

Course 11 Complex Application Issues

Module 1 - Course Introduction

Complex Application Issues

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Welcome

In previous courses, you learned how to help consumers complete multiple tasks in the Federally-facilitated Marketplace (FFMs):

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

You also learned how to support various consumers and their concerns.

This course expands on what you've learned by focusing on some complex situations you may encounter.

Course Goal

Goal:

This course will provide you with additional information on how to help consumers in individual market FFMs with complex eligibility and enrollment issues not previously covered in-depth by other courses, including:

- Consumers in Mixed Immigration Status Households.
- Consumers with Complex Income Situations.
- Consumers in a Multi-tax Household.
- Consumers with Complex Eligibility Cases.
- Family Enrollment Issues.

Topics:

By the end of this course, you'll understand:

- How to assist members of households with multiple immigration statuses.
- How to assist members of multi-tax households and families enrolling in different qualified health plans (QHPs).
- How to help consumers with variable or unpredictable income.
- How to help consumers report a life change.

Note: All scenario names and situations are fictional. Any resemblance to actual persons, living or dead, is purely coincidental.

Module 2 – Assisting Consumers in Mixed Immigration Status Households

Introduction

In a previous course, you learned how to help lawfully present consumers and individuals who were seeking health coverage for themselves or applying on behalf of someone else.

Sometimes, one or more members of the same family will be lawfully present, including qualified non-citizens, or citizens of the U.S., while other members aren't. A family like this is called a mixed immigration status household. By the end of this module, you should understand the following concepts and accomplish the tasks below them.

Working Effectively

Describe strategies for showing sensitivity and working effectively with mixed immigration status households.

Eligibility and Coverage Options

Identify eligibility requirements and health coverage options for lawfully present and other noncitizen members of mixed immigration status households in the Marketplace—including Medicaid and the Children's Health Insurance Program (CHIP).

Documentation Requirements

Identify the eligibility and documentation requirements to enroll in health care coverage and verify immigrant status.

Immigrant Eligibility for Marketplace Coverage

For the purposes of Marketplace coverage in a qualified health plan (QHP), lawfully present means someone who:

- Has been admitted into the U.S. legally, has not violated any conditions of the admission to the U.S., and is 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.

Effective November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) published a final rule to modify the definition of “lawfully present” applicable to eligibility for enrollment in a Qualified Health Plan (QHP) through the Health Insurance Marketplace and a Basic Health Program (BHP). With this modification, Deferred Action for Childhood Arrivals (DACA) recipients will be considered lawfully present for purposes of Marketplace coverage in a QHP, thereby making it possible for DACA recipients who meet all other eligibility requirements to enroll in a qualified health plan through the Marketplace with financial assistance like APTCs or CSRs, or a BHP.

CMS did not finalize or change the definition of “lawfully present” for Medicaid and the Children’s Health Insurance Program (CHIP) under section 214 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA 214 option). The current definition of “lawfully present” used in determining eligibility for Medicaid and CHIP under the CHIPRA 214 option, based on State Health Official (SHO) letters, SHO #10-006 and SHO #12-002, continues to apply.

Scenario: Matou and her Parents

Let's review an example of a mixed immigration status household seeking health coverage. Pierre and LaGrande aren't lawfully present in the U.S. They have a daughter, Matou, who was born in the U.S. and is a U.S. citizen. Matou and her parents live in a state served by a Federally-facilitated Marketplace (FFM). What are this family's coverage options?

Marketplace coverage

While Matou is eligible to purchase health coverage through the FFM, her parents aren't.

Keep in mind that those who aren't lawfully present can still apply for health coverage on behalf of their family member(s) who are in the U.S. legally without being asked to give a Social Security Number (SSN) or proof of immigration status. Parents like Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S. citizen, can apply for coverage for that child.

You can refer to additional information about mixed immigration status households, including

[A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs](#) in the Resources section.

Also, review your state's guidance on lawfully present people. There might be health care services in your state offered to individuals who aren't lawfully present in the U.S. It's helpful to explore these other health care options.

Medicaid/CHIP

In a mixed immigration status household like Pierre and LaGrande's, the five-year waiting period for Medicaid or CHIP eligibility won't apply to Matou because she's a U.S. citizen. Depending on the household's income, she may qualify for Medicaid or CHIP. Remember that eligibility will also depend on the state in which a consumer lives.

As for Pierre and LaGrande, because they're not lawfully present, they aren't eligible for full Medicaid benefits, but they may qualify for emergency medical assistance from Medicaid for the treatment of an emergency medical condition. If Pierre and LaGrande are granted refugee status or another qualified immigration status described earlier, they would meet the immigration eligibility requirements for full Medicaid. They would still need to meet other Medicaid requirements (including income and residency requirements) under the state's plan.

Applicants in Mixed Immigration Status Households

As you help Pierre, LaGrande, and Matou, all questions about citizenship or immigration status that you ask Pierre and LaGrande when they're filling out the application for Matou should be in reference to Matou. For example, if a question on the application states, "Are you a U.S. citizen?" the question refers to Matou's citizenship and not that of her parents. The eligibility determination that Matou's parents receive from the FFM will only provide information about Matou's coverage options because she is the applicant.

