

Linking Low-Income Men to Medicaid and the Health Insurance Marketplace



OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE) AND THE OFFICE OF PLANNING, RESEARCH & EVALUATION OF THE ADMINISTRATION FOR CHILDREN & FAMILIES (OPRE/ACF) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Why Health Matters for Low-Income Fathers

KEY POINTS:

- Faced with many competing priorities, **many low-income fathers do not focus on their own health.**
- Fathers' **lack of health care coverage has consequences** for their ability to maintain good health through prevention and early intervention care. This can have profound implications for their financial stability and that of their families.
- **The Affordable Care Act provides a historic opportunity** to address health issues that disproportionately affect the lives of low-income men, including poor mental health, substance abuse, and high rates of smoking.
- **Low-income men can now enroll in free or low-cost health care coverage.** Prior to the Affordable Care Act, "childless adults" without disabilities were generally excluded from Medicaid enrollment. As of November 2015, however, the "childless adults" exclusion has been eliminated in 30 states and the District of Columbia that have opted to expand Medicaid. This change means that **low-income, noncustodial fathers, as well as low-income men without children, are now eligible for Medicaid coverage in expansion states.**
- The Affordable Care Act also established Health Insurance Marketplaces, which allow individuals to purchase private health insurance. Men with incomes too high to qualify for Medicaid may be eligible for subsidies to help them buy coverage through the Marketplaces in every state.
- Organizations that serve low-income fathers can better support their clients in attaining their goals, including finding employment and securing family financial well-being, by helping them get access to health care coverage and connecting them to services.

COMMUNITY-BASED ORGANIZATIONS CAN CONNECT FATHERS TO HEALTH CARE BY:

- **Talking with fathers about affordable health coverage and how to use it to get care.** Fathers need to hear from those they trust about the importance of investing in their health, the role that affordable coverage plays in staying healthy, and how to use their coverage to get the care that they and their families need.
- **Connecting fathers with enrollment assistance.** Father-serving organizations can help make the enrollment process easier for fathers by linking them with various forms of one-on-one assistance that are available for free through other organizations in their communities. This can be as simple as inviting a local enrollment specialist to be a guest speaker.
- **Informing fathers about Affordable Care Act-related job opportunities.** The Affordable Care Act authorized millions of dollars in funding for health care workforce development and for health care coverage outreach and enrollment jobs. Father-serving organizations can help low-income fathers to take full advantage of these employment and training opportunities.

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The *Linking Low-Income Men to Medicaid and the Health Insurance Marketplace* Project

Funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services, this project aims to:

- Understand characteristics of newly eligible men and the barriers they face in accessing health coverage and care.
- Identify outreach, enrollment, and messaging strategies for low-income men to connect them to coverage and care.
- Explore the role that responsible fatherhood, child support, and other ACF programs can play in enrollment.

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Why Health Matters for Low-Income Fathers

Faced with many competing priorities and challenges, **many low-income fathers do not focus on their own health.** Like low-income men generally, low-income fathers face higher morbidity and mortality rates and a higher risk of poor overall health compared with higher-income men.^{1,2,3,4} These fathers are also more likely to lack health care coverage than most other segments of the U.S. population. A study of low-income fathers conducted in the early 2000s found that the majority (58%) lacked coverage.^{4,a}

Fathers' lack of health care coverage has consequences for their ability to maintain good health through prevention and early intervention care. This can have profound implications for their financial stability and that of their families. Fathers' health coverage status is significant because low-income parents who lack health insurance are more likely to not have a regular medical provider, to report postponing or not seeking care due to cost, and to experience family financial problems due to medical expenses.⁵ Low-income men and men of color in particular are affected by disparities in chronic disease, including higher rates of cancer and diabetes, and reduced life expectancy.⁶ In addition, higher rates of smoking and heavy drinking are evident among newly Medicaid-eligible men as compared to the smaller population of men who qualified for Medicaid coverage prior to the Affordable Care Act enactment.⁷

The Affordable Care Act provides a historic opportunity to address health issues that disproportionately affect the lives of low-income men.⁸ As a result of the Affordable Care Act, low-income men can now enroll in free or low-cost health care coverage, and can benefit from expanded coverage of mental health and substance abuse treatment. Prior to the Affordable Care Act, "childless adults" without disabilities were generally excluded from Medicaid eligibility guidelines. As of November 2015, however, the "childless adults" exclusion has been eliminated in 30 states and the District of Columbia that have opted to expand Medicaid.⁹ This change means that **low-income, noncustodial fathers, as well as low-income men without children, are now eligible for Medicaid coverage in expansion states.** In addition, men with incomes too high to qualify for Medicaid may be eligible for subsidies to help them buy private coverage through the Health Insurance Marketplaces.

