

Advanced Marketplace Issues and Technical Support



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Course Introduction


Welcome

Course Introduction

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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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Select each menu item below to read each disclaimer.

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

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You need to be aware of these training disclaimers.

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 should not 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 [10 essential health benefits](#), but specific services covered in each broad benefit category may vary based on your state's requirements.

Remote Application Assistance:

Navigators in FFMNs are not 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 FFMNs 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.marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf).

FFM Navigator Duties:

Beginning with Navigator grants awarded in 2019, FFM Navigators may but are no longer required to provide information on or assist consumers with the following topics:

1. Understanding the process of filing Marketplace eligibility appeals;
2. Understanding and applying for exemptions granted through the Marketplace and/or claimed through the tax filing process if over age 30 and seeking to enroll in a catastrophic plan;
3. Marketplace-related components of the premium tax credit reconciliation process;
4. Understanding basic concepts and rights related to health coverage and how to use it; and
5. 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, exemptions from the requirement to maintain minimum essential coverage, 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 FFMNs 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 FFMNs 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.



Definitions

Course Introduction

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Definitions

In this lesson the terms "you" and "assister" refer to the following types of assisters:
Select each nametag.



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 these training courses, 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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In this lesson the terms "you" and "assister" refer to the following types of assisters:

Navigators in Federally-facilitated Marketplaces

Certified application counselors in Federally-facilitated Marketplaces

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Course Overview

Course Overview



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 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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Welcome

Course Introduction

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Welcome



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

Advanced Immigration Status and Eligibility Issues

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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

Advanced Immigration Status and Eligibility Issues


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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

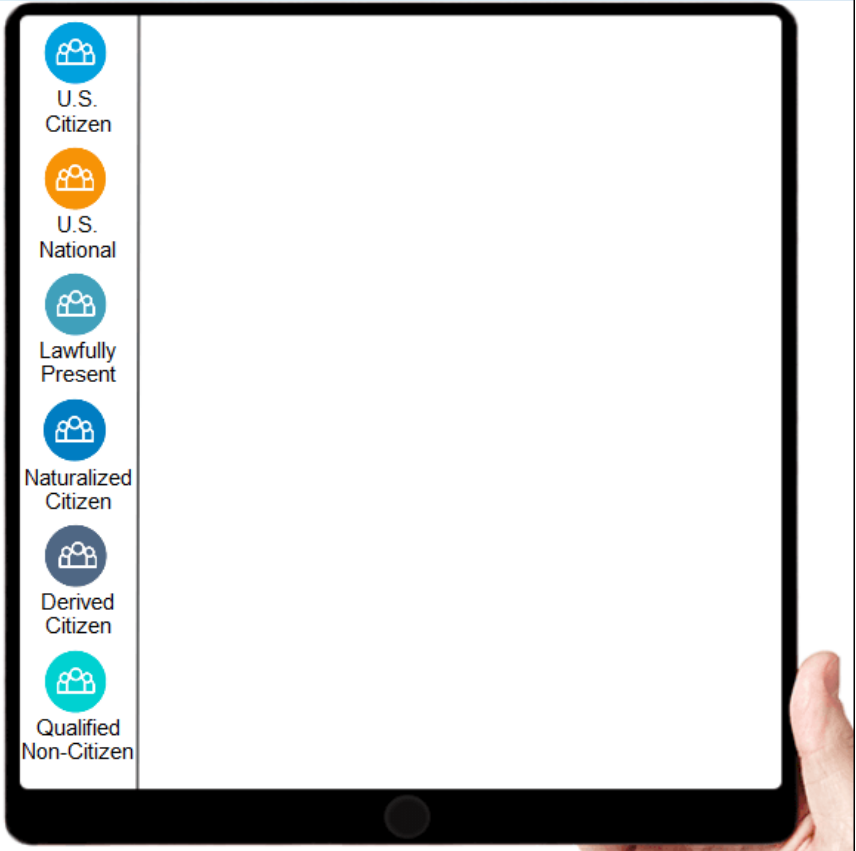

U.S.
National


Lawfully
Present


Naturalized
Citizen


Derived
Citizen


Qualified
Non-Citizen



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 he or she:

- Was 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)
- Is 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 automatically 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)
- 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*

*Please note that lawful permanent residents (Green Card holders) 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.

Overview: Types of Immigrant Documents

Advanced Immigration Status and Eligibility Issues

Text Version

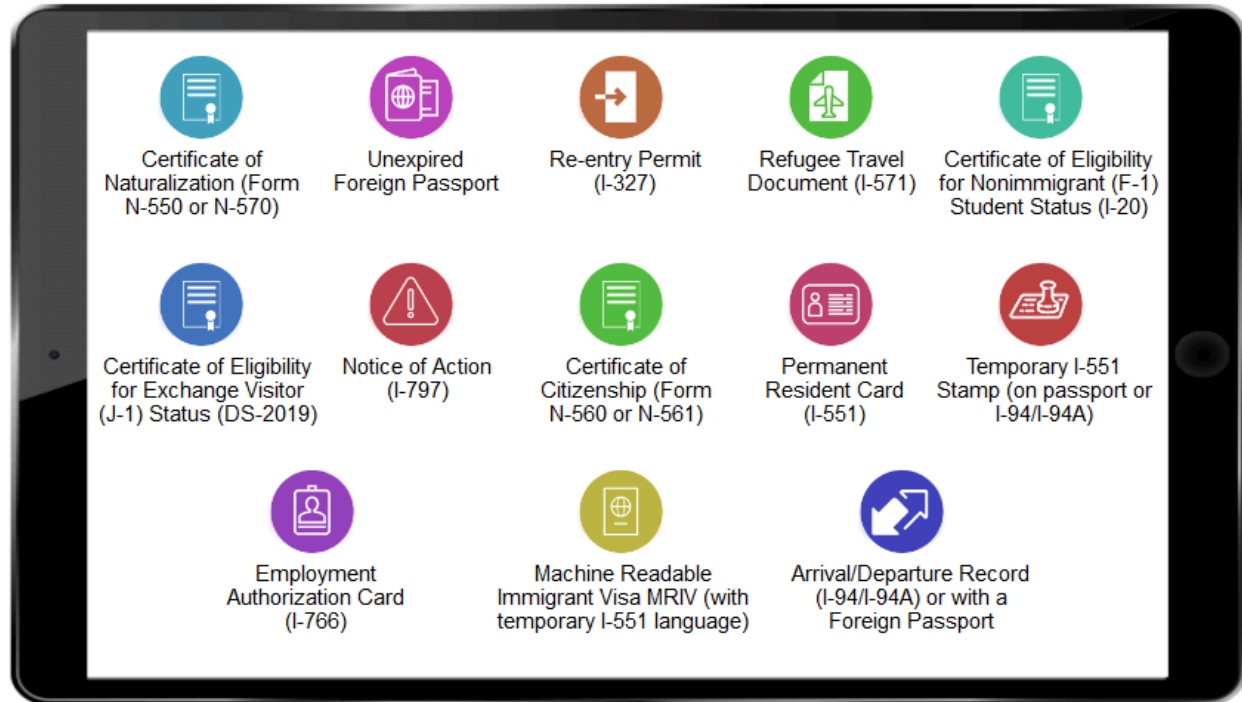


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Overview: Types of Immigrant Documents

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.