A consumer's immigration status may be a sensitive topic. You should be mindful of this during your conversations with consumers. When you work with immigrant families, you can take steps to correctly identify the applicant(s) by asking whether the consumers are seeking health coverage for themselves or on behalf of someone else.

Correctly identifying the applicant(s) matters because asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act or Section 1557 of the Affordable Care Act (ACA).

Working With Mixed Immigration Status Households

Some consumers who are immigrants may not:

- Know their immigration status or have accurate information about their status.
- Know if they're eligible for coverage or have correct information about their eligibility.
- Have an SSN or a Green Card even when they're lawfully present.

When you assist households that include immigrants, you should:

Avoid Unnecessary Questions

Also, avoid words like undocumented, unauthorized, or illegal and instead use words like immigration status.

Identify Income

Ask consumers who are immigrants applying for help paying for coverage about their income status before asking about their immigration status.

Remind these consumers that their income may qualify them for programs that could lower their costs.

Tips to Effectively Serve Mixed Immigration Status Households

When you work with mixed immigration status households, you should:

Help

Offer to help all consumers—even if the applicants or non-applicant representatives haven't disclosed their citizenship status, immigration status, or SSNs.

Provide Resources

Keep fact sheets and other materials that describe lawfully present immigration status on hand. Ensure the materials are in a language consumers can understand.

Interpret

Provide free interpretation services and translated documents to consumers who don't speak English.

Knowledge Check

You're meeting with Aakash and Nita at an enrollment assistance appointment. They are married and have been living in Florida for the past ten years. Aakash has a worker visa and Nita is a refugee. They are not incarcerated. What types of health coverage might they be eligible for based on their immigration statuses?

Answer: Because Aakash has a worker visa, he is eligible for Marketplace coverage, but he is not eligible for Medicaid coverage. He is not eligible for Medicaid because having a worker visa does not qualify as having a "qualified non-citizen" immigrant status. However, his worker visa grants him "lawfully present" immigration status, and he is therefore eligible for Marketplace coverage. Because Nita is a refugee, her refugee immigration status makes her a "qualified non-citizen" who may be eligible for Medicaid, since her refugee immigration status does not require a five-year waiting period.

Scenario: Mixed Immigration Status 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, has been a Green Card holder for one year, and lives in Pennsylvania.

His wife, Esther Kim, and son, Ethan Kim, have just arrived in the U.S. as asylees. Esther is 33 years old, and Ethan is seven years old. The Kims want to understand what coverage the Marketplace has to offer.

Scenario: Meet the Kims

Coach: Good morning! What can I help you with today?

Consumer: 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 3 months.

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.

Scenario: Kiyung's Tax Information

So far, the Kims have completed the Set Up 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 and Esther plan on filing a joint tax return and they plan to claim their son Ethan as a dependent for the year they're applying for coverage. They answer the following application questions:

Household tax returns:

Will Kiyung file a 2024 joint federal income tax return with Esther?

Will Kiyung and Esther claim any dependents on their 2024 federal tax return?

Who will Kiyung and Esther claim as a dependent on their 2024 federal tax return?

Scenario: Verify Kiyung's Immigration Status

Let's review the citizenship and immigration application questions together.

Citizenship & immigration status:

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

Coach: Kiyung, since you, Esther and Ethan aren't U.S. citizens or U.S. nationals, select "No" to answer the first question.

A second question will display asking which individual isn't a U.S. citizen or U.S. national.

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

Coach: Select the check box next to all of your names and then select Save & continue.

Kiyung's immigration status:

Does Kiyung have eligible immigration status?

Coach: Next, select "Yes" to indicate that Kiyung has eligible immigration status.

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

Coach: Finally, select "Permanent Resident Card" from the list of document types that displays so Kiyung can enter his alien number and Green Card number.

Scenario: Verify Esther's Immigration Status

Now Esther is completing the portion of the application for herself and Ethan. Esther states she and Ethan are asylees.

Esther's immigration status

Does Esther have eligible immigration status?

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

Ethan's immigration status

Does Ethan have eligible immigration status?

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

Esther selects "Yes, Esther has eligible immigration status" for herself and "Yes, Ethan has eligible immigration status" for Ethan.

She also selects the drop down arrow next to "Arrival/Departure Record" and selects "Arrival/Departure Record (I-94/I-94A)" for both herself and Ethan to indicate the document type that corresponds with their most current documentation and status.

At this point, Kiyung and Esther have updated their application with information about their immigration status.

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.
- For more information on immigration documents, refer to the *Serving Select Population Groups and Communities* course.

Module 3 – Assisting Consumers with Complex Income Situations

Introduction

Reporting household income on a Marketplace application can be difficult for consumers who:

- Have an unpredictable household income or are self-employed,
- Receive disability-related income, or
- Have no household income.

By the end of this module, you should understand the following concepts and accomplish the tasks below them.

Unpredictable or Inconsistent Household Income

Understand how to help consumers with unpredictable or inconsistent household income estimate their income.

