

Advanced Marketplace Issues and Technical Support



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Course Introduction

Welcome



Welcome to the course on Advanced Marketplace Issues and Technical Support!

In previous courses, you learned how to help consumers complete multiple tasks in the FFMs:

- Create a Marketplace account
- Understand the process of completing a Marketplace application in the FFMs to obtain eligibility results
- Interpret eligibility results for health coverage and insurance affordability programs

You also learned how to support various consumers with unique concerns.

This course expands on what you have learned by focusing on some key consumer assistance tasks and less common situations you may encounter.

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You need to be aware of these training disclaimers.

Select each menu item below to read each disclaimer.

Disclaimers

- Assister Training Content
- Coronavirus
- Standards Related to Essential Health Benefits
- Remote Application Assistance
- FFM Navigator Duties
- Assister-Specific Requirements

Assister-Specific Requirements:

Navigators and certified application counselors (CACs) in FFM(s) must provide information in a fair, accurate, and impartial manner, which includes: providing information that assists consumers with submitting their eligibility applications; clarifying the distinctions among health coverage options, including qualified health plans (QHPs); and, helping consumers make informed decisions during the health coverage selection process.

Navigators in FFM(s) must also inform consumers about public health coverage programs like Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

This course concludes with an exam.

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Assister Training Content:

The information provided in this training course is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This course summarizes current policy and operations as of the date it was uploaded to the Marketplace Learning Management System. Links to certain source documents have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, CMS assister webinars, and other interpretive materials for complete and current information.

This course includes references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites shouldn't be construed as an endorsement of any third-party organization's programs or activities.

Coronavirus (COVID-19):

This training does not address COVID-19-related guidance or related requirements for assisters. CMS will communicate applicable information to assisters and assister organizations through separate channels.

- To learn more about how we're responding to coronavirus, visit [HealthCare.gov/coronavirus/](https://www.healthcare.gov/coronavirus/).
- For preventive practices and applicable state/local guidance, visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus/).

Standards Related to Essential Health Benefits:

Navigators in Federally-facilitated Marketplaces (FFMs) must be prepared to inform consumers of the essential health benefits (EHB) that qualified health plans (QHPs) must cover in the FFM(s) they service. For plan years beginning on or after January 1, 2020, states may select which benefits will be EHB in their state. All plans offered in the Marketplace must cover the [10 essential health benefits categories](#) but the specific items and services covered within each benefit category may vary based on state requirements and plan design.

Remote Application Assistance:

Navigators in FFM(s) aren't required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone), provided that such assistance is permissible under their organization's contract, grant terms and conditions, or agreement with

CMS and/or their organization.

Certified application counselors in FFM's may also provide remote application assistance if such assistance is permissible with their certified application counselor designated organization (CDO).

For guidance on obtaining consumers' consent remotely over the phone, visit: [Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf).

FFM Navigator Duties:

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and
- Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

Assister-Specific Requirements:

Navigators and certified application counselors (CACs) in FFM's must provide information in a fair, accurate, and impartial manner, which includes: providing information that assists consumers with submitting their eligibility applications; clarifying the distinctions among health coverage options, including qualified health plans (QHPs); and, helping consumers make informed decisions during the health coverage selection process.

Navigators in FFM's must also inform consumers about public health coverage programs like Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

This course concludes with an exam.

You and Assister

In this course, the terms "you" and "assister" refer to the following types of assisters:



Navigators
in Federally-facilitated Marketplaces



Certified application counselors
in Federally-facilitated Marketplaces

Note: In some cases, "you" is also used to refer to a consumer but it should be clear when this is the intended meaning.

The terms "Federally-facilitated Marketplace" and "FFM," as used in this training course, include FFMs where the state performs plan management functions. The terms "Marketplace" or "Marketplaces," standing alone, often (but not always) refer to FFMs.

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Certified application counselors in Federally-facilitated Marketplaces

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This course provides training on how to help consumers in individual market FFMs with more complex eligibility and enrollment issues not previously covered in-depth by other courses. It includes information on re-enrollment, immigration status and eligibility, tax issues, family enrollment issues, and other topics where you may need additional instruction to appropriately help individual market consumers.

The course covers:

- How the FFMs verify consumers' immigration status documents
- How to assist members of multi-tax households and families enrolling in different qualified health plans (QHPs)
- An overview of how mid-year income adjustments affect consumers' advance payments of the premium tax credit (APTC) and end-of-year tax responsibility
- An overview of options, key considerations, and special provisions for certain consumers, including:
 - Veterans
 - Homeless individuals
 - College students
 - Consumers living with HIV/AIDS
 - Consumers with disabilities
 - Consumers eligible or ineligible for Medicaid
 - American Indians and Alaska Natives (AI/ANs)

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This course consists of four modules addressing more challenging eligibility and enrollment issues:

- Advanced Immigration Status and Eligibility Issues
- Helping Consumers Who Have Complex Tax Issues
- Family Enrollment Issues
- Helping Consumers With Complex Eligibility Cases

Note: All graphics were created using fictional names. Any resemblance to actual persons, living or dead, is purely coincidental.

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Advanced Immigration Status and Eligibility Issues

Introduction

In previous training courses, you learned how to help lawfully present consumers and individuals living in mixed immigration status households who were seeking health coverage for themselves or applying on behalf of someone else.

This module will prepare you to help consumers who need additional assistance verifying their immigration status or applying for health coverage programs and benefits.



Verification

Identify how to help individual market consumers attest to and complete verification of their citizenship or immigration status



Eligibility

Explain how immigration and citizenship status affect eligibility for coverage through the individual market FFMs, insurance affordability programs, Medicaid, and CHIP

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Overview: Key Terms

You may work with consumers who have various immigration statuses. Consumers who live in mixed immigration status households may find it difficult to determine each family member's eligibility for coverage and insurance affordability programs.

Let's begin by reviewing some common immigration status types you may encounter:



U.S. Citizen

A U.S. citizen is someone born in the U.S. (including U.S. territories except for American Samoa) or born outside the U.S. if they:

- Were naturalized as a U.S. citizen
- Derived citizenship through the naturalization of their parent(s)
- Derived citizenship through adoption by U.S. citizen parents, provided certain conditions are met
- Acquired citizenship at birth because they were born to U.S. citizen parent(s)
- Are a U.S. citizen by operation of law

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- Are a U.S. citizen by operation of law

U.S. National

U.S. nationals are U.S. citizens or people who aren't U.S. citizens but owe permanent allegiance to the U.S. With extremely limited exceptions, all non-citizen U.S. nationals are people born in American Samoa or persons born abroad with one or more American Samoan parents under certain conditions.

Lawfully Present

For the purposes of Marketplace coverage, lawful presence generally describes an immigrant or other non-citizen who:

- Has been admitted into the U.S. legally, has not violated any conditions of the admission to the U.S., and is still present within the legally approved period, or
- Has permission from the U.S. Citizenship and Immigration Services (USCIS) to stay or live in the U.S.

Naturalized Citizen

Naturalized citizens are people who weren't born in the U.S. but became U.S. citizens by fulfilling certain requirements or acquired U.S. citizenship through their relationship to a U.S. citizen. Naturalization is the process by which U.S. citizenship is granted to foreign citizens or nationals after fulfilling the requirements established by law.

Derived Citizen

Derived citizens are people who derive U.S. citizenship through their relationship to a U.S. citizen by operation of law. Derived citizenship may be conveyed to children through the naturalization of the children's parents, through passage of certain laws, or through adoption of foreign-born children by U.S. citizen parents.

Qualified Non-citizen

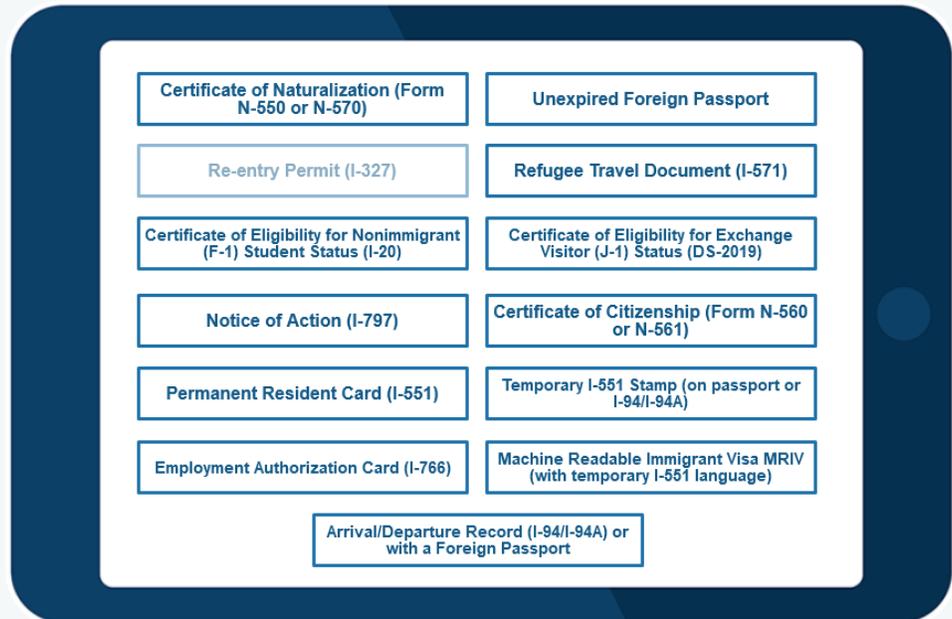
The following list contains most of the categories for "qualified non-citizens." An asterisk indicates the categories that are exempt from the five-year waiting period for Medicaid purposes.

- Lawful permanent residents (Green Card holders)
 - Lawful permanent residents with 40 work quarters or with a military connection (e.g., active member or veteran) are eligible for Medicaid regardless of the date they entered the U.S.
 - Consumers who adjust their status from a status exempt from the 5-year waiting period (e.g., refugee, Iraqi and Afghani Special Immigrants) to lawful permanent resident status continue to be exempt from the 5-year waiting period.
- Asylees*
- Refugees*
- Cuban/Haitian entrants*
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980*
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and their spouses, children, siblings, or parents or individuals with a pending application for a victim of trafficking visa*
- Granted withholding of deportation*
- Member of a federally recognized Indian tribe or American Indian born in Canada*
- Amerasian Immigrants*
- Iraqi and Afghani Special Immigrants*
- Citizens of the Marshall Islands, Micronesia, and Palau who are living in one of the U.S. states or territories (referred to as Compact of Free Association, or COFA, migrants)*.

Overview: Types of Immigrant Documents

When completing Marketplace applications, immigrant consumers need to select the type of document that corresponds with their most current status and the documents they have to verify that status.

Select each document to view examples and learn how they are used.



When completing Marketplace applications, immigrant consumers need to select the type of document that corresponds with their most current status and the documents they have to verify that status.

Certificate of Naturalization (Form N-550 or N-570)

Enter the Certificate of Naturalization number and the alien number (also called the alien registration number or USCIS number).

Certificate of Citizenship (Form N-560 or N-561)

Enter the Certificate of Citizenship number and the alien number (also called the alien registration number or USCIS number).

Permanent Resident Card (I-551)

Enter the alien number (also called the alien registration or USCIS number), document expiration date, and card number (also called the receipt number) from this document. If a card number isn't available and only an alien number is available, consumers may select Other as the document type and provide an alien number and a description of the document.

Temporary I-551 Stamp (on passport or I-94/I-94A)

Enter the alien number, passport number, country of issuance, and document expiration date.

Machine Readable Immigrant Visa MRIV (with temporary I-551 language)

Enter the alien number (also called the alien registration number or USCIS number), passport number, document expiration date, and country of issuance.

Employment Authorization Card (I-766)

Enter the alien number (also called the alien registration number or USCIS number), card number, category code, and the card expiration date.

Arrival/Departure Record (I-94/I-94A) or with a Foreign Passport

Enter the I-94 number, passport number, expiration date, and country of issuance.

Unexpired Foreign Passport

Enter the passport number, passport expiration date, and country of issuance.

Re-entry Permit (I-327)

Form I-327, also known as Permit to Re-Enter, is a travel document similar to a certificate of identity; it is issued by the USCIS to U.S. lawful permanent residents to allow them to travel abroad and return to the U.S. Consumers need to enter the alien number (also called the alien registration number or USCIS number) and the document expiration date.

Refugee Travel Document (I-571)

Form I-571 entitles refugees to return to the U.S., provided such persons have not abandoned their residence, lost their refugee status, or become excludable. Consumers need to enter the alien number (also called the alien registration number or USCIS number) and document expiration date.

Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)

This document is issued by SEVP-certified schools (colleges, universities, and vocational schools) and provides supporting information on a student's F or M status. Consumers need to enter their Student & Exchange Visitor Information System (SEVIS) ID from this document.

Certificate of Eligibility for Exchange Visitor (J-1) Status (DS-2019)

Form DS-2019 identifies an exchange visitor and their designated sponsor and provides a brief description of the exchange visitor's program, including the start and end date, category of exchange, and an estimate of the cost of the exchange program. Consumers need to enter their SEVIS ID, passport number, country of issuance, I-94 number, and document expiration date.

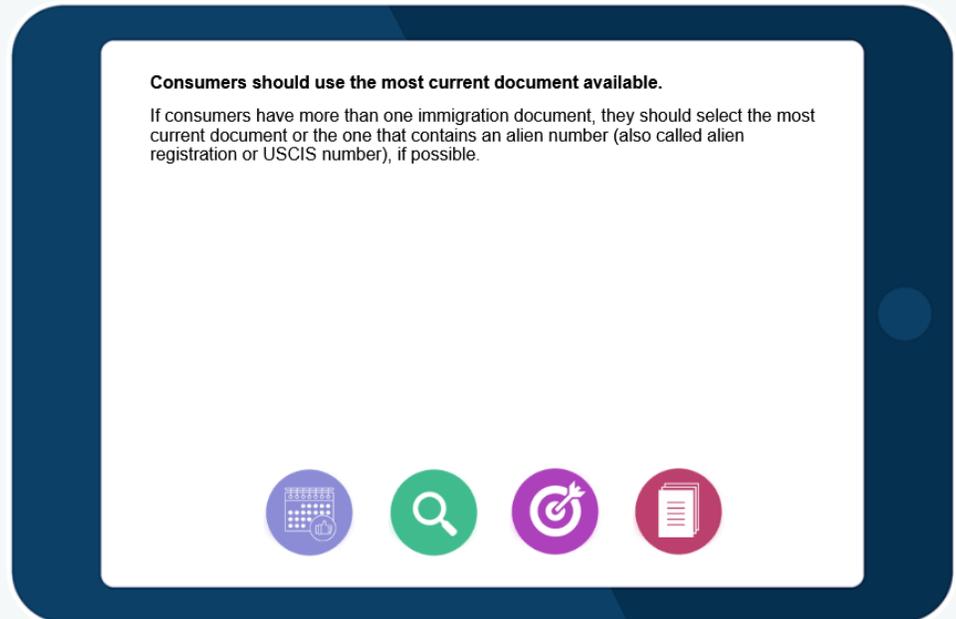
Notice of Action (I-797)

Enter the alien registration number (also called the USCIS number) or the I-94 number.

Consumers may select from a list of additional documents and status types or select "other" or "none of these". If consumers select "other," they should provide a description of the document type and then enter the alien number (also called the alien registration number or USCIS number) or the I-94 number.

When you help consumers enter information from their immigration documents in a Marketplace application to verify their status, keep these best practices in mind.

Select each best practice for more information.



When you help consumers enter information from their immigration documents in a Marketplace application to verify their status, keep these best practices in mind.

Consumers should use the most current document available.

If consumers have more than one immigration document, they should select the most current document or the one that contains an alien number (also called alien registration or USCIS number), if possible.

You can learn to recognize an alien number.

An alien number starts with an A and ends with seven, eight, or nine numbers.

Consumers seeking coverage should enter as much information as possible from their immigration documents.

If consumers have an alien number and an I-551 card number, they should enter both when prompted.

If consumers have an I-551 card number but don't enter it, it will take longer to verify their status.

Consumers can enter a Green Card (I-551) number without entering a Social Security Number (SSN) if they don't have one yet. It is not necessary to enter an SSN to get Marketplace coverage if a consumer doesn't currently have one.

Consumers should enter as much information as possible from their immigration documents, even if the documents have expired or will expire soon.

Consumers should enter other documents or statuses, if applicable.

If any additional types of immigration status apply, consumers should also:

- Attest to the relevant status or document type from the second list of documents or statuses.
- Enter the document name and any other information in the document.

Consumers should provide this additional information even if they have selected one of the documents from the drop-down list of documents that can be used to show immigration status.

Consumers Who Aren't Lawfully Present

Remember that consumers must be U.S. citizens, U.S. nationals, or lawfully present in the U.S. to qualify for health coverage through a Marketplace. However, consumers who aren't lawfully present can still apply for coverage for their family member(s) who are lawfully present.

Those applying for coverage for a family member who is lawfully present can do so without being asked to provide proof of their own citizenship or immigration status.



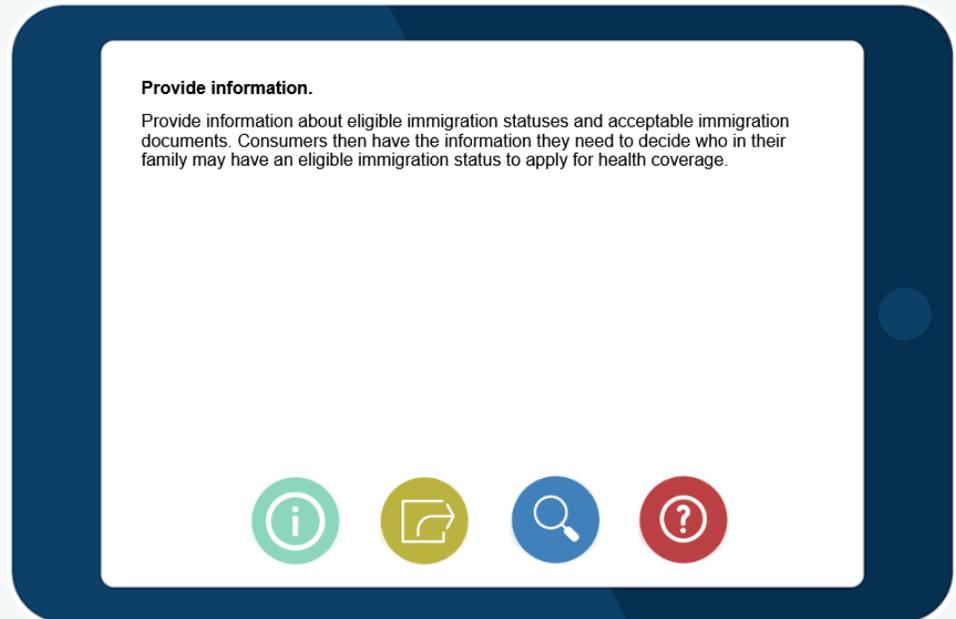
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Overview: Best Practices for Discussing Consumers' Immigration Status

These best practices can help you talk with immigrant consumers who are seeking health coverage for themselves or on behalf of someone else.

Select each best practice for more information.



These best practices can help you talk with immigrant consumers who are seeking health coverage for themselves or on behalf of someone else.

Provide information.

Provide information about eligible immigration statuses and acceptable immigration documents. Consumers then have the information they need to decide who in their family may have an eligible immigration status to apply for health coverage.

Share information about other resources.

Share information with consumers about other resources in the community that might be able to help them.

Identify the applicant.

Be sure to correctly identify the consumer or consumers who are applying for health coverage by asking them if they're seeking coverage for themselves or on behalf of someone else.

Avoid unnecessary questions.

- Don't ask unnecessary questions, especially questions about the immigration status of consumers who aren't applying for health coverage and live in mixed immigration status households.
- Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration status types and documents at HealthCare.gov and ask them if they have any of the statuses or documents on those lists: www.HealthCare.gov/immigrants/immigration-status/ or www.HealthCare.gov/immigrants/documentation/.

Verify Citizenship Status of Natural or Derived Citizens

In the course overview, we reviewed various types of immigration status. Now let's consider the issues consumers may face when they try to verify their immigration status in an FFM at HealthCare.gov. This can be challenging depending on what that status is and what documents they have.

When applying for coverage through the FFMs, all consumers will be asked if they are U.S. citizens or U.S. nationals. Consumers who are naturalized or derived citizens should select **Yes** when answering this question.

If a consumer attests to being a U.S. citizen or U.S. national but the Social Security Administration cannot successfully verify the consumer's citizenship, the application also asks whether the consumer is a naturalized or derived citizen. Naturalized and derived citizens should select **Yes** when answering this question as well.

Is Susan a U.S. citizen or U.S. national?

[Learn more about being a U.S. citizen or U.S. national.](#)

Yes

No

Save & continue

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Verify Citizenship Status of Natural or Derived Citizens

Naturalized and derived citizens may optionally enter identifying information from their applicable immigration documents:

- A naturalized citizen should have a Certificate of Naturalization (Form N-550 or N-570).
- A derived citizen may have a Certificate of Citizenship (Form N-560 or N-561).

Consumers should enter the appropriate information from the applicable document:

- Naturalization Certificate number and alien number (also called the alien registration number or USCIS number)
- Certificate of Citizenship number and alien number

If consumers don't have a Certificate of Naturalization or Certificate of Citizenship, the FFMs can't electronically verify their status as naturalized or derived citizens. However, consumers can still submit an application, get an eligibility determination, and provide copies of their citizenship documents later to verify their eligibility. Consumers may provide a combination of other document types to verify their status, like their:

- U.S. passport
- State-issued driver's license or ID card
- Birth certificate

Susan's citizenship

Is Susan a naturalized or derived citizen?

[Learn more about naturalized or derived citizenship.](#)

- Yes
 No

Does Susan have one of these documents?

Optional.

[Learn more about these documents.](#)

Naturalization Certificate

Susan's Naturalization Certificate number

Optional.

