



# Assisting Newcomers with Navigating the U.S. Health System

## Introduction for Direct Service Providers

This guide provides basic information on U.S. healthcare coverage options and health-related benefits available to newcomers, including Refugee Medical Assistance (RMA) and Medicaid. It also names key U.S. health services available to newcomers. This guide was created by Switchboard in collaboration with Minnesota Center for Excellence and Newcomer Health and the National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM).

## U.S. Healthcare Coverage and Benefits: Options Available to Newcomers

### Medicaid

[Medicaid](#) is an insurance program that provides free or low-cost health coverage to some low-income individuals, families, children, pregnant women, the elderly, and people with disabilities. It is the most common form of coverage for many newcomers, including refugees and Special Immigrant Visa (SIV) holders. For most newcomers, a Medicaid application should be completed within the first 30 days of arrival in the U.S.



**The U.S. healthcare system is difficult to navigate for native English speakers who were born in the U.S. The challenges can be compounded for newcomers who are English language learners.**

Medicaid benefits and program names vary among states, so it's important to check what is covered in your state and to confirm what name your state uses to describe Medicaid benefits.

Federal regulations guarantee that Medicaid covers certain things in all states:

- Doctor visits
- Labs and X-rays
- Hospital visits

Other benefits are only covered in some states:

- Dental care
- Eye care (including glasses)
- Prescription medicine
- Over-the-counter medicine
- Family planning

State Medicaid programs will often partner with groups called managed care organizations (MCOs) to provide some of these extra benefits.

### Choosing a Medicaid MCO: Questions for Clients to Consider

- Will clients need interpretation at appointments? Are any providers available who speak their language?
- Do clients have health concerns that will require them to see different specialists?
  - If so, are there in-network specialists accessible to clients (given work schedules, transportation, child care, etc.)?
  - Note that insurance companies often do not have up-to-date lists of in-network providers. You may need to call providers and ask which MCOs they accept.
- Do clients want to see a family medicine provider who can care for the whole family?
- Do clients need a pediatrician who can care for children?
- Do clients prefer a male or female provider?
- Do clients need dental fillings or extractions?

### Refugee Medical Assistance (RMA)

[RMA](#) funds provide short-term medical coverage to refugees who are ineligible for Medicaid and who meet immigration status and income standards. New arrivals should apply for RMA as soon as possible, as the 12-month eligibility starts from the date of arrival. Benefits are similar to Medicaid.

### Supplemental Security Income (SSI)

[SSI](#) is a program that provides monthly payments to adults and children who have low incomes and who have disabilities.

To qualify for SSI, adults must be unable to work due to a physical or mental impairment that has lasted or is expected to last at least a year or result in death. Children must have a physical or mental impairment that results in marked and severe functional limitations that are expected to last at least a year or result in death. Conditions that may qualify for SSI include deafness that can't be improved with hearing aids, blindness, Down syndrome, major amputations, and immobility. Anyone over age 65 may also apply for SSI if they meet the income requirements.

Applying for SSI can be a long, complicated process. A client's first claim is often denied and may then be appealed.

**Note:** SSI is different from Social Security Disability Insurance (SSDI), which supports individuals who are disabled and have a qualifying work history, either through their own employment or through a spouse or parent. Most newcomer clients do not qualify for SSDI.

### SSI Compassionate Allowances (CAL)

[CAL](#) is available to people who have been diagnosed with a terminal illness. To apply for CAL, note on the SSI application that the condition is expected to result in death. Call the **Social Security Administration at 1-800-772-1213** to make an appointment for an interview.

### Children's Health Insurance Program (CHIP)

[CHIP](#) provides low-cost health coverage to children and families who earn too much money to qualify for Medicaid but not enough to buy private insurance. It covers minors and, in some states, pregnant women.

### Insurance Marketplace (Affordable Care Act)

Clients who are not eligible for Medicaid can purchase insurance on the [Health Insurance Marketplace](#) set up

through the Affordable Care Act (ACA). The cost of these plans is based on income.

Some states use the federal Marketplace, while some use their own state exchanges. Clients can enroll during the open enrollment period (which occurs annually, typically around November) or during special enrollment periods. A special enrollment period happens for 60 days after a qualifying life change, such as when someone gets their immigration status, loses other coverage, has a baby, or gets married. If a client moves between states, they must end their enrollment in the first state and reapply in the new state.