Other Coverage Options

Discuss other coverage options for consumers with no household income.

Change in Income

Describe the impact of changes in household income and explain how to report these changes.

Households with Unpredictable or Inconsistent Income

Some consumers may not have 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. Here are some ways you can help these consumers approximate their household incomes.

If consumers have a copy of last year's federal income tax return, they should use 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 subtract any self-employment expenses.

And

- This will give consumers a projection of their annual household income for the coverage year.
- The Federally-facilitated Marketplaces (FFMs) can use this projection to estimate how much help the consumer may be eligible to lower their costs.

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 household income changes.

If consumers have a current monthly household income that qualifies them for Medicaid or CHIP then they can determine if they can enroll in Medicaid or CHIP by filling out a Marketplace application, and then enroll if otherwise eligible. When they report their household income on the Marketplace application, their eligibility for Medicaid will be evaluated when they submit their application.

And

- They can report an increase in household income later in the year, if applicable.
- They can then enroll in a QHP with advance payments of the premium tax credit / cost-sharing reductions (APTC/CSRs), if eligible.

Impact of Income Changes on Financial Assistance

Inconsistent household incomes can affect the amount of advance payments of the premium tax credit (APTC) 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 federal income tax returns by choosing to take:

- Less than the full amount of APTC calculated (or none of it) based on their projected household income so they are more likely to receive a PTC when they file their federal income tax returns.

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 Children's Health Insurance Program (CHIP)).

If consumers who get APTC and CSRs don't report mid-year changes, they may not receive the correct amount and may have to pay back some or all of the APTC paid on their behalf when they file their federal income taxes. Consumers who *don't* get APTC and CSRs may become **newly eligible**.

Review the *Affordable Care Act Basics* course for more information.

Newly Eligible

Consumers who report a mid-year change in household income that makes them eligible for APTCs/CSRs 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.

Inconsistent Income

Let's consider an example based on 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 help lowering his costs. How can you help Ed?

- 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 household 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.
- Explain to Ed that if his household income changes after enrolling, he can log into his Marketplace account and select "Report a Life Change" to update his household income.

Knowledge Check

Myrna is a self-employed farmer. She and her family are eligible to enroll in a QHP with APTC through the Marketplace. She's worried about choosing APTC because her household income from the farm isn't predictable, and she especially wants to avoid owing money to the government when she files her taxes. How should you help Myrna?

Answer: You should tell Myrna if she takes less APTC than she qualifies for, she is less likely to owe money when reconciling. She should return to the Marketplace to update her household income later if she thinks she will earn more than previously expected.

If Myrna or 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 Myrna can't afford to pay the full monthly premiums, she can apply a monthly tax credit for now and report a change in her household income later in the year when she has a better estimate.

Self-Employed Consumers

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

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

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

Consumer: 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?

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

Coach: Will you have any business expenses next year?

Consumer: 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 household income for next year.

Consumers With No Income

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

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

Consumer: 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. But, since 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 certain preventive services until you meet a high annual deductible.

Consumer: 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!

Reporting Disability-related Income

When estimating annual household income on 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:

Report This Income:

Social Security income

Social Security income includes:

- Social Security Disability Insurance (SSDI)
- Retirement income
- Survivor's benefits

These forms of income are counted in the modified adjusted gross income (MAGI), even when not taxable.

Don't Report This Income:

Supplemental Security Income (SSI)

SSI is separate from Social Security Income, even though they sound alike. It is designed to help persons who are aged, blind, or disabled or who are very low income and have limited assets. SSI isn't taxed and doesn't count towards MAGI.

Note: Don't include anticipated Social Security payments for applications that haven't yet been approved.

Knowledge Check

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

Answer: Social Security Disability Insurance (SSDI) payments are the only type of disability-related income that should be listed on a Marketplace application. Veterans' disability income payments, Supplemental Security Income (SSI) payments, and workers' compensation payments shouldn't be listed as income.

Key Points

- Consumers with inconsistent household incomes may need assistance estimating their annual household incomes when applying for programs to help lower their costs.
- You should be able to explain to consumers who receive disability-related income which income to report on their Marketplace application.
- It's important for consumers who apply and qualify for APTC to report changes in household income and household size to the Marketplace, so they won't have to pay back excess APTC when they file federal income taxes.

Module 4 - Assisting Consumers in a Multi-tax Household

Introduction

Multi-tax households might face challenges when creating a Marketplace account and completing an application. By the end of this module, you should understand the following concepts and accomplish the tasks below them.

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.

Changes in Household Size

Explain how to report any changes in household size.

Key Terms

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

For eligibility for APTC, a "tax household" consists of the tax filer, their spouse, and any tax dependents. The Federally-facilitated Marketplace (FFM) considers any consumer who is not a tax dependent and who files a federal income tax return separate from other members of their family, to be their own tax household.

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 for information about these non-applicant household members if needed.

Knowledge Check

Adam comes to you for help with his Marketplace application. What should you ask Adam to determine if he's in a multi-tax household?

Answer: 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 file 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.