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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.

Overview: Best Practices for Entering Information

Advanced Immigration Status and Eligibility Issues

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Overview: Best Practices for Entering 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.

Select each best practice for more information.



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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 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

Advanced Immigration Status and Eligibility Issues

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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

Advanced Immigration Status and Eligibility Issues

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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.



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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 such as "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

Advanced Immigration Status and Eligibility Issues

Text Version ☐ Off [Exit Course](#)

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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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.

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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.

Verify Citizenship Status of Natural or Derived Citizens

Advanced Immigration Status and Eligibility Issues

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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 FFM's 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, such as their:

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

Select to zoom

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

☐ Certificate of Citizenship

☐ None of these

Save & continue

Select to zoom

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

Save & continue

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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 FFM's 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, such as their:

- 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

Advanced Immigration Status and Eligibility Issues

Text Version Off Exit Course

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 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 only for coverage of emergency services, including labor and delivery services.

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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**.

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.

Document Eligibility

Advanced Immigration Status and Eligibility Issues

Text Version ☐ Off ☒ Exit Course

Document Eligibility

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. 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 will not be asked and don't need to provide information about their citizenship or immigration status.

Select to zoom

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

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, D52019

☐ Notice of Action
I-797

☐ Other document or status

☐ Unexpired foreign passport

☐ None of these

Clear your selection

Save & continue

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

Select to zoom

Susan's alien number
Optional

A-

Susan's card number
Optional

Document expiration date
Optional. For example: 6/13/2020

Month / Day / Year

Does the name below match the name on the I-551?
Optional.

Susan Kimberly Griffith

☐ Yes

☐ No

Clear your selection

Does Susan also have one of these document types or statuses?
Optional.

[Learn more about these document types and statuses.](#)

☐ Document indicating member of a federally recognized Indian tribe or American Indian born in Canada

☐ Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)

☐ Office of Refugee Resettlement (ORR) eligibility letter (if under 18)

☐ Cuban/Haitian entrant

☐ Resident of American Samoa

☐ Battered spouse, child, or parent under the Violence Against Women Act

☐ None of these

Select if this person doesn't have a listed document. You can continue the application without selecting a document or status type.

Save & continue

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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. 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 will not 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 Types of Immigration Documents

Advanced Immigration Status and Eligibility Issues

Text Version ☐ Off ☒ Exit Course

Other Types of Immigration Documents

If eligible non-citizens select **Other document or status** from the list, they'll see a second list of documents or statuses on the following page. If any of these apply, they should select it and continue to complete their application.

In some cases, consumers may need to select the **Other document or alien number/I-94 number** check box from this list, enter a description of their document, and enter either their alien number or I-94 number beneath the description.

On some documents, an alien number may also be called an alien registration number or USCIS number. Remember, it starts with an A and ends with seven, eight, or nine numbers. Some documents may include an 11-digit I-94 number instead of an alien number.

You should advise consumers to enter as many fields from their immigration documents as possible, even though some fields may be labeled **Optional**. If consumers provide all available information, it will:

- Facilitate a smoother and faster application process,
- Ensure consumers' eligibility results are correct, and
- Prevent consumers from having to provide more information later.

Consumers should attest to all immigration statuses or document types that apply to them.

Select to zoom

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

Clear your selection

Save & continue

Select to zoom

Does Susan have one of these document types or statuses?

Optional.

[Learn more about these document types and statuses.](#)

☐ Document indicating member of a federally recognized Indian tribe or American Indian born in Canada

☒ Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)

☐ Office of Refugee Resettlement (ORR) eligibility letter (if under 18)

☐ Cuban/Haitian entrant

☐ Resident of American Samoa

☐ Battered spouse, child, or parent under the Violence Against Women Act

☒ Other document or Susan's alien number/I-94 number

Enter a description of the document.

Optional

Enter either Susan's alien number or I-94 number.

Susan's alien number

Optional

A-158458752

Susan's I-94 number

Optional

☐ None of these

Select if this person doesn't have a listed document. You can continue the application without selecting a document or status type.

Save & continue

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If eligible non-citizens select **Other document or status** from the list, they'll see a second list of documents or statuses on the following page. If any of these apply, they should select it and continue to complete their application.

In some cases, consumers may need to select the **Other document or alien number/I-94 number** check box from this list, enter a description of their document, and enter either their alien number or I-94 number beneath the description.

On some documents, an alien number may also be called an alien registration number or USCIS number. Remember, it starts with an A and ends with seven, eight, or nine numbers. Some documents may include an 11-digit I-94 number instead of an alien number.

You should advise consumers to enter as many fields from their immigration documents as possible, even though some fields may be labeled **Optional**. If consumers provide all available information, it will:

- Facilitate a smoother and faster application process,
- Ensure consumers' eligibility results are correct, and
- Prevent consumers from having to provide more information later.

Consumers should attest to all immigration statuses or document types that apply to them.

Other Application Questions

Advanced Immigration Status and Eligibility Issues

Text VersionOffExit Course

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 FFM's 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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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 FFM's 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.

Knowledge Check

Advanced Immigration Status and Eligibility Issues

Text Version

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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 are not eligible for health coverage.

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

Choose **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 do not need to enroll in a QHP.
- ☐ C. Consumers who are immigrants need to verify their immigration status, but only if they are applying for coverage through an FFM. Individuals who are not applying for coverage do not need to be included on an application.
- ☐ D. You should ask consumers whether they are here in the U.S. illegally before letting them fill out the application.



Check Your Answer

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

Alex, Josephine, and Ronna

Advanced Immigration Status and Eligibility Issues

Text Version

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Exit Course

Alex, Josephine, and Ronna



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.



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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


Advanced Immigration Status and Eligibility Issues

Text VersionOffExit Course

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.

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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.

Undocumented immigrants 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 documented individuals.