Although health and health care coverage seldom hold center stage for low-income fathers or the organizations that serve them, these issues can play a key role in men's ability to realize their other

^a The study sample included just over 1,500 men living at or below 200% of the Federal Poverty Level (FPL).

goals. **Access to affordable health care can help men to manage chronic physical conditions, mental health, and chemical dependency issues** that would otherwise impede their efforts at getting and keeping employment and avoiding criminal justice system involvement.^{10,4} **Health care coverage can also enable men to avoid the catastrophic personal and financial consequences of unexpected health emergencies**, supporting them in maintaining financial stability and in being present in their children’s lives.

This brief discusses key facts about the Affordable Care Act that affect low-income fathers and suggests three steps that father-serving organizations, especially organizations that promote father engagement or healthy relationships, can take to support fathers in leveraging health care coverage to achieve their family-related, career, and financial goals. Because millions of men now have access to affordable health care

coverage, many for the first time, father-serving organizations can help men learn how to use their coverage to get the care they need so they can provide for their families and serve as role models to a new generation of young men and women growing up with access to affordable coverage and care.

Impact of the Affordable Care Act on Low-Income Fathers: Coverage within Reach

There are two basic health care coverage options for low-income men who cannot get or afford employer-sponsored insurance: Medicaid or private coverage through the Health Insurance Marketplaces. Medicaid is a health coverage program for very low-income people; the Health Insurance Marketplaces are either federally run or state-run platforms for individuals looking to purchase health insurance on their own, rather than through their employer. Implementation of the Affordable Care Act puts affordable health coverage and care within reach for many low-income fathers by expanding the eligibility criteria for Medicaid (in expansion states) and offering subsidies to purchase health insurance through the Health Insurance Marketplaces.

Prior to the Affordable Care Act, most low-income men without disabilities were generally excluded from Medicaid eligibility guidelines. As of November 2015, however, the “childless adults” exclusion has been eliminated in 30 states and the District of Columbia that have opted to expand Medicaid.⁹ This change means that **low-income, noncustodial fathers, as well as low-income men without children, may now be eligible for Medicaid coverage in expansion states.** In these expansion states, **a single individual with a household income of \$15,654 or less per year may now be eligible for Medicaid.** People covered by Medicaid have access to low-cost care, with limits for deductibles,^b office visit

Why Get Covered?

[Malik](#) is 23 years old and works on his feet all day in the restaurant industry. Without insurance, an injury could put him out of work, and medical bills could clean out his savings, setting him back to zero and potentially putting him into debt that could ruin his chances of ever buying a house, buying a car, or taking out a business loan. Before implementation of the Affordable Care Act, insurance was an expense he could not afford. Now, thanks to the use of the Health Insurance Marketplace, he is excited to buy coverage and a degree of financial peace of mind for less than \$30 per month. Because of the Affordable Care Act, such a degree of security is now accessible to tens of thousands of fathers, and many are eligible to pay even less than Malik. Please see the [Healthcare.gov](#) YouTube station to learn more about Malik’s story and others like him.

^b A “deductible” is the amount of money a beneficiary must spend out of his or her own pocket for covered services before the insurance plan begins to cover the cost of care.

Medicaid Coverage for “Childless Adults”?

Prior to the Affordable Care Act, “childless adults” without disabilities were generally excluded from Medicaid eligibility guidelines. The term “childless adults” includes noncustodial parents as well as adults with no children. As of November 2015, however, the “childless adults” exclusion has been eliminated in 30 states and the District of Columbia that have opted to expand Medicaid. This change means that **low-income, noncustodial fathers, as well as low-income men without children, are now eligible for Medicaid coverage in expansion states.**

copays,^c and prescription drug copays generally set at under \$5 each.^d In all U.S. states, men with incomes between 100% and 400% of the FPL (from \$11,770 to \$47,080 for an individual in 2015) may now be eligible either for Medicaid or subsidies to help them buy private coverage through the Health Insurance Marketplaces. The number of low-income men affected by these changes is substantial. Approximately 10.5 million uninsured, low-income men living in states expanding Medicaid could be eligible for Medicaid, and an additional 7.5 million uninsured, low-income men

could be eligible for subsidies through the Health Insurance Marketplaces.^e Many of these newly eligible men may be unfamiliar with health care coverage and may need assistance learning new terms, finding a primary care provider, and figuring out where to go for routine, preventive care. Navigating the health care system with coverage may be both a new opportunity and a challenge.