Assisting Consumers in Multi-tax Households

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

Applying for help paying for coverage

If any member of a multi-tax household wants to apply for help paying for coverage, their tax household must 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.

Number of Applications

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, and any tax dependents.

Answering questions about other individuals

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 household members (like birth dates and household income), even if they aren't on the same tax return.

For adults applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even if they aren't applying for coverage themselves:

- All people on the same federal income tax return, including spouses and dependents;
- Any spouse who lives with the consumer, even if they aren't on the same tax return; and
- Any children under 21, including stepchildren who live with them, even if they aren't on the same tax return.

For children under 19 who are applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even if these individuals aren't applying for coverage themselves:

- All people on the same federal income tax return, including parents and siblings;
- Any parents, including stepparents, who live with them, even if they're not on the same tax return; and
- Any siblings (including stepsiblings and half-siblings) who live with them, even if they're not on the same tax return.

Scenario: Multi-tax Household Applying for QHP Coverage

Olivia and Kara demonstrate one type of multi-tax household. Consider how they should apply for qualified health plan (QHP) coverage.

You're 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 doesn't 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

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 help applying for health coverage and programs to help lower their costs through the Marketplace. How should you help them?

Answer: Because Mary and Julian qualify as two separate tax households, you should help them submit two applications. The first application will list Mary as the application filer who is applying for coverage and Julian as a non-applicant since he is under 21 and lives with Mary. The second application will list Julian as the application filer applying for coverage and Mary as a non-applicant since she's a parent he lives with, and he is applying for help paying for coverage.

Domestic Partners

Domestic partners are another 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 Internal Revenue Service (IRS) defines registered domestic partnerships, civil unions, or similar formal relationships as relationships with individuals of the same or 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 joint filing status.

Here are some helpful tips for assisting domestic partners with applying for coverage at [HealthCare.gov](https://www.healthcare.gov).

If the couple has no children together and neither is the tax dependent of the other, then each domestic partner must submit 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, then each domestic partner must submit a separate application because the partners aren't married and can't file a joint tax return. If one of the partners will claim the child(ren) as tax dependents, that partner should include the child(ren) on their application. Depending on the family's specific situation, each partner may need to provide information about the other partner as a "non-applicant" on their application.

If one person in the domestic partnership is claimed as a dependent by the other person, then they can apply for coverage on the same application since they are one tax household.

Scenario: Domestic Partners Applying for Marketplace Coverage

Let's help a multi-tax household complete an application.

Lindsey and Roger are domestic partners. They are applying 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.

Scenario: How Many Applications are Needed?

This household needs to submit two applications:

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

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.

Let's review the steps Roger would follow to fill out his application to understand how consumers should file multi-tax household applications. Lindsey should follow the same steps for 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.

Who needs health coverage?

By default, Roger's name automatically displays under the "Needs coverage" section with a green checkmark next to it.

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

Scenario: Add a Person Who Needs Coverage

Add a person who needs health coverage

Once Roger selects “Add a person who needs coverage”, fields will display where Roger can input Peter’s information. Roger should enter the requested information including name, date of birth, sex, and answer the question “How is this person related to Roger?” by selecting the drop down menu. Then select Save & continue.

Scenario: 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.

Scenario: Adding Amanda to the Application

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

Roger must enter Amanda's information including name, date of birth, and sex. Roger must also specify his and Peter's relationship to Amanda by selecting the correct option from a drop-down menu to answer, "How is Amanda related to Roger?" Roger should select the option "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 then 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 application, he should select the Edit button next to Amanda's name.

Edit Amanda's information

The question "Does Amanda need coverage" will display at the top of the screen. Roger should select "No", then Save & continue. Amanda is now included as a non-applicant.

Scenario: 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.

Household tax returns

Roger's 2024 tax return

Will Roger file a 2024 federal income tax return?

Will Roger claim any dependents on their 2024 federal tax return?

Who will Roger claim as a dependent on their 2024 federal tax return?

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 the year they're applying for coverage.
- 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.

Marital status

What's Roger's marital status? Roger should select "Single".

Now Roger must indicate whether everyone lives at the same address. Some applicants can get more help paying for coverage if they live with and care for children under age 19—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.

Where does everyone live?

Do all of these people live together at this address?

Roger

Peter

Amanda

34 Elsmere Blvd

Wilmington, DE 19805-4130

Roger should select "Yes".

Lindsey won't be included on Roger's application, even as a non-applicant, because she isn't 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 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 isn't Amanda's parent nor Lindsey's tax dependent.

Key Points

- You should be able to assist consumers in multi-tax households with completing and submitting separate Marketplace applications.
- It's important for consumers who apply and qualify for APTC to report changes in household income and household size as soon as possible to the Marketplace so they won't have to pay back excess APTC when they file federal income taxes.

Module 5 – Helping Families Enroll

Introduction

This module 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. By the end of this module, you should understand the following concepts and accomplish the tasks below them.

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.

Survivors of Domestic Abuse

Identify PTC and CSR eligibility for consumers who are survivors of domestic abuse.