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 IssuesText VersionOffExit Course

Verify Eligibility Status

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

Continue

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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 cannot 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

Advanced Immigration Status and Eligibility Issues

Text Version ☐ Off ☒ On Exit Course

Insurance Affordability Programs

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

Under the American Rescue Plan Act of 2021:

- For Plan Years 2021 and 2022, premium tax credit is available to taxpayers with household income above 400 percent FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent. Consumers cannot obtain the modified APTC retroactive to January 1, 2021; however, the benefit for prior months will be available to consumers as a premium tax credit when they file their 2021 federal income tax return.
- For PY 2021 only, consumers who have received or have been approved to receive unemployment compensation during any week in 2021, may be eligible to receive enhanced subsidies to help pay for 2021 Marketplace coverage.
 - Taxpayers receiving unemployment compensation in 2021 who have a household income under 100 percent FPL and who are not otherwise eligible for Medicaid may be eligible for APTC.
 - Consumers receiving unemployment compensation in 2021 will be considered to have household income between 100 and 133 percent FPL when applying for certain financial assistance.

If their estimated annual household income is...	Lawfully present immigrants may be eligible for...
Above 250% of the Federal Poverty Level (FPL) <ul style="list-style-type: none">\$43,550 for a family of two\$66,250 for a family of four in 2021 *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% and 250% of the FPL <ul style="list-style-type: none">\$17,420 to \$43,550 for a family of two\$26,500 to \$66,250 for a family of four in 2021 *Higher in Alaska and Hawaii	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% of the FPL <ul style="list-style-type: none">\$17,420 for a family of two\$26,500 for a family of four in 2021 *Higher in Alaska and Hawaii	APTC and CSRs, as long as they meet all other eligibility requirements and are not 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.

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

Under the American Rescue Plan Act of 2021:

- For Plan Years 2021 and 2022**, premium tax credit is available to taxpayers with household income above 400 percent FPL and caps how much of a family's household income the family will pay towards the premiums for a benchmark plan at 8.5 percent. Consumers cannot obtain the modified APTC retroactive to January 1, 2021; however, the benefit for prior months will be available to consumers as a premium tax credit when they file their 2021 federal income tax return.
- For PY 2021 only**, consumers who have received or have been approved to receive unemployment compensation during any week in 2021, may be eligible to receive enhanced subsidies to help pay for 2021 Marketplace coverage.
 - Taxpayers receiving unemployment compensation in 2021 who have a household income under 100 percent FPL and who are not otherwise eligible for Medicaid may be eligible for APTC.
 - Consumers receiving unemployment compensation in 2021 will be considered to have household income between 100 and 133 percent FPL when applying for certain financial assistance.

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 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](#).

If their estimated annual household income is...	Lawfully present immigrants may be eligible for...
Above 250% of the Federal Poverty Level (FPL) <ul style="list-style-type: none"> • \$43,550 for a family of two • \$66,250 for a family of four in 2021 <p>*Higher in Alaska and Hawaii</p>	<p>APTC that can be used immediately to reduce the cost of monthly premiums for health coverage through an FFM.</p>
Between 100% and 250% of the FPL <ul style="list-style-type: none"> • \$17,420 to \$43,550 for a family of two • \$26,500 to \$66,250 for a family of four in 2021 <p>*Higher in Alaska and Hawaii</p>	<p>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.</p>
Below 100% of the FPL <ul style="list-style-type: none"> • \$17,420 for a family of two • \$26,500 for a family of four in 2021 <p>*Higher in Alaska and Hawaii</p>	<p>APTC and CSRs, as long as they meet all other eligibility requirements and are not eligible for Medicaid based on their immigration status.</p>

Application Question About Eligibility for Medicaid and CHIP

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 due to immigration status since October 1, 2013.

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 his or her 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).

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 due to immigration status since October 1, 2013.

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 his or her 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

Advanced Immigration Status and Eligibility Issues

Text Version

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Exit Course


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 lowering their costs.

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

Choose **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 lowering her costs.

 **Check Your Answer**

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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 lowering their costs.

What do you tell Maru about the criteria for qualifying for help with lowering 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 lowering her costs.

The correct answer is C. You should tell Maru she may be eligible 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

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 to 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$24,040 for a family of two and \$36,570 for a family of four in 2021). 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 father, 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 to 64 whose household modified adjusted gross income (MAGI) is at or below 138 percent of the FPL (i.e., \$24,040 for a family of two and \$36,570 for a family of four in 2021). 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 father, Thu.

Verify Eligibility Status

Advanced Immigration Status and Eligibility Issues

Text Version ☐ Off ☒ On Exit Course

Verify Eligibility Status



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.

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.

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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.

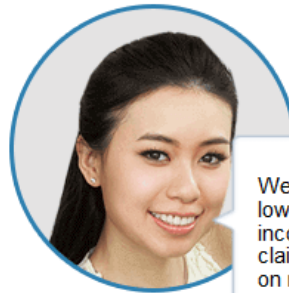
Verify Eligibility Status

Verify Eligibility Status

After you receive 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 father, Thu, has been a lawful permanent resident for seven years.



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 receive 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 father, 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

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



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.

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.

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.

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 do not 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**. 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** Medicare. Some consumers may also use the work history of a spouse to qualify for premium-free Part A Medicare.

Consumers who meet these requirements but do not 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** Medicare 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 do not purchase premium Part A when they first become eligible, they may have to pay late enrollment penalties if they choose to sign up later on.

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

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Explain the Eligibility Determinations for the Tran Family

Hong, your Marketplace eligibility determination says you and your father, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, such as the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your father 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 father 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.

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Coach

Hong, your Marketplace eligibility determination says you and your father, Thu, are eligible for Medicaid in your state. Both of you are eligible based on your income and other requirements, such as the requirement to be lawful permanent residents for at least five years. Because you're both eligible for Medicaid, neither you nor your father 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 father 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.

Immigration Considerations for Medicare

Advanced Immigration Status and Eligibility Issues

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Immigration Considerations 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 status as a lawful permanent resident
- He met the five-year continuous residency requirement

If eligible, he would still have to pay monthly premiums for Medicare Parts A and B because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for Medicare are not 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.

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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 status as a lawful permanent resident
- He met the five-year continuous residency requirement

If eligible, he would still have to pay monthly premiums for Medicare Parts A and B because he hasn't earned enough quarters of coverage to qualify for premium-free Part A. In general, consumers who are eligible for Medicare are not 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

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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?

Choose **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

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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 refugee status. They don't lose their refugee status 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

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 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 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 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 has only been here for three months. The Kims want to see what coverage the Marketplace has to offer.


Meet the Kims

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Meet the Kims




Good morning! What can I help you with today?



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.

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.



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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

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 2021 and completes the questions in this section.

