

# Serving Special Populations: Rural Areas

## Fast Facts for Assisters

### **This Fact Sheet Applies If You:**

- Are a Navigator, non-Navigator assistance personnel (“in-person assister”), or certified application counselor (collectively, an assister) in a state with a Federally-facilitated Marketplace or State Partnership Marketplace; and
- Are assisting consumers who live in rural areas.

### **Overview: Consumers Living in Rural Areas**

Nearly 1 in 5 Americans lives in a rural area.<sup>i</sup> Out of the nearly 60 million Americans living in rural areas, 7.8 million are uninsured.<sup>ii</sup> Consumers in rural areas are less likely to have health coverage as compared to consumers in urban areas.<sup>iii</sup> Compared to urban populations, a larger proportion of the rural population will be eligible for subsidized health insurance plans through the Marketplace. Some low-income rural consumers may be newly eligible for Medicaid if their state expands coverage to individuals with incomes less than 133% of the federal poverty level (FPL) or \$16,384 for an individual and \$38,534 for a family of four in 2016.<sup>iv</sup> (Because of the way it is calculated, it’s effectively 138% of the FPL.)<sup>v</sup>

States that did not expand Medicaid are disproportionately rural, which means that some rural consumers may have limited health insurance options. This is problematic because of the higher rates of chronic disease combined with other barriers to accessing health services that exist in rural areas. For example, although 17% of Americans live in rural areas, only 9% of the nation’s physicians practice there.<sup>vi</sup> Consequently, consumers in rural areas may only have one hospital in their county, or the nearest hospital or doctor’s office may be more than an hour away. Other barriers to coverage and care that rural consumers can face include limited providers in their area, especially specialists, long travel times, and a lack of transportation. Rural consumers may also lack internet access, making in person eligibility and enrollment assistance even more important. Assisters working in rural areas should actively work with consumers and identify a convenient location to hold enrollment and educational activities. They should also learn about

and get to know trusted local organizations in rural communities so they can connect to consumers in places that are convenient for them.

## Eligibility and Enrollment Barriers

Consumers living in rural areas may face the following barriers when applying for health coverage:

- **Limited Choice and Access to Care:** In some states and in some areas within states, only one or two insurance companies offer plans on the Marketplace. Some plan networks may not include the hospitals or doctors that are most convenient to consumers. It is important that assisters discuss these details with consumers. Assisters should help consumers find out whether their preferred doctors and hospitals are in-network for the plans they are considering. Assisters can also help consumers assess their options for transportation to providers covered by the different plans. Show consumers the [Plans and Prices tool](#) on HealthCare.gov, where they can see if their doctors, medical facilities, and prescription drugs are covered under a given plan.
- **Affordability:** Some states have not implemented the Affordable Care Act's Medicaid expansion to cover adults with incomes up to 133 percent of the FPL and financial assistance through the Marketplace may be available to consumers with incomes up to 400% FPL.<sup>vii</sup> Assisters should discuss the full range of health coverage options for which the consumer is eligible through the Marketplace.

Assisters should help consumers understand the basics of health insurance and help consumers align their coverage options with their budgets and specific health coverage needs. Be sure to discuss with the consumer not only premiums but also the cost sharing under different plans. Assisters should explain that sometimes the plan with the lowest premiums may not be the one that is best suited for their specific health conditions. Consumers can use the [Plans and Prices tool](#) on HealthCare.gov to preview plans and prices before logging into HealthCare.gov, consumers can choose each family member's expected medical use as low, medium, or high. When consumers view plans, they will see an estimate of their total costs — including monthly premiums and all out-of-pocket costs — based on their household's expected use of care.

- **Barriers to Communication:** Some consumers in rural areas have limited cell phone reception or lack internet services, which can make consumer outreach and assistance difficult. Out of the 19 million Americans without internet access, 14.5 million live in rural areas.<sup>viii</sup> Assisters should be prepared to help consumers in rural areas with filling out paper applications. Consumers in rural areas may not have an email address or may not check it as frequently so assisters should make sure consumers know how to contact the Marketplace Call Center with questions about their Marketplace application. Assisters should also be prepared to use mail to send information to, and correspond with,

consumers. Check with individual consumers to see what the best method of communication is for them. The Marketplace will ask if consumers prefer to receive notifications through the mail or email, and consumers will need to specify one of these mechanisms for communication.