[Learn where to find this document number.](#)

Susan's alien number

Optional.

[Learn where to find this document number.](#)

Certificate of Citizenship

None of these

[Clear your selection](#)

[Save & continue](#)

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- U.S. passport
- State-issued driver's license or ID card
- Birth certificate

Verify Immigration Status of Non-U.S. Citizens and Non-U.S. Nationals

Non-U.S. Citizens and Non-U.S. Nationals must complete a more extensive process to verify their immigration status in the FFMs. When the Marketplace application asks whether they are U.S. citizens or U.S. nationals, they must select **No**.

Is Susan a U.S. citizen or U.S. national?
[Learn more about being a U.S. citizen or U.S. national.](#)

Yes
 No

[Save & continue](#)

The following question will ask if the consumer has eligible immigration status. The consumer can select **Learn more about eligible immigration status** in the application to view a list of eligible immigration statuses. If they are eligible non-citizens, they should select **Yes** to indicate that they have an eligible immigration status.

Does Susan have eligible immigration status?
[Learn more about eligible immigration status.](#)

Yes, Susan has eligible immigration status.
 I would like to continue through the application without answering this question. I understand that if I don't answer it, **Susan won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Non-U.S. Citizens and Non-U.S. Nationals must complete a more extensive process to verify their immigration status in the FFMs. When the Marketplace application asks whether they are U.S. citizens or U.S. nationals, they must select **No**.

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Document Eligibility

Advanced Immigration Status and Eligibility Issues
Document Eligibility

Text Only Module 2 / 5 Page 11 / 34

Select to zoom

Susan's immigration status

Does Susan have eligible immigration status?
[Learn more about eligible immigration status.](#)

Yes, Susan has eligible immigration status.

I would like to continue through the application without answering this question. I understand that if I don't answer it, **Susan won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Susan's most current documentation and status.

Optional

Permanent Resident Card (Green Card) or Reentry Permit I-551, Temporary I-551 stamp, I-327

Machine Readable Immigrant Visa with temporary I-551 language

Employment Authorization Card I-766

Arrival/Departure Record I-94, I-94A

Refugee Travel Document I-571

Nonimmigrant Student or Exchange Visitor Status I-20, DS2019

Notice of Action I-797

Other document or status

Unexpired foreign passport

None of these

Select to zoom

Select the document type that corresponds with Susan's most current documentation and status.

Optional

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None of these

Eligible non-citizens must provide documents confirming this status. Selecting **Yes** to confirm eligible immigration status displays a list of immigration document types.

Consumers should select the most current immigration document that supports their immigration status. However, if the only document the consumer possesses is expired, you can still enter the information from that document. You can help them enter required information in the fields that appear for each document and understand any document-specific information that appears in the application.

Remember, consumers who aren't applying for coverage for themselves won't be asked and don't need to provide information about their citizenship or immigration status.

If consumers have an immigration document that is not on this list, they should select the **Other document or status** option.

Other Application Questions



Consumers must answer a question to confirm whether the name that appears on their document(s) is the same as the name of the consumer applying for coverage.

Some consumers may see a series of optional questions that help the FFMs assess or determine their eligibility for Medicaid or CHIP. These include:

- Whether they've lived in the U.S. since 1996.
- The date (month and year) they were granted their current immigration status.
- Whether they or their family members are veterans or on active duty in the Armed Forces.

Has Susan lived in the U.S. since 1996?

Optional.

[Learn more about how to answer this question.](#)

Yes

No

Clear your selection

Save & continue

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- Whether they or their family members are veterans or on active duty in the Armed Forces.

Knowledge Check

You're helping Lena and her husband, Tomas, complete a Marketplace application. Lena tells you she has a Green Card and Tomas is a refugee from Cuba. Lena is concerned that she and Tomas aren't eligible for health coverage.

Which of the following is an appropriate response to address Lena's concerns?

Select **the correct answer** and then select **Check Your Answer**.

- A. You must be a U.S. citizen to qualify for a QHP.
- B. Immigrants automatically qualify for Medicaid so they don't need to enroll in a QHP.
- C. Consumers who are Lawful Permanent Residents (Green Card holders) and refugees are eligible for Marketplace health coverage because both of those immigration statuses are considered "lawfully present."
- D. You should ask consumers whether they are here in the U.S. illegally before letting them fill out the application.

✓ Check Your Answer



Consumers who are "lawfully present" are eligible for coverage through the Marketplace. The term "lawfully present" includes immigrants who have "qualified non-citizen" immigration status, and the term "qualified non-citizen" includes Lawful Permanent Residents (Green Card Holders) and refugees. Therefore, Lena and Tomas are each considered "lawfully present" and are eligible for Marketplace coverage. Consumers who are immigrants need to confirm their immigration status, but only if they are applying for coverage through an FFM. Individuals who aren't applying for coverage don't need to be included on an application. Consumers don't have to be U.S. citizens to qualify for Marketplace insurance, but they must be lawfully present. Immigrants don't automatically qualify for Medicaid. Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration statuses or immigration documents available at HealthCare.gov.

You're helping Lena and her husband, Tomas, complete a Marketplace application. Lena tells you she has a Green Card and Tomas is a refugee from Cuba. Lena is concerned that she and Tomas aren't eligible for health coverage.

Which of the following is an appropriate response to address Lena's concerns?

- A. You must be a U.S. citizen to qualify for a QHP.
- B. Immigrants automatically qualify for Medicaid so they don't need to enroll in a QHP.
- C. Consumers who are Lawful Permanent Residents (Green Card holders) and refugees are eligible for Marketplace health coverage because both of those immigration statuses are considered "lawfully present."
- D. You should ask consumers whether they are here in the U.S. illegally before letting them fill out the application.

The correct answer is C. Consumers who are "lawfully present" are eligible for coverage through the Marketplace. The term "lawfully present" includes immigrants who have "qualified non-citizen" immigration status, and the term "qualified non-citizen" includes Lawful Permanent Residents (Green Card Holders) and refugees. Therefore, Lena and Tomas are each considered "lawfully present" and are eligible for Marketplace coverage.

Consumers who are immigrants need to verify their immigration status, but only if they are applying for coverage through an FFM. Individuals who aren't applying for coverage don't need to be included on an application. Consumers don't have to be U.S. citizens to qualify for Marketplace insurance, but they must be lawfully present. Immigrants don't automatically qualify for Medicaid. Avoid words like "undocumented," "unauthorized," or "illegal." Instead, show consumers a list of immigration statuses or immigration documents available at HealthCare.gov.



You may recall explaining health coverage options to Alex, Josephine, and their Aunt Ronna in a previous course. Let's help Ronna verify her immigration status as she completes a Marketplace application in an FFM.

Alex and Josephine are married U.S. citizens. They already completed a Marketplace application together and attested to their tax status (married filing jointly). Since their Aunt Ronna files her own taxes separately from Alex and Josephine, she needs to complete her own Marketplace application.

Ronna emigrated to the U.S. from Italy three years ago and doesn't currently have coverage. She arrives at your office for her appointment and asks whether she's eligible for coverage through the Marketplace.

Let's help Ronna as she completes some questions from her Marketplace application.



You may recall explaining health coverage options to Alex, Josephine, and their Aunt Ronna in a previous course. Let's help Ronna verify her immigration status as she completes a Marketplace application in an FFM.

Alex and Josephine are married U.S. citizens. They already completed a Marketplace application together and attested to their tax status (married filing jointly). Since their Aunt Ronna files her own taxes separately from Alex and Josephine, she needs to complete her own Marketplace application.

Ronna emigrated to the U.S. from Italy three years ago and doesn't currently have coverage. She arrives at your office for her appointment and asks whether she's eligible for coverage through the Marketplace.

Let's help Ronna as she completes some questions from her Marketplace application.

Verify Eligibility Status

The Marketplace application asks consumers applying for coverage about their citizenship and immigration status. Remember, consumers must be U.S. citizens, U.S. nationals, or lawfully present immigrants with eligible immigration status to be [eligible](#) for Marketplace coverage.

After Ronna gives you consent to access her personally identifiable information (PII), you guide her through the application and come to a screen that asks whether she's a U.S. citizen or U.S. national.

Is Ronna a U.S. citizen or U.S. national?

[Learn more about being a U.S. citizen or U.S. national.](#)

- Yes
 No

Save & continue

Since Ronna has a Green Card, she is a permanent U.S. resident. Ronna should select **No** to indicate that she is not a U.S. citizen or U.S. national. The following question will ask Ronna if she has eligible immigration status and she should select **Yes, Ronna has eligible immigration status.**

Does Ronna have eligible immigration status?

[Learn more about eligible immigration status.](#)

- Yes, Ronna has eligible immigration status.
 I would like to continue through the application without answering this question. I understand that if I don't answer it, **Ronna won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.



The Marketplace application asks consumers applying for coverage about their citizenship and immigration status. Remember, consumers must be U.S. citizens, U.S. nationals, or lawfully present immigrants with eligible immigration status to be eligible for Marketplace coverage.

Immigrants without eligible immigration status aren't eligible to buy Marketplace health coverage or for premium tax credits and other savings on Marketplace plans. But they may apply for coverage on behalf of individuals with eligible immigration status.

After Ronna gives you consent to access her personally identifiable information (PII), you guide her through the application and come to a screen that asks whether she's a U.S. citizen or U.S. national.

Since Ronna has a Green Card, she is a permanent U.S. resident. Ronna should select **No** to indicate that she is not a U.S. citizen or U.S. national. The following question will ask Ronna if she has eligible immigration status and she should select **Yes, Ronna has eligible immigration status.**

Verify Eligibility Status

Advanced Immigration Status and Eligibility Issues
Verify Eligibility Status

Text Only

Module 2 / 5
Page 17 / 34

Ronna should select **I-551 (Permanent Resident Card, "Green Card")** from the **Document type** drop-down list and select **Save & continue**.

Continue

Select the document type that corresponds with Ronna's most current documentation and status.

Optional

Permanent Resident Card (Green Card) or Reentry Permit I-551, Temporary I-551 stamp, I-327

I-551 (Permanent Resident Card, "Green Card")

Machine Readable Immigrant Visa with temporary I-551 language

Employment Authorization Card I-766

Arrival/Departure Record I-94, I-94A

Refugee Travel Document I-571

Nonimmigrant Student or Exchange Visitor Status I-20, DS2019

Notice of Action I-797

Other document or status

Unexpired foreign passport

None of these

Clear your selection

Save & continue

Ronna should select **I-551 (Permanent Resident Card, "Green Card")** from the **Document type** drop-down list and select **Save & continue**.

You help Ronna find and enter her **Alien number** (also called an alien registration number or USCIS number), which is listed under the heading **A#** or **USCIS#** on the card. Then you help Ronna enter her card number, which is listed on the card as her "I-551 number." The card number starts with three letters and ends with 10 numbers. The last number you help Ronna find and enter is her card expiration date, which is listed next to the heading **Card Expires**.

Next, ask Ronna to confirm whether her name is spelled exactly as it appears on her Green Card. If it is, she'll select **Yes** to answer the next question.

Ronna does not have any additional document or status types listed in the drop-down menu so she selects **None of these**.

On the next page, ask Ronna to confirm whether she has lived in the U.S. since 1996. This question helps the Marketplaces determine Ronna's eligibility for Medicaid or CHIP. Ronna selects **No** since she didn't move to the U.S. until 2011.

After Ronna selects **Save & Continue**, the Marketplace will attempt to verify her immigration status and eligibility.

Note: All questions about immigration status are optional, but the more information consumers enter from their documents, the less likely a **data matching issue (DMI)** will occur.

If an FFM can't verify certain consumers' citizenship or immigration status, it will make a second attempt using the Systematic Alien Verification Entitlement Program (SAVE) database. This process can take three to five days. Consumers who encounter data matching issues while completing a Marketplace application must submit additional documents to the FFMs to resolve them.

Insurance Affordability Programs

Lawfully present immigrants may apply for APTC and cost-sharing reductions (CSRs) to help lower their costs based on their household size, income, and other eligibility criteria.

For Plan Year (PY) 2023, if their estimated annual household income is...	Lawfully present immigrants may be eligible for...
Above 250 percent of the federal poverty level (FPL) <ul style="list-style-type: none"> \$45,775 for a family of two \$69,375 for a family of four in 2022 *Higher in Alaska and Hawaii	APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through an FFM.
Between 100 percent and 250 percent of the FPL <ul style="list-style-type: none"> \$18,310 to \$45,775 for a family of two \$27,750 to \$69,375 for a family of four in 2022 *Higher in Alaska and Hawaii	<ul style="list-style-type: none"> APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through an FFM and CSRs that lower consumers' additional health coverage costs.
Below 100 percent of the FPL <ul style="list-style-type: none"> \$18,310 for a family of two \$27,750 for a family of four in 2022 *Higher in Alaska and Hawaii	<ul style="list-style-type: none"> APTC, and CSRs *as long as they meet all other eligibility requirements and aren't eligible for Medicaid based on their immigration status.

Note: Most consumers must enroll in a Silver plan through an FFM to receive CSRs. Remember, this requirement does not apply to American Indians and Alaska Natives.

Lawfully present immigrants may apply for APTC and cost-sharing reductions (CSRs) to help lower their costs based on their household size, income, and other eligibility criteria.

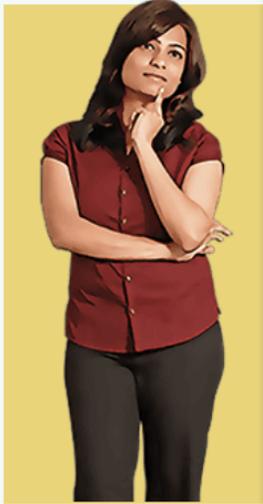
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Note: Most consumers must enroll in a Silver plan through an FFM to receive CSRs. Remember, this requirement does not apply to American Indians and Alaska Natives.

Federal Poverty Level (FPL)

Federal poverty level amounts are higher in Alaska and Hawaii. The latest FPL guidelines can be found at the [Department of Health and Human Services Assistant Secretary for Planning and Evaluation \(HHS ASPE\) website](#).

Application Question About Eligibility for Medicaid and CHIP



Lawfully present immigrants who have an income below 100 percent of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for coverage through an FFM, as well as APTC and CSRs.

The application may ask whether a consumer or any person in the consumer's household was found ineligible for Medicaid or CHIP coverage since a specified date.

After this question, there's a check box next to each consumer's name. Consumers should only check the box next to an individual's name if both of the following circumstances apply:

- The individual was denied Medicaid or CHIP coverage by their state (not by an FFM), and
- The family's income and household size have not changed since the denial.

Otherwise, consumers should check the box next to None of these people.

You can find additional information and instructions for responding to this question at [HealthCare.gov](https://www.healthcare.gov).

Recent Medicaid or CHIP denial

Were any of these people found not eligible for Delaware Medicaid or Delaware Healthy Children Program (CHIP) since 2/19/2022?

Select all that apply.

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Ronna

Joel

None of these people

Save & continue

Lawfully present immigrants who have an income below 100 percent of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for coverage through an FFM, as well as APTC and CSRs.

The application may ask whether a consumer or any person in the consumer's household was found ineligible for Medicaid or CHIP coverage since a specified date.

After this question, there's a check box next to each consumer's name. Consumers should only check the box next to an individual's name if both of the following circumstances apply:

- The individual was denied Medicaid or CHIP coverage by their state (not by an FFM), and
- The family's income and household size have not changed since the denial.

Otherwise, consumers should check the box next to None of these people.

You can find additional information and instructions for responding to this question at [HealthCare.gov](https://www.healthcare.gov).

Knowledge Check

While helping Maru complete her FFM application, she asks you whether she qualifies for help paying her monthly premium if she enrolls in a QHP through a Marketplace. Maru is a lawfully present immigrant with a valid Green Card. However, she heard that immigrants aren't eligible for help to lower their costs.

What do you tell Maru about the criteria for qualifying for help to lower her costs through the FFM?

Select the correct answer and then select **Check Your Answer**.

- A. Tell her she should call the FFM Call Center for help.
- B. Since Maru is a lawfully present immigrant, she should check with her state to see if she can get help covering the cost of her health coverage.
- C. Since Maru is a lawfully present immigrant, she can complete a Marketplace application to learn if she's eligible for lower costs on her monthly premiums and lower additional costs based on her income.
- D. Help Maru determine her household size and income and then review the eligibility criteria with her so she can learn if she may qualify for help to lower her costs.

✓ Check Your Answer



Correct!

You should tell Maru she may be eligible for help to lower her costs based on her income, household size, and other eligibility criteria, and her immigration status doesn't affect her eligibility for lower costs. You should also explain the eligibility criteria to Maru so she can learn if she may qualify for programs to help lower her costs. Ordinarily, you wouldn't tell Maru to call the FFM Call Center for help because you should generally be able to help her compile and report the information required by the FFMs as part of the eligibility determination process.

While helping Maru complete her FFM application, she asks you whether she qualifies for help paying her monthly premium if she enrolls in a QHP through a Marketplace. Maru is a lawfully present immigrant with a valid Green Card. However, she heard that immigrants aren't eligible for help to lower their costs.

What do you tell Maru about the criteria for qualifying for help to lower her costs through the FFM?

- A. Tell her she should call the FFM Call Center for help.
- B. Since Maru is a lawfully present immigrant, she should check with her state to see if she can get help covering the cost of her health coverage.
- C. Since Maru is a lawfully present immigrant, she can complete a Marketplace application to learn if she's eligible for lower costs on her monthly premiums and lower additional costs based on her income.
- D. Help Maru determine her household size and income and then review the eligibility criteria with her so she can learn if she may qualify for help to lower her costs.

The correct answer is C. You should tell Maru she may be eligible for help to lower her costs based on her income, household size, and other eligibility criteria, and her immigration status doesn't affect her eligibility for lower costs. You should also explain the eligibility criteria to Maru so she can learn if she may qualify for programs to help lower her costs. Ordinarily, you wouldn't tell Maru to call the FFM Call Center for help because you should generally be able to help her compile and report the information required by the FFMs as part of the eligibility determination process.

Scenario: The Tran Family



Next, let's help the Tran family determine which health coverage programs they are eligible for.

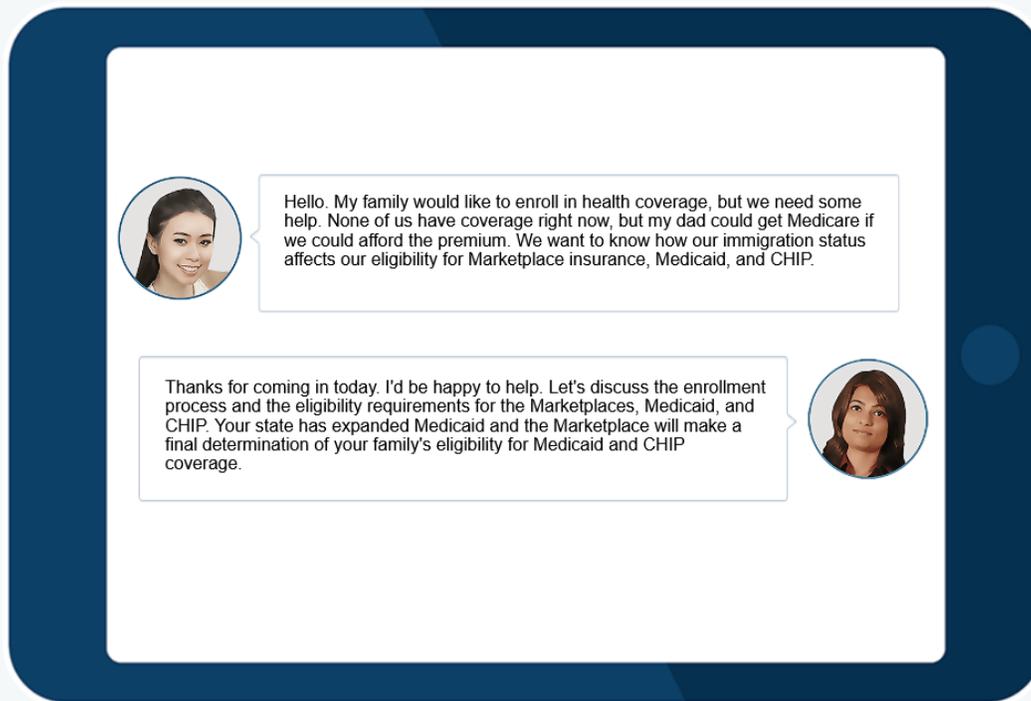
The Tran family lives in a state that expanded its Medicaid program to cover adults ages 19 through 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$25,268 for a family of two and \$38,295 for a family of four in 2022). However, their state has not elected to cover lawfully residing children during their first five years in the U.S. You meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old parent, Thu.



Next, let's help the Tran family determine which health coverage programs they are eligible for.

The Tran family lives in a state that expanded its Medicaid program to cover adults ages 19 through 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$25,268 for a family of two and \$38,295 for a family of four in 2022). However, their state has not elected to cover lawfully residing children during their first five years in the U.S. You meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old parent, Thu.

Verify Eligibility Status



Hong

Hello. My family would like to enroll in health coverage, but we need some help. None of us have coverage right now, but my dad could get Medicare if we could afford the premium. We want to know how our immigration status affects our eligibility for Marketplace insurance, Medicaid, and CHIP.

Coach

Thanks for coming in today. I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplaces, Medicaid, and CHIP. Your state has expanded Medicaid and the Marketplace will make a final determination of your family's eligibility for Medicaid and CHIP coverage.

Verify Eligibility Status



We also want to know if we can get lower costs based on our family income. I earn \$25,000 a year and claim my son and father as dependents on my federal income tax return. My dad has no income, and I'm not eligible for health coverage through my job.

After you get consent from the adult family members, you help them complete a Marketplace application.

As you review the family's immigration status and supporting documents, you notice that:

- Hong has been a lawful permanent resident for seven years.
- Her son, Hien, has been a lawful permanent resident for two years.
- Her parent, Thu, has been a lawful permanent resident for seven years.