SEPs and SEP Verification

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

Families That Enroll in Different QHPs

Members of the same family may want to enroll in different QHPs based on 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 in 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 FFM will allocate any APTC to each plan according to Marketplace rules.

Scenario: Enrolling in Different QHPs

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

You're eligible to enroll in Marketplace coverage

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.

1. Decide how much tax credit to use to lower your premium
2. Report tobacco use
3. See if plans cover your doctors, hospitals & prescription drugs
4. Choose health plans

STEP 2

On the "Choose Health Plans" task (task 4), select the Start button.

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.

- 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

Johnny Michaels (Age 53)

Kim Michaels (Age 53)

STEP 3

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

Edit health plan groups for household

After editing your groups, you'll get updated health plan results. If you move a household member after choosing a plan, you need to select a plan again.

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.

Group: 1

Johnny Michaels (Age 53)

Group: 2

Kim Michaels (Age 53)

STEP 5

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

Review your health plan choices

STEP 6

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

Are you interested in a separate dental plan?

STEP 7

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

Confirm your plan choices

STEP 8

Review and confirm selections.

Knowledge Check

You're 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're discussing their QHP options. What is accurate to share with this family?

Answer: Family members may determine which QHP best meets their individual needs and can select and enroll in a different QHP. You may assist the family in completing the online Marketplace application and selecting the QHPs 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 Children's Health Insurance Program (CHIP) agency to process Johnny's enrollment in CHIP. Here's how to make sure Johnny is enrolled in Kim's choice of coverage.

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 for Medicaid, you could 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.

Consumer: 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 one 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 know that CHIP provides comprehensive benefits designed specifically for children and may have lower cost sharing amounts than a QHP.

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

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?

Answer: Trina can enroll Annabelle in the same QHP she has selected, but Annabelle won't be able to get APTC and CSRs due to being eligible for CHIP.

Survivors of Domestic Violence

You may encounter married consumers who are survivors 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 survivors of domestic abuse to contact 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, the consumer can still 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. 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.

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 or her spouse's income information because she's a survivor of domestic abuse and lives apart from her spouse. She does not plan to file jointly with her husband.

How should you help Maila enroll in health coverage?

Answer: You should reassure Maila that, despite not having access to her spouse's income information, she'll be able to apply for Marketplace coverage with financial assistance by listing her marital status as not married. Survivors of domestic abuse won't face any penalty for representing that they aren't married on their applications.

Scenario: Removing a Covered Person From an Application

Now, let's 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 employer-sponsored coverage. Although Maria and Juan are married, Juan's employer doesn't offer spousal coverage.

In this situation, Juan wants to terminate his QHP coverage through the FFM to enroll in employer-sponsored 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

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 menu on the left.
- Review the “What kind of changes should I report?” section and select the Report a Life Change button.

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 they they're enrolled in a Marketplace plan
- Your household income goes up or down, like from a job or benefit.
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone new needs 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

Type of Life Change

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

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

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

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

Who needs health coverage?

Needs coverage

Maria; option to edit

Juan; options to edit or to remove

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

Add Juan as a Non-Applicant

The application will ask whether Maria and Juan want to remove Juan from the application or change his status to a non-applicant and keep him on the application.

Remove Juan?

Remove Juan, or change their coverage needs?

Remove Juan from the application

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

In this situation, they should select the button next to "Change Juan's status to "Doesn't need coverage" and keep them on the application" since he is married to Maria and part of Maria's tax household. Once they select Save & continue, Juan should be listed as a non-applicant who isn't applying for coverage.

If Juan's new coverage doesn't start the day the Ortegas are meeting with you, advise them to contact Juan's new plan and find out his 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 END COVERAGE 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 identify whether Maria is 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 but may be limited in the type of plan they can choose. If they are eligible for a different tax credit, they can update their tax credit usage on the “Enroll To-Do List” screen.

Removing a Non-Applicant

Due to life changes like death or divorce, or changes in tax household, 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

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?" and select Remove 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 & continue 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, if permitted by the QHP's business rules or,
- Enroll in a separate QHP at any metal level.

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

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

SEP Verification

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 continue to be required to submit supporting documents.

Consumers generally have 60 days from the date of their qualifying life event to apply through 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.

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.
- Survivors 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 generally 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.

Module 6 - Assisting Consumers With Complex Eligibility Issues

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. By the end of this module, you should understand the following concepts and accomplish the tasks below them.

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, and college students.

Disability and Medicaid Eligibility: Key Considerations

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

- Be familiar with the Medicaid eligibility criteria for individuals with disabilities
- Know where to refer consumers in your state
- 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 Insurance (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).

Know where to refer individuals 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.

Remember 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 but may be able to get Medicaid coverage while they wait.

Individuals 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.

Disability/Blindness and Medicaid Eligibility

Federal law provides both mandatory and optional Medicaid coverage for individuals who have blindness or disabilities. Whether they receive Supplemental Security Income (SSI) may affect such consumers' eligibility for Medicaid.

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 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 eligibility advice to these consumers on your own. Refer these consumers to their state Medicaid agency.