All qualified plans in state or federal marketplaces are required to meet the standards of the ACA. They must cover preexisting conditions, follow cost-sharing limits, and provide certain essential benefits.

**Note:** The federal Marketplace can also be used to find out if a client qualifies for Medicaid or CHIP.

## Partnerships in Newcomer Health

### Federal Partners

The following federal agencies play a key role in newcomer health:

- **State Department Bureau of Population, Refugees, and Migration (PRM):** oversees newcomers' overseas medical exam and transmits medical records to domestic agencies.
- **Centers for Disease Control and Prevention (CDC):** provides technical instructions to healthcare providers who complete overseas medical exams, publishes domestic refugee screening guidance used by local providers, electronically transfers up-to-date medical records to State Refugee Health Coordinators.
- **Office of Refugee Resettlement (ORR):** issues policy and direction on refugee resettlement in the U.S.; allocates critical resources to state refugee programs, refugee health programs, and service providers to ensure comprehensive medical screenings and health promotion activities.
- **U.S. Citizenship and Immigration Services (USCIS):** designates providers, known as civil surgeons, to perform the immigration medical exam required during the adjustment of status ("green card") process. For most refugees, the relevant requirement is to be current on age-appropriate immunizations.

## State Refugee Health Programs

The placement, structure, and capacity of health programs vary by state. Generally, however, state refugee health programs:

- Coordinate domestic health screenings with refugees and other ORR-eligible populations
- Conduct data transfers and data collection and assist with disease surveillance
- Provide training and technical assistance to healthcare providers
- Conduct health promotion activities
- Facilitate communication between resettlement agencies, healthcare providers, and local health agencies to improve care access and services for refugees

To locate the state refugee health program in your state, visit ORR's [Key State Contacts](#) list.

## Local Health Departments

Depending on your state, county, or city, health departments may coordinate screenings in local jurisdictions and may have their own public health or immunization clinics that newcomers can access.

## Key U.S. Health Services for Newcomers

### Domestic Medical Screening

The domestic medical screening checks newcomers for infectious diseases and non-communicable conditions, assesses their health history, and introduces them to the U.S. healthcare system. For more information, see the [CDC guidelines](#) for medical providers conducting domestic medical exams.

As a refugee service provider, you can educate clients about the importance of domestic medical screening. The screening is recommended to take place within the first 90 days of arrival, but within the first 30 days is preferable, as families may need it to enroll their children in school or access needed medications.

### Primary Care

Primary care refers to health services that cover prevention, wellness, and treatment for common illnesses. Primary care providers (PCPs) include doctors, nurses, and nurse practitioners. Where possible, it's a good practice to connect clients with PCPs who provide domestic screening and primary care at the same location, to help with continuity of care.

In many countries, it is typical to access healthcare only when sick. You may need to emphasize points like:

- Testing can detect health concerns earlier, making them easier to treat.
- Exams are required for many things, including schools (for children) and ORR benefits.
- Vaccines help protect families and communities, and many diseases are rare in the U.S. due to high vaccination rates.
- If vaccine records are lost, vaccines may need to be re-administered. It is safe to do so.

## Specialty Care

If clients need specialized care, the PCP will typically identify the issue and refer the client to a specialist who focuses on a specific condition or body system. Specialists include gynecologists, dermatologists, cardiologists, and many more. Both service providers and PCPs can help make specialist appointments and then follow up to ensure the client made the visit.

## Urgent Care

When urgent medical treatment is necessary for a minor illness or injury and a client's primary care clinician is not available, urgent care is a good resource. Conditions that are appropriate for an urgent care visit include mild symptoms of or worries about having contracted COVID, musculoskeletal injuries, cuts and burns, colds, minor infections such as urinary tract infections, upset stomachs, or ear infections.

## Emergency Room Care

Emergency room care is designed for illnesses, injuries, and conditions that are severe or life threatening. Reasons to seek emergency room care include chest pain or pressure, compound fractures, head injuries, seizures, severe abdominal pain, difficulty breathing, signs of stroke (extreme headache, weakness, slurring of speech), and uncontrolled bleeding.