After you get consent from the adult family members, you help them complete a Marketplace application.

As you review the family's immigration status and supporting documents, you notice that:

- Hong has been a lawful permanent resident for seven years.
- Her son, Hien, has been a lawful permanent resident for two years.
- Her parent, Thu, has been a lawful permanent resident for seven years.

Hong

We also want to know if we can get lower costs based on our family income. I earn \$25,000 a year and claim my son and father as dependents on my federal income tax return. My dad has no income, and I'm not eligible for health coverage through my job.

Eligibility Results for the Tran Family

After the Tran family submits a Marketplace application, they receive the following eligibility determination based on their income and each household member's immigration status.

Select each family member's photo to learn more.

Hien



Hong



Thu



Hong Tran

Hong has qualified non-citizen status for Medicaid and has met the applicable five-year waiting period. Hong is eligible for Medicaid since her household income is below 138 percent of the FPL and she lives in a state that expanded Medicaid for adults up to 138 percent of the FPL.

After the Tran family submits a Marketplace application, they receive the following eligibility determination based on their income and each household member's immigration status.

Hien Tran

Hien has qualified non-citizen status for Medicaid but hasn't met the applicable five-year waiting period; therefore, he is not eligible for Medicaid even though he would otherwise qualify based on income. Hien is still eligible to enroll in a QHP through the Marketplace since he's lawfully present. He's also eligible for the premium tax credit because he doesn't meet the Medicaid qualified non-citizen five-year waiting period requirement.

Hong Tran

Hong has qualified non-citizen status for Medicaid and has met the applicable five-year waiting period. Hong is eligible for Medicaid since her household income is below 138 percent of the FPL and she lives in a state that expanded Medicaid for adults up to 138 percent of the FPL.

Thu Tran

Thu has qualified non-citizen status for Medicaid and has met the applicable five-year waiting period. Thu is eligible for Medicaid since his household income is below 138 percent of the FPL. The Marketplaces don't determine Medicare eligibility; however, Thu might also be eligible for Medicare since he is above age 65. If he qualifies, he may be able to purchase **Medicare Premium Part A (Hospital Insurance)**. He may also qualify for a **Medicare Savings Program** if he needs help paying for coverage and **Extra Help (Part D)** if he needs help with Medicare prescription drug plan costs. Thu can apply for Medicare through the Social Security Administration to find out whether he meets the eligibility requirements.

Medicare Premium Part A

U.S. citizens and qualified lawfully present immigrants age 65 and older who have at least 40 quarters of coverage (10 years for most people), which are earned through payment of payroll taxes during a consumer's working years, may get **Premium-free Part A**. Some consumers may also use the work history of a spouse to qualify for premium-free Part A.

Consumers who meet these requirements but don't have sufficient quarters of coverage to be entitled to premium-free Part A may elect to enroll in Medicare Part B coverage (which also has a five-year residency

requirement for immigrants) and then **purchase** Part A coverage. Because consumers with this type of Medicare coverage pay monthly premiums for Part A, it is called **Medicare Premium Part A**. If consumers don't purchase Premium Part A when they first become eligible, they may have to pay late enrollment penalties if they choose to sign up after their initial eligibility period.

Medicare Savings Program

Consumers can get help from their state with paying their Medicare premiums. Consumers must be eligible for Medicare Part A and meet specific income and resource limits to qualify. In some cases, Medicare Savings Programs may also pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments if consumers meet certain conditions.

Extra Help (Part D)

Extra Help (Part D) is a program to help consumers with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles, and coinsurance.

Explain the Eligibility Determinations for the Tran Family

Hong, your Marketplace eligibility determination says you and your parent, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, like the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your parent are eligible for premium tax credits or cost-sharing reductions if you enroll in a QHP through the Marketplace.

The Marketplace generally doesn't screen consumers for Medicare eligibility; however, your parent may also be eligible for Medicare based on his age. But since he qualifies for Medicaid and hasn't paid Medicare taxes long enough to qualify for premium-free Part A, he will be required to pay a premium if he enrolls in Medicare. Thu can apply for Medicare Premium Part A through the Social Security Administration to find out if he meets the eligibility requirements.

Your son, Hien, is not eligible for Medicaid or CHIP since he hasn't met the five-year waiting period for lawfully residing residents. However, he is eligible to enroll in a QHP through the Marketplace. Based on your income and household size, he's also eligible for a premium tax credit to help lower his monthly costs. May I help you select a QHP for Hien?

Yes, thank you for explaining that to me. Let's enroll Hien in a QHP.

Coach

Hong, your Marketplace eligibility determination says you and your parent, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, like the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your parent are eligible for premium tax credits or cost-sharing reductions if you enroll in a QHP through the Marketplace.

The Marketplace generally doesn't screen consumers for Medicare eligibility; however, your parent may also be eligible for Medicare based on his age. But since he qualifies for Medicaid and hasn't paid Medicare taxes long enough to qualify for premium-free Part A, he will be required to pay a premium if he enrolls in Medicare. Thu can apply for Medicare Premium Part A through the Social Security Administration to find out if he meets the eligibility requirements.

Your son, Hien, is not eligible for Medicaid or CHIP since he hasn't met the five-year waiting period for lawfully residing residents. However, he is eligible to enroll in a QHP through the Marketplace. Based on your income and household size, he's also eligible for a premium tax credit to help lower his monthly costs. May I help you select a QHP for Hien?

Hong

Yes, thank you for explaining that to me. Let's enroll Hien in a QHP.



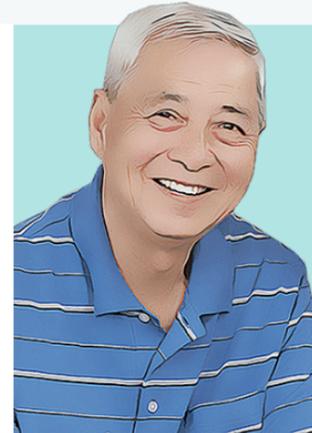
Remember to consider the Medicare eligibility requirements for consumers who might qualify.

In this scenario, Thu Tran might also be [eligible for Medicare Premium Part A](#) and Part B because he meets the following criteria:

- His age (75)
- His lawful permanent resident status
- His continuous U.S. residency for at least five years

If eligible, he would still have to pay monthly premiums for Medicare Parts A in addition to his Part B premiums because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for or enrolled in Medicare aren't eligible to receive a premium tax credit in the FFMs. However, consumers who are only eligible for Medicare Premium Part A may qualify for a premium tax credit.

- Here's a [key tip](#) on helping immigrants age 65 and older who may be eligible for Medicare.



Remember to consider the Medicare eligibility requirements for consumers who might qualify.

In this scenario, Thu Tran might also be **eligible for Medicare Premium Part A** and Part B because he meets the following criteria:

- His age (75)
- His lawful permanent resident status
- His continuous U.S. residency for at least five years

If eligible, he would still have to pay monthly premiums for Medicare Parts A in addition to his Part B premiums because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for or enrolled in Medicare aren't eligible to receive a premium tax credit in the FFMs. However, consumers who are only eligible for Medicare Premium Part A may qualify for a premium tax credit.

Considerations for Medicare Eligibility

- Consumers who are lawfully present in the U.S. and eligible for but not enrolled in Medicare Premium Part A may be eligible to enroll in QHPs through the FFMs.
- Depending on their household income and other eligibility criteria, those consumers may be eligible for Marketplace programs to help lower costs of health coverage (i.e., APTC and CSRs).
- Consumers who don't have a lawfully present immigration status aren't eligible for Medicare or coverage through the FFMs.

Key tip

Remember that immigrants age 65 and older may not qualify for premium-free Medicare Part A if they haven't earned enough quarters of coverage based on payroll taxes on their earnings or, in limited cases, the earnings of a spouse, parent, or child.

Knowledge Check

Suahila and Bilal entered the U.S. as refugees four years ago and became lawful permanent residents two years ago. They earn a combined income of 95 percent of the FPL. Because they live in a state where the FFM can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid coverage through the FFM based on their income and immigration status.

Which of the following should you tell them?

Select **the correct answer** and then select **Check Your Answer**.

- A. Although their income may qualify them for Medicaid, they must be in the U.S. for five years before being eligible for Medicaid coverage.
- B. Because they live in a state that hasn't expanded Medicaid coverage, they must apply for health coverage through their state Medicaid agency regardless of their immigration status.
- C. Because they entered the U.S. as refugees, they don't have to meet the five-year waiting period to be eligible for Medicaid coverage and they should complete the Marketplace application to determine their Medicaid eligibility based on their income.
- D. When they became lawful permanent residents two years ago, they lost their refugee status and now must wait three more years to meet the Medicaid five-year waiting period.

✓ Check Your Answer



Correct!

Suahila and Bilal are exempt from the five-year waiting period for qualified non-citizens for Medicaid eligibility because of their previous refugee status. They don't lose their five-year waiting period exemption when they become lawful permanent residents. Residents of any state with an FFM can complete a Marketplace application to receive a determination or assessment for Medicaid (depending on the state), regardless of whether their state expanded Medicaid eligibility.

Suahila and Bilal entered the U.S. as refugees four years ago and became lawful permanent residents two years ago. They earn a combined income of 95 percent of the FPL. Because they live in a state where the FFM can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid coverage through the FFM based on their income and immigration status.

Which of the following should you tell them?

- A. Although their income may qualify them for Medicaid, they must be in the U.S. for five years before being eligible for Medicaid coverage.
- B. Because they live in a state that hasn't expanded Medicaid coverage, they must apply for health coverage through their state Medicaid agency regardless of their immigration status.
- C. Because they entered the U.S. as refugees, they don't have to meet the five-year waiting period to be eligible for Medicaid coverage and they should complete the Marketplace application to determine their Medicaid eligibility based on their income.
- D. When they became lawful permanent residents two years ago, they lost their refugee status and now must wait three more years to meet the Medicaid five-year waiting period.

The correct answer is C. Suahila and Bilal are exempt from the five-year waiting period for qualified non-citizens for Medicaid eligibility because of their previous refugee status before adjusting status to become lawful permanent residents. They don't lose their five-year waiting period exemption when they become lawful permanent residents. Residents of any state with an FFM can complete a Marketplace application to receive a determination or assessment for Medicaid (depending on the state), regardless of whether their state expanded Medicaid eligibility.

Mixed Immigration Family



The Kim family needs assistance finding coverage. Let's work through the application with them.

Kiyung Kim is an immigrant from South Korea. He is 34 years-old and has been a Green Card holder for one year and lives in Pennsylvania.

His wife, Esther Kim, has just arrived in the U.S. to live with her husband. She is 33 years-old and has only been here for three months. The Kims want to see what coverage the Marketplace has to offer.

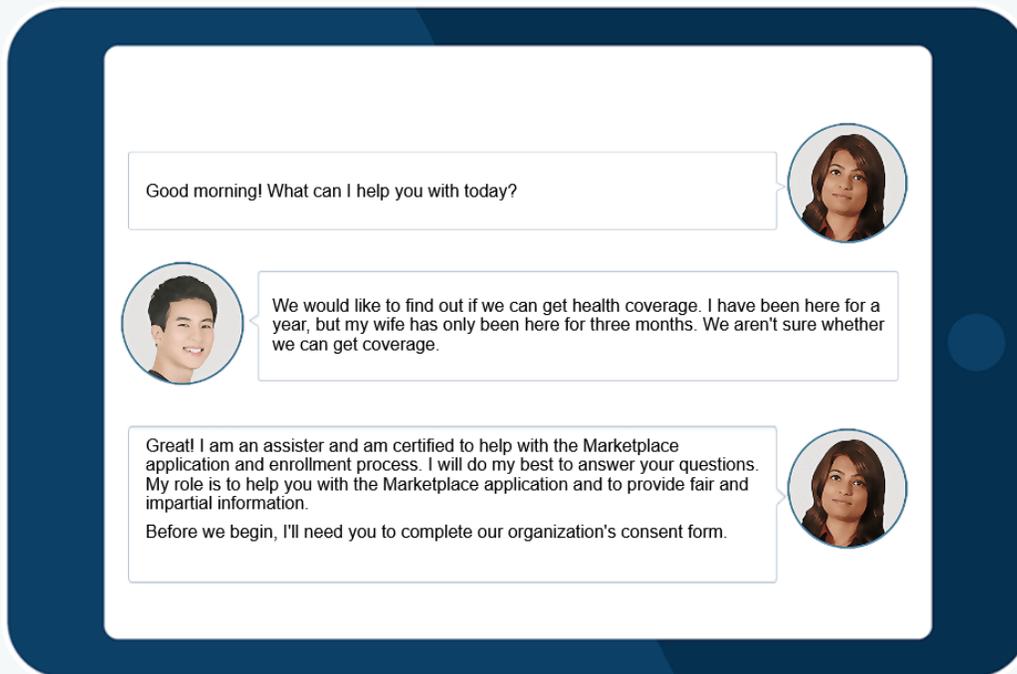


The Kim family needs assistance finding coverage. Let's work through the application with them.

Kiyung Kim is an immigrant from South Korea. He is 34 years-old and has been a Green Card holder for one year and lives in Pennsylvania.

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Meet the Kims



Coach

Good morning! What can I help you with today?

Kiyung

We would like to find out if we can get health coverage. I have been here for a year, but my wife has only been here for three months. We aren't sure whether we can get coverage.

Coach

Great! I am an assister and am certified to help with the Marketplace application and enrollment process. I will do my best to answer your questions. My role is to help you with the Marketplace application and to provide fair and impartial information.

Before we begin, I'll need you to complete our organization's consent form.

Kiyung's Tax Information

So far, the Kims have completed the **Contact information** section of the Marketplace application and indicated which family members are applying for coverage. Now they must answer questions about their tax relationship within the household.

Kiyung plans on filing a joint tax return with no dependents for 2022 and completes the questions in this section.

Will Kiyung file a 2022 joint federal income tax return with Ester?

[Learn more about joint tax filing.](#)

Yes

No

Will Kiyung and Ester claim any dependents on their 2022 federal tax return?

[Learn more about dependents.](#)

Yes

No

Save & continue

So far, the Kims have completed the **Contact information** section of the Marketplace application and indicated which family members are applying for coverage. Now they must answer questions about their tax relationship within the household.

Kiyung plans on filing a joint tax return with no dependents for 2022 and completes the questions in this section.

Verify Kiyung's Immigration Status



Kiyung, since you and Esther aren't U.S. citizens or U.S. nationals, select **No** to answer the first question. A second question will appear asking which individual is not a U.S. citizen or U.S. national. Select the check box next to your names and then select **Save & continue**.
Next, select **Yes** to indicate that you have eligible immigration status.
Finally, select **Permanent Resident Card** from the list of document types that appears so you can enter your alien number and Green card number.

Is every person applying for coverage a U.S. citizen or U.S. national?

[Learn more about being a U.S. citizen or U.S. national.](#)

- Yes
 No

Which of these people aren't U.S. citizens or U.S. nationals?

Select all that apply. People who aren't U.S. citizens or U.S. nationals can still apply for coverage.

- Kiyung
 Esther

Save & continue

Does Kiyung have eligible immigration status?

[Learn more about eligible immigration status.](#)

- Yes, Kiyung has eligible immigration status.
 I would like to continue through the application without answering this question. I understand that if I don't answer it, **Kiyung won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Kiyung, since you and Esther aren't U.S. citizens or U.S. nationals, select **No** to answer the first question. A second question will appear asking which individual is not a U.S. citizen or U.S. national. Select the check box next to your names and then select **Save & continue**.

Next, select **Yes** to indicate that you have eligible immigration status.

Finally, select **Permanent Resident Card** from the list of document types that appears so you can enter your alien number and Green card number.

Verify Esther's Immigration Status

Select to zoom

Does Esther have eligible immigration status?

[Learn more about eligible immigration status.](#)

- Yes, Esther has eligible immigration status.
- I would like to continue through the application without answering this question. I understand that if I don't answer it, **Esther won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Esther's most current documentation and status.

Optional

- Permanent Resident Card (Green Card) or Reentry Permit
I-551, Temporary I-551 stamp, I-327
- Machine Readable Immigrant Visa
with temporary I-551 language
- Employment Authorization Card
I-766
- Arrival/Departure Record
I-94, I-94A
- Refugee Travel Document
I-571
- Nonimmigrant Student or Exchange Visitor Status
I-20, DS2019
- Notice of Action
I-797
- Other document or status
- Unexpired foreign passport

Certificate of Eligibility for Nonimmigrant (F-1) Student St

None of these

[Clear your selection](#)

[Save & continue](#)

Now Esther is completing her portion of the application. Esther states she is lawfully present and has a student visa.

To verify her immigrant status, Esther selects the drop-down arrow next to the **Nonimmigrant Student or Exchange Visitor Status** document type. She chooses Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) and fills out the rest of the information from that document.

Now Esther is completing her portion of the application. Esther states she is lawfully present and has a student visa.

To verify her immigrant status, Esther selects the drop-down arrow next to the **Nonimmigrant Student or Exchange Visitor Status** document type. She chooses Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) and fills out the rest of the information from that document.

Verify Esther's Immigration Status

At this point, Kiyung and Esther have verified their immigration status. Kiyung has only been in the U.S. for one year and Esther for three months. They aren't in an exempt immigration category and have not met the five-year waiting period; therefore, they won't be eligible for Medicaid but might be eligible to purchase a QHP through the FFM.



At this point, Kiyung and Esther have verified their immigration status. Kiyung has only been in the U.S. for one year and Esther for three months. They aren't in an exempt immigration category and have not met the five-year waiting period; therefore, they won't be eligible for Medicaid but might be eligible to purchase a QHP through the FFM.

Key Points



- Consumers who aren't lawfully present can still apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
- The individual market FFM application asks consumers who aren't U.S. citizens or U.S. nationals to provide information from documents to verify their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find relevant information on each document.
- Lawfully present immigrants who aren't eligible for Medicaid may be eligible for premium tax credits and cost-sharing reductions based on their household income, even if it is less than 100 percent of the FPL.
- Consumers who are in a satisfactory immigration status and have a "qualified non-citizen" status may be eligible for Medicaid or CHIP. Some qualified non-citizens are only eligible for Medicaid after a five-year waiting period. Some states require a five-year waiting period for all qualified non-citizens, and some apply exceptions for children and pregnant individuals under the CHIPRA 21 4 option. Consumers who haven't yet met the five-year waiting period (and aren't in a state with an exception for children and pregnant individuals) may still be eligible to enroll in QHPs through the Marketplaces. They may also qualify for APTC and CSRs.

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Helping Consumers Who Have Complex Tax Issues

Introduction

Reporting income on a Marketplace application can be tricky for consumers in certain situations. You may encounter consumers who:

- Are members of multi-tax households,
- Have an unpredictable household income, or
- Experience changes in their household income during the year.

Always remember to inform consumers that you can't provide tax advice in your role as an assister.



Multi-tax Household

Define a multi-tax household and list its qualifying criteria



Marketplace Application

Identify how to help members of a multi-tax household complete a Marketplace application



Mid-year Adjustments

Describe the impact of mid-year adjustments on household income and family size and explain how to report these changes

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Identifying Multi-tax Households

Multi-tax households might face challenges when creating an account and completing an application.

To identify multi-tax households, it's helpful to know the difference between a physical household and a tax household.

[Physical Household](#)

[Tax Household](#)

[Multi-tax Household](#)

Ask consumers the following questions to determine whether they are in a multi-tax household:

- Are you applying for help paying for coverage (if not, all physical household members can be on the same application regardless of their tax filing plans)?
- Do you plan to file a federal income tax return?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone else in your physical household file taxes separately?



Multi-tax households might face challenges when creating an account and completing an application.

To identify multi-tax households, it's helpful to know the difference between a physical household and a tax household.

Physical Household

A physical household is a group of consumers (e.g., a family with spouses and dependents) who live together at the same address.

Tax Household

A "tax household" consists of the tax filer, their spouse, and any tax dependents. The FFM considers any consumer in a physical household who files a separate federal income tax return from other members in the physical household to be their own tax household, unless they are a tax dependent of another tax filer.

Multi-tax Household

A multi-tax household is a group of consumers who make up a physical household but file more than one federal income tax return. Examples of multi-tax households include domestic partners or parents with children who file their own tax return.

Ask consumers the following questions to determine whether they are in a multi-tax household:

- Are you applying for help paying for coverage (if not, all physical household members can be on the same application regardless of their tax filing plans)?
- Do you plan to file a federal income tax return?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone else in your physical household file taxes separately?

Members of Multi-tax Households

Due to current system limitations, members of the same physical household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage. Therefore, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They may also need to include income information for certain physical household members when they submit a Marketplace application, even if those members don't need or want coverage.

The consumer filing the application is the "application filer." Other members of the tax household should be listed on that same application as "applying for coverage" if those other consumers want health coverage, too.

Members of the physical household who aren't also members of the tax household shouldn't apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate. The application will ask consumers to provide information about these non-applicant household members if needed.



Due to current system limitations, members of the same physical household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage. Therefore, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They may also need to include income information for certain physical household members when they submit a Marketplace application, even if those members don't need or want coverage.

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Members of the physical household who aren't also members of the tax household shouldn't apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate. The application will ask consumers to provide information about these non-applicant household members if needed.

Domestic Partners

Domestic partners are one example of a multi-tax household. Their situation is more complex than married couples when filling out Marketplace applications in the FFMs.

For tax-filing purposes, the IRS defines registered domestic partnerships, civil unions, or other similar formal relationships as relationships with individuals of the same sex and opposite sex that aren't marriages under state law. Registered domestic partners may not file a federal income tax return using a married filing separately or jointly filing status.

This table provides some helpful tips for assisting domestic partners with applying for coverage at HealthCare.gov.