State Medicaid Eligibility Criteria for SSI recipients

In most states and Washington, D.C., individuals who receive SSI due to a disability or blindness are automatically eligible for Medicaid. There are currently eight states that don't automatically grant Medicaid eligibility when a consumer receives SSI: Connecticut, Hawaii, Illinois, Minnesota, Missouri, New Hampshire, North Dakota, and Virginia.

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**," and that the impairment is expected to result in death or has lasted or is expected to last 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.
- Consumers who don't receive SSI but are seeking Medicaid eligibility based on blindness don't have to demonstrate that their impairment prevents them from performing substantial gainful activity; however, there is a medical standard to evaluate whether such individuals have a visual impairment that satisfies categorical eligibility criteria.
- The Marketplace application in the FFMs asks whether individuals 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 determine if the consumer is categorically eligible for Medicaid.

Substantial Gainful Activity

The term "substantial gainful activity" (SGA) describes a level of work activity and earnings. Work is "substantial" if it involves significant physical and / or mental activities.

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

Asset Test

For some categories of Medicaid-eligible consumers (e.g., individuals 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 complex, and you should refer consumers to their state Medicaid agency for more information.

Knowledge Check

True or false? All consumers with a disability who receive SSI benefits automatically qualify for Medicaid in all states.

Answer: 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.

Dual Medicaid/CHIP and Marketplace Coverage

Consumers who are enrolled in Marketplace coverage with advanced premium tax credits/cost-sharing reductions (APTC/CSRs) and are waiting for a final determination of Medicaid/CHIP eligibility from their state shouldn't end their Marketplace coverage.

Consumers determined eligible for Medicaid / CHIP

Consumers enrolled in Marketplace coverage with financial assistance need to update their FFM application if they are later determined eligible for Medicaid or CHIP that counts as minimum essential coverage (MEC) by their state Medicaid or CHIP agency. 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 Marketplace plan. If a consumer opts to do this, they should notify their state Medicaid or CHIP agency of their Marketplace enrollment. 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.

More information on when and how to end a Marketplace plan with APTCs and CSRs is available at [Canceling a Marketplace plan when you get Medicaid or CHIP](#).

In addition to the eligibility determination notice (EDN) that the FFM sends consumers, consumers in both assessment and determination states will be sent a notice from the State Medicaid Agency (SMA) with information about Medicaid or 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 Medicaid or CHIP 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 a special enrollment period (SEP).

If a consumer disagrees with an assessment state's eligibility determination, the consumer has 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.

Medicaid/CHIP Eligibility Redeterminations

Remember that Medicaid/CHIP eligibility is based on several factors. Consumers who were once eligible for Medicaid or CHIP may become ineligible and vice versa.

Consumers enrolled in Medicaid/CHIP should report any changes in circumstances (e.g., household size or household income) to their state agency. When the state agency receives information that an enrollee's circumstance has changed, it will redetermine eligibility. This includes determining eligibility for all Medicaid eligibility categories. 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. As soon as the consumer learns from the state that their Medicaid or CHIP coverage is ending, they should update and submit their existing FFM application (if they have previously applied), or complete and submit a new application. When filling out their FFM application, consumers should report their recent or upcoming loss of Medicaid or CHIP coverage. Updating/completing and submitting an FFM application will inform the consumer of their eligibility for Marketplace coverage with financial assistance and an SEP.

Helping Veterans With Their Health Care Coverage

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

VA coverage meets the requirements for MEC.

Veterans' eligibility for APTC 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 may be eligible to receive APTC.
- If veterans are enrolled in VA health coverage, they may choose also to enroll in a QHP in an FFM. However, they wouldn't be eligible for APTC.
- Veterans who are eligible for and enrolled in VA health coverage can still be found eligible for Medicaid. Medicaid might be able to pay for services that their VA health coverage doesn't.

Knowledge Check

Henry is an Army veteran enrolled in VA health coverage. He has 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?

Answer: Henry may be eligible to enroll in a QHP, but he won't be eligible for the premium tax credit because he is enrolled in VA coverage. He could be eligible for Medicaid.

College Students

Consumers who are college students have several options for 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 they turn 26 (or later if required under state law).

- If a young adult is covered by a parent's job-based plan, their coverage usually ends when they turn 26 (or later if required under state law). But they should check with the employer plan. Some states and plans have different rules.
- If a young adult is on a parent's Marketplace plan, they can remain covered through December 31 of the year they turn 26 (or later if required under state law).
- If a young adult is in a separate tax household from their parents and wants to enroll in Marketplace coverage with financial assistance, they cannot be included on their parents' Marketplace application and therefore won't be able to enroll in the same plan. The young adult will need to submit their own application and enroll in a separate plan.

Purchase Health Coverage/Medicaid

The consumer may also be eligible to buy a health plan through an FFM during the Open Enrollment Period (OEP) or during an SEP. A consumer may qualify for help paying for Marketplace coverage or for Medicaid/CHIP based on household income.

Catastrophic Health Coverage

Student consumers under the age of 30 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.