Kiyung's tax relationships

Will Kiyung file a 2021 joint federal income tax return with Ester?

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



Yes



No

Will Kiyung and Ester claim any dependents on their 2021 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 2021 and completes the questions in this section.

Verify Kiyung's Immigration Status

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Verify Kiyung's Immigration Status



Kiyung, since you and Esther are not 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 Kim

☒ Esther Kim

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.

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Kiyung, since you and Esther are not 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

Advanced Immigration Status and Eligibility Issues

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Verify Esther's Immigration Status

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.

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

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

☐ Notice of Action
I-797

☐ Other document or status

☐ Unexpired foreign passport

☐ None of these

Clear your selection

Save & continue

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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

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 are not in an exempt immigration category and have not met the five-year waiting period; therefore, they will not 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 are not in an exempt immigration category and have not met the five-year waiting period; therefore, they will not be eligible for Medicaid but might be eligible to purchase a QHP through the FFM.

Key Points

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 are not 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. 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 women. Consumers who haven't yet met the five-year waiting period (and are not in a state with an exception for children and pregnant women) may still be eligible to enroll in QHPs through the Marketplaces. They may also qualify for APTC and CSRs.

- 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.
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- Consumers who are in a satisfactory immigration status and have a "qualified non-citizen" status may be eligible for Medicaid. 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 women. Consumers who haven't yet met the five-year waiting period (and are not in a state with an exception for children and pregnant women) may still be eligible to enroll in QHPs through the Marketplaces. They may also qualify for APTC and CSRs.

Helping Consumers Who Have Complex Tax Issues

Introduction

Helping Consumers Who Have Complex Tax Issues

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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 cannot 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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Reporting income on a Marketplace application can be tricky for consumers in certain situations. You may encounter consumers who:

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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

Identifying Multi-tax Households

Helping Consumers Who Have Complex Tax Issues

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Identifying Multi-tax Households

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

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

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 household members can be on the same application regardless of their tax filing plans)?
- Do you plan to file a federal income tax return for 2021?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone else in your household file taxes separately?



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

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

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 household members can be on the same application regardless of their tax filing plans)?
- Do you plan to file a federal income tax return for 2021?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone else in your household file taxes separately?

Members of Multi-Tax Households

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Members of Multi-Tax Households

Due to current system limitations, members of the same household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage.

The FFMs may need each consumer in a household who files a separate tax return to be counted as a "tax household." Each tax household should include any dependents claimed on that consumer's tax return.

Currently, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They must also include income information for the entire family when they submit a Marketplace application.

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 household who are not also members of the tax household should not apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate.



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Due to current system limitations, members of the same household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage.

The FFMs may need each consumer in a household who files a separate tax return to be counted as a "tax household." Each tax household should include any dependents claimed on that consumer's tax return.

Currently, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They must also include income information for the entire family when they submit a Marketplace application.

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 household who are not also members of the tax household should not apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate.

Domestic Partners

Helping Consumers Who Have Complex Tax Issues

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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.

This table provides some helpful tips for assisting domestic partners.

If...	Then...
The couple has no children together	Each domestic partner must file a separate application because the partners are not married and do not file a joint tax return.
The couple has children together	Both individuals complete their own application but include their partner as a "non-applicant."
One person in the domestic partnership is claimed as a dependent by the other person	Domestic partners can be on the same application filing for coverage.

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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.

If the couple has no children together, then each domestic partner must file a separate application because the partners are not married and do not file a joint tax return.

If the couple has children together, then both individuals complete their own application but include their partner as a "non-applicant".

If one person in the domestic partnership is claimed as a dependent by the other person, then domestic partners can be on the same application filing for coverage.

Knowledge Check


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?

Choose **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**

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?

- 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.

Assisting Consumers in Multi-tax Households

Helping Consumers Who Have Complex Tax Issues

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Assisting Consumers in Multi-tax Households

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 application filer as well as any dependents who are also applying for coverage. Family members who are not applying for coverage or who are applying on a separate application for a different household will be included as non-applicants as appropriate.

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



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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 application filer as well as any dependents who are also applying for coverage. Family members who are not applying for coverage or who are applying on a separate application for a different household will be included as non-applicants as appropriate.

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

Applying for QHP Coverage

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

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 come to see you because they want to apply for health coverage and programs to help lower their costs through the Marketplace. How should you help them?

Choose **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 if requested) and another for Julian as the application filer/applying for coverage (providing information about Mary if requested).
- ☐ 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

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 come to see you because they want 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 if requested) and another for Julian as the application filer/applying for coverage (providing information about Mary if requested).
- 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. This is 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 only list Julian if the application requires information about him. The second application will list Julian as the application filer who is applying for coverage and will only list Mary when the application requires details about whether Julian lives with a parent.

Multi-tax Households

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 and Roger are not allowed to file a joint tax return because they are not legally married and do not have children together. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (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 and Roger are not allowed to file a joint tax return because they are not legally married and do not have children together. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (APTC or CSRs), they must complete separate applications in an FFM.

How Many Applications are Needed?

How Many Applications are Needed?



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

Let's walk through 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

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

Let's walk through 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

Helping Consumers Who Have Complex Tax Issues

Text Version ☐ Off ☒ On Exit Course

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...

Save & continue

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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

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 can add Lindsey and 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 can add Lindsey and Amanda's information in the next section.

Adding Amanda to the Application

Helping Consumers Who Have Complex Tax Issues

Text Version ☐ Off ☒ Exit Course

Adding Amanda to the Application

Since Roger is a caregiver for his domestic partner's daughter Amanda (i.e., provides transportation, food, and clothes), 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

Edit Amanda's information

Does Amanda need coverage?
☐ Yes
☒ No

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...

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

[Save & continue](#)

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Since Roger is a caregiver for his domestic partner's daughter Amanda (i.e., provides transportation, food, and clothes), 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

Helping Consumers Who Have Complex Tax Issues

Text Version ☐ Off ☒ On Exit Course

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 are not married.
- Roger and Lindsey are not married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2021.
- 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 dependent. Since Lindsey claims Amanda as a dependent, Roger cannot claim her; conversely, Lindsey cannot claim Peter as a dependent because Roger claims him.

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 2021 federal income tax return?

[Learn more about tax filing.](#)

☒ Yes

☐ No

Will Roger claim any dependents on their 2021 federal tax return?

[Learn more about dependents.](#)

☒ Yes

☐ No

Who will Roger claim as a dependent on their 2021 federal tax return?

☒ Peter

☐ Amanda

Add a dependent

Save & continue

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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 are not married.
- Roger and Lindsey are not married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2021.
- 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 dependent. Since Lindsey claims Amanda as a dependent, Roger cannot claim her; conversely, Lindsey cannot claim Peter as a dependent because Roger claims him.