If...	Then...
The couple has no children together and neither is the tax dependent of the other	Each domestic partner must file a separate application because the partners aren't married and can't file a joint tax return. They don't need to include each other on their separate applications as non-applicants since they don't have children together.
The couple has children together, and the children qualify as tax dependents	Each domestic partner must file a separate application since they are separate tax filers, and only one tax filer can include the children the partners have together as tax dependents on their application. They must also include their partner as a non-applicant.
If the couple has no children together, but lives together and one or both partners has their own child or children who qualify as tax dependents.	Each domestic partner must file a separate application but must include their partner's child or children as non-applicants.
One person in the domestic partnership is claimed as a dependent by the other person	They can apply for coverage on the same application since they are one tax household.

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If the couple has no children together and neither is the tax dependent of the other, then each domestic partner must file a separate application because the partners aren't married and can't file a joint tax return. They don't need to include each other on their separate applications as non-applicants since they don't have children together.

If the couple has children together and the children qualify as tax dependents, then only one partner can include the children they have together as tax dependents on their application and they must also include the other partner as a non-applicant.

If the couple has no children together, but lives together and one or both partners has their own child or children who qualify as tax dependents, then each partner must file a separate application but include their partner's child or children as non-applicants. If one person in the domestic partnership is claimed as a dependent by the other person, they can apply for coverage on the same application since they are one tax household.

Knowledge Check

Adam comes to you for help with his Marketplace application.

Which of the following is **NOT** a question you should ask Adam to determine if he's in a multi-tax household?

Select **the correct answer** and then select **Check Your Answer**.

- A. Do you have a spouse with whom you file taxes jointly?
- B. Are you generally in good health?
- C. Do you have any dependents who you claim on your taxes?
- D. Do any other members of your household file taxes separately from you?

✓ Check Your Answer



Correct!

You should ask Adam if he has a spouse with whom he files a joint tax return, if he claims any dependents on his taxes, and if any other members of his household files tax returns separately. You shouldn't ask Adam about his health status because it's not relevant to whether he's in a multi-tax household.

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Which of the following is **NOT** a question you should ask Adam to determine if he's in a multi-tax household?

- A. Do you have a spouse with whom you file taxes jointly?
- B. Are you generally in good health?
- C. Do you have any dependents who you claim on your taxes?
- D. Do any other members of your household file taxes separately from you?

The correct answer is B. You should ask Adam if he has a spouse with whom he files a joint tax return, if he claims any dependents on his taxes, and if any other members of his household files tax returns separately. You shouldn't ask Adam about his health status because it's not relevant to whether he's in a multi-tax household.

Let's review some tips for assisting multi-tax households with the Marketplace application process.

If any member of a multi-tax household wants to apply for help paying for coverage, the tax household has to apply for coverage separately from family members who are in a different tax household.

Household members who don't want to apply for help paying for coverage can be applicants on the same Marketplace application even if they are in different tax households.

When consumers complete separate applications for multiple tax households, you'll help them submit one application per tax household (i.e., one per Marketplace account).

Each tax household will submit only one application, which includes the tax/application filer, their spouse, as well as any tax dependents.

Additionally, if the tax/application filer is applying for help paying for coverage, they should include the following individuals on their application as non-applicants to receive the right amount of help paying for coverage:

1. Any children under 19 who live with them, even if they earn enough income to file their own tax return
2. Anyone else under 21 who they live with and take care of, even if they aren't applying for coverage or are applying on a separate application for a different household.
3. An unmarried partner who is the parent of the tax filer's child

Consumers in multi-tax households may need to answer questions about other family members who aren't on the same tax return. When you assist these consumers, it's helpful to make sure they have information for all family members in their household (like birth dates and household income), even if they aren't on the same tax return.



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Consumers in multi-tax households may need to answer questions about other family members who aren't on the same tax return. When you assist these consumers, it's helpful to make sure they have information for all family members in their household (like birth dates and household income), even if they aren't on the same tax return.

Applying for QHP Coverage

Olivia and Kara demonstrate one type of multi-tax household. Consider how these consumers should apply for QHP coverage.

You are meeting with Olivia and her 22-year-old daughter, Kara, who live in the same house. Both want to apply to enroll in a QHP and are interested in programs to lower their costs. Kara files her own taxes, and Olivia does not claim her as a dependent on her federal income tax returns.

You should help Olivia and Kara file two Marketplace applications:

- Application 1: Olivia is the application filer. Olivia should be listed as **applying for coverage**.
- Application 2: Kara is the application filer. Kara should be listed as **applying for coverage**.

Olivia and Kara demonstrate one type of multi-tax household. Consider how these consumers should apply for QHP coverage.

You are meeting with Olivia and her 22-year-old daughter, Kara, who live in the same house. Both want to apply to enroll in a QHP and are interested in programs to lower their costs. Kara files her own taxes, and Olivia does not claim her as a dependent on her federal income tax returns.

You should help Olivia and Kara file two Marketplace applications:

- Application 1: Olivia is the application filer. Olivia should be listed as **applying for coverage**.
- Application 2: Kara is the application filer. Kara should be listed as **applying for coverage**.

Knowledge Check

Here's a quick knowledge check question to test your understanding.

Mary lives with her 18-year-old son, Julian. They each file separate tax returns, and Mary doesn't claim Julian as a dependent on her tax return. They ask for your help to apply for health coverage and programs to help lower their costs through the Marketplace. How should you help them?

Select the **correct answer** and then select **Check Your Answer**.

- A. Help them submit one application with Mary as the application filer and Julian as applying for coverage.
- B. Help them submit one application with Julian as the application filer and Mary as applying for coverage.
- C. Help them submit two applications: one for Mary as the application filer/applying for coverage (providing information about Julian since he is under 21 and lives with Mary) and another for Julian as the application filer/applying for coverage (providing information about Mary if he applies for help paying for coverage).
- D. Help them submit two applications: one for Mary as the application filer and with Julian as applying for coverage and another for Julian as the application filer and with Mary as applying for coverage.

✓ Check Your Answer



Correct!

Because Mary and Julian qualify as two separate tax households, you should help them submit two applications. Two applications means one application per tax household, which in this situation means one per person. The first application will list Mary as the application filer who is applying for coverage and will list Julian as a non-applicant since he is under 21 and lives with Mary. The second application will list Julian as the application filer who is applying for coverage and will list Mary as a non-applicant if he applies for help paying for coverage.

Mary lives with her 18-year-old son, Julian. They each file separate tax returns, and Mary doesn't claim Julian as a dependent on her tax return. They ask for your help to apply for health coverage and programs to help lower their costs through the Marketplace. How should you help them?

- A. Help them submit one application with Mary as the application filer and Julian as applying for coverage.
- B. Help them submit one application with Julian as the application filer and Mary as applying for coverage.
- C. Help them submit two applications: one for Mary as the application filer/applying for coverage (providing information about Julian since he is under 21 and lives with Mary) and another for Julian as the application filer/applying for coverage (providing information about Mary if he applies for help paying for coverage).
- D. Help them submit two applications: one for Mary as the application filer and with Julian as applying for coverage and another for Julian as the application filer and with Mary as applying for coverage.

The correct answer is C. Because Mary and Julian qualify as two separate tax households, you should help them submit two applications. Two applications means one application per tax household, which in this situation means one per person. The first application will list Mary as the application filer who is applying for coverage and will list Julian as a non-applicant since he is under 21 and lives with Mary. The second application will list Julian as the application filer who is applying for coverage and will list Mary as a non-applicant if he applies for help paying for coverage.

Multi-tax Households



Ok, now let's help a multi-tax household complete an application.

Lindsey and Roger are domestic partners. They are applying for help paying for coverage for themselves and two children: Amanda (Lindsey's daughter), who is 17 years old and Peter (Roger's son), who is also 17. Lindsey, Roger, Amanda, and Peter all live together.

Lindsey and Roger aren't allowed to file a joint tax return because they aren't legally married and neither is the tax dependent of the other. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (i.e., APTC or CSRs), they must complete separate applications in an FFM.



Ok, now let's help a multi-tax household complete an application.

Lindsey and Roger are domestic partners. They are applying for help paying for coverage for themselves and two children: Amanda (Lindsey's daughter), who is 17 years old and Peter (Roger's son), who is also 17. Lindsey, Roger, Amanda, and Peter all live together.

Lindsey and Roger aren't allowed to file a joint tax return because they aren't legally married and neither is the tax dependent of the other. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (i.e., APTC or CSRs), they must complete separate applications in an FFM.

How Many Applications are Needed?



Roger and Lindsey will complete separate applications. Each of them will claim their biological child on their (separate) applications. Let's review the steps Roger would follow to fill out his application so you can see how consumers should file multi-tax household applications. Lindsey should follow the same basic steps for filling out her application as well.

After Roger completes the beginning of his application (e.g., privacy attestation and contact information), the application asks who is applying for health coverage.

By default, Roger's name automatically appears under the "Needs coverage" section with a green checkmark next to it. How can Roger add his son, Peter, to his application?

On this screen, Roger should select **Add a person who needs coverage**. This will allow Roger to apply for coverage for himself and Peter.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Roger

[Edit](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Roger and Lindsey will complete separate applications. Each of them will claim their biological child on their (separate) applications.

Let's review the steps Roger would follow to fill out his application so you can see how consumers should file multi-tax household applications. Lindsey should follow the same basic steps for filling out her application as well.

After Roger completes the beginning of his application (e.g., privacy attestation and contact information), the application asks who is applying for health coverage.

By default, Roger's name automatically appears under the "Needs coverage" section with a green checkmark next to it. How can Roger add his son, Peter, to his application?

On this screen, Roger should select **Add a person who needs coverage**. This will allow Roger to apply for coverage for himself and Peter.

Add a Person to the Application



Once Roger selects **Add a person who needs coverage**, a series of fields will appear where Roger can input Peter's information. Roger should fill them out and select **Save & continue**.

Add a person who needs health coverage

First name

Middle name
Optional

Last name

Suffix
Optional

Date of birth
For example: 3/4/2018
Month / Day / Year
 / /

Sex
 Female
 Male

How is this person related to Roger?
This person is Roger's...

Once Roger selects **Add a person who needs coverage**, a series of fields will appear where Roger can input Peter's information. Roger should fill them out and select **Save & continue**.

Confirm New Person Added



Now Roger and Peter are both listed on the application as applying for coverage. At this point, there is no association between Roger and Peter's application and the tax household consisting of Lindsey and Amanda Smith. Roger will need to add Amanda's information in the next section.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Roger

[Edit](#)

✓ Peter

[Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Now Roger and Peter are both listed on the application as applying for coverage. At this point, there is no association between Roger and Peter's application and the tax household consisting of Lindsey and Amanda Smith. Roger will need to add Amanda's information in the next section.

Adding Amanda to the Application

Since Roger is a caregiver for his domestic partner's daughter Amanda (i.e., provides transportation, food, and clothes), and since Amanda lives with Roger and is under age 21, he needs to add her as non-applicant to his application. He should select **Add a person who needs coverage** to provide her information here.

Roger must specify his and Peter's relationship to Amanda by selecting the correct option from a drop-down menu. Roger should select **Child of domestic partner (including adopted & step-children)** and **Roger is Amanda's guardian** to describe his relationship with Amanda. Since there is no option to indicate Peter and Amanda's relationship, Roger should select **Unrelated** and **None of these relationships**.

Roger should select **Save & continue** to add Amanda to his application.

The Marketplace will initially add Amanda as an applicant who needs coverage. To indicate Amanda is a non-applicant on Roger's household application, he should select the **Edit** button next to Amanda's name. The question "Does Amanda need coverage" should appear at the top of the screen. Roger should select **No**, then **Save & continue**. Amanda is now included as a non-applicant.

Select to zoom

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage
[Learn more about editing or removing someone.](#)

- Roger [Edit](#)
- Peter [Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Select to zoom

Add a person who needs health coverage

First name
Amanda

Middle name
Optional

Last name
Smith

Suffix
Optional

Date of birth
For example: 3/4/2018
Month: 3 / Day: 4 / Year: 2018

Sex
 Female
 Male

How is Amanda related to Roger?
Amanda is Roger's...
Child of domestic partner (including adopted & step-child)

Choose the statement that best describes the legal relationship between Roger and Amanda.
Optional.
[Learn more about legal relationships.](#)
Roger is Amanda's guardian

How is Amanda related to Peter?
Amanda is Peter's...
Unrelated (not by blood or marriage)

Choose the statement that best describes the legal relationship between Peter and Amanda.
Optional.
[Learn more about legal relationships.](#)
None of these relationships

[Save & continue](#)

Since Roger is a caregiver for his domestic partner's daughter Amanda (i.e., provides transportation, food, and clothes), and since Amanda lives with Roger and is under age 21, he needs to add her as non-applicant to his application. He should select **Add a person who needs coverage** to provide her information here.

Roger must specify his and Peter's relationship to Amanda by selecting the correct option from a drop-down menu. Roger should select **Child of domestic partner (including adopted & step-children)** and **Roger is Amanda's guardian** to describe his relationship with Amanda. Since there is no option to indicate Peter and Amanda's relationship, Roger should select **Unrelated** and **None of these relationships**.

Roger should select **Save & continue** to add Amanda to his application.

The Marketplace will initially add Amanda as an applicant who needs coverage. To indicate Amanda is a non-applicant on Roger's household application, he should select the **Edit** button next to Amanda's name. The question "Does Amanda need coverage" should appear at the top of the screen. Roger should select **No**, then **Save & continue**. Amanda is now included as a non-applicant.

Questions About the Household

The next series of questions asks Roger to include other relevant details about his household. This is where consumers in multi-tax households can add details about other tax filers and their dependents.

Roger should select the correct responses to these questions based on Roger and Lindsey's household and tax situation:

- Roger and Lindsey are domestic partners but they aren't married.
- Roger and Lindsey aren't married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2022.
- Roger will claim his son, Peter, as a dependent on his tax return.
- Lindsey will claim her daughter, Amanda, as a dependent on her tax return.

Remember, only one tax filer can claim a given tax dependent. Since Lindsey claims Amanda as a dependent, Roger can't claim her; conversely, Lindsey can't claim Peter as a tax dependent because Roger claims him. However, since both children are under 21 and living with both Roger and Lindsey, Roger must include Amanda and Lindsey must include Peter on their applications as non-applicants.

Marital status

[Learn more about marital status.](#)

What's Roger's marital status?

- Single
- Married

Save & continue

Roger's tax relationships

Will Roger file a 2022 federal income tax return?

[Learn more about tax filing.](#)

- Yes
- No

Will Roger claim any dependents on their 2022 federal tax return?

[Learn more about dependents.](#)

- Yes
- No

Who will Roger claim as a dependent on their 2022 federal tax return?

- Peter
- Amanda

Add a dependent

Save & continue

The next series of questions asks Roger to include other relevant details about his household. This is where consumers in multi-tax households can add details about other tax filers and their dependents.

Roger should select the correct responses to these questions based on Roger and Lindsey's household and tax situation:

- Roger and Lindsey are domestic partners but they aren't married.
- Roger and Lindsey aren't married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2022.
- Roger will claim his son, Peter, as a dependent on his tax return.
- Lindsey will claim her daughter, Amanda, as a dependent on her tax return.

Remember, only one tax filer can claim a given tax dependent. Since Lindsey claims Amanda as a dependent, Roger can't claim her; conversely, Lindsey can't claim Peter as a tax dependent because Roger claims him. However, since both children are under 21 and living with both Roger and Lindsey, Roger must include Amanda and Lindsey must include Peter on their applications as non-applicants.



Now Roger must indicate whether everyone lives together at the same address. Some applicants can get more help paying for coverage if they live with and care for children under age 21—even if they don't claim those children as dependents on their federal income tax returns, and regardless of whether they are applying for help paying for coverage.

Roger should select **Yes**.

Lindsey won't be included on Roger's application, even as a non-applicant, because she is not Peter's parent nor Roger's tax dependent. Only Amanda will be included as a non-applicant on Roger's application. However, if Roger and Lindsey had their own children together, Lindsey would be on Roger's application as a non-applicant because she would be the parent of Roger's children.

Lindsey will follow the same basic steps as Roger for her own application. Lindsey's tax household includes Lindsey and Amanda (her dependent). She will also include Peter as a non-applicant because he is under 21 and Lindsey lives with and takes care of him. She won't list Roger as a non-applicant, since Roger is not Amanda's parent nor Lindsey's tax dependent.

- Application 1: Roger and Peter, covered applicants; Amanda, non-applicant
- Application 2: Lindsey and Amanda, covered applicants; Peter, non-applicant

Where does everyone live?

Do all of these people live together at this address?

Roger
Peter
Amanda

34 Elsmere Blvd
Wilmington, DE 19805-4130

Yes

No

Save & continue

Now Roger must indicate whether everyone lives together at the same address. Some applicants can get more help paying for coverage if they live with and care for children under age 21—even if they don't claim those children as dependents on their federal income tax returns, and regardless of whether they are applying for help paying for coverage.

Roger should select **Yes**.

Lindsey won't be included on Roger's application, even as a non-applicant, because she is not Peter's parent nor Roger's tax dependent. Only Amanda will be included as a non-applicant on Roger's application. However, if Roger and Lindsey had their own children together, Lindsey would be on Roger's application as a non-applicant because she would be the parent of Roger's children.

Lindsey will follow the same basic steps as Roger for her own application. Lindsey's tax household includes Lindsey and Amanda (her dependent). She will also include Peter as a non-applicant because he is under 21 and Lindsey lives with and takes care of him. She won't list Roger as a non-applicant, since Roger is not Amanda's parent nor Lindsey's tax dependent.

- Application 1: Roger and Peter, covered applicants; Amanda, non-applicant
- Application 2: Lindsey and Amanda, covered applicants; Peter, non-applicant

Set Premium Tax Credit Function

Some consumers may not have a consistent or predictable household income throughout the year. For example, consumers might do freelance work, run their own businesses, work on commission, or be seasonally employed.

These consumers may find it difficult to provide an accurate estimate of their annual household income. You can help these consumers approximate their household incomes by using the **Set Premium Tax Credit** function.

If Consumers...	Then...	And
Have a copy of their last year's federal income tax return, they should look for the adjusted gross income they reported as a starting point.	<ul style="list-style-type: none">• Ask consumers to consider how their household income might change for the desired coverage year.• They should add or subtract the amount by which they project their household income may change.• They should be sure to subtract any self-employment expenses.	This will give consumers a projection of their annual household income for the coverage year. The FFMs can use this projection to estimate how much help the consumer may be eligible for to lower their costs.
Really aren't sure what their household income will be later in the year.	They can project that it will stay the same as it is now.	They can log back into their Marketplace account to report a life change if/when their income changes.
Have a current monthly household income that qualifies them for Medicaid.	They may enroll in Medicaid if otherwise eligible.	<ul style="list-style-type: none">• They can report an increase in household income later in the year, if applicable.• They can then enroll in a QHP with APTC/CSRs, if eligible.

Some consumers may not have a consistent or predictable household income throughout the year. For example, consumers might do freelance work, run their own businesses, work on commission, or be seasonally employed.

These consumers may find it difficult to provide an accurate estimate of their annual household income. You can help these consumers approximate their household incomes by using the **Set Premium Tax Credit** function.

Situation 1 - If consumers have a copy of their last year's federal income tax return, they should look for the adjusted gross income they reported as a starting point.

Then:

- Ask consumers to consider how their household income might change for the desired coverage year.
- They should add or subtract the amount by which they project their household income may change.
- They should be sure to subtract any self-employment expenses.

And:

- This will give consumers a projection of their annual household income for the coverage year.
- The FFMs can use this projection to estimate how much help the consumer may receive to lower their costs.

Situation 2 - If consumers really aren't sure what their household income will be later in the year.

Then they can project that it will stay the same as it is now.

And they can log back into their Marketplace account to report a life change if/when their income changes.

Situation 3 –If consumers have a current monthly household income that qualifies them for Medicaid.

Then they may enroll in Medicaid if otherwise eligible.

And:

- They can report an increase in household income later in the year if applicable.
- They can then enroll in a QHP with APTC/CSRs, if eligible.

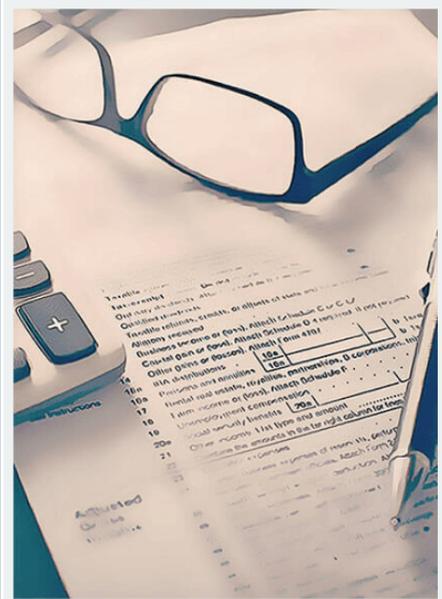
Advance payments of the premium tax credit

Inconsistent household incomes can affect the amount of PTC consumers are eligible for.

Consumers with household incomes that fluctuate throughout the year or from year to year can reduce the likelihood of having to pay back any APTC they received when they file their tax returns.

Consumers can choose to take less than the full amount of APTC calculated based on their projected household incomes.

Consumers may even choose to take none of the credit in advance and apply for any PTC for which they qualify on their tax returns.



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Consumers can choose to take less than the full amount of APTC calculated based on their projected household incomes.

Consumers may even choose to take none of the credit in advance and apply for any PTC for which they qualify on their tax returns.

Select to zoom

- My plans & programs
- My plan profile
- Eligibility & appeals
- Applications details
- **Report a life change**
- Communication preferences
- Exemptions
- Tax forms

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Mississippi Division of Medicaid or Mississippi Health Benefits coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

Regardless of whether consumers get APTC and CSRs, you should remind them that they must report any mid-year changes in household income, family size, or other eligibility criteria. These changes may result in a change in eligibility for coverage through the FFMs, for help paying for coverage, or for other coverage programs (e.g., Medicaid and CHIP).