There can also be negative financial consequences for not seeking health care coverage (see the text box, “Is There Any Help for Fathers Facing Tax Penalties for Being Uninsured?” on page 6). Fathers who choose not to get health care coverage may be liable to the federal government for the “individual shared responsibility payment.” For 2015, this payment is 2% of income or \$325 per adult and \$162.50 per child, whichever is higher, due in conjunction with one’s U.S. income tax filing on the filing deadline of April 15.^f After 2015, the penalty will increase to 2.5% of income or \$695 per person. Please see the text box, “Affordable Care Act Implementation Resources” on page 15 for more information on the tax penalty and exemptions.

^c A “copay” is the dollar amount an individual must pay out of his or her own pocket for covered doctor’s visits, services, or prescriptions they receive before the insurance company pays the remainder of the bill.

^d For Medicaid beneficiaries with incomes over 150% of the FPL (\$17,655 for an individual) who use nonpreferred drugs (drugs that are not on the state’s Medicaid formulary), states are permitted to charge a prescription copay of up to 20% of the cost of the prescription. Actual state policies vary, but complete information on federal rules that limit cost-sharing in state Medicaid programs can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Cost-Sharing/Cost-Sharing-Out-of-Pocket-Costs.html>.

^e Source: Custom analysis conducted by the Office of the Assistant Secretary for Planning and Evaluation (U.S. Department of Health and Human Services) tabulations of 2011 American Community Survey data, excluding undocumented immigrants.

^f Given that the penalty is due in conjunction with one’s tax filing, this may present opportunities for states to coordinate enrollment assistance with tax preparation assistance.

Is There Any Help for Fathers Facing Tax Penalties for Being Uninsured?

Very low-income fathers and those who face specific kinds of financial challenges may not be required to have coverage. This includes fathers who:

- Had an annual income low enough to exempt them from filing a federal tax return (irs.gov/pub/irs-pdf/p501.pdf). For 2014, this was \$10,150 for a single person under 65.
- Found that the lowest-priced available health care coverage would have cost more than 8% of their annual income.
- Experienced housing hardships like homelessness, eviction, foreclosure, or utility shutoff.
- Filed for bankruptcy.

Other low-income fathers are exempt from liability for other reasons, including those who were:

- Uninsured for less than 3 months out of the year.
- Incarcerated in jail or prison.

More detailed information about exemption circumstances and the required form can be found at healthcare.gov/exemptions.

Three Steps for Father-Serving Organizations

Community-based organizations that serve low-income fathers can better support them in attaining their goals, including improving their parenting, obtaining high-quality employment, and securing family financial well-being, by helping them connect to health coverage and care. Such organizations already have trusting relationships with low-income fathers, are well-known and connected in their communities, and have an effective outreach and education infrastructure for program recruitment.¹¹

Father-serving organizations have a unique role to play in helping low-income fathers take full advantage of the opportunities presented by Affordable Care Act implementation. National fatherhood and health care coverage enrollment experts participating in the *Linking Low-Income Men to Medicaid and the Health Insurance Marketplace* project identified three key ways that father-serving organizations can mobilize for this opportunity, building on their particular strengths while conserving resources:

- 1. Talk with fathers about their health and affordable health care coverage.** Messages about the importance of investing in their health and the role that affordable coverage plays in staying healthy will have the most weight when conveyed by people or organizations that fathers trust. Staff members at father-serving organizations have often built strong rapport with the men they serve and are well positioned to make the connection between health, health care coverage, and other goals fathers are pursuing. See the text box, “Affordable Care Act Implementation Resources” on page 15 for links to tools to empower fathers to get the most out of their coverage and learn to use it to get the care that they and their families need.
- 2. Connect fathers with enrollment assistance.** Father-serving organizations can help make the enrollment process easier for fathers by linking them with various forms of one-on-one assistance available in their communities. This can be as simple as inviting a local enrollment specialist, such as a Marketplace Navigator or Certified Application Counselor (CAC), to be a guest speaker at an event hosted by a father-serving organization. Please see the text box, “Local In-Person Assistance Search Tools for Federal and State-Run Marketplaces” on page 11 to find enrollment assistance.