Final Questions About the Household

Helping Consumers Who Have Complex Tax Issues

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Final Questions About the Household



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 19—even if they don't claim those children as dependents on their federal income tax returns.

Roger should select **Yes**.

Peter does not live with a parent or stepparent other than his father. Lindsey is not his mother and she is not his stepmother because she is not married to his father, Roger. Therefore, Lindsey will not go on this application as a non-applicant. Only Amanda will be included with that status. 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 mother of Roger's children.

The same basic steps would also be followed for Lindsey's application. First, figure out who is in Lindsey's **tax household** – Lindsey and Amanda (her dependent). Then, add other people as guided by the application (Peter). Lindsey will indicate that she is a caregiver for Peter. She will not claim him as a dependent nor will she list Roger as a non-applicant.

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

Where does everyone live?

Do all of these people live together at this address?

Roger
Peter
Amanda

43 Elsmere Blvd # A
Wilmington, DE 19805-4105

☒ Yes
☐ No

Save & continue

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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 19—even if they don't claim those children as dependents on their federal income tax returns.

Roger should select **Yes**.

Peter does not live with a parent or stepparent other than his father. Lindsey is not his mother and she is not his stepmother because she is not married to his father, Roger. Therefore, Lindsey will not go on this application as a non-applicant. Only Amanda will be included with that status. 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 mother of Roger's children.

The same basic steps would also be followed for Lindsey's application. First, figure out who is in Lindsey's **tax household** – Lindsey and Amanda (her dependent). Then, add other people as guided by the application (Peter). Lindsey will indicate that she is a caregiver for Peter. She will not claim him as a dependent nor will she list Roger as a non-applicant.

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

Set Premium Tax Credit Function

Helping Consumers Who Have Complex Tax Issues

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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 information. 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 the federal income tax return they filed last year, 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 receive 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.They can then enroll in a QHP with APTC/CSRs.

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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 information. 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 the federal income tax return they filed last year, 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.
- They can then enroll in a QHP with APTC/CSRs.

Advance payments of the premium tax credit

Helping Consumers Who Have Complex Tax Issues

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Advance payments of the premium tax credit

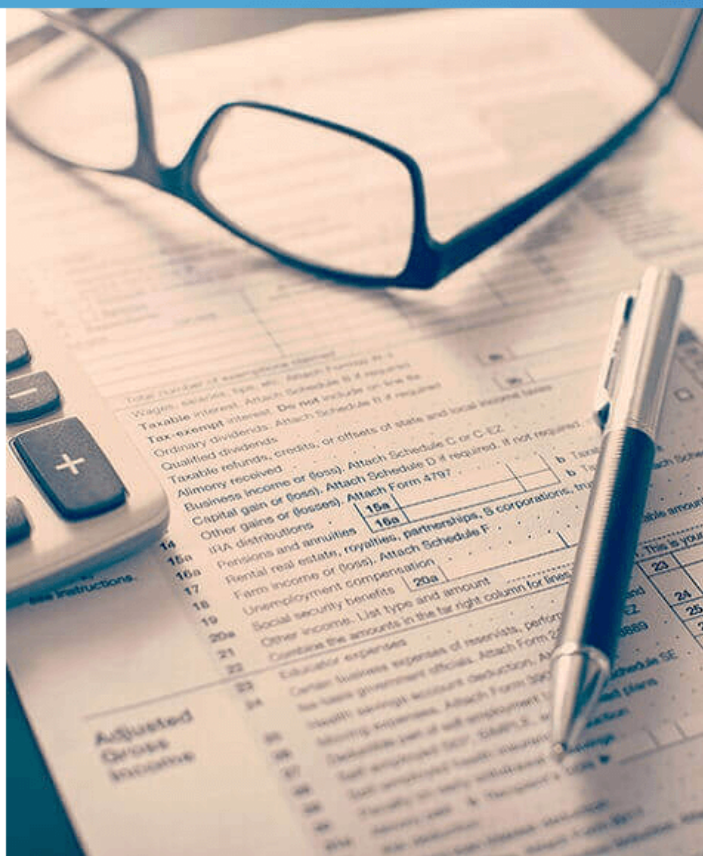
Inconsistent household incomes can affect the amount of PTC consumers are eligible for.

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.

For Plan Year 2020 only, under the American Rescue Plan Act of 2021, repayment of excess APTC for the 2020 tax year is not required. The IRS will provide taxpayers with additional guidance on those provisions that could affect their 2020 tax return.



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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.

For Plan Year 2020 only, under the American Rescue Plan Act of 2021, repayment of excess APTC for the 2020 tax year is not required. The IRS will provide taxpayers with additional guidance on those provisions that could affect their 2020 tax return.

Impact of Income Changes on Financial Assistance

Helping Consumers Who Have Complex Tax Issues


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Impact of Income Changes on Financial Assistance

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 or 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 **do not** get APTC and CSRs may become [newly eligible](#).

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



- 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 Delaware Medicaid or Delaware Healthy Children Program (CHIP) 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

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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 or 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 **do not** get APTC and CSRs may become newly eligible.

In addition, consumers with health coverage from another source outside the FFMs may qualify for a Special Enrollment Period (SEP) to enroll themselves and any dependents in a QHP if they report a mid-year decrease in household income and become newly eligible for APTC.

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

Example: Farmers and Ranchers

Helping Consumers Who Have Complex Tax Issues

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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.



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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.

Self-Employed Consumers

Helping Consumers Who Have Complex Tax IssuesText VersionOffExit Course

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?

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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.