If consumers who get APTC and CSRs don't report mid-year changes, they may not receive the correct amount they are eligible for. Consumers who **don't** get APTC and CSRs may become [newly eligible](#).

See the *Assister Standard Operating Procedures* course for more information.

Regardless of whether consumers get APTC and CSRs, you should remind them that they must report any mid-year changes in household income, family size, or other eligibility criteria. These changes may result in a change in eligibility for coverage through the FFMs, for help paying for coverage, or for other coverage programs (e.g., Medicaid and CHIP).

If consumers who get APTC and CSRs don't report mid-year changes, they may not receive the correct amount they are eligible for. Consumers who don't get APTC and CSRs, including those with coverage from another source outside of the FFM, may become newly eligible if they report a mid-year change in household income that makes them eligible for APTCs/CSRs. If they become newly eligible, they may qualify for a Special Enrollment Period (SEP) to enroll themselves and any dependents in a QHP with APTCs/CSRs. In addition, QHP enrollees who become newly eligible for CSRs and aren't already enrolled in a Silver plan may qualify for an SEP to enroll themselves and any dependents in a Silver plan to use their CSRs.

Refer to the *Assister Standard Operating Procedures* course for more information.

Example: Farmers and Ranchers

Let's consider an example of some of the issues created by inconsistent household incomes.

Ed owns and runs a farm in Wyoming, which is his sole source of household income. His household income fluctuates from month to month and often from year to year. He wants to apply for health coverage for himself and his family and would also like to apply for programs to help lower his costs.

You should refer to the [Marketplace guidance for self-employed consumers](#) when you assist Ed. Remind him to account for any factors that might change his income this year as compared to last year.

If Ed purchases coverage through the FFM for his family and is eligible for APTC, make sure he understands how the Marketplace calculates APTC eligibility and how fluctuations in household income can impact his family's eligibility.

If Ed realizes his household income will change after enrolling, he can log into his Marketplace account and select **Report a Life Change** to make a midyear update to his projected income.



Let's consider an example of some of the issues created by inconsistent household incomes.

Ed owns and runs a farm in Wyoming, which is his sole source of household income. His household income fluctuates from month to month and often from year to year. He wants to apply for health coverage for himself and his family and would also like to apply for programs to help lower his costs.

You should refer to the [Marketplace guidance for self-employed consumers](#) when you assist Ed. Remind him to account for any factors that might change his income this year as compared to last year.

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If Ed realizes his household income will change after enrolling, he can log into his Marketplace account and select **Report a Life Change** to make a midyear update to his projected income.

Self-Employed Consumers



Rashida runs her own business and her income often fluctuates from month to month. Rashida would like help estimating her annual household income so she can see if she'll be eligible for help lowering her costs.

You can help Rashida review her tax return from last year and find the amount of adjusted gross income she reported. Then you can help her estimate her income for this year.

How do you expect your household income to differ this year from last year?

I don't really know. That's a bit difficult to estimate. I'm hoping to earn about eight percent more than I did last year.

That's helpful. If you're comfortable with that estimate, I can help you adjust your projected household income for next year through the Marketplace. This could result in a lower premium tax credit amount but it'll be reconciled when you file your taxes if your estimate was incorrect. Does that sound OK?

Yes, I'm comfortable with that. What other information should I consider?

Continue

Rashida runs her own business and her income often fluctuates from month to month. Rashida would like help estimating her annual household income so she can see if she'll be eligible for help lowering her costs.

You can help Rashida review her tax return from last year and find the amount of adjusted gross income she reported. Then you can help her estimate her income for this year.

Coach

How do you expect your household income to differ this year from last year?

Rashida

I don't really know. That's a bit difficult to estimate. I'm hoping to earn about eight percent more than I did last year.

Coach

That's helpful. If you're comfortable with that estimate, I can help you adjust your projected household income for next year through the Marketplace. This could result in a lower premium tax credit amount but it'll be reconciled when you file your taxes if your estimate was incorrect. Does that sound OK?

Rashida

Yes, I'm comfortable with that. What other information should I consider?

Coach

If you plan to deduct any expenses from running your own business, you should subtract them from your projected household income since you'll be writing them off when you file your taxes.

Rashida

Definitely. Last year those expenses were about \$20,000 but I don't expect to spend quite that much this year. Let's say I'll have \$15,000 in business expenses this year.

Coach

Then you should use these numbers to estimate your income for next year.



Erica is a 27-year-old full-time graduate student with no household income. She's asking for your help and wants to know if she'll be eligible for help lowering her costs.

I'd be glad to discuss some options with you. Have you applied for Medicaid since you don't have any household income?



Yes, but I wasn't eligible in my state because I'm not a parent or caretaker. I live in a state that hasn't expanded Medicaid.

Ok. Since you don't earn any income and are below the federal poverty level, you probably won't be eligible for programs to help lower your costs in a Marketplace. Since your state hasn't expanded Medicaid and you're under age 30, you may be able to purchase a Catastrophic health plan. Monthly premiums for Catastrophic health plans are lower than other types of insurance, but coverage is limited to major medical expenses and certain preventive services until you meet a high annual deductible.



Okay, I think my family can help me out financially and a Catastrophic health plan sounds like it might be the right option. Thanks for your help!

Erica is a 27-year-old full-time graduate student with no household income. She's asking for your help and wants to know if she'll be eligible for help lowering her costs.

Coach

I'd be glad to discuss some options with you. Have you applied for Medicaid?

Erica

Yes, but I wasn't eligible in my state because I'm not a parent or caretaker. I live in a state that hasn't expanded Medicaid.

Coach

Ok. Since you don't earn any income and are below the federal poverty level, you probably won't be eligible for programs to help lower your costs in a Marketplace. Since your state hasn't expanded Medicaid and you're under age 30, you may be able to purchase a Catastrophic health plan. Monthly premiums for Catastrophic health plans are lower than other types of insurance, but coverage is limited to major medical expenses and certain preventive services until you meet a high annual deductible.

Erica

Okay, I think my family can help me out financially and a Catastrophic health plan sounds like it might be the right option. Thanks for your help!

Consumers Who Have Not Filed Taxes

Consumers who didn't file a federal income tax return in previous years can still qualify for APTC if they are otherwise eligible.

Consumers must file a federal income tax return for any year during which they receive APTC to qualify in future years.

In other words, consumers who receive APTC in 2022 must file a federal income tax return for 2022. Failure to file a federal income tax return for 2022 may disqualify consumers from receiving APTC in later years.



Consumers who didn't file a federal income tax return in previous years can still qualify for APTC if they are otherwise eligible.

Consumers must file a federal income tax return for any year during which they receive APTC to qualify in future years.

In other words, consumers who receive APTC in 2022 must file a federal income tax return for 2022. Failure to file a federal income tax return for 2022 may disqualify consumers from receiving APTC in later years.

Knowledge Check

Marvin is a self-employed farmer. He and his family are eligible to enroll in a QHP with APTC through the Marketplace. He's worried about choosing APTC because his household income from the farm isn't predictable and he especially wants to avoid owing money to the government when he files his federal income tax returns next year.

How should you help Marvin?

Select **the correct answer** and then select **Check Your Answer**.

- A. You should tell Marvin that if he thinks he can afford to pay the full monthly QHP premiums without APTC, he can choose to receive the premium tax credit later when he files his federal income tax return.
- B. You should tell Marvin that if he takes the APTC and his income is higher this year than it was last year, he won't owe any money because he had no way of knowing what his income would be.
- C. You should tell Marvin that if he takes the APTC and his income is lower this year than it was last year, he won't receive a refund because he estimated his income wrong.
- D. Even if Marvin doesn't think he can afford to pay the monthly QHP premiums without the APTC, he should choose to receive the premium tax credit later when he files his federal income tax returns because it'll be cheaper.

✓ Check Your Answer



Correct!

If Marvin thinks he can afford to pay the full monthly QHP premiums without APTC, he can choose to receive the premium tax credit later when he files his tax return. By choosing this option, Marvin won't owe any money when he files his federal income tax return at tax time. Be sure Marvin and other consumers in a similar situation understand that they won't be getting monthly assistance with their premiums during the year and will have to pay the full amount of their monthly premiums.

If Marvin and other consumers receive APTC, they must reconcile the payments during the federal income tax filing process, which could result in receiving money back or owing additional money. If Marvin can't afford to pay the full monthly premiums, he can apply a monthly tax credit for now and report a change in his household income later in the year when he has a better estimate.

Marvin is a self-employed farmer. He and his family are eligible to enroll in a QHP with APTC through the Marketplace. He's worried about choosing APTC because his household income from the farm isn't predictable and he especially wants to avoid owing money to the government when he files his federal income tax returns next year.

How should you help Marvin?

- A. You should tell Marvin that if he thinks he can afford to pay the full monthly QHP premiums without APTC, he can choose to receive the premium tax credit later when he files his federal income tax return.
- B. You should tell Marvin that if he takes the APTC and his income is higher this year than it was last year, he won't owe any money because he had no way of knowing what his income would be.
- C. You should tell Marvin that if he takes the APTC and his income is lower this year than it was last year, he won't receive a refund because he estimated his income wrong.
- D. Even if Marvin doesn't think he can afford to pay the monthly QHP premiums without the APTC, he should choose to receive the premium tax credit later when he files his federal income tax returns because it'll be cheaper.

The correct answer is A. If Marvin thinks he can afford to pay the full monthly QHP premiums without APTC, he can choose to receive the premium tax credit later when he files his tax return. By choosing this option, Marvin won't owe any money when he files his federal income tax return at tax time. Be sure Marvin and other consumers in a similar situation understand that they won't be getting monthly assistance with their premiums during the year and will have to pay the full amount of their monthly premiums.

If Marvin and other consumers receive APTC, they must reconcile the payments during the federal income tax filing process, which could result in receiving money back or owing additional money. If Marvin can't afford to pay the full monthly premiums, he can apply a monthly tax credit for now and report a change in his household income later in the year when he has a better estimate.

Key Points



- You should be able to assist consumers in multi-tax households with completing and submitting separate Marketplace applications.

- Consumers with inconsistent household incomes may need your assistance with estimating their annual incomes when applying for programs to help lower their costs.

- It's important for consumers who apply and qualify for APTC to report changes in income and household size to the Marketplaces so they won't have to pay back excess APTC when they file federal income taxes.

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- Consumers with inconsistent household incomes may need your assistance with estimating their annual incomes when applying for programs to help lower their costs.
- It's important for consumers who apply and qualify for APTC to report changes in income and household size to the Marketplaces so they won't have to pay back excess APTC when they file federal income taxes.

Family Enrollment Issues

Introduction

This training provides guidance on special situations you may encounter when helping families apply for individual market FFM coverage. It builds on what you've already learned regarding Marketplace eligibility and enrollment.



Different QHPs

Assist members of a family enrolling in different QHPs through the FFMs



Eligibility & Enrollment Differences

Explain eligibility and enrollment differences to a family whose members qualify for different programs



Victims of Domestic Abuse

Identify premium tax credit and CSR eligibility for consumers who are victims of domestic abuse



Special Enrollment Periods (SEPs) and SEP Verification

Describe SEPs for certain consumers with dependents and SEP verification rules for consumers with existing Marketplace coverage

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Different QHPs

Assist members of a family enrolling in different QHPs through the FFMs.

Eligibility & Enrollment Differences

Explain eligibility and enrollment differences to a family whose members qualify for different programs.

Victims of Domestic Abuse

Identify premium tax credit and CSR eligibility for consumers who are victims of domestic abuse.

Special Enrollment Periods (SEPs) and SEP Verification

Describe SEPs for certain consumers with dependents and SEP verification rules for consumers with existing Marketplace coverage.

Families That Enroll in Different QHPs



As you've learned, members of the same family may want to enroll in different QHPs based on the differences in costs, benefits packages, or provider networks offered.

You can help members of a family who want to apply together and then help them enroll into different QHPs once they're determined eligible.

A family may qualify for APTC, and members of that family may select more than one QHP. The FFMs will allocate any APTC to each plan according to Marketplace rules.

As you've learned, members of the same family may want to enroll in different QHPs based on the differences in costs, benefits packages, or provider networks offered.

You can help members of a family who want to apply together and then help them enroll into different QHPs once they're determined eligible.

A family may qualify for APTC, and members of that family may select more than one QHP. The FFMs will allocate any APTC to each plan according to Marketplace rules.

Enrolling in Different QHPs

Family Enrollment Issues
Enrolling in Different QHPs

Text Only

Module 4 / 5
Page 4 / 24

Let's review the steps a family would follow to enroll two family members on one application in different QHPs.

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#)

[Step 5](#) [Step 6](#) [Step 7](#) [Step 8](#)

Step 1

After consumers submit a Marketplace application and receive an eligibility determination notice, complete the first three tasks of the "You're eligible to enroll in Marketplace coverage" screen.

HealthCare.gov

Johnny Menu

You're eligible to enroll in Marketplace coverage

You have a Special Enrollment Period because of a life change.

Choose a plan by December 31, 2022 to get coverage.
Select your health plan and complete the steps below by December 31, 2022.

For coverage to start on:	Confirm your plan by:
January 1, 2023	December 31, 2022

- 1 Decide how much tax credit to use to lower your premium** Start
- 2 Report tobacco use
- 3 See if plans cover your doctors, hospitals & prescription drugs
Enter your doctors and hospitals to see if they're in the plan's network, and drugs to see which plans cover them.

Let's review the steps a family would follow to enroll two family members on one application in different QHPs.

Step 1

After consumers submit a Marketplace application and receive an eligibility determination notice, complete the first three tasks of the "You're eligible to enroll in Marketplace coverage" screen.

Step 2

On the "Choose Health Plans" task, select the Start button.

Step 3

Separate the initial enrollment group into self-only groups by selecting Change Groups.

Step 4

Select Move to New Group from the drop-down list next to a consumer. The screen will then display Group 1 in the drop-down list. Select the Save button.

Step 5

The consumers are now in separate groups. Proceed to Plan Compare by selecting the View Plans button next to each consumer.

Step 6

The person(s) in Group 1 will select and review their health plan, followed by the person(s) in Group 2.

Step 7

Each person will select and enroll in separate dental coverage, if desired (optional).

Step 8

Review and confirm selections.

Knowledge Check

You are meeting with a married couple and their two children who have started a Marketplace application as a single household. Their eligibility determination notice says they are eligible for APTC and you are discussing their QHP options.

Which one of the following is **NOT** an accurate statement for you to share with this family?

Select the **correct answer** and then select **Check Your Answer**.

- A. Each family member can determine which QHP best meets their needs and enroll in a different QHP from other family members.
- B. You can help the family complete Marketplace applications online and help each family member enroll in their own separate QHP.
- C. The family must select and enroll in the same QHP; therefore, you must help them select the plan that best meets the collective needs of the family.
- D. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

✓ Check Your Answer



Correct!

Family members aren't required to select and enroll in the same QHP. Family members may determine which QHP best meets their individual needs and can select and enroll in a different QHP from other family members. You may assist the family in completing the online Marketplace application and selecting the QHPs that they wish to enroll in for health coverage. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

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- A. Each family member can determine which QHP best meets their needs and enroll in a different QHP from other family members.
- B. You can help the family complete Marketplace applications online and help each family member enroll in their own separate QHP.
- C. The family must select and enroll in the same QHP; therefore, you must help them select the plan that best meets the collective needs of the family.
- D. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

The correct answer is C. Family members aren't required to select and enroll in the same QHP. Family members may determine which QHP best meets their individual needs and can select and enroll in a different QHP from other family members. You may assist the family in completing the online Marketplace application and selecting the QHPs that they wish to enroll in for health coverage. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

Scenario: Families That Qualify for Different Programs



A consumer named Kim brought in her eligibility determination notice. It states that her son Johnny's information has been transferred to the state CHIP agency to process Johnny's enrollment in CHIP. Here's how you could work with Kim to make sure Johnny is enrolled in the coverage of her choice.

Your son, Johnny, is eligible for CHIP, which is run by your state. CHIP provides low-cost health coverage to children in some families that earn too much money to qualify for Medicaid. Since you and your husband earn too much money to qualify for Medicaid, you'll be covered by the QHPs you enroll in through the Marketplace. Your notice also indicates that you and your husband are eligible for a premium tax credit.



Thanks for explaining that. However, I'd like Johnny to enroll in the same QHP that I do so I only have to deal with that health plan.

That's understandable. You and Johnny can enroll in a QHP together, but Johnny won't be eligible for a premium tax credit since he's eligible for CHIP. You should also be aware that CHIP provides comprehensive benefits designed specifically for children and may have lower cost-sharing amounts than a QHP.



OK, I understand. I want to keep my QHP selection and my premium tax credit, but I'll get more information about Johnny's CHIP benefits from the state. Thank you!

A consumer named Kim brought in her eligibility determination notice. It states that her son Johnny's information has been transferred to the state CHIP agency to process Johnny's enrollment in CHIP. Here's how you could work with Kim to make sure Johnny is enrolled in the coverage of her choice.

Coach

Your son, Johnny, is eligible for CHIP, which is run by your state. CHIP provides low-cost health coverage to children in some families that earn too much money to qualify for Medicaid. Since you and your husband earn too much money to qualify for Medicaid, you'll be covered by the QHPs you enroll in through the Marketplace. Your notice also indicates that you and your husband are eligible for a premium tax credit.

Kim

Thanks for explaining that. However, I'd like Johnny to enroll in the same QHP that I do so I only have to deal with that health plan.

Coach

That's understandable. You and Johnny can enroll in a QHP together, but Johnny won't be eligible for a premium tax credit since he's eligible for CHIP. You should also be aware that CHIP provides comprehensive benefits designed specifically for children and may have lower cost-sharing amounts than a QHP.

Kim

OK, I understand. I want to keep my QHP selection and my premium tax credit, but I'll get more information about Johnny's CHIP benefits from the state. Thank you!

Depending on the state and the consumer's circumstances, there may be some additional options for setting up health coverage for children.

Note that there is an exception to the rule that CHIP-eligible children aren't eligible for getting help paying for health coverage through the FFM.

If a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible for help paying for health coverage through the FFM during the waiting period, if otherwise eligible. Once the waiting period ends and the child can enroll in CHIP, the child will become ineligible for APTC and CSRs.

In this scenario, there is also an additional option for getting child health coverage through the FFM. Kim could create a separate user account for Johnny and submit an individual application on his behalf. After receiving the eligibility determination for Johnny as an individual consumer, Kim could then evaluate and choose what she considers to be the best option for his health coverage.

If she chooses to enroll Johnny in a QHP, however, he would not be eligible for APTC and CSRs to help pay for his plan.

Depending on the state and the consumer's circumstances, there may be some additional options for setting up health coverage for children.

Note that there is an exception to the rule that CHIP-eligible children aren't eligible for getting help paying for health coverage through the FFM.

If a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible for help paying for health coverage through the FFM during the waiting period, if otherwise eligible. Once the waiting period ends and the child can enroll in CHIP, the child will become ineligible for APTC and CSRs.

In this scenario, there is also an additional option for getting child health coverage through the FFM. Kim could create a separate user account for Johnny and submit an individual application on his behalf. After receiving the eligibility determination for Johnny as an individual consumer, Kim could then evaluate and choose what she considers to be the best option for his health coverage.

If she chooses to enroll Johnny in a QHP, however, he would not be eligible for APTC and CSRs to help pay for his plan.

Knowledge Check

Trina qualifies for APTC and CSRs through her state's FFM and enrolls in a QHP. Trina's daughter, Annabelle, is determined eligible for CHIP.

What are Trina's options for Annabelle's health coverage?

Select the **correct answer** and then select **Check Your Answer**.

- A. Trina can enroll Annabelle in her QHP and Trina and Annabelle can continue to get APTC and CSRs.
- B. Trina can enroll Annabelle in her QHP but Annabelle won't be able to get APTC and CSRs unless Trina and Annabelle live in a state that has a waiting period for CHIP coverage. However, APTC and CSRs will expire when Annabelle meets the waiting period requirements for CHIP and is then considered CHIP eligible.
- C. Trina can only enroll Annabelle in CHIP and Trina won't be able to get APTC and CSRs for her own QHP coverage.
- D. Trina can't enroll Annabelle in any QHP.

✓ Check Your Answer



Correct!

Trina can enroll Annabelle in the same QHP she has selected and receive APTC and CSRs if they live in a state that has a waiting period for CHIP. This way, Annabelle will receive financial assistance for purchasing QHP coverage in a Marketplace until she is eligible for CHIP.

Trina qualifies for APTC and CSRs through her state's FFM and enrolls in a QHP. Trina's daughter, Annabelle, is determined eligible for CHIP.

What are Trina's options for Annabelle's health coverage?

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- B. Trina can enroll Annabelle in her QHP but Annabelle won't be able to get APTC and CSRs unless Trina and Annabelle live in a state that has a waiting period for CHIP coverage. However, APTC and CSRs will expire when Annabelle meets the waiting period requirements for CHIP and is then considered CHIP eligible.
- C. Trina can only enroll Annabelle in CHIP and Trina won't be able to get APTC and CSRs for her own QHP coverage.
- D. Trina can't enroll Annabelle in any QHP.

The correct answer is B. Trina can enroll Annabelle in the same QHP she has selected and receive APTC and CSRs if they live in a state that has a waiting period for CHIP. This way, Annabelle will receive financial assistance for purchasing QHP coverage in a Marketplace until she is eligible for CHIP.

Families With Different QHPs

Family Enrollment Issues
Families With Different QHPs

Text Only

Module 4 / 5
Page 9 / 24

You're eligible to enroll in Marketplace coverage

Choose a plan by December 31, 2022 to get coverage.
Select your health plan and complete the steps below by December 31, 2022.

