whether the individual lives in Pennsylvania and intends to stay here. For example, to use Pennsylvania’s Medical Assistance programs you must live in Pennsylvania and provide a Pennsylvania address on your application. However, you don’t need to have a permanent, fixed address. Individuals who cannot establish a fixed address should use the address of a friend, family member, or social service agency. Advocates should writing a letter confirming the immigrant’s address (sometimes called a “collateral contact”). For Philadelphia city services, it is also acceptable to have an organization/advocate write a confirmation letter.

Proof of income

Eligibility for many publicly-funded such as MA and EMA depends on income, which generally must be proven through documentation. This can be especially tricky for immigrants, who may be paid in cash and/or “under the table”. If an immigrant is paid by check, copies of the paystubs suffice. Otherwise, the immigrant will usually need a letter from the employer confirming the employment and wage. An advocate may need to be involved to explain to a nervous employer the very limited purpose for sharing this information: It is only for a caseworker to confirm the immigrant’s income for a health program and there is no process to share it with other state authorities.

Sometimes obtaining proof of income is difficult. CAOs must help the immigrant obtain verification of their income. It is important to note that as long as the immigrant is cooperating with the CAO to get verification, the application cannot be denied for failure to provide verification of income.

Individuals with no income may be asked by the CAO to document how they are supporting themselves. In most cases, this is not a legitimate requirement to complete an application or renewal. See [Policy Clarification 18434378](#), which explains how CAOs should treat an application that reports zero income, and [Policy Clarification 18433378](#), how CAOs reports a termination of income.

Helpful Resources

Organizations

Pennsylvania Association of Community Health Centers – represents and supports the largest network of primary healthcare providers in Pennsylvania, including Community Health Centers (FQHCs), FQHC Look-Alikes, Rural Health Clinics and other like-mission providers. Also provides healthcare enrollment assistance in underserved areas, 1-866-944-CARE, www.pachc.com

Welcoming Center for New Pennsylvanians – connects newly arrived immigrants from around the world with the economic opportunities in Pennsylvania – 215-557-2626, www.welcomingcenter.org

Nationalities Service Center (NSC) – a non-profit organization that provides social, educational and legal services to immigrants and refugees in the Greater Philadelphia area (215) 893-8400, www.nationalitiesservice.org

Nueva Esperanza – a non-profit organization providing a variety of programs and services designed to empower Hispanic communities through education, economic development, and advocacy - 215-324-0746, www.esperanza.us

Pennsylvania Immigration Resource Center (PIRC) - Works to provide access to justice for vulnerable immigrants in detention and in the community through legal services, education and advocacy –717-600-8099, www.pirclaw.org

Hebrew Immigrant Aid Society (HIAS) Pennsylvania – provides immigration legal services, Refugee resettlement services, aslyee outreach, education and advocacy to to newly arriving individuals. HIAS also provides technical assistance and support to providers such as domestic-violence advocates, non-profit legal-service providers, and social workers –215-832-090, www.hiaspa.org

Pennsylvania Immigration and Citizenship Coalition (PICC) – engages in advocacy and education on behalf of immigrant communities – 215-832-0636, www.paimmigrant.org

Jewish Family & Children’s Services of Pittsburgh – a non-profit organization providing psychological, employment and social services to improve the quality of life of children, families and adults of all ages throughout the Greater Pittsburgh area.- 412-422-7200 - www.jfcspgh.org

Multicultural Community Resource Center of Erie – a nonprofit community organization providing educational, social, political, economic, health, and employment services to the Hispanic, Immigrant, and Refugee populations in Erie, 814-455-0212, www.mcrcerie.org

International Institute of Erie – provides services to immigrants in the Erie area including language interpretation and translation, immigration processing, housing, employment and transportation assistance, US citizenship preparation, and multicultural liaison services – 814-452-3935, <http://interinsterie.org>

Health Information Translations - provides easy to read and culturally appropriate health education resources in 18 different languages - www.healthinfotranslations.org

University of Washington Medical Center, Culture Clues™ - provides tip sheets for medical providers designed to increase awareness about concepts and preferences of patients from diverse cultures - <http://depts.washington.edu/pfes/CultureClues.htm>

Publications

[CMS Letter re: Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women](#), U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Jul. 2010.

[CMS Letter re: Exclusion of Individuals with Deferred Action for Childhood Arrivals from Medicaid and CHIP Coverage](#), U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Aug. 2012.

[Frequently Asked Questions: Exclusion of Youth Granted “Deferred Action for Childhood Arrivals” from Affordable Health Care](#). National Immigration Law Center, Sept. 2013.

[Webinar: Eligibility and Enrollment Process for Families that Include Immigrants](#), Center on Budget and Policy Priorities, Nov. 2014.

Wiley, Dinah. [The Administration’s New Welcome Mat for Immigrants: “It’s Safe to Apply”](#), Georgetown University Center for Children and Families, Oct. 2013.

Stephens, Jessica, and Samantha Artiga. [Key Facts on Health Coverage for Low-Income Immigrants Today and Under the Affordable Care Act](#), Kaiser Family Foundation, Commission on Medicaid and the Uninsured, 2013.

[Key Facts You Need to Know About Immigrant Eligibility for Health Insurance Affordability Programs](#), Center on Budget and Policy Priorities, Health Reform: Beyond the Basics, Nov. 2014.

[Key Facts You Need to Know About: Cost-Sharing Reductions](#), Center on Budget and Policy Priorities, Health Reform: Beyond the Basics, Sept. 2014.

[Healthcare.gov Coverage for Immigrants: What Do Immigrant Families Need to Know?](#), U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

[Documents Typically Used by Lawfully Present Immigrants](#), National Immigration Law Center, Oct. 2013.

[“Lawfully Present” Individuals Eligible under the Affordable Care Act](#). National Immigration Law Center, Sept. 2012.

[Frequently Asked Questions: The Affordable Care Act & Mixed-Status Families](#), National Immigration Law Center, Oct. 2013.

[Public Charge: An Overview](#), National Immigration Law Center, Oct. 2013.