Consumers With No Income

Helping Consumers Who Have Complex Tax Issues

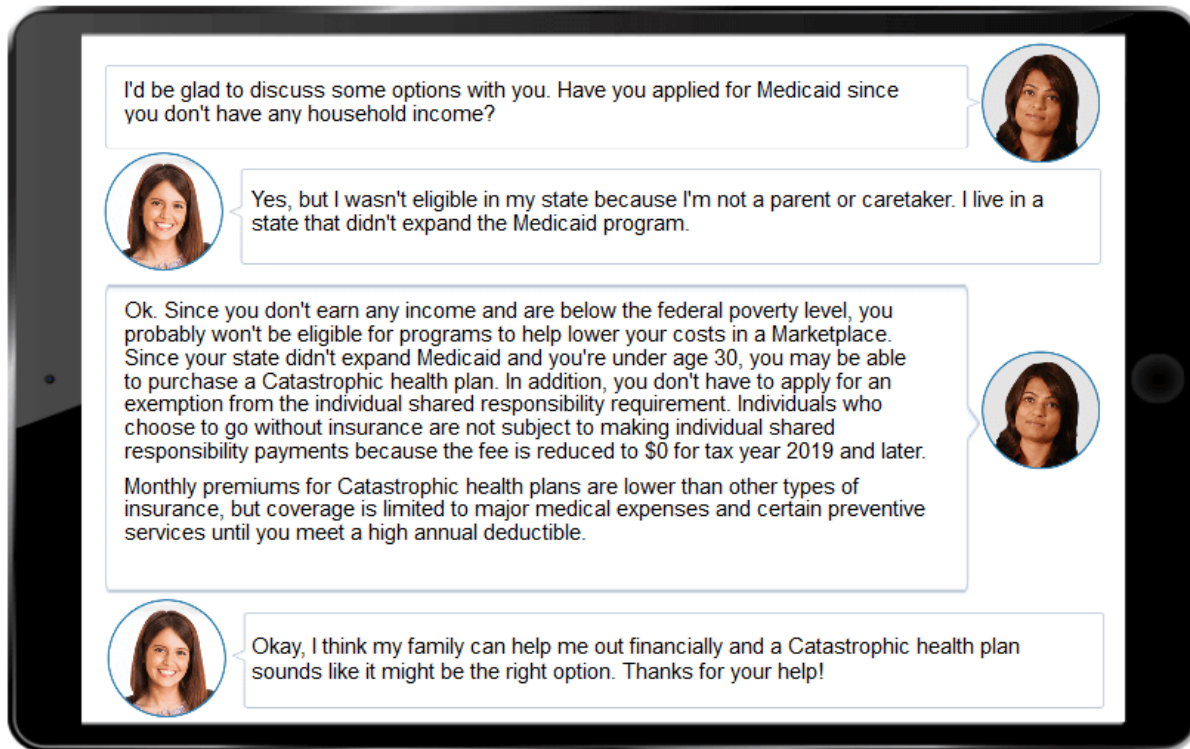
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Consumers With No Income

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.



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 didn't expand the Medicaid program (a "non-expansion state").

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 didn't expand Medicaid and you're under age 30, you may be able to purchase a Catastrophic health plan. In addition, you don't have to apply for an exemption from the individual shared responsibility requirement. Individuals who choose to go without insurance are not subject to making individual shared responsibility payments because the fee is reduced to \$0 for tax year 2019 and later.

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

Helping Consumers Who Have Complex Tax Issues

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Consumers Who Have Not Filed Taxes

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

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

In other words, consumers who receive APTC in 2021 must file a tax return for 2021. Failure to file a tax return for 2021 may disqualify consumers from receiving APTC in later years.



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

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

In other words, consumers who receive APTC in 2021 must file a tax return for 2021. Failure to file a tax return for 2021 may disqualify consumers from receiving APTC in later years.

Knowledge Check

Helping Consumers Who Have Complex Tax Issues

Text Version

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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?

Choose **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 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 tax returns because it'll be cheaper.



Check Your Answer

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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 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 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 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, the payments will be reconciled during the federal income tax filing process and 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.

Note : For Plan Year 2020 only, repayment of excess APTC for the 2020 tax year is not required.

Key Points

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. For Plan Year 2020 only, repayment of excess APTC for the 2020 tax year is not required. All consumers, including consumers who do not apply for APTC or CSRs, must also report changes in their address, citizenship or immigration status, and incarceration status for themselves and their families.

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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.
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Family Enrollment Issues

Introduction

Family Enrollment IssuesText VersionOffExit Course

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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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.

Families That Enroll In Different QHPs

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

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Enrolling in Different QHPs

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 four steps of the Enroll To-Do List screen.

HealthCare.govJohnnyMenu

You're eligible to enroll in Marketplace coverage

Choose a plan by December 15, 2021 to get coverage.
Select your health plan and complete the steps below by December 15, 2021.

For coverage to start:	Confirm your plan by:
January 1, 2022	December 31, 2021

1 Decide how much tax credit to use to lower your premiumStart

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.

4 Choose health plans
Shop, compare, and choose health plans.

5 Review dental enrollment

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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 four steps of the Enroll To-Do List 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 2 in the drop-down list. Select Save.

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 first spouse will select a plan, followed by the second spouse.

Step 7

Each spouse will select separate dental coverage, if desired (optional).

Step 8

Review and confirm selections.

Knowledge Check

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?

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

- ☐ A. Each family member can determine which QHP best meets his or her 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 his or her 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

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?

- A. Each family member can determine which QHP best meets his or her 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 his or her 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.

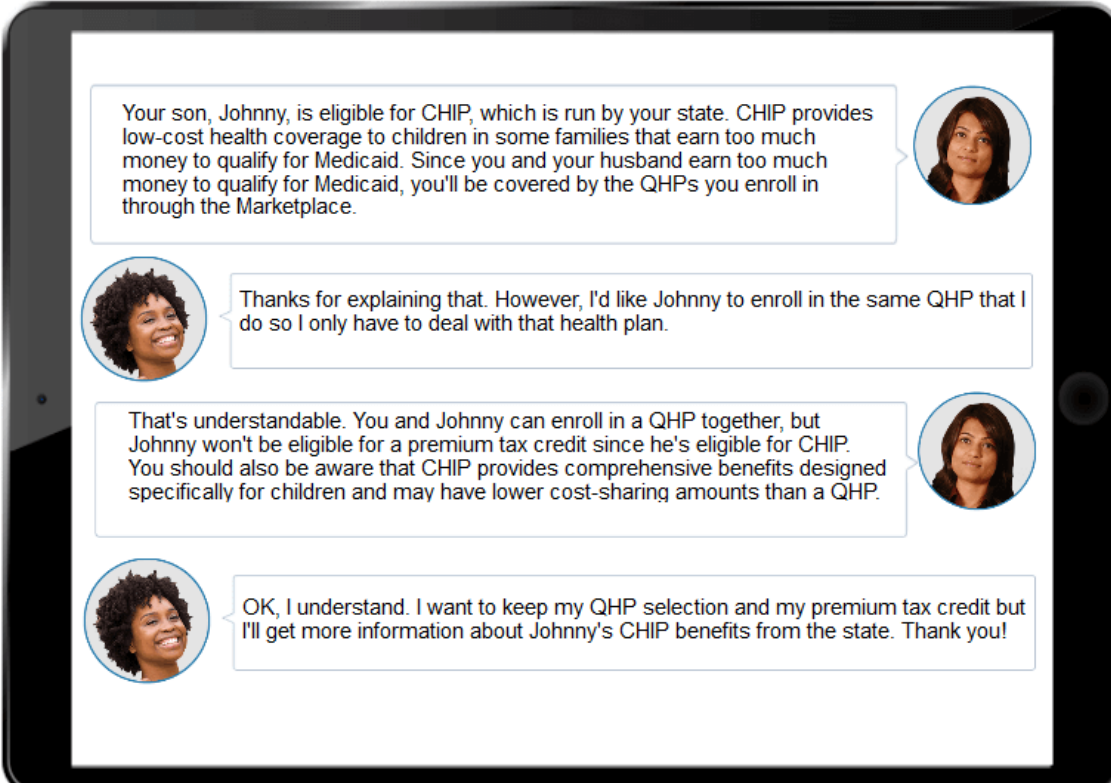
The correct answer is C. Family members aren't required to select and enroll in the same QHP. Family members may determine which QHP best meets their individual needs and can select and enroll in a different QHP from other family members. You may assist the family in completing the online Marketplace 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