Advise clients that even young, healthy individuals may need emergency room care. Also advise parents with young children that if their child seems sluggish or lethargic, isn't eating as much, or isn't urinating or going to the bathroom as much, going to the emergency room is likely the best option.

Check to see if ambulance rides are covered by insurance in your state and advise clients accordingly, particularly if the reason the ambulance is called affects coverage.

## Tips for Medical Providers

Here are some basic recommendations that refugee service providers may wish to share with medical providers:

- **Remember that building relationships is a long-term process.** Not everything can be accomplished in the initial appointment.
- **Be patient.** Some newcomers to the U.S. may not have had previous relationships with medical providers and may be uneasy, suspicious, or unwilling to talk about their health problems, particularly if these problems are sensitive.
- **Emphasize confidentiality.** You may need to explain that adolescents have a right to confidential care. Confidentiality for adult women may also be unfamiliar. During individual exams, you may need to remind female patients of their rights.
- **Use caution when discussing sensitive topics** including reproductive health, experiences of violence, and mental health, given cultural taboos (including in the U.S.) on these topics.
- **Prioritize language access.** A visit with an interpreter will take at least twice as long as one without—schedule accordingly! Ensure you know the languages spoken by all members of a family, as different individuals may speak different languages.
- **Involve patients in decision-making.** Discuss all procedures, tests, and treatments in detail to make sure a patient consents and is willing to move forward.
- **Follow up.** Scheduling follow-ups fosters continuity of care and creates time to focus on the most important issues during the first visit. When possible, schedule follow-ups to discuss test results, as clients may not have voicemail set up and may not answer their phones.

## Essential Skills for Healthcare Navigation

- Knowing how to access emergency services
  - Asking for an interpreter in English
  - Saying what language they speak
  - Knowing how to call 911
- Knowing where to go for which health services
- Knowing how to access transportation
- Knowing how to navigate other responsibilities, including work and child care

## Healthcare Rights

As a refugee service provider, you may need to inform clients of their healthcare rights. These include:

- **Partnering with their doctor:** In many places in the world, doctors are viewed as authorities who shouldn't be questioned. In the U.S., clients can ask questions and actively partner with their providers to create a treatment plan.
- **Consenting to receive treatment:** Clients can agree to or decline any medical treatment before it's given.
- **Access to/privacy of medical information:** Clients' medical information is confidential, belongs to them, and cannot be accessed by anyone else without written consent. Clients have the right to their medical records.
- **Access to interpretation:** Interpretation must be available over the phone or in person at no cost to the patient. It is required by law for any organization that receives federal funding, including Medicaid. Clients do not have to bring their own interpreter. If a provider refuses patients because they don't offer in-house interpretation, you can help advocate by reminding them of their legal responsibility and brainstorming possible solutions.
- **Choice of provider:** Clients may ask for another doctor if they are uncomfortable or feel they aren't being respected.
- **Input over scheduling:** If clients are offered an appointment that doesn't fit their schedule, they can ask for another time.

## Healthcare Responsibilities

You may also need to inform clients of their responsibilities related to healthcare. Clients should:

- Know whether the provider they are going to see accepts their insurance.
- Schedule appointments in advance.
- Arrive early or on time.
- Cancel appointments at least 24 hours in advance.
- Be open and honest with providers.
- Speak up if they feel uncomfortable.
- Have realistic expectations about what can be covered at one appointment.
- Keep their own records of medical care, including a folder of referrals, prescriptions, receipts, and bills (particularly if they are going to have many appointments).

## Additional Reading and Resources

- [National Resource Center for Refugees, Immigrants, and Migrants](#) supports health departments and community organizations serving people affected by health inequities.
- [Minnesota Center of Excellence in Newcomer Health](#) is a network for training and epidemiology in refugee health.
- [CareRef](#) offers recommendations for screenings based on country of origin.
- [CDC.gov](#) has recommendations for the domestic medical exam and information on the overseas medical exam.
- [Electronic Disease Notification \(EDN\) System](#) is a centralized reporting system of newcomer health data for U.S. agencies.

To learn more about  
Switchboard, visit  
[SwitchboardTA.org](https://SwitchboardTA.org).



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