For coverage to start on:	Confirm your plan by:
January 1, 2023	December 31, 2022

- 1 Decide how much tax credit to use to lower your premium** ✓ Completed [Edit](#)
- 2 Report tobacco use** ✓ Completed [Edit](#)
- 3 See if plans cover your doctors, hospitals & prescription drugs** ✓ Completed [Edit](#)

Enter your doctors and hospitals to see if they're in the plan's network, and drugs to see which plans cover them.
- 4 Choose health plans** [Start](#)

Shop, compare, and choose health plans.
- 5 Review dental enrollment**

Choose who should enroll in a separate dental plan.
- 6 Confirm your plan choices & enroll**

Check your choices one final time, sign the application, and finish your enrollment.

Julie and her husband, Joe, received an eligibility determination notice from the FFM. They are eligible to enroll in a QHP through the FFM and get help paying for their coverage.

Julie wants to enroll in a different QHP from Joe.

Selecting **Start** next to the fourth task on the **Enroll To-Do List** allows consumers to change enrollment groups.

Julie and her husband, Joe, received an eligibility determination notice from the FFM. They are eligible to enroll in a QHP through the FFM and get help paying for their coverage.

Julie wants to enroll in a different QHP from Joe.

Selecting **Start** next to the fourth task on the **Enroll To-Do List** allows consumers to change enrollment groups.

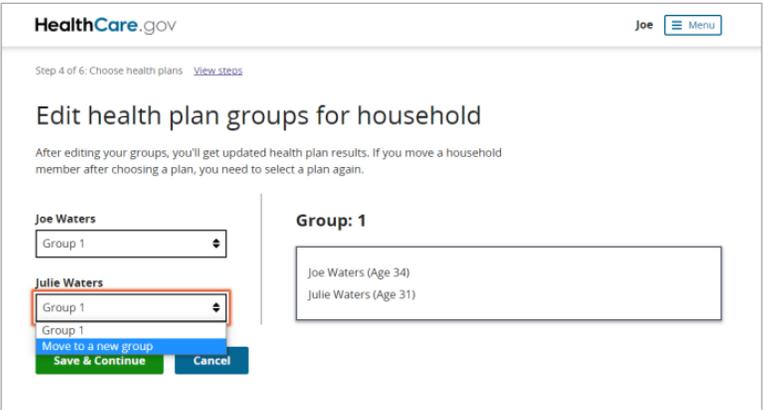
Separate Health Plan Groups

At this point, Julie can select **Change Groups** to split herself and her husband Joe into separate health plan groups.

Selecting the **Change Groups** button displays the "Edit health plan groups for household" screen.

To split Julie and Joe into different groups, Julie would:

- Select the drop-down list next to her name and select **Move to a new group**
- Select the **Save & Continue** button



At this point, Julie can select **Change Groups** to split herself and her husband Joe into separate health plan groups.

Selecting the **Change Groups** button displays the "Edit health plan groups for household" screen.

To split Julie and Joe into different groups, Julie would:

- Select the drop-down list next to her name and select **Move to a new group**
- Select the **Save & Continue** button

Finalize Different QHPs

Step 4 of 6: Choose health plans [View steps](#)

Health plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.

[Why change groups?](#)

- To get started with current groups: select **View plans** for a group to get started.
- To change groups: select **Change groups**, make the changes, then **View plans** for the new groups.

You'll select a plan for each group one at a time.

Group: 1

Joe Waters (Age 34)

View Plans

Group: 2

Julie Waters (Age 31)

View Plans

Change Groups

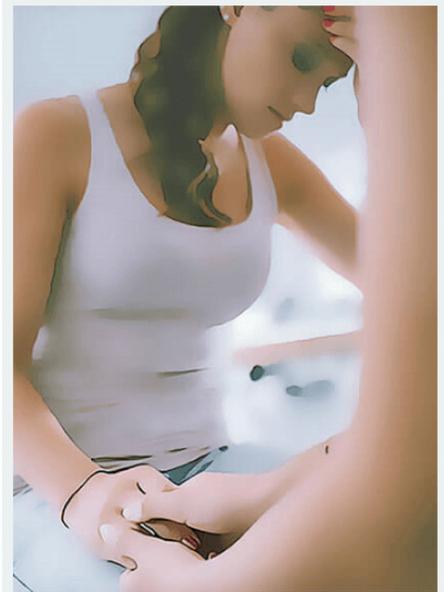
The screen now displays Joe and Julie in different groups. They can proceed to Plan Compare by selecting the **View Plans** button for each group and enroll in a QHP that suits each of their individual needs.

The screen now displays Joe and Julie in different groups. They can proceed to Plan Compare by selecting the **View Plans** button for each group and enroll in a QHP that suits each of their individual needs.

You may encounter married consumers who are victims of domestic abuse. Usually, legally married consumers are required to file joint income tax returns with their spouse to receive help paying for coverage. However, it can be dangerous and traumatic for victims of domestic abuse to get in contact with their spouse to file a joint tax return— particularly if they have a restraining order against the spouse.

If you encounter a consumer who lives apart from a spouse and is unable to file a joint income tax return as a result of domestic abuse, you can help the consumer get help paying for health coverage on a separate application.

Starting a new application that lists an individual as not married allows the individual to get help paying for coverage if they are otherwise eligible for such help. The consumer won't face any penalty for listing their marital status as **not married** on the application. You'll then help the consumer complete the enrollment process by selecting a plan.



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Knowledge Check

You're helping Maila apply for health coverage, and she thinks she qualifies for financial help based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse.

Which scenario best describes how you should help Maila enroll in health coverage?

Select **the correct answer** and then select **Check Your Answer**.

- A. Ask Maila to estimate what her individual household income might be.
- B. Inform Maila that she won't be able to access coverage through the Marketplace unless she has a tax return.
- C. Reassure Maila that she'll still be able to apply for coverage through the Marketplace if she reports that she isn't married on her application.
- D. Tell Maila that she must find a way to get her joint tax return and to seek assistance once she has it.

✓ Check Your Answer



Correct!

You should reassure Maila that, despite not having access to her joint tax return, she'll be able to apply for and potentially receive help paying for coverage by listing her marital status as **not married**. Victims of domestic abuse won't face any penalty for representing that they aren't married on their applications.

You're helping Maila apply for health coverage, and she thinks she qualifies for financial help based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse.

Which scenario best describes how you should help Maila enroll in health coverage?

- A. Ask Maila to estimate what her individual household income might be.
- B. Inform Maila that she won't be able to access coverage through the Marketplace unless she has a tax return.
- C. Reassure Maila that she'll still be able to apply for coverage through the Marketplace if she reports that she isn't married on her application.
- D. Tell Maila that she must find a way to get her joint tax return and to seek assistance once she has it.

The correct answer is C. You should reassure Maila that, despite not having access to her joint tax return, she'll be able to apply for and potentially receive help paying for coverage by listing her marital status as **not married**. Victims of domestic abuse won't face any penalty for representing that they aren't married on their applications.

Removing a Covered Person From an Application



Now, help Maria and Juan update their application.

Maria and Juan are enrolled in a QHP through their state's FFM; however, Juan just got a new job that offers job-based coverage. Although Maria and Juan are married, Juan's employer doesn't offer spousal coverage.

In this situation, Juan needs to terminate his QHP coverage through the FFM to enroll in job-based coverage, but Maria needs to remain enrolled in the QHP. They've come to you for help.

Let's review how you can help Juan remove himself from the application and terminate his coverage in the FFM. Juan will need to be added back onto the Marketplace application as a non-applicant so Maria can remain enrolled.



Now, help Maria and Juan update their application.

Maria and Juan are enrolled in a QHP through their state's FFM; however, Juan just got a new job that offers job-based coverage. Although Maria and Juan are married, Juan's employer doesn't offer spousal coverage.

In this situation, Juan needs to terminate his QHP coverage through the FFM to enroll in job-based coverage, but Maria needs to remain enrolled in the QHP. They've come to you for help.

Let's review how you can help Juan remove himself from the application and terminate his coverage in the FFM. Juan will need to be added back onto the Marketplace application as a non-applicant so Maria can remain enrolled.

Report a Life Change

Select to zoom

- My plans & programs
- My plan profile
- Eligibility & appeals
- Applications details
- **Report a life change**
- Communication preferences
- Exemptions
- Tax forms

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Mississippi Division of Medicaid or Mississippi Health Benefits coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send you updates to your plan or your state.

REPORT A LIFE CHANGE

Maria and Juan should open their existing application and report a life change:

- From the "My Applications & Coverage" screen, select Maria and Juan's most recent application under the "Your existing applications" section.
- Select the **Report a life change** option from the left-hand menu.
- Review the **What kind of changes should I report?** section and report the life change.

Maria and Juan should open their existing application and report a life change:

- From the "My Applications & Coverage" screen, select Maria and Juan's most recent application under the "Your existing applications" section.
- Select the **Report a life change** option from the left-hand menu.
- Review the **What kind of changes should I report?** section and report the life change



Here, Maria and Juan should select the **Report a change in my household's income, size, address, or other information** radio button and continue to their application.

Maria and Juan should proceed through the following sections of the application:

- Contact information
- Help applying for coverage
- Help paying for coverage

Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

- Report a change in my household's income, size, address, or other information
- Change the way we send information to you, like by email or paper copies
- Report a move to a new state

CANCEL

CONTINUE

Here, Maria and Juan should select the **Report a change in my household's income, size, address, or other information** radio button and continue to their application.

Maria and Juan should proceed through the following sections of the application:

- Contact information
- Help applying for coverage
- Help paying for coverage

Remove an Applicant

Family Enrollment Issues
Remove an Applicant

Text Only

Module 4 / 5
Page 17 / 24



Now Maria and Juan should navigate to the "Who needs coverage" screen. This is where they will indicate who the coverage changes apply to.

Next to Juan's name, they can select the **Remove** button to remove him from the application.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Maria [Edit](#)

✓ Juan [Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Now Maria and Juan should navigate to the "Who needs coverage" screen. This is where they will indicate who the coverage changes apply to.

Next to Juan's name, they can select the Remove button to remove him from the application.

Add Juan as a Non-Applicant

The application will ask whether they want to remove Juan from the application or change his status to a non-applicant and keep him on the application. In this situation, they should select the radio button next to "Change Juan's status to "Doesn't need coverage" and keep them on the application." Once they select **Save & continue**, Juan should be listed as a non-applicant who is not applying for coverage.

If Juan's new coverage does not start the day the Ortegas are meeting with you, advise them to contact their new plan and find out their effective date to avoid a gap in coverage. To terminate coverage, Juan can:

- Log into his Marketplace account under "My Plans and Programs",
- Select **End (Terminate) All Coverage, and**
- Select **Save** to continue.

Remove Juan?

Remove Juan, or change their coverage needs?
[Learn more about removing or changing coverage needs.](#)

Remove Juan from the application.

Change Juan's status to "Doesn't need coverage" and keep them on the application.

Save & continue Cancel

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage
[Learn more about editing or removing someone.](#)

✓ Maria [Edit](#)

Add a person who needs coverage

Doesn't need coverage

✗ Juan [Edit](#) | [Remove](#)

Save & continue

The application will ask whether they want to remove Juan from the application or change his status to a non-applicant and keep him on the application. In this situation, they should select the radio button next to "Change Juan's status to "Doesn't need coverage" and keep them on the application." Once they select **Save & continue**, Juan should be listed as a non-applicant who is not applying for coverage.

If Juan's new coverage does not start the day the Ortegas are meeting with you, advise them to contact their new plan and find out their effective date to avoid a gap in coverage. To terminate coverage, Juan can:

- Log into his Marketplace account under "My Plans and Programs",
- Select **End (Terminate) All Coverage, and**
- Select **Save** to continue.

Confirm the Change to the Application

Once Maria and Juan submit an updated application, you can help them review their new eligibility results and see whether they are eligible for an SEP, a different premium tax credit amount, or both.

If consumers are eligible for an SEP, they can compare plans and enroll in a new plan. If they are eligible for a different tax credit, they can update their tax credit usage on the "Enroll To-Do List" screen.

Consumers who are eligible to change to a different QHP during an SEP may be limited in the type of QHP they can choose.

Once Maria and Juan submit an updated application, you can help them review their new eligibility results and see whether they are eligible for an SEP, a different premium tax credit amount, or both.

If consumers are eligible for an SEP, they can compare plans and enroll in a new plan. If they are eligible for a different tax credit, they can update their tax credit usage on the "Enroll To-Do List" screen.

Consumers who are eligible to change to a different QHP during an SEP may be limited in the type of QHP they can choose.

Removing a Non-Applicant



Due to life changes like death or divorce, one consumer may need to remove another from an application. Consumers can directly remove people listed as non-applicants from their applications.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Chris

[Edit](#)

[Add a person who needs coverage](#)

Doesn't need coverage

✗ Christina

[Edit](#) | [Remove](#)

[Save & continue](#)

Due to life changes like death or divorce, one consumer may need to remove another from an application. Consumers can directly remove people listed as non-applicants from their applications.

Report a Life Change

Family Enrollment Issues
Report a Life Change

Text Only Module 4 / 5
Page 21 / 24

What should a consumer do to remove a non-applicant from the application?

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#) [Step 5](#) [Step 6](#)

Step 1:
Select the **Report a life change** button on the consumer's current application.

My plans & programs
My plan profile
Eligibility & appeals
Applications details
Report a life change
Communication preferences
Exemptions
Tax forms

Report a life change

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- You want to change your preference on how we send information to you
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After you report a change:

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- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

1 **REPORT A LIFE CHANGE**

What should a consumer do to remove a non-applicant from the application?

Step 1:

Select the **Report a life change** button on the consumer's current application.

Step 2:

Select the **Report a change in my household's income, size, address, or other information** radio button.

Step 3:

Select **Continue**.

Step 4:

Navigate to the "Who needs health coverage screen." Select the **Remove** button next to the name of the person the consumer wants to remove from the application (the non-applicant).

Step 5:

On the confirmation screen, select the option to confirm the removal of the consumer from the application.

Step 6:

Select the **Save** button.

SEPs for Dependents and Enrollees who Claim Them

New or existing dependents and the consumers who claim them may qualify for an SEP together. Here's a quick overview of SEPs for these consumers.

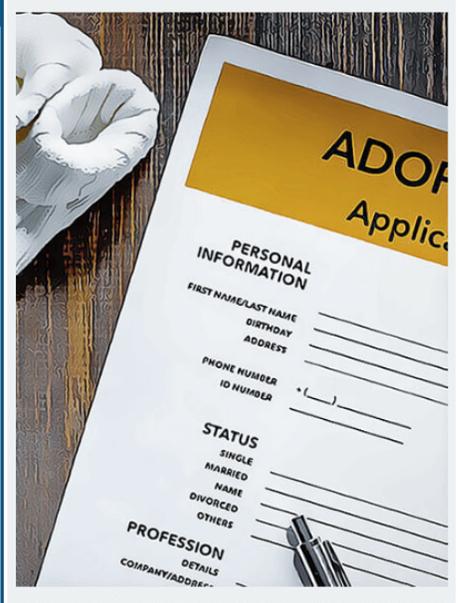
If a consumer with qualifying health coverage gains a new dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or through a child support order or other court order, the dependent, if eligible, can:

- Be added to a consumer's existing QHP, or
- Enroll in a separate QHP at any metal level.

If an enrollee is prohibited from enrolling a dependent in their existing QHP, both the enrollee and dependent can:

- Change to another QHP within the same health plan category, or if no such QHP is available,
- Enroll into a QHP one metal level higher or lower than the enrollee's existing QHP.

These rules also apply to dependents on an existing Marketplace application if they become eligible for an SEP at a later date.



New or existing dependents and the consumers who claim them may qualify for an SEP together. Here's a quick overview of SEPs for these consumers.

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These rules also apply to dependents on an existing Marketplace application if they become eligible for an SEP at a later date.

Consumers are no longer required to submit supporting documents to confirm SEP eligibility for gaining or becoming a new dependent due to marriage, adoption, placement for adoption, placement in foster care, or through a child support order or other court order; permanent move; or Medicaid/CHIP denial. However, new consumers applying for an SEP due to loss of qualifying health coverage will continue to be required to submit supporting documents.

Consumers generally have 60 days from the date of their qualifying life event to request an SEP and confirm their new plan selection. For the loss of qualifying health coverage SEP, the submission of required documents to verify their SEP eligibility also takes place during the 60-day window.



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Key Points



- You can assist families who wish to select and enroll in different QHPs to best meet their individual needs.
- Parents may enroll their CHIP-eligible children in a QHP through an FFM, but the children won't be eligible for APTC or CSRs if they are eligible for CHIP. However, if a child lives in a state that has a waiting period for enrolling in CHIP, the child may be eligible APTC or CSRs during the waiting period only.
- Victims of domestic abuse who won't file a joint tax return should select **not married** as their marital status on a Marketplace application. If eligible, these consumers may get help paying for health coverage through the FFMs without having to file a joint tax return.
- To qualify for an SEP due to loss of qualifying coverage, consumers must submit supporting documents to show that they had qualifying health coverage for one or more of the 60 days before the date they lost or will lose coverage.

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Helping Consumers With Complex Eligibility Cases

Introduction

This module provides guidance on how to help consumers with other complex issues that aren't covered in other courses. These issues may present unique situations related to eligibility or enrollment in the individual market FFMs. It builds on what you've already learned regarding Marketplace eligibility and enrollment.



Consumers with Disabilities
List tips for reporting disability-related income on FFM applications



American Indians & Alaska Natives
Identify special provisions that apply to members of federally recognized tribes, including AI/ANs



Medicaid Eligibility
Describe how Medicaid eligibility affects Marketplace coverage



Other Consumer Populations
Explain health coverage options to specific populations of consumers, including veterans that are eligible for Veterans Affairs (VA) health benefits, consumers living with HIV/AIDS, homeless consumers, and college students

This module provides guidance on how to help consumers with other complex issues that aren't covered in other courses. These issues may present unique situations related to eligibility or enrollment in the individual market FFMs. It builds on what you've already learned regarding Marketplace eligibility and enrollment.

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Reporting Disability-related Income

Consumers may face challenges when estimating their annual household income in a Marketplace application. One area that is often misreported is disability-related income. You should make sure consumers know the following when they complete an application:

- **Do** include Social Security payments, including disability payments.
- **Don't** include anticipated Social Security payments for applications that have not yet been approved.
- **Don't** include Supplemental Security Income (SSI), veterans' disability payments, or workers' compensation.



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Federal law provides both mandatory and optional Medicaid coverage for consumers who have blindness or disabilities. Several factors affect such consumers' eligibility for Medicaid.

[Consumers Who Receive SSI](#)

[Consumers Who Don't Receive SSI](#)

Consumers Who Receive SSI

In most states, consumers who receive SSI automatically qualify for Medicaid coverage. However, some states use more restrictive [Medicaid eligibility criteria](#), which differ from state to state.

State-specific income and resource rules may apply for consumers who aren't subject to determinations based on modified adjusted gross income (MAGI). You should be generally familiar with the income, asset, and disability criteria for Medicaid eligibility for the state(s) where you help consumers. However, the rules are very complex and you shouldn't attempt to give advice to these consumers about whether or not they're eligible for Medicaid. Refer these consumers to their state Medicaid agency.

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Consumers Who Don't Receive SSI

Consumers who don't receive SSI but are seeking Medicaid coverage based on a disability must demonstrate that they have an impairment that prevents them from performing a "substantial gainful activity" that is expected to result in death or lasts at least one year. Once a disability determination is made, consumers must pass an asset test and meet specific income requirements to be considered for Medicaid eligibility.

The Marketplace application in the FFMs asks whether consumers or any of their family members have a disability. The FFMs use this information to indicate if the applicant should be referred to the state to have the state determine if the consumer is categorically eligible for Medicaid.

State Medicaid Eligibility for SSI recipients

In most states and Washington, D.C., receipt of SSI due to a disability or blindness is an automatic basis of Medicaid eligibility. There are currently eight states that don't automatically grant Medicaid eligibility when a consumer receives SSI (but apply stricter standards): Connecticut, Hawaii, Illinois, Minnesota, Missouri, New Hampshire, North Dakota, and Virginia.

Substantial Gainful Activity

The term "substantial gainful activity" (SGA) is used to describe a level of work activity and earnings. Work is "substantial" if it involves doing significant physical or mental activities or a combination of both.

A consumer who earns more than a certain amount and is doing productive work is generally considered to be engaging in SGA. This consumer would not be eligible for disability benefits.

Asset Test

For some categories of Medicaid-eligible consumers (e.g., consumers with a disability), assets are counted when determining eligibility. Assets that are too high may disqualify the consumer from Medicaid eligibility. The rules regarding assets are very complex, and you should refer consumers to their state Medicaid agency for more information on asset tests.

Knowledge Check

All consumers with a disability who receive Supplemental Security Income (SSI) benefits automatically qualify for Medicaid in all states.

Select **the correct answer** and then select **Check Your Answer**.

- A. True
- B. False

✓ Check Your Answer



Correct!

In most states, consumers who receive SSI automatically qualify for Medicaid coverage. However, some states use more restrictive Medicaid eligibility criteria, which differ from state to state.

True or False. All consumers with a disability who receive Supplemental Security Income (SSI) benefits automatically qualify for Medicaid in all states.

The correct answer is False. In most states, consumers who receive SSI automatically qualify for Medicaid coverage. However, some states use more restrictive Medicaid eligibility criteria, which differ from state to state.

Disability and Medicaid Eligibility: Key Considerations

Key considerations for helping consumers with disabilities understand Medicaid eligibility include:

[Be familiar with the Medicaid eligibility criteria for consumers with disabilities](#)

[Know where to refer consumers in your state](#)

[Remember to explain the 24-month waiting period for Medicare coverage based on disability](#)

Be familiar with the Medicaid eligibility criteria for consumers with disabilities

Not everyone with a disability is automatically eligible for Medicaid. This includes consumers who get Social Security Disability Income (SSDI) benefits.

Medicaid programs have different eligibility requirements and disability standards, particularly for consumers who live in states that haven't expanded Medicaid eligibility to low-income adults under the Affordable Care Act (ACA).