- 3. Inform fathers about Affordable Care Act-related job opportunities.** The Affordable Care Act authorized millions of dollars in funding for health care workforce development and for health care coverage outreach and enrollment jobs. Father-serving organizations can help low-income fathers to take full advantage of these employment and training opportunities. Low-income men's engagement in this work will also help to ensure that other men in their communities receive health coverage enrollment messages from men with life experiences similar to their own.

The following sections describe how father-serving organizations can take these three steps to support fathers they serve. These steps were informed by a series of interviews conducted in spring 2014 with national experts in health care and coverage, fatherhood programming, health coverage marketing, and health communications.

Talk with Fathers about Their Health and Affordable Health Care Coverage

National experts offered five strategies for talking with low-income fathers about health care coverage: (1) discuss the importance of health, (2) address affordability concerns, (3) ask about children's coverage first, (4) appeal to men's roles as providers for their children, and (5) challenge fathers to get covered.

Discuss the Importance of Health

Father-serving organizations are able to discuss health care coverage with fathers by integrating content on men's health into their fatherhood curricula. Building the importance of health care into curricula is important because experts in issues that affect low-income men indicate that the clients they serve often do not prioritize getting regular health care or services, or wait until it is an emergency to seek care. For that reason, the Fathers' Support Center in St. Louis, Missouri, includes a module on key men's health issues and the importance of screening and preventive care in its core fatherhood curricula. This module lays the groundwork for efforts to help men enroll in health care coverage and helps to ensure that men will use that coverage, once enrolled, by introducing participants to local community health center staff, who can serve as a resource during and after enrollment in health coverage. Father-serving organizations can use resources such as the *From Coverage to Care Roadmap* (see the text box, "Affordable Care Act Implementation Resources" on page 15) to lay out the steps men can take before and after they get health care coverage. This roadmap explains key insurance terms, where to go to get care now that they have health coverage, how to find a provider they are comfortable with, and what to expect when they make an appointment. By giving men tools to use their new coverage, organizations can empower low-income fathers to be a positive role model for their families and improve their own health.

Address Affordability Concerns

Many low-income fathers face severe financial constraints that seem to place health coverage and health care out of reach. Behavioral economists find that individuals living in poverty generally tend to focus on solving short-term problems and meeting immediate needs, such as housing, food, and child care, over meeting less immediate needs, such as finding health coverage or accessing preventive health

care. The value that low-income individuals place on these long-term supports may diminish in the face of other very pressing needs.¹²

Fathers may need help in seeing the value of investing in their health and understanding how it relates to their other financial concerns. Enrollment messaging should address the fact that low-income parents without health care coverage (like uninsured persons generally) are much more likely than those who do have health care coverage to postpone or avoid needed medical care due to cost and to expose their families to negative financial consequences, such as unpaid medical bills or bankruptcy due to medical debt.^{5,13}

How Does the Affordable Care Act Help Low-Income Fathers Afford Health Care?

- Many men, including noncustodial fathers, are newly eligible for Medicaid in expansion states if they have incomes under 133% of the Federal Poverty Level (FPL).
- Fathers with incomes between 100% and 400% of the FPL may be eligible for subsidized coverage in the Health Insurance Marketplaces.
- Due to “mental health parity,” all fathers on Medicaid and most fathers with private coverage now have mental health and substance abuse treatment coverage on par with coverage of medical services.
- Fathers involved with multiple health care or social work systems, such as behavioral health and primary care, may also benefit from new Medicaid funding for care coordination.

Father-serving organizations can help fathers understand how Affordable Care Act implementation has significantly lowered the cost of health care coverage and care for many people, including men. In states that have expanded Medicaid, noncustodial and custodial fathers with incomes up to 133% of the FPL (\$15,654 for an individual or \$32,253 for a family of four) are eligible to enroll. Please see the text box, “Affordable Care Act Implementation Resources” on page 15 for a link to a list of states that have expanded Medicaid. Medicaid typically has very low costs for premiums, deductibles, and copays.⁸ For example, for a father with type 2 diabetes enrolled in Medicaid, the cost of health care could be under \$4 per doctor’s visit and under \$4 for a month’s supply of a generic prescription. Fathers with incomes higher than the Medicaid eligibility threshold (between 100% and 400% of the FPL [\$11,770 to \$47,080 for an individual] in states that have not yet expanded Medicaid or between 133% and 400% [\$15,654 to \$47,080 for an individual] in states that have expanded Medicaid) may be eligible for subsidies to help them buy private health care coverage through the Health Insurance Marketplaces. The Kaiser Family Foundation offers an online subsidy calculator to help individuals estimate if they are eligible for Medicaid or subsidized private coverage based on their income and place of residence, as well as costs associated with obtaining coverage. See the text box, “Affordable Care Act Implementation Resources” on page 15 for a link to this resource.