Knowledge Check

Jack, a 25-year-old full-time college student, comes to you to enroll in health coverage. He seems concerned because he must be enrolled in health coverage for school but is unaware of his options. He wants to be sure he understands his coverage options so he can make an informed decision.

What enrollment option would you NOT share with Jack?

Answer: You wouldn't tell Jack that he doesn't need coverage as a student. While students may have access to student health centers, they still need to maintain minimum essential coverage (MEC), even if there's no penalty for failing to maintain MEC. Jack may meet this requirement by enrolling in his school's student health plan if it has been recognized by the Department of Health and Human Services (HHS) as minimum essential coverage, getting health coverage under his parents' health plan, or purchasing individual health coverage for himself.

Consumers Who Receive HIV/AIDS Assistance

Other health care resources are available to some consumers living with HIV or AIDS. This can affect how these consumers receive Marketplace benefits.

You may meet with consumers living with HIV or AIDS and who are receiving health care services and assistance from the **Ryan White HIV/AIDS Program (RWHAP)**.

Ryan White HIV/AIDS Program (RWHAP)

The RWHAP provides care and services for people with HIV who are uninsured or underinsured, as a payer of last resort. This means that RWHAP provides services and coverage that aren't paid 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. RWHAP funds may cover the cost of premiums, deductibles, copayments, and coinsurance for health insurance and medical/prescription drug benefits.

Consumers who receive services through the RWHAP while they're enrolled in a QHP may have their premiums paid directly to the issuer by the RWHAP. If these consumers get APTC, the RWHAP may pay for premium amounts that aren't covered by APTC. RWHAP funds may also be used to pay copayments, deductibles, and coinsurance under their QHP.

To best help these consumers, instruct them to contact their RWHAP office. Consumers can also ask their medical providers about RWHAP assistance.

Consumers living with HIV/AIDS may also be eligible for Medicaid or CHIP.

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, 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 SSI, veterans' disability payments, or workers' compensation.
- Some states have specific income, asset, and disability criteria when determining Medicaid eligibility. Consumers should contact their state Medicaid agency.

Conclusion

Congratulations!

You've finished the learning portion of this course. Select Exit Course to leave the course and take the Complex Application Issues exam or to close the course and return to the exam later.

"If you choose to take the exam, the code to access this exam is: 154911.

Resources

Note: There are some references and links to nongovernmental third-party websites in this section. 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.

Module 2 – Assisting Consumers in Mixed Immigration Status Households

Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant People: States providing Medicaid or CHIP coverage to lawfully residing children and/or pregnant individuals.

[Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals](https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals)

Marketplace Verification of Citizenship and Immigration Status: Update to How the Marketplace Verifies Citizenship and Immigration Status.

[CMS.gov/marketplace/technical-assistance-resources/marketplace-verification-immigration-status.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/marketplace-verification-immigration-status.pdf)

Assister Guide to the Immigration Section of the Online Marketplace Application: This guide will help you assist consumers with completing the citizenship and immigration questions of the online Marketplace application.

[CMS.gov/marketplace/technical-assistance-resources/assister-guide-to-immigration-section.PDF](https://www.cms.gov/marketplace/technical-assistance-resources/assister-guide-to-immigration-section.PDF)

Refugees and the Affordable Care Act: Fact sheet defining “refugees” and the list of eligible groups.

[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)

National Immigration Law Center: A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs.

[NILC.org/issues/economic-support/quick-guide-aca-means-tested-programs/](https://nilc.org/issues/economic-support/quick-guide-aca-means-tested-programs/)

Tips for Submitting Supporting Documents to the Health Insurance Marketplace: Guidance for presentation provides FFM assisters with tips on submitting supporting documents to the FFM.

[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)

Assister outreach and education: Tools and toolkits.

[CMS.gov/marketplace/in-person-assisters/outreach-education/partner-tools-toolkits](https://www.cms.gov/marketplace/in-person-assisters/outreach-education/partner-tools-toolkits)

Assister outreach and education: Multimedia resources.

[CMS.gov/marketplace/in-person-assisters/outreach-education/images-multimedia](https://www.cms.gov/marketplace/in-person-assisters/outreach-education/images-multimedia)

Module 3 – Assisting Consumers with Complex Income Situations

Taxes & the Health Insurance Marketplace: Overview for Marketplace Assisters.

[CMS.gov/marketplace/technical-assistance-resources/tax-overview-for-assisters.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/tax-overview-for-assisters.pdf)

Application Spotlight: Family and Household Composition Section: Guidance for assisters in the individual FFMs on assisting consumers with understanding the family and household composition section of the HealthCare.gov application.

[HHS.gov/guidance/document/application-spotlight-family-and-household-composition-section](https://www.hhs.gov/guidance/document/application-spotlight-family-and-household-composition-section)

Assister Technical Resources: Tax information forms, fact sheets, and presentations.

[CMS.gov/marketplace/in-person-assisters/technical-resources/tax-information](https://www.cms.gov/marketplace/in-person-assisters/technical-resources/tax-information)

Report Life Changes When You Have Marketplace Coverage: Fact sheet on reporting life changes.