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Know where to refer consumers in your state

Because eligibility criteria vary, you should refer consumers to their state Medicaid agency to get more information on their state's Medicaid program standards and for help with detailed questions about disability eligibility that you aren't able to answer.

Remember to explain the 24-month waiting period for Medicare coverage based on disability

Generally, consumers who get SSDI benefits are automatically enrolled in Medicare coverage after receiving SSDI for 24 months and may be able to get Medicaid coverage while they wait.

Consumers with disabilities who are turned down for Medicaid during the 24-month waiting period may wish to purchase Marketplace coverage and may qualify for lower costs until Medicare coverage starts.

Knowledge Check

Andrew, a consumer with a disability, has asked for your help applying for coverage in his state's FFM. He wants to know what kind of income he should report on his application.

Which of the following types of income should he report?

Select **the correct answer** and then select **Check Your Answer**.

- A. Social Security disability income payments
- B. Veterans' disability income payments
- C. SSI payments
- D. Workers' compensation payments

 Check Your Answer



Correct!

Social Security disability payments are the only type of disability-related income that should be listed on a Marketplace application. Veterans' disability income payments, SSI payments, and workers' compensation payments shouldn't be listed as income.

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In "assessment states," the state Medicaid/CHIP agency (SMA) makes the final determination of consumers' eligibility for Medicaid and CHIP. For consumers who apply at the FFM for coverage with financial assistance and are assessed to be potentially eligible for Medicaid or CHIP, their application information is securely transferred to the SMA for a final Medicaid/CHIP eligibility determination and enrollment, as applicable. The FFM provides these consumers with an eligibility determination notice (EDN) with information about their eligibility for coverage and financial assistance as well as next steps (e.g., wait to hear from the SMA about Medicaid/CHIP eligibility, any materials the consumer needs to provide, etc.). As an alternative to applying for Medicaid/CHIP at the FFM, consumers may apply directly with their SMA. Consumers should not, however, apply at both the SMA and the FFM at the same time.

Next steps for consumers who are waiting for or have received a final Medicaid/CHIP eligibility determination from their SMA are described later in this course.

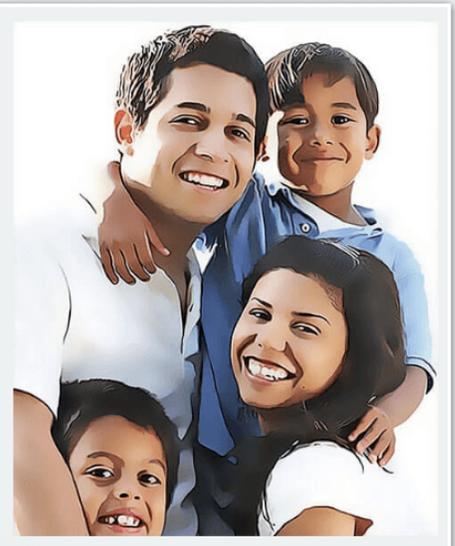


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In "determination" states, the state delegates authority to the FFM to determine eligibility for Modified Adjusted Gross Income (MAGI)-based Medicaid and CHIP. The FFM makes the final MAGI-based Medicaid/CHIP eligibility determination (or referral, if there is a Medicaid/CHIP DMI) and securely transfers the consumer's application information to the SMA for enrollment, as applicable. The FFM sends consumers an EDN with information about their eligibility for coverage and financial assistance as well as next steps (e.g., wait to hear from the SMA about Medicaid/CHIP coverage, any materials the consumer needs to provide, etc.). As an alternative to applying for Medicaid/CHIP at the FFM, consumers may apply directly with their SMA.

Please refer to the next slide for information about next steps for consumers who are determined eligible for or referred (with a Medicaid/CHIP DMI) to their SMA for Medicaid/CHIP coverage.



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Consumers who are enrolled in Marketplace coverage with APTC/CSRs and are waiting for a final determination of Medicaid/CHIP eligibility from their state shouldn't end their Marketplace coverage. To avoid possible gaps in coverage, they should only end their Marketplace coverage with financial assistance if they receive a final determination from their SMA of eligibility for MEC Medicaid/CHIP [Medicaid/CHIP that counts as minimum essential coverage (MEC)].

For applications referred to the state for final eligibility determinations, states have up to 90 days to process disability-related applications and up to 45 days for all other applications. If consumers have a waiting period before their children can get CHIP coverage, they will be notified by their state.

In addition to the EDN that the FFM sends consumers, consumers in both assessment and determination states will be sent a notice from the SMA with information about Medicaid/CHIP eligibility/coverage and any next steps, as applicable. Consumers should contact their SMA directly with any questions about Medicaid/CHIP coverage.

Consumers determined ineligible for Medicaid/CHIP

Consumers whose application information is transferred by the FFM to the SMA and are ultimately determined ineligible for this coverage by the state should return to the FFM as soon as possible to update (including to report their recent Medicaid/CHIP denial) and submit their application for FFM coverage with financial assistance. If they aren't already enrolled in Marketplace coverage, they won't be able to enroll until Open Enrollment starts, unless they qualify for an SEP.

If a consumer disagrees with an assessment state's eligibility determination, the consumer may have the right to appeal the determination through the SMA. Consumers in determination states who disagree with a determination of ineligibility can appeal through the SMA or the FFM.



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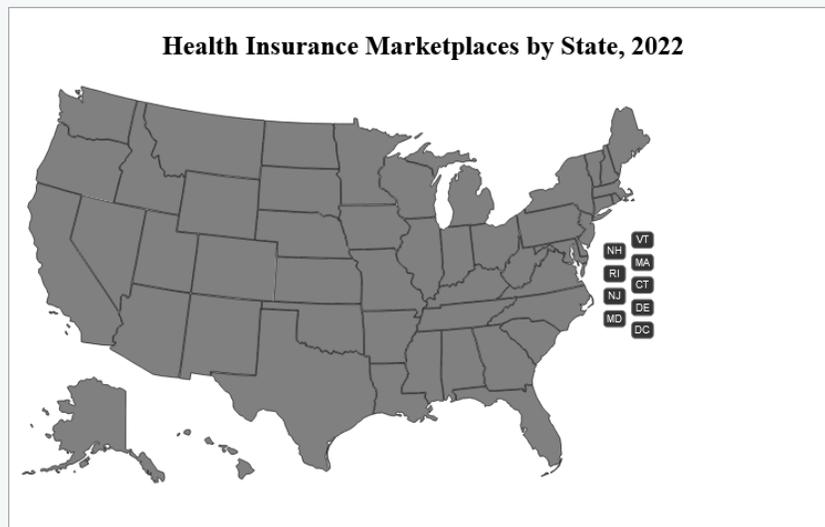
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Map of Assessment and Determination States

Select your state in the map to see whether your state is an assessment or determination state. Remember, you can view this map at any time by selecting the **Map tab** in the options drop-down menu.



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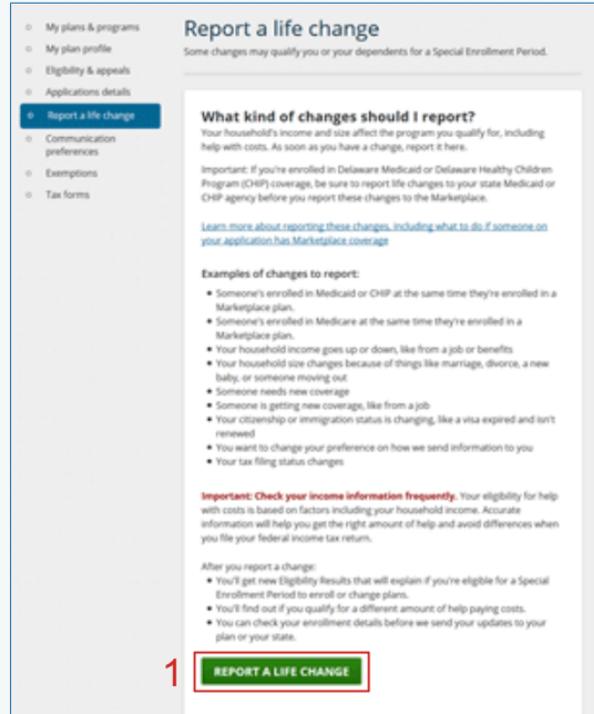
Medicaid or CHIP and Marketplace Applicants on Same Application

If only **some** consumers on an application become eligible for Medicaid or CHIP, they must report a life change and follow the steps below to be added as non-applicants.

Select each step for more information.

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#) [Step 5](#)

Step 1:
Select the **Report a Life Change** button.



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Step 1:

Select the **Report a Life Change** button.

Step 2:

Select the radio button next to **Report a change in my household's income, size, address, or other information.**

Step 3:

Select the **Continue** button.

Step 4:

Navigate to the "Who needs health coverage?" and select **Edit** next to the family member that became eligible for Medicaid or CHIP.

Step 5:

Select **No** to indicate the household member no longer needs coverage through the Marketplace. Consumers should confirm these choices and answer any additional questions as necessary.



Consumers enrolled in Marketplace coverage with financial assistance need to update their FFM application if they are later determined eligible for MEC Medicaid or CHIP. A consumer in this scenario is no longer eligible for APTC and CSRs. The consumer should immediately end their APTCs and CSRs for anyone in their household who is determined eligible for or already enrolled in MEC Medicaid or CHIP. If they still want a Marketplace plan after they're found eligible for MEC Medicaid or CHIP, they will have to pay full price for their share of the Marketplace plan. If a consumer opts to do this, they should notify their state Medicaid or CHIP agency of their Marketplace enrollment.

More information on when and how to end a Marketplace plan with APTCs and CSRs is available at [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan).

Consumers who are enrolled in FFM coverage with APTC and CSRs and MEC Medicaid or CHIP may receive a notice from the FFM asking them to verify their coverage and update their application. Consumers who don't take any action will lose any APTC and CSRs that they currently receive.

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Remember that Medicaid and CHIP eligibility can be based on several factors. Consumers who were once eligible for Medicaid or CHIP may become ineligible based on their circumstances, and vice versa.

Consumers who are enrolled in Medicaid/CHIP should report any changes in circumstances (e.g. household size or income) to their state agency. When the state agency has information that a consumer's circumstance has changed, it will redetermine eligibility for Medicaid/CHIP to determine whether the consumer remains eligible. This includes determining eligibility on all bases in Medicaid before determining a consumer ineligible. If the state determines that the consumer is no longer eligible for Medicaid or CHIP, the state will notify the consumer and send the consumer's information to the FFM. The consumer should update their existing FFM application, if the consumer has previously applied at the FFE, or complete a new application (including to report their recent or upcoming loss of Medicaid/CHIP, as applicable) and submit the application to see if they are eligible for Marketplace coverage with financial assistance and an SEP to enroll in coverage.

[Additional Information](#)

As a condition of receiving a temporary increase in the federal medical assistance percentage (FMAP) authorized under the Families First Coronavirus Response Act (FFCRA), states generally may not terminate enrollment for most individuals enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the COVID-19 national public health emergency (COVID-19 PHE) ends, unless the individual requests voluntary termination, is no longer a state resident, or becomes deceased. A state may transition a beneficiary from one eligibility group to another eligibility group during the PHE for COVID-19, as long as doing so is consistent with CMS regulations at 42 CFR 433.400.

After the COVID-19 PHE ends, states must follow federal requirements for conducting renewals to redetermine eligibility, including determining eligibility on all bases prior to terminating coverage.

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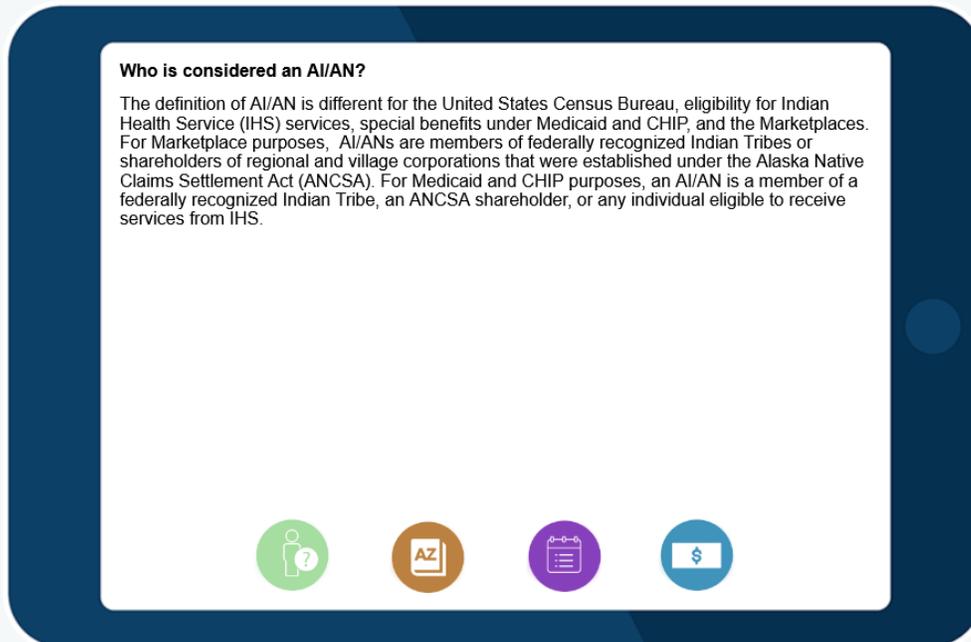
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Select each item for more information.



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Who is considered an AI/AN?

The definition of AI/AN is different for the United States Census Bureau, eligibility for Indian Health Service (IHS) services, special benefits under Medicaid and CHIP, and the Marketplaces. For Marketplace purposes, AI/ANs are members of federally recognized Indian Tribes or shareholders of regional and village corporations that were established under the Alaska Native Claims Settlement Act (ANCSA). For Medicaid and CHIP purposes, an AI/AN is a member of a federally recognized Indian Tribe, an ANCSA shareholder, or any individual eligible to receive services from IHS.

Key Terms

These terms describe medical systems and services currently available to AI/ANs.

IHS: Indian Health Service

I/T/U: I/T/U is an abbreviation that refers to the three components of the Indian health system: (I) Indian Health Service, (T) Tribes and tribal organizations, and (U) urban Indian organizations.

Purchased/Referred Care Program: Subject to the availability of funding and specific requirements, this program covers health care services that aren't reasonably accessible/available in Indian Health Service and Tribal health care facilities or when the facilities can't provide the services needed, like:

- Inpatient and outpatient care
- Routine emergency ambulatory care
- Transportation
- Medical support services
 - Laboratory
 - Pharmacy
 - Nutrition

- Diagnostic imaging
- Physical therapy

SEPs

AI/ANs have SEPs that allow them to enroll in health coverage at any time during the year, not only during the annual Open Enrollment Period (OEP). They're also eligible to change health plans once a month, if they so choose.

Consumers should be mindful of potential coverage gaps due to the effective dates of new plan selections. Consumers can select a later effective date if they want coverage to begin in a later month.

APTC and CSRs

Members of a federally recognized Indian Tribe and ANCSA shareholders may qualify for APTC depending upon their income. Options for CSRs include zero cost sharing or limited cost sharing, also depending upon their income. If AI/ANs are eligible for Medicaid or CHIP, they may be exempt from cost sharing that other beneficiaries have to pay.

AI/ANs with household incomes ranging from 100 percent up to 300 percent of the FPL have no cost sharing regardless of the qualified health plan (QHP) they choose. In 2022 and for PY 2023, this income level for AIs living in the 48 contiguous states ranges from \$13,590 for an individual up to \$83,250 for a family of four; for ANs living in Alaska, this income range is from \$16,990 for an individual up to \$104,070 for a family of four. This is called a "zero cost sharing" plan and is available for any Marketplace health plan category that an AI/AN selects, regardless of the metal level. (Note that a consumer who is not an AI/AN must be enrolled in a plan from the Silver category to receive cost-sharing reductions.)

AI/ANs who don't qualify for zero cost sharing plans qualify for limited cost sharing when enrolled in a QHP. A limited cost sharing plan means there is no cost sharing for services from an I/T/U, but they do need a referral from I/T/U when getting EHB through a QHP to avoid paying copayments, deductibles, and coinsurance.

Scenario: Meet Louisa and Jonathan

Louisa and Jonathan, a married AI/AN couple, ask for your help enrolling in health coverage for PY 2023 through their state's FFM.



Hello. My wife and I would like to shop for and enroll in a health plan, but we need help. We're both Cherokee Indians and use the IHS if we need to visit a doctor. We want to know more about what's available outside of the IHS. We also want to know if we qualify for any help paying for our premiums or other additional costs.

Thanks for coming in today. I'm happy to help you. Let's discuss the Marketplace application and enrollment process and the documents you need to demonstrate your tribal membership.



Louisa and Jonathan, a married AI/AN couple, ask for your help enrolling in health coverage for PY 2023 through their state's FFM.

Jonathan

Hello. My wife and I would like to shop for and enroll in a health plan, but we need help. We're both Cherokee Indians and use the IHS if we need to visit a doctor. We want to know more about what's available outside of the IHS. We also want to know if we qualify for any help paying for our premiums or other additional costs.

Coach

Thanks for coming in today. I'm happy to help you. Let's discuss the Marketplace application and enrollment process and the documents you need to demonstrate your tribal membership.

Scenario: AI/AN Eligibility for Cost-Sharing Reductions



After receiving consent from Louisa and Jonathan to access their personally identifiable information, we help Louisa and Jonathan complete the FFM application. During this process, we can help them figure out whether they might be eligible for insurance affordability programs. We ask them a few questions and have the following information about their family and household.

Louisa is a 38-year-old female, and Jonathan is a 40-year-old male.

They have no children.

Both work in the gift shop of a local historical museum, and together they make \$45,000 a year. They also make about \$6,000 a year from selling Jonathan's artwork at weekend flea markets.



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Scenario: AI/AN Eligibility for Cost-Sharing Reductions (cont'd)

In general, income from Indian trust land, natural resources, and items of cultural significance that is reported on a federal income tax return is counted for Marketplace. These types of income are not counted for Medicaid or CHIP eligibility, but the Marketplace application will still ask for information about these sources of income.

Based on this information, it might be helpful to ask whether the couple reports the income from the sale of Jonathan's artwork on their federal income tax return.

They indicate that yes, they do report it in the income they earn to the Internal Revenue Service.

Based on this information, Louisa and Jonathan should include the income from Jonathan's artwork in the estimate; therefore, Louisa and Jonathan's annual income is approximately \$51,000. As you have learned, the amount of cost sharing for which AI/ANs are eligible when they enroll in a Marketplace QHP varies depending on whether their household income is between 100 percent and 300% percent of the FPL.

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Scenario: AI/AN Eligibility for Cost-Sharing Reductions (cont'd)



Based on your eligibility results, you qualify for a zero cost sharing plan. This is because your income is between 100—300 percent of the FPL for a household of two in 2022 [300 percent of the FPL for a household of two in 2022 is \$54,930 (\$68,670 in Alaska)].

This means that you won't pay for any costs out of pocket like deductibles, copays, or coinsurance when you receive services from the IHS or when getting EHB through a Marketplace plan. You don't need a referral from an Indian health care provider when getting EHB through a Marketplace plan. You can also enroll in a plan at any metal level on the Marketplace; you must agree to have your income verified in order to enroll.

Good. As we said, we want to be able to access services outside of the IHS, but there are some providers and facilities within the IHS that we'd like to continue to use.



Right. You'll remain eligible to receive health care services through the IHS the same way you do now. By enrolling in a QHP, you may benefit from having greater access to services that may not be provided by your local I/T/U.

Coach

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This means that you won't pay for any costs out of pocket like deductibles, copays, or coinsurance when you receive services from the IHS or when getting EHB through a Marketplace plan. You don't need a referral from an Indian health care provider when getting EHB through a Marketplace plan. You can also enroll in a plan at any metal level on the Marketplace; you must agree to have your income verified in order to enroll.

Louisa

Good. As we said, we want to be able to access services outside of the IHS, but there are some providers and facilities within the IHS that we'd like to continue to use.

Coach

Right. You'll remain eligible to receive health care services through the IHS the same way you do now. By enrolling in a QHP, you may benefit from having greater access to services that may not be provided by your local I/T/U.

Scenario: Verification of AI/AN Status

Louisa and Jonathan's eligibility results also request proof of tribal membership. The FFMs require each person who attests to being a member of a federally recognized Tribe on a Marketplace application to verify their membership.

You then direct Louisa and Jonathan to the "Application details" screen where they can select the Upload Documents button to upload their tribal documents.

o My plans & programs
o My plan profile
o Eligibility & appeals
o **Applications details**
o Report a life change
o Communication preferences
o Exemptions
o Tax forms

Application details

Here's your current application information:

Status: Complete ID# 158770858

Your application is complete

[VIEW ELIGIBILITY RESULTS](#)
[REMOVE MY APPLICATION](#)

Your Marketplace application is complete and has been processed. View your eligibility results to find out if you can enroll in health coverage.

Send documents to verify your information

If you don't send acceptable documents by the deadline, you could lose what you qualify for now. Select "Upload Documents."

Send one or more documents to verify the American Indian and Alaska Native status of the person below.

Jonathan: send documents verifying American Indian and Alaska Native status. [UPLOAD DOCUMENTS](#)

Important: Send documents by 10/01/2023

Louisa and Jonathan's eligibility results also request proof of tribal membership. The FFMs require each person who attests to being a member of a federally recognized Tribe on a Marketplace application to verify their membership.

You then direct Louisa and Jonathan to the "Application details" screen where they can select the Upload Documents button to upload their tribal documents.

Scenario: Verification of AI/AN Status (cont'd)

Helping Consumers With Complex Eligibility Cases
Scenario: Verification of AI/AN Status (cont'd)

Text Only

Module 5 / 5
Page 21 / 30

Jonathan has brought their American Indian cards so he should select the arrow on the **Document Type** drop-down list on the "Resolve Inconsistencies" screen inside the application and select **American Indian Card (I-872)**.