Discuss Children’s Coverage First

Talking with a father about his children’s health and their health care coverage can offer an entry point to talking about his own health and health coverage. Staff members at PB&J Family Services (Albuquerque, New Mexico) work with fathers to identify whether their children currently have health care coverage and help them identify sources of free or low-cost coverage for any uncovered children.

⁸ The federal government allows for state discretion in Medicaid cost-sharing policies. More information on federal limitations to Medicaid cost-sharing and differences in Medicaid cost-sharing across state programs can be found at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/cost-sharing/cost-sharing.html>.

Staff then have an open door to a conversation about the father’s coverage status and its importance to family well-being.

Appeal to the Provider Role

Many fathers share the goal of being providers for their children and families. Those who don’t feel the need to enroll in health care coverage for the sake of their own well-being may be motivated to do so for the sake of their families. Many are affected by significant income-related health disparities in chronic disease rates, and many of these diseases (such as heart disease) can be prevented or successfully controlled with access to regular health care. Father-serving organizations can link health to men’s provider role in several ways: by eliciting men’s desire to stay alive and healthy for their children; by emphasizing the importance of good health to getting and maintaining employment; and by informing men about the use of health care coverage to prevent health-related family financial crises.

Fatherhood Program Spotlight: Fathers’ Support Program (St. Louis, Missouri)

The Fathers’ Support Program partnered with a local health clinic to deliver health care coverage information and enrollment support to its participants. The program has integrated into its curricula a discussion of men’s health issues and the importance of accessing health care. Once fathers have received this health-focused program content, staff organize a group health coverage session, requesting that fathers come prepared with eligibility-related documents. Guest speakers from the health clinic deliver a group presentation on Affordable Care Act-related health coverage opportunities, and then work individually with fathers to submit applications for coverage.

Challenge Fathers to Get Covered

When talking with low-income fathers about health and health care coverage, it can be important to address their concerns about receiving government-funded benefits. Staff at The RIDGE Project (Defiance, Ohio) find that many fathers are wary of becoming permanently dependent on government support and tend to respond more positively when offered a challenge than when offered a form of support. Conversations about health care coverage can avoid framing receipt of Medicaid or government subsidies for health care coverage in terms of weakness or financial need. Rather than using a support-oriented frame, father-serving organizations may find it helpful to use a “challenge” frame, in which fathers are provided with the argument for getting health coverage, presented with an opportunity to enroll, and challenged to take advantage of it.

Connect Fathers with Enrollment Assistance

Navigating the online processes and obtaining the necessary paperwork to help individuals get enrolled in health care coverage can be challenging. Father-serving organizations can help their clients get access to affordable health care coverage by connecting them with enrollment assistance offered in the community. Working with other organizations that provide enrollment assistance allows father-serving organizations to continue focusing on the work they do best while also linking fathers with the individualized support that many need to understand their health care options and apply for coverage. In most communities, this kind of enrollment support is generally available from health care providers and state and federal Health Insurance Marketplaces free of charge, in formats that place no obligation

on fathers to enroll if they decide they wish to remain without coverage. This section discusses the various forms of outreach and enrollment assistance that may be available.

Who Can Help Fathers Enroll in Health Care Coverage?

As part of Affordable Care Act implementation, there are 4,400 assister programs to help low-income persons to apply for Medicaid, apply for health insurance premium tax credits, and access health care coverage cost-sharing subsidies. These assisters can also answer many postenrollment questions and help consumers use their coverage to connect to care. There are several types of assistance:

- **Navigators and Non-Navigator Assistance Personnel** are trained individuals whose organizations receive funding from the federal or state-run Marketplaces. Navigators and Non-Navigator Assistance personnel can help individuals with the application and enrollment processes and assist them in finding the plan that best meets their needs.
- **Marketplace Certified Application Counselors (Marketplace CACs)** are also trained and certified to help people with enrollment; Marketplace CAC organizations, however, do not receive funding from a Marketplace to provide enrollment assistance. There are also Medicaid-specific CAC (Medicaid CAC) programs.
- **Federally Qualified Health Centers (FQHCs)** that have been designated as CAC organizations can provide enrollment assistance, and many also provide postenrollment help in using health care coverage and obtaining health care services.
- **Outstationed Eligibility Workers** are employed by the state Medicaid agency or the local agency responsible for processing Medicaid enrollment. They are typically stationed at hospitals in low-income communities and at FQHCs.