[CMS.gov/marketplace/outreach-and-education/report-life-changes.pdf](https://www.cms.gov/marketplace/outreach-and-education/report-life-changes.pdf)

Count Income and Household size: 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: Locate a consumer's tax situation.

[CMS.gov/marketplace/outreach-and-education/health-coverage-affects-taxes.pdf](https://www.cms.gov/marketplace/outreach-and-education/health-coverage-affects-taxes.pdf)

Income Resource Chart: Where to find more information when calculating income when filing taxes.

[CMS.gov/marketplace/technical-assistance-resources/income-resource-chart.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/income-resource-chart.pdf)

The Assister's Roadmap to Resources: The Roadmap introduces important Marketplace and other health coverage topics, provides links to helpful resources on those topics, and contains information that assisters "Need to Know" when helping consumers apply for and enroll in Marketplace and other health coverage.

[CMS.gov/marketplace/technical-assistance-resources/assisters-roadmap-to-resources.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/assisters-roadmap-to-resources.pdf)

Complex Case Scenarios: Preventing Gaps in Health Care Coverage Mini-Series: Transitioning from Medicaid Coverage to Other Health Coverage.

[CMS.gov/marketplace/technical-assistance-resources/transitioning-from-medicaid.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/transitioning-from-medicaid.pdf)

Module 4 – Assisting Consumers in a Multi-tax Household

Consumer Options for Terminating Plans and Reporting Changes: Helping consumers cancel or terminate coverage and report life changes to the Marketplace.

[CMS.gov/marketplace/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf)

My Tax Checklist: A checklist of what a consumer might need when filing their taxes.

[CMS.gov/marketplace/outreach-and-education/my-tax-checklist.pdf?auid=15176069](https://www.cms.gov/marketplace/outreach-and-education/my-tax-checklist.pdf?auid=15176069)

Module 5 – Helping Families Enroll

Application Process Assistance at CMS.gov:

[CMS.gov/marketplace/in-person-assisters/technical-resources/process-assistance](https://www.cms.gov/marketplace/in-person-assisters/technical-resources/process-assistance)

Marketplace Assister Microlearnings at CMS.gov:

[CMS.gov/marketplace/technical-assistance-resources/marketplace-assister-microlearning](https://www.cms.gov/marketplace/technical-assistance-resources/marketplace-assister-microlearning)

Module 6 – Assisting Consumers with Complex Eligibility Issues

The Affordable Care Act and HIV/AIDS: Improving access to coverage for consumers.

[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: Working Together to Ensure Optimal HIV Care and Treatment for People Living with HIV.

[RyanWhite.hrsa.gov/hiv-care/landscape](https://www.RyanWhite.hrsa.gov/hiv-care/landscape)

Enrollment Resources for Ryan White HIV/AIDS Program Clients: Videos for your waiting room or website, posters, fact sheets, and other resources developed to educate and inform RWHAP clients about health care and insurance.

[Targethiv.org/library/topics/enrollment-resources-consumers](https://www.Targethiv.org/library/topics/enrollment-resources-consumers)

Working with Consumers with Disabilities: Federal nondiscrimination requirements to comply with when helping consumers with various disabilities, legal protections for consumers with disabilities, resources that can help you assist consumers with disabilities, and best practices.

[CMS.gov/marketplace/technical-assistance-resources/training-materials/consumers-with-disabilities.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/consumers-with-disabilities.pdf)

Serving Consumers with Disabilities: Guidance for Assisters who help individuals with disabilities, and individuals helping people with disabilities.

[CMS.gov/marketplace/technical-assistance-resources/consumers-with-disabilities.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/consumers-with-disabilities.pdf)

Veterans Health Administration: Veterans "Deep Dive" Presentation for Assisters.

[CMS.gov/marketplace/technical-assistance-resources/veterans-deep-dive.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/veterans-deep-dive.pdf)

Assister Training and Webinars: Training for navigators, agents, brokers, and other assisters.

[CMS.gov/marketplace/in-person-assisters/training-webinars/training](https://www.cms.gov/marketplace/in-person-assisters/training-webinars/training)

Social Security Income (SSI): Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Programs.

[SSA.gov/ssi](https://www.ssa.gov/ssi)

Medicaid and CHIP: Canceling a Marketplace plan when you get Medicaid or CHIP.

[Healthcare.gov/medicaid-chip/cancelling-marketplace-plan/](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/)

Consumer Authorization and Personally Identifiable Information (PII): Obtaining Consumer Authorization and Handling Consumers' PII in the FFM.

[CMS.gov/marketplace/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf)

Data Matching Inconsistencies (DMIs): How to Resolve Income DMIs.

[CMS.gov/marketplace/technical-assistance-resources/resolve-income-data-matching-issues.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/resolve-income-data-matching-issues.pdf)

Assist Your Clients with Identity Proofing in the Marketplace: This tip sheet reviews identity proofing requirements for consumers who apply for coverage through an FFM.

[HHS.gov/guidance/sites/default/files/hhs-guidance-documents/AB-IdentityProofing-TipSheet-April232018.pdf](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/AB-IdentityProofing-TipSheet-April232018.pdf)