[Review information about tribal documents.](#)

Verify Jonathan's American Indian and Alaska Native status [Collapse -](#)

Jonathan You need to send proof of your American Indian and Alaska Native status. Send one or more documents.

Here are some examples of documents you can send:

- Tribal Enrollment/Membership Card
- Document issued by BIA recognizing you as American Indian/ Alaska Native
- Authentic document from a tribe declaring your membership
- Certificate of Degree of Indian Blood
- Certificate of Indian status card
- I-872 American Indian Card
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
- Letter from the Marketplace granting a tribal exemption

[Get more information on how to send.](#)

You can upload more documents

Document type:

Verify Louisa's American Indian and Alaska Native status [Expand +](#)

Jonathan has brought their American Indian cards so he should select the arrow on the **Document Type** drop-down list on the "Resolve Inconsistencies" screen inside the application and select **American Indian Card (I-872)**.

Tribal Identification Card

- A Tribal Identification Card with a picture can be issued to any currently enrolled tribal member (no age requirements).
- A Tribal Identification Card registers a person as a member of a tribe.
- Members under the age of 18 will receive a minor card to be replaced by an adult card at the age of 18.
- Relevant Information
 - Name
 - Tribe Name

Authentic Document Declaring Individual Tribal Membership

- Document comes from a tribe and declares a person is a member of an Indian tribe.
- Document is on tribal stationery and must contain the tribe's letterhead.
- Relevant Information
 - Name
 - Tribe Name
 - Tribe letterhead

Scenario: AI/AN Eligibility for a Special Enrollment Period



Now that they've uploaded their American Indian Cards, you advise Louisa and Jonathan that the next step is to choose a QHP and make the first month's premium payment. Louisa and Jonathan feel they need more time to review the benefit packages and provider networks offered by the available QHPs before making a plan selection.

Because Louisa and Jonathan have AI/AN status, they can enroll in individual market health coverage through the Marketplace during any month, not just during the yearly OEP. Therefore, there's no deadline for enrolling in a QHP. Once they select and enroll in a QHP, they can change their plan once per month, if they so choose, throughout the year by using an SEP.

When Louisa and Jonathan select a plan or choose to change plans, their coverage will begin on the first day of the month following plan selection as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

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When Louisa and Jonathan select a plan or choose to change plans, their coverage will begin on the first day of the month following plan selection as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

Knowledge Check

Takoda comes to you for help. He explains he's an American Indian from the Sioux tribe and wants to know if he needs health coverage through an FFM. He feels he's generally healthy and currently gets a yearly physical from an Indian Health Service (IHS) physician.

Based on this information, which of the following would be an appropriate response to provide to Takoda?

Select **all that apply** and then select **Check Your Answer**.

- A. You tell Takoda he must wait until the beginning of the next OEP to see if he can get health coverage through the Marketplace.
- B. You tell Takoda he isn't required to enroll in a Marketplace plan, but he may want to apply for health coverage through the Marketplace. By enrolling in a qualified health plan, he may benefit from having greater access to services that may not be included with services provided by the IHS.
- C. You tell Takoda he can apply for and enroll in Marketplace health insurance at any time during the year if he provides documents to verify his American Indian tribal membership.
- D. You tell Takoda he isn't required to enroll in a Marketplace plan. If he feels generally healthy, he shouldn't enroll in a health plan.

✓ Check Your Answer



Correct!

Based on his American Indian tribal membership, Takoda can apply for health coverage through the Marketplace at any time during the year. The Marketplace may provide him with greater access to providers and services while allowing him to remain eligible to access health care services through the IHS the same way he does now.

Takoda comes to you for help. He explains he's an American Indian from the Sioux tribe and wants to know if he needs health coverage through an FFM. He feels he's generally healthy and currently gets a yearly physical from an Indian Health Service (IHS) physician.

Based on this information, which of the following would be an appropriate response to provide to Takoda?

- A. You tell Takoda he must wait until the beginning of the next OEP to see if he can get health coverage through the Marketplace.
- B. You tell Takoda he isn't required to enroll in a Marketplace plan, but he may want to apply for health coverage through the Marketplace. By enrolling in a qualified health plan, he may benefit from having greater access to services that may not be included with services provided by the IHS.
- C. You tell Takoda he can apply for and enroll in Marketplace health insurance at any time during the year if he provides documents to verify his American Indian tribal membership.
- D. You tell Takoda he isn't required to enroll in a Marketplace plan. If he feels generally healthy, he shouldn't enroll in a health plan.

The correct answers are B and C. Based on his American Indian tribal membership, Takoda can apply for health coverage through the Marketplace at any time during the year. The Marketplace may provide him with greater access to providers and services, while allowing him to remain eligible to access health care services through the IHS the same way he does now.

Reassure any veterans who come to you for help that the ACA doesn't change their Veterans Affairs (VA) health benefits or veterans' health coverage costs.

VA coverage meets the requirements for MEC, so veterans who have VA coverage meet the individual share responsibility requirement. Veterans who choose to go without insurance are no longer subject to making individual shared responsibility payments because the fee is reduced to \$0.

Veterans' eligibility for a premium tax credit (PTC) through the FFM depends on whether they are enrolled in VA coverage.

- If veterans are eligible for VA health coverage but aren't enrolled, they can enroll in a QHP in an FFM and receive a PTC, depending on their household income.
- If veterans are enrolled in VA health coverage, they may choose also to enroll in a QHP in an FFM. However, they would not be eligible for a PTC.
- Veterans who are eligible for and enrolled in VA health coverage can still be found eligible for Medicaid. This would depend on if their eligibility is based on their income and other factors in their state's rules. Medicaid might be able to pay for services that their VA health coverage doesn't cover.



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- If veterans are enrolled in VA health coverage, they may choose also to enroll in a QHP in an FFM. However, they would not be eligible for a PTC.
- Veterans who are eligible for and enrolled in VA health coverage can still be found eligible for Medicaid. This would depend on if their eligibility is based on their income and other factors in their state's rules. Medicaid might be able to pay for services that their VA health coverage doesn't cover.

Knowledge Check

Henry is an Army veteran who is enrolled in VA health coverage. He comes to see you with questions about the Marketplace in his state. Henry doesn't know if he should apply for a QHP and whether it will affect his VA coverage.

What should you tell Henry?

Select the **correct answer** and then select **Check Your Answer**.

- A. Henry is not eligible to enroll in a QHP because he is enrolled in VA coverage.
- B. Henry may be eligible to enroll in a QHP, and he might be Medicaid eligible. He won't be eligible for the premium tax credit because of his VA coverage.
- C. Henry is eligible to enroll in a QHP and to get the premium tax credit.
- D. Henry should enroll in a QHP to avoid paying an individual shared responsibility payment.

✓ Check Your Answer



Correct!

Henry may be eligible to enroll in a QHP, but he won't be eligible for the premium tax credit if he is enrolled in VA coverage. He could be eligible for Medicaid. Whether he enrolls in a QHP or not, he won't have to pay the individual shared responsibility payment because his VA coverage qualifies as MEC, and the payment has been reduced to \$0 since tax year 2019.

Henry is an Army veteran who is enrolled in VA health coverage. He comes to see you with questions about the Marketplace in his state. Henry doesn't know if he should apply for a QHP and whether it will affect his VA coverage.

What should you tell Henry?

- A. Henry is not eligible to enroll in a QHP because he is enrolled in VA coverage.
- B. Henry may be eligible to enroll in a QHP, and he might be Medicaid eligible. He won't be eligible for the premium tax credit because of his VA coverage.
- C. Henry is eligible to enroll in a QHP and to get the premium tax credit.
- D. Henry should enroll in a QHP to avoid paying an individual shared responsibility payment.

The correct answer is B. Henry may be eligible to enroll in a QHP, but he won't be eligible for the premium tax credit if he is enrolled in VA coverage. He could be eligible for Medicaid. Whether he enrolls in a QHP or not, he won't have to pay the individual shared responsibility payment because his VA coverage qualifies as MEC and the payment is reduced to \$0 beginning in tax year 2019.

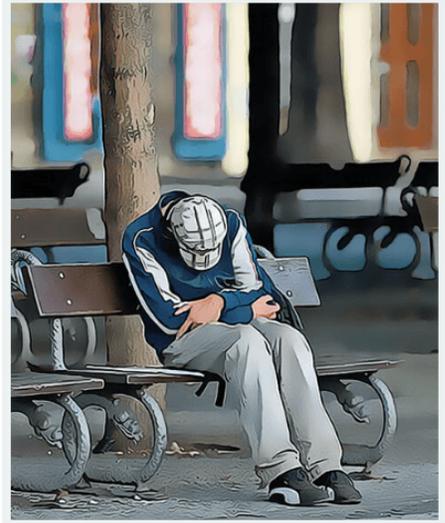
A consumer who does not have an address may not be eligible for health coverage in an FFM.

It's important to note that an address is a required component of the application process. Therefore, consumers who are homeless or don't have an address will need to provide one to complete a Marketplace application and get an eligibility determination.

Homeless consumers can list the following addresses on an application:

- Shelter, friend, or relative within the state in which they are applying for coverage
- Post office box (P.O. box)

Many consumers who are homeless may be eligible for Medicaid and other low-income services. If homeless consumers need additional help, you can direct them to the state Medicaid agency or other homeless service resources, like shelters and free community clinics. Be sure to follow all applicable [CMS guidance](#) when making referrals to organizations that aren't other FFM assisters or HHS entities.



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Consumers who are college students have many options for enrolling in health coverage.

Parents' Private Health Coverage

As with other young adults, Marketplace issuers must allow students to enroll in or stay on their parents' private health coverage (if dependent coverage is offered) until the day of their 26th birthday. However, Medicaid has different rules.

Purchase Health Coverage/Medicaid

The consumer may also be eligible to buy a health plan through an FFM during the [Open Enrollment Period](#) or during an SEP instead. A consumer may qualify for help paying for Marketplace coverage or for Medicaid/CHIP based on income level.

Catastrophic Health Coverage

Student consumers under the age of 30 also have the option to purchase a Catastrophic health plan. Catastrophic plans generally offer lower premiums and high deductibles. APTC can't be used to reduce premiums for such plans and CSRs aren't available.



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Open Enrollment Period

The FFM has an annual OEP each year. For 2023, the OEP is November 1, 2022, through January 15, 2023.

Knowledge Check

Jack, a 25-year-old full-time college student, comes to you to enroll in health coverage. He seems concerned because he knows he has to be enrolled in health coverage for school but is unaware of all of his options. He wants to be sure he understands the coverage options available to him so he can make an informed decision.

Which of the following is **NOT** an enrollment option that you would share with Jack?

Select the correct answer and then select **Check Your Answer**.

- A. Ask Jack if he knows if his school offers a student health plan and whether or not it qualifies as minimum essential coverage.
- B. Inform him that if he is under age 26, he may be eligible to enroll in or stay covered under his parents' health plan if it covers dependents.
- C. Tell Jack about his Marketplace options, like applying for individual health coverage or purchasing a Catastrophic health plan.
- D. Tell Jack that, because he is a student, he doesn't need health coverage and can visit the campus health services center if he needs care.

✓ Check Your Answer



Correct!

You wouldn't tell Jack that he doesn't need coverage as a student. While student consumers may have access to student health centers, they still generally need to meet the requirement to maintain minimum essential coverage. Jack may meet this requirement by enrolling in his school's student health plan if it has been recognized by HHS as minimum essential coverage, getting health coverage under his parents' health plan, or purchasing individual health coverage for himself.

Jack, a 25-year-old full-time college student, comes to you to enroll in health coverage. He seems concerned because he knows he has to be enrolled in health coverage for school but is unaware of all of his options. He wants to be sure he understands the coverage options available to him so he can make an informed decision.

Which of the following is **NOT** an enrollment option that you would share with Jack?

- A. Ask Jack if he knows if his school offers a student health plan and whether or not it qualifies as minimum essential coverage.
- B. Inform him that if he is under age 26, he may be eligible to enroll in or stay covered under his parents' health plan if it covers dependents.
- C. Tell Jack about his Marketplace options, like applying for individual health coverage or purchasing a Catastrophic health plan.
- D. Tell Jack that, because he is a student, he doesn't need health coverage and can visit the campus health services center if he needs care.

The correct answer is D. You wouldn't tell Jack that he doesn't need coverage as a student. While student consumers may have access to student health centers, they still generally need to meet the requirement to maintain minimum essential coverage. Jack may meet this requirement by enrolling in his school's student health plan if it has been recognized by HHS as minimum essential coverage, getting health coverage under his parents' health plan, or purchasing individual health coverage for himself.

Other health care resources are available to some consumers with HIV or AIDS. This can affect how these consumers receive Marketplace benefits.

You may meet with consumers who are living with HIV or AIDS and receiving health care services and assistance from the [Ryan White HIV/AIDS Program \(RWHAP\)](#). RWHAP funds may help consumers by covering the cost of premiums, deductibles, copayments, and coinsurance for their health insurance and medical/prescription drug benefits.

Consumers who receive services through the RWHAP while they are enrolled in a QHP may be eligible to have their QHP premiums paid directly to the issuer by the RWHAP. If these consumers get PTC, the RWHAP may pay for premium amounts that aren't already covered by the tax credit. RWHAP funds may also be used to help pay copayments, deductibles, and coinsurance.

To best help these consumers, tell them to contact their RWHAP office. Consumers can also talk to their medical providers about RWHAP assistance with their QHP premium payments and any additional cost sharing they may have under their QHPs.

Consumers living with HIV/AIDS may also be eligible for Medicaid or CHIP.

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Consumers living with HIV/AIDS may also be eligible for Medicaid or CHIP.

Ryan White HIV/AIDS Program (RWHAP)

The RWHAP provides care and services for people with HIV who are uninsured or underinsured, serving as a payer of last resort. This means that RWHAP provides services and coverage that aren't already paid for after all other payment sources (public or private health insurance plans) have been accessed. The RWHAP provides federal funding to states, cities, and providers of HIV/AIDS coverage and treatment but not directly to consumers.

Key Points



- You should be aware of health coverage options for specific populations of consumers, including veterans who are eligible for VA health benefits, individuals living with HIV/AIDS, homeless individuals, and college students.
- When applying for programs to help lower costs, consumers who report disability-related income to the FFMs must include Social Security payments and shouldn't include Supplemental Security Income, veterans' disability payments, or workers' compensation.
- Some states have specific income, asset, and disability criteria when determining Medicaid eligibility. Consumers in these states should contact their state Medicaid agency.
- AI/ANs have special provisions, options, and exemptions under ACA, which include SEPs and specific income-based eligibility for CSRs.

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Conclusion

Conclusion
Conclusion

Text Only



Congratulations!
You've finished the learning portion of this course.

Select the link to take the [Advanced Marketplace Issues and Technical Support](#) exam, or you can close the course and return to the exam later.

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Resources

These resources provide additional information and tools to help you in your role supporting consumers in the FFM.

Module 2 Resources

More information about working with immigrant consumer populations and the unique issues they may face is available at the [Marketplace.cms.gov](https://www.marketplace.cms.gov) website.

Obtaining Consumer Authorization and Handling Consumers' Personally Identifiable Information (PII) in the FFM: [Marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf)

Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs: [Marketplace.cms.gov/technical-assistance-resources/complex-cases-data-matching.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/complex-cases-data-matching.pdf)

Helping Consumers Resolve Outstanding Data Matching Issues (Inconsistencies): [Marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf)

A Tune-Up on Eligibility Rules and Application Process for Families with Immigrants: [CCF.georgetown.edu/2015/11/24/open-enrollment-eligibility-rules-application-process-immigrant-families/](https://ccf.georgetown.edu/2015/11/24/open-enrollment-eligibility-rules-application-process-immigrant-families/)

Serving Special Populations: Immigrants Fast Facts for Assisters: [Marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf)

How to Resolve Data Matching Inconsistencies: [Marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf)

Helping Consumers Resolve Data Matching Issues: [Marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf)

5 Things Assisters Should Know about Data Matching Terminations: [Marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf)

Tips for Submitting Supporting Documents to the Health Insurance Marketplace: [Hhs.gov/guidance/document/slides-tips-submitting-supporting-documents-health-insurance-marketplace](https://www.hhs.gov/guidance/document/slides-tips-submitting-supporting-documents-health-insurance-marketplace)

Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant People: [Medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing/index.html](https://www.medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing/index.html)

What immigrants and refugees need to know about the Affordable Care Act (ACA): [Marketplace.cms.gov/technical-assistance-resources/immigrants-refugees-need-to-know.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/immigrants-refugees-need-to-know.pdf)

Attesting to and Verifying Citizenship and Immigration Status: [Marketplace.cms.gov/technical-assistance-resources/verifying-immigration-status.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/verifying-immigration-status.pdf)

Electronic Verification of Immigration Status on HealthCare.gov: [Marketplace.cms.gov/technical-assistance-resources/electronic-verification-of-immigration.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/electronic-verification-of-immigration.pdf)

Verifying your identity: ID proofing in the Marketplace: [Marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf](https://www.marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf)

Assister Guide to the immigration Section of the Online Marketplace Application: [Marketplace.cms.gov/technical-assistance-resources/assister-guide-to-immigration-section.PDF](https://www.marketplace.cms.gov/technical-assistance-resources/assister-guide-to-immigration-section.PDF)

Refugees and the Affordable Care Act: [ACF.hhs.gov/sites/default/files/documents/orr/fact_sheet_refugees_and_the_affordable_care_act_508_8_27_13b_508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/orr/fact_sheet_refugees_and_the_affordable_care_act_508_8_27_13b_508.pdf)

Tools and toolkits: [Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html](https://www.marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html)

Multimedia resources: [Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html](https://www.marketplace.cms.gov/outreach-and-education/images-and-multimedia.html)

Module 3 Resources

Obtaining Consumer Authorization and Handling Consumers' Personally Identifiable Information (PII) in the Federally-facilitated Marketplace (FFM): [Marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf)

Taxes & the Health Insurance Marketplace: Overview for Marketplace Assisters: [Marketplace.cms.gov/technical-assistance-resources/tax-overview-for-assisters.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/tax-overview-for-assisters.pdf)

Application Spotlight: Family and Household Composition Section: [Marketplace.cms.gov/technical-assistance-resources/family-household-composition-section.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/family-household-composition-section.pdf)

Tax Information: [Marketplace.cms.gov/technical-assistance-resources/tax-information.html](https://www.marketplace.cms.gov/technical-assistance-resources/tax-information.html)

Report Life Changes When You Have Marketplace Coverage: [Marketplace.cms.gov/outreach-and-education/report-life-changes.pdf](https://www.marketplace.cms.gov/outreach-and-education/report-life-changes.pdf)

My Tax Checklist: [Marketplace.cms.gov/outreach-and-education/my-tax-checklist.pdf](https://www.marketplace.cms.gov/outreach-and-education/my-tax-checklist.pdf)

What to include as income: [HealthCare.gov/income-and-household-information/income/](https://www.healthcare.gov/income-and-household-information/income/)

How Health Coverage Affects Your Taxes: [Marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf](https://www.marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf)

Income Resource Chart: [Marketplace.cms.gov/technical-assistance-resources/income-resource-chart.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/income-resource-chart.pdf)

The Assister's Roadmap to Resources: [Marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf)

Module 4 Resources

Complex Case Scenarios: Preventing Gaps in Health Care Coverage Mini-Series: [Marketplace.cms.gov/technical-assistance-resources/transitioning-from-medicaid.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/transitioning-from-medicaid.pdf)

Consumer Options for Terminating Plans and Reporting Changes: [Marketplace.cms.gov/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf)

Tools & toolkits: [Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html](https://www.marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html)

Multimedia: [Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html](https://www.marketplace.cms.gov/outreach-and-education/images-and-multimedia.html)

Module 5 Resources

Understanding the Health Coverage Needs of People with Disabilities: [Nationaldisabilitynavigator.org/wp-content/uploads/presentations/2015-12-04_NDNRC_CMS.pdf](https://www.nationaldisabilitynavigator.org/wp-content/uploads/presentations/2015-12-04_NDNRC_CMS.pdf)

Information for American Indians and Alaska Natives Applying for Coverage [Marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf)

Scenarios: American Indians, Alaska Natives, and Special Tribal Provisions: [Marketplace.cms.gov/technical-assistance-resources/special-tribal-provisions.PDF](https://www.marketplace.cms.gov/technical-assistance-resources/special-tribal-provisions.PDF)

The Affordable Care Act and HIV/AIDS: [HIV.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids](https://www.hiv.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids)

Ryan White HIV/AIDS Program and the Evolving Health Care Landscape: [Ryanwhite.hrsa.gov/hiv-care/landscape](https://www.ryanwhite.hrsa.gov/hiv-care/landscape)

Fact Sheet: Topics to Consider When Helping People Living with HIV to Enroll in Health Care Coverage:

Careacttarget.org/sites/default/files/file-upload/resources/ACE_Enrollment_Fact_Sheet.pdf

Basics of Health Coverage Enrollment for Ryan White HIV/AIDS Program Clients:

Careacttarget.org/library/basics-health-coverage-enrollment-ryan-white-hivaids-program-clients

Working with Consumers with Disabilities: Marketplace.cms.gov/technical-assistance-resources/training-materials/consumers-with-disabilities.pdf

National Disability Navigator Resource Collaborative (NDNRC): Understanding the Health Coverage Needs of People with Disabilities: Nationaldisabilitynavigator.org/2014/11/18/ndnrc-to-present-on-cms-assisters-webinar/

Serving Special Populations: Serving Consumers with Disabilities: Marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf

Veterans Health Administration: Veterans "Deep Dive" Presentation for Assisters:

Marketplace.cms.gov/technical-assistance-resources/veterans-deep-dive.pdf

Training for navigators, agents, brokers, and other assisters: Marketplace.cms.gov/technical-assistance-resources/training-materials/training.html

Tools & toolkits: Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html

Multimedia: Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html