Every Marketplace has Navigators, which it funds to offer expert and individualized guidance, free of charge, on the benefits and costs associated with different health plan options. Some Marketplaces also fund Non-Navigator Assistance personnel, such as In-Person Assisters (IPAs) and Enrollment Assistance Program (EAP) personnel, to perform these functions. Navigators and Non-Navigator Assistance personnel will walk fathers through the process of filling out an application and, if eligible, selecting a health plan. Although Navigators and Non-Navigator Assistance personnel are funded by the Health Insurance Marketplaces, they can assist persons in completing Medicaid applications as well.

To help with locating local enrollment

assistance, the federal Marketplace and all state-run Marketplaces have a Web page to help individuals find Marketplace-approved in-person assistance near them. See the text box, “Local In-Person Assistance Search Tools for Federal and State-Run Marketplaces” on page 11 for more information about how to find in-person assistance in state-run

When Can Low-Income Fathers Enroll in Health Care Coverage?

- Fathers that qualify can enroll in Medicaid anytime.
- Fathers can apply for subsidized private coverage through the individual market in the Health Insurance Marketplaces during annual open enrollment periods and also in the event of certain life changes that affect coverage (e.g., marriage, loss of employment, or release from incarceration). For example, someone released from incarceration can apply for coverage anytime within 60 days of release, even if open enrollment is closed.
- The next period of Marketplace individual market open enrollment can be found on www.healthcare.gov. Consumers can obtain coverage for 2016 from November 1, 2015, to January 31, 2016.
- During Marketplace open enrollment periods, it may be easier to access one-on-one assistance with both Medicaid and private coverage applications from Marketplace Navigators, In-Person Assisters, and Certified Application Counselors.

marketplaces. Federal and state-run Marketplaces also have designated help lines for individuals who prefer to access help by telephone. In some states, Consumer Assistance Programs run by the state Department of Insurance or other state agency can help individuals with postenrollment issues, such as understanding benefits and dealing with denials.

Local In-Person Assistance Search Tools for Federal and State-Run Marketplaces

Individuals living in a state that has a federal Health Insurance Marketplace (i.e., states not included on the list below) can use the federal Marketplace in-person help search tool: localhelp.healthcare.gov. (Note that this tool will redirect users who live in state-run Marketplace states to their own, state-run Marketplace Web sites.)

For the following states that run their own Marketplaces, the links below can be used to find in-person enrollment assistance:

California	https://v.calheers.ca.gov/hix/entity/locateassister/searchentities?_ga=1.16125494.1006716824.1411408883
Colorado	http://connectforhealthco.com/coverage-basics/person-assistance/
Connecticut	https://www.accesshealthct.com/AHCT/DisplayAssistanceSearch?activetab=help
District of Columbia	https://dchealthlink.com/find-expert
Hawaii	http://www.hawaiihealthconnector.com/help/assister-locations/
Idaho	https://www.yourhealthidaho.org/enrollment-resources/consumer-assistance-locator/
Kentucky	https://kynect.ky.gov/General/AgentOrKynector
Maryland	https://www.marylandhealthconnection.gov/get-help-enrolling/
Massachusetts	https://betterhealthconnector.com/enrollment-assisters
Minnesota	https://www.mnsure.org/assisters/assister-directory.jsp
Nevada	https://www.nevadahealthlink.com/about-nevada-health-link/how-it-works/in-person-assistance-search-tool/
New Mexico	http://www.bewellnm.com/ways-to-enroll/free-enrollment-help
New York	https://nystateofhealth.ny.gov/agent/hx_brokerSearch?fromPage=INDIVIDUAL
Oregon	http://www.oregonhealthcare.gov/get-help-2.html <i>at the bottom of the page</i>
Rhode Island	https://healthyrhode.ri.gov/HIXWeb13/DisplayNavigatorSearch
Vermont	http://info.healthconnect.vermont.gov/find
Washington	https://www.wahealthplanfinder.org/HBEWeb/Annon_DisplayBrokerNavigatorSearch.action?brokerNavigator=NAV

Notes: Most of these sites direct the user to a search engine for nearby In-Person Assisters (IPAs) or Navigators; some point to a directory of all Marketplace-approved assisters, some direct to a site from which one can select what type of in-person help to search for, and some link to a state map with flagged help locations. Several of the search engines ask the user to enter a name; this refers to a particular individual who can provide in-person help—not the user—and can be left blank. Some of these tools include locations with open business hours, so that clients can go in-person to get assistance. However, it is recommended that clients call the location beforehand to confirm availability.