Family Enrollment IssuesText VersionOffExit Course

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.

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!

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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.

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!

Additional Options for Different QHPs

Additional Options for Different QHPs

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 FFMs.

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 FFMs.

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

Family Enrollment Issues

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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?

Choose **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

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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?

- 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.

The correct answer is B. Trina is able to enroll Annabelle in the same QHP she has selected. Trina and Annabelle will still 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

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Families With Different QHPs


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.

You're eligible to enroll in Marketplace coverage

Choose a plan by December 15, 2021 to get coverage.
Select your health plan and complete the steps below by December 15, 2021.

	For coverage to start:	Confirm your plan by:
	January 1, 2022	December 31, 2021

- 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

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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

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 family groups for Health Plans** screen.

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

- Select the drop-down list next to her name and select **Move To New Group**
- Select the **Save** button

HealthCare.gov Joe Menu

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

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.

Joe Market
Group 1

Julie Market
Group 1
Group 1
Group 2

Group: 1

Joe Market (Age 34)
Julie Market (Age 28)

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 family groups for Health Plans** screen.

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

- Select the drop-down list next to her name and select **Move To New Group**
- Select the **Save** button

Finalize Different QHPs

Family Enrollment Issues

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Finalize Different QHPs

The screen now displays the name of each spouse in a different group. Julie and Joe 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.

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 Market (Age 34) **View Plans**

Group: 2

Julie Market (Age 28) **View Plans**

Change Groups

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The screen now displays the name of each spouse in a different group. Julie and Joe 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.

Victims of Domestic Violence

Family Enrollment Issues

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Victims of Domestic Violence

You may encounter consumers who are married 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 his or her 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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You may encounter consumers who are married 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 his or her marital status as **not married** on the application. You'll then help the consumer complete the enrollment process by selecting a plan.

Knowledge Check

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?

Choose **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

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

Family Enrollment Issues

Text Version ☐ Off [Exit Course](#)

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.



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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

Family Enrollment Issues

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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.

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 Delaware Medicaid or Delaware Healthy Children Program (CHIP) 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

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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

Type of Life Change

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Type of 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

Important: Select at least 1 item(s)

☐ 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

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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

Text Version Off Exit Course

Remove an Applicant



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

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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

Family Enrollment IssuesText VersionOffExit Course

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 that says "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

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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 that says "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.

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- 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

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.


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Removing a Non-Applicant

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Removing a Non-Applicant



Due to life changes such as 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

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Due to life changes such as 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

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Report a Life Change

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

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 Delaware Medicaid or Delaware Healthy Children Program (CHIP) 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

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 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

Family Enrollment Issues

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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.

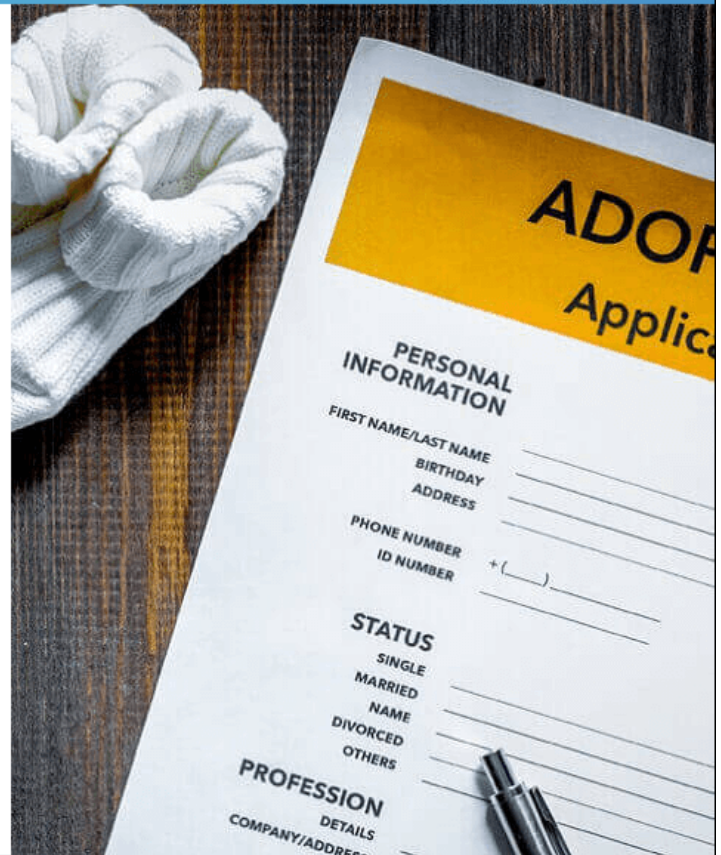
If a consumer with qualifying health coverage gains a new dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or through a child support order or other court order, the dependent, if eligible, can:

- 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 his or her 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.



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SEP Verification and Prior Coverage

SEP Verification and Prior Coverage



To qualify for an SEP due to marriage or a permanent move, most consumers must submit supporting documents to show that they had qualifying health coverage for at least one day during the 60 days before the event.

However, consumers do not have to provide supporting documents if, for at least one day during the 60 days before the event, they:

- Lived in a foreign country or United States territory, or
- Lived in a Marketplace service area where no QHPs were offered.

For more information about SEP verification and supporting documents, visit [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/).

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SEP Verification and Prior Enrollment Issues

Family Enrollment Issues

Text Version ☐ Off [Exit Course](#)


SEP Verification and Prior Enrollment Issues

The following types of SEPs require consumers newly enrolling in Marketplace coverage to verify their qualifying event by submitting supporting documents:

- Adoption, placement for adoption, placement for foster care, or child support or other court order
- Change in primary place of living (permanent move)
- Loss of qualifying health coverage
- Marriage
- Medicaid or CHIP denial
- Decrease in household income (for consumers with MEC outside the FFMs who become newly-eligible for APTC)

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

For all other SEP types, including birth, consumers do not need to submit documents before they can start using their new coverage.