- **Lack of Transportation:** Some consumers living in rural areas may not have access to public transportation or other sources of reliable transportation. This can make it harder for them to attend outreach and enrollment events, seek assister services, or access health care providers. If a consumer requests in-home assistance, assisters can provide it, but if possible we recommend that two assistance personnel conduct the visit to promote the safety of the consumers and the assisters. Assisters should host outreach and education events in convenient locations for rural consumers. Assisters may conduct outreach and education activities by going door-to-door or through other unsolicited means of direct contact, such as direct phone calls to consumers' homes. Direct contact outreach and education activities may include things like providing brochures and informational materials about the Marketplace and informing consumers about the application and enrollment assistance provided by your organization. However, it is against federal law to place outreach or educational materials directly into a consumer's mailbox.<sup>ix</sup>

## What Assisters Can Do

A lack of visible information about the Affordable Care Act and the Marketplace in rural areas may impact the turnout at outreach and education events. Assisters can do the following to bolster education and outreach efforts in rural areas:

- Identify "hub" locations in the community, such as churches, schools, or grocery stores. Going to places consumers go makes it easier and more convenient for these consumers to find out about the Marketplace and their options for health coverage. Outreach efforts should include older individuals under age 65, since they have a higher rate of being uninsured in rural areas than younger individuals.<sup>x</sup>
- Use local media outlets, such as radio stations and newspapers, to advertise education events and showcase enrollment success stories.
- Build trust in the community by developing relationships with local institutions, including Community Action Agencies, independent brokers and insurance agencies (subject to applicable CMS guidance on conflicts of interest), and health care providers.
- Help educate local officials and leaders in the community on how they can help promote awareness about the Marketplace and become champions for coverage.

- Create buy-in by ensuring that the community has an understanding of how the whole community benefits when its members have access to health coverage.
- Develop relationships with other resources in rural communities, such as rural hospitals, community health centers, rural extension offices, Office of Rural Health Policy grantees, and USDA rural health offices.
- Develop relationships with other state-level rural health stakeholders, such as State Offices of Rural Health and/or State Health Associations.

## Scenario

**Assisting Rural Consumers:** Ted, a 45-year-old agricultural mechanic, has never purchased health insurance before. Health insurance was too expensive and his local doctor accepted cash if he ever needed urgent or primary care services. Ted's wife has just been diagnosed with cancer and needs immediate treatment. The local doctor referred Ted's wife to an academic medical center that is two hours away, but has the best care team for her type of cancer. There is a rural health clinic in Ted's small town that provides primary care. What should you discuss with Ted when he is considering his health coverage options?

1. Are the academic medical center and the rural health clinic part of the provider network for coverage options available to Ted? If not, what are alternative hospitals or providers that are covered in the network?
2. What is Ted's income? Is it stable year-to-year or does it fluctuate? Ask him if he has any outside income sources.
3. Is Ted eligible for federal assistance to lower the cost of health insurance?
4. What is the copay or coinsurance amount for cancer-specific drugs under the coverage options available to Ted? Does the cost of drugs count toward the deductible?
5. What amount will he pay out-of-pocket under the available coverage options? What services related to his wife's cancer diagnosis might not be covered under the available options?
6. How will Ted and his family get to the providers in their network?

## Additional Resources

### For More Information, Visit:

HRSA's [Office of Rural Health Policy \(ORHP\)](#): check out ORHP's "[FORHP, ACA, and You](#)" [Office Hours](#) sessions: this is a forum for rural health stakeholders and grantees engaged in outreach and enrollment to hear about best practices and innovative strategies in reaching and enrolling rural communities in the Health Insurance Marketplaces.

HHS' Fact Sheet on [What the ACA Means for Rural America](#)

HRSA's [National Advisory Committee on Rural Health and Human Services \(NACRHHS\)](#): check out a [policy brief](#) on health coverage issues facing rural consumers and recommendations on how to overcome them.

Find Information on the office that deals with rural health in your state on [National Organization of State Offices of Rural Health](#) website

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<sup>i</sup> The U.S. Department of Agriculture defines a rural area as any place with fewer than 50,000 inhabitants that is not located adjacent to an urban area.

<sup>ii</sup> <http://www.hhs.gov/healthcare/facts/factsheets/2013/09/rural09202013.html>

<sup>iii</sup> <http://muskie.usm.maine.edu/Publications/rural/Rural-Health-Insurance-Chartbook-2009.pdf>

<sup>iv</sup> <https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>

<sup>v</sup> The amounts used in this publication are 2016 numbers and used for calculating eligibility for Medicaid and the Children's Health Insurance Program (CHIP). [2015 numbers](#) are used to calculate eligibility for savings on private insurance plans for 2016.

<sup>vi</sup> <http://archieive.ahrq.gov/research/ruraldisp/ruraldispar.htm#ref6>

<sup>vii</sup> American Indian and Alaska Native consumers at any income level may be eligible for limited cost sharing Marketplace plans.

<sup>viii</sup> <http://www.fcc.gov/reports/eighth-broadband-progress-report>

<sup>ix</sup> <https://marketplace.cms.gov/technical-assistance-resources/dos-and-donts-outreach.pdf>

<sup>x</sup> <http://www.public-health.uiowa.edu/rupri/publications/policybriefs/2014/The%20Uninsured.pdf>