Health care providers that serve low-income patients, such as community clinics and Federally Qualified Health Centers (FQHCs), can be ideal resources. Many FQHCs and other health care providers in low-income communities have on-site staff that are trained to help individuals complete health care coverage applications. FQHCs are typically located in proximity to low-income communities and can be convenient locations for getting health care. Health care providers may be able to answer questions

postenrollment about cost, coverage, and service access, which are particularly important for fathers inexperienced with using health insurance. See the text box, “Affordable Care Act Implementation Resources” on page 15 for a link to find an FQHC.

State Medicaid agencies also offer enrollment assistance. Each state Medicaid agency has outstationed Medicaid eligibility workers posted at local FQHCs and hospitals to assist patients in submitting Medicaid applications. State Medicaid agencies may also help address challenges that many low-income fathers face in providing needed documents to determine Medicaid eligibility. Some state Medicaid agencies, including those for Illinois and California, have implemented policies, allowed under federal law and regulation, to accept alternate documents and processes for verifying Medicaid eligibility that make it easier for fathers to enroll who do not have traditional forms of income, residence, or identity documentation.

The federally facilitated Marketplace and state Health Insurance Marketplaces designate organizations to train **Certified Application Counselors (CACs)** who can educate customers about their Health Insurance Marketplace options and help them complete an application for coverage. Some state Medicaid agencies also offer programs to train Medicaid CACs to provide assistance specifically on enrolling in Medicaid. These opportunities are available to staff and case managers in community-based organizations well positioned to assist members of the community, such as father-serving organizations. Father-serving organizations may want to consider having their own staff trained through these programs. This training would give father-serving organizations the capacity to provide enrollment assistance directly.

Justice, Child Support, and Workforce Development Agencies

In addition to building relationships with agencies that can make enrollment easier, father-serving organizations may also connect with other community-based organizations that serve men to promote fathers’ enrollment. Collaborating with organizations such as workforce development agencies, courts, jails or prisons, probation or parole offices, and child support agencies allows fathers to get the message about health and health care coverage from multiple sources. Such relationships can facilitate wider sharing of health coverage resources and information to deliver consistent, current health care messages to fathers.

Justice system agencies have contact with many low-income fathers. Some fathers may be involved in family courts, in contact with probation and parole offices, or incarcerated in jails and prisons. These agencies have multiple opportunities to help fathers enroll in coverage and, in some cases, can make enrollment substantially easier.

For example, Treatment Alternatives for Safer Communities (TASC) of Illinois helped Cook County jail inmates to enroll in coverage using the sheriff’s department’s existing fingerprint documentation and inmates’ self-attestation of no income, when traditional documentation was unavailable. In another promising example, Maryland’s Montgomery County Department of Correction and Rehabilitation invited Health Insurance Marketplace Navigators to provide hands-on enrollment support two evenings a week during open enrollment in the computer lab of a Montgomery County correctional facility.

Child Support Enforcement (CSE) agencies often employ service coordinators with extensive experience working with low-income fathers. These staff members may have an opportunity to discuss health care coverage with fathers during child support order establishment or modification processes. For example, following the start of Affordable Care Act implementation, staff in the Kansas City CSE office began to discuss health care coverage with noncustodial fathers and refer them to Health Insurance Marketplace Navigators for one-on-one enrollment assistance during open enrollment.

Workforce development programs deliver training, job readiness assistance, and job placement assistance to job-seeking fathers. Workforce development programs can help fathers make the connection between health and health care coverage, their employment and financial stability goals, and taking advantage of Affordable Care Act-related employment and training opportunities (see below). Depending on their structure, such programs may also have in-house documentation of men’s income and identity, which could facilitate health care coverage enrollment. Father-serving organizations can reach out to their workforce development partners about sharing health care coverage messages and enrollment opportunities with job-seeking fathers.

**Fatherhood Program Spotlight:
Retreat, Inc. (East Hampton, New York)**

Retreat, Inc., a domestic violence service organization and fatherhood program grantee, incorporates screening for health care coverage into its program intake. If a new client does not already have coverage, Retreat, Inc.’s case managers help them find a local organization that provides in-person enrollment assistance. If needed, after the consumer identifies an assister they would like to work with, case managers will also schedule the enrollment appointment, provide transportation, and offer postenrollment assistance in finding a health care provider that accepts the client’s new insurance.

Inform Fathers about Affordable Care Act-Related Job Opportunities

The Affordable Care Act created jobs and job training opportunities that are relevant to low-income fathers who are seeking employment or advancement. Father-serving organizations that focus on employment can help fathers to understand and access these opportunities. Involving fathers from low-income communities in formal roles in health care coverage outreach and health care service delivery is an important step toward making coverage and care truly accessible and relevant for all low-income fathers.

Health Care Coverage Outreach and Enrollment Jobs

National experts suggest that health care coverage outreach efforts with low-income men may be more effective when the “messengers” are low-income men themselves. Low-income fathers bring important assets to health care coverage outreach and enrollment work, such as an ability to connect with other low-income fathers using familiar language, shared life experiences, and common values. They may also bring familiarity and comfort with important outreach venues for reaching other low-income men, including neighborhood churches, barbershops, pool halls, playgrounds, and low-income housing.

The Affordable Care Act authorized several different health care coverage outreach and enrollment grants that have opened new career opportunities. In Fiscal Year (FY) 2014, the Health Resources Services Administration provided a total of \$58 million to 1,157 health centers in all 50 states and Puerto

Rico, as well as 52 state and regional primary care associations to offer outreach and enrollment assistance. In FY 2015, the Centers for Medicare and Medicaid Services awarded \$67 million in Navigator Cooperative Agreement awards to entities to serve in the 34 federally facilitated Marketplaces. The Affordable Care Act also authorized Health Profession Opportunity Grants (HPOGs) to offer career pathways in high-demand, health-related occupations to low-income persons. In FY 2015, the Administration for Children and Families awarded \$72 million to 32 HPOG grantees. Health care outreach and enrollment jobs with these grantees and other Marketplace-approved assister organizations are available in many communities, with availability generally peaking at times that coincide with Health Insurance Marketplace individual market open enrollment periods (see the text box, “When Can Low-Income Fathers Enroll in Health Care Coverage?” on page 10). To find out who received these awards and how they can be located, please see the text box, “Affordable Care Act Implementation Resources” on page 15.

Conclusion

Although health and health care coverage rarely feature among low-income fathers’ focal concerns, they represent a key foundation on which achievements in other life domains—including family, work, and financial stability—may be built. In the wake of Affordable Care Act implementation, unprecedented opportunities exist for low-income men to enroll in free or subsidized health coverage and use it to access affordable health care services, and even to gain employment in health care or health coverage outreach and enrollment occupations. Father-serving organizations can play a crucial role in helping fathers to understand and connect to these opportunities and to use them to create the better lives they seek for themselves and their families.

Affordable Care Act Implementation Resources

Outreach and Enrollment

To enroll in health insurance: www.HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)

www.CuidadoDeSalud.gov [in Spanish]

To find in-person assistance: <https://localhelp.healthcare.gov/> (for more information, see the text box, "Local In-Person Assistance Search Tools for Federal and State-Run Marketplaces" on page 11)

Strategies to engage community partners: <http://www.hhs.gov/about/agencies/staff-divisions/iea/partnerships/aca-and-your-community/index.html>

List of states that have expanded Medicaid: <http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/>

Information about the tax penalty and exemptions: healthcare.gov/what-if-i-dont-have-health-coverage/

To calculate eligibility for Medicaid and/or subsidies through the Health Insurance Marketplaces: kff.org/interactive/subsidy-calculator/

Accessing Health Care

From Coverage to Care Roadmap: <https://marketplace.cms.gov/technical-assistance-resources/c2c.html>

To find a Federally Qualified Health Center (FQHC): findahealthcenter.hrsa.gov/Search_HCC.aspx

Health Care Sector Employment

Health Resources and Services Administration Outreach and Enrollment Assistance Awards to Health Centers: <http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/>

Centers for Medicare and Medicaid Services 2015 Navigator Grant recipients: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2015_Navigator_Grantee_Summaries_FINAL_09-01-2015.pdf

Health Profession Opportunity Grants: hpogcommunity.acf.hhs.gov/pages/Program-Locations.aspx

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