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Key Points

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 will not 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 will not 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 marriage or a permanent move, most consumers must submit supporting documents to show that they have or recently had qualifying health coverage for one or more of the 60 days before they moved or got married.

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Helping Consumers With Complex Eligibility Cases

Introduction

Helping Consumers With Complex Eligibility Cases

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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

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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.

Reporting Disability-Related Income

Helping Consumers With Complex Eligibility Cases

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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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- **Don't** include Supplemental Security Income (SSI), veterans' disability payments, or workers' compensation.

Disability/Blindness and Medicaid Eligibility

Helping Consumers With Complex Eligibility Cases

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Disability/Blindness and Medicaid Eligibility

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 Do Not Receive SSI](#)



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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

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 are not 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.

Consumers Who Do Not Receive SSI

Consumers who do not 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 FFM asks whether consumers or any of their family members have a disability. The FFM uses 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

Helping Consumers With Complex Eligibility Cases

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Knowledge Check

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

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

- ☐ A. True
- ☐ B. False



Check Your Answer

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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

Helping Consumers With Complex Eligibility Cases

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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](#)

[Keep in mind the 24-month waiting period for Medicare coverage based on disability](#)



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

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 under the ACA.

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.

Keep in mind 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

Helping Consumers With Complex Eligibility Cases

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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?

Choose **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

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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?

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

The correct answer is A. 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 should not be listed as income.

Medicaid Assessment States

Helping Consumers With Complex Eligibility Cases

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Medicaid Assessment States

In Medicaid assessment states, the state Medicaid agency makes final determinations of consumers' eligibility for Medicaid. The FFM's coordinate the sharing of consumer information with Medicaid assessment states for applicants who submit FFM applications. Applicants may also file applications for Medicaid directly with a state Medicaid agency.

When consumers submit an FFM application in a Medicaid assessment state, the FFM securely transfers their information to the state if their eligibility results indicate that they or their family members might be eligible for Medicaid or CHIP.

It may take up to 30 days for states to process consumers' information. To enroll more quickly, consumers can contact their state Medicaid agency to complete a Medicaid or CHIP application.

If consumers have not received final Medicaid or CHIP determinations from their state, you should advise them not to terminate their Marketplace coverage until they receive eligibility confirmations to avoid possible gaps in coverage. If consumers are determined ineligible for Medicaid or CHIP by their state, they won't be able to enroll in Marketplace coverage again until Open Enrollment starts, unless they qualify for an SEP.



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Medicaid Assessment States: Eligibility Confirmed

Helping Consumers With Complex Eligibility Cases

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Medicaid Assessment States: Eligibility Confirmed

When consumers or their family members are determined eligible for Medicaid or CHIP, they need to make some decisions about their health coverage.

Once an individual becomes eligible for Medicaid, CHIP, or CHIP buy-in programs that qualify as minimum essential coverage (MEC), that individual is no longer eligible to receive a PTC or CSRs in an FFM. If you serve consumers in a Medicaid assessment state and their applications are sent to the state Medicaid or CHIP agency for final determinations, you should advise them to terminate Marketplace coverage with premium savings immediately for any individuals who are determined eligible for these programs by the state Medicaid or CHIP agency.

Consumers may keep Marketplace coverage without financial help if they choose not to apply for or receive financial assistance. You should help these consumers:

1. Update their existing applications and attest to being currently enrolled in Medicaid or CHIP. This will end financial assistance.
2. Confirm their enrollment in the same plan.

If consumers have a waiting period before their children can get coverage, they will be notified by their state. Consumers should call their state Medicaid or CHIP agency directly if they don't receive a call or letter within 30 days of applying.

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Medicaid Assessment States: Determined to Be Not Eligible

Helping Consumers With Complex Eligibility Cases

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Medicaid Assessment States: Determined to Be Not Eligible

If consumers in Medicaid assessment states are determined ineligible for Medicaid or CHIP, they have a few options.

If a state agency determines an individual is ineligible for Medicaid or CHIP, it will return the application to the state's FFM. The FFM will then process the application and determine what Marketplace programs the individual may qualify for.

If a consumer disagrees with a state's eligibility determination, the consumer has the right to appeal the determination through the state's Medicaid or CHIP agency.



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Medicaid Determination States: Updating the Marketplace Plan

Helping Consumers With Complex Eligibility Cases

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Medicaid Determination States: Updating the Marketplace Plan

Consumers who receive (or have applied for) financial assistance and enroll in Marketplace coverage need to update their FFM applications if they are later found eligible for Medicaid.

If consumers are determined eligible for Medicaid or CHIP, they should terminate their Marketplace coverage with financial assistance immediately.

If these consumers would rather continue their QHP coverage through an FFM without financial assistance instead of enrolling in Medicaid, they are allowed to because the FFM will cancel their financial assistance.

Consumers should **not** terminate their Marketplace coverage if they are on an application with other individuals in their household who are eligible for Marketplace coverage but not for Medicaid or CHIP. The FFMs automatically terminate Medicaid- or CHIP-eligible consumers' coverage when other individuals in the household confirm their enrollment in Medicaid or CHIP.

Individuals who remain eligible for Marketplace coverage will receive correspondence from the FFMs confirming their continued enrollment. Consumers who are enrolled in Medicaid or CHIP should change their status on the application from **Applying for coverage** to **non-applicant**.

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Medicaid Determination States

Helping Consumers With Complex Eligibility Cases

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Exit Course

Medicaid Determination States

In Medicaid determination states, the FFMs make a final eligibility determination for certain Medicaid applicants who submit an FFM application and transmit this information to the state agency for processing.

In Medicaid determination states, consumers receive a letter from the states' Medicaid or CHIP agencies confirming eligibility for individuals who are determined eligible by the FFMs. If consumers have any questions after they have received a determination of Medicaid/CHIP eligibility, they should contact their state Medicaid or CHIP agencies directly.

If you serve consumers in a Medicaid determination state, you should advise them that they have the right to appeal through the state's Medicaid or CHIP agency or through the FFM if they disagree with a determination in which they are considered ineligible.



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In Medicaid determination states, the FFMs make a final eligibility determination for certain Medicaid applicants who submit an FFM application and transmit this information to the state agency for processing.

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If you serve consumers in a Medicaid determination state, you should advise them that they have the right to appeal through the state's Medicaid or CHIP agency or through the FFM if they disagree with a determination in which they are considered ineligible.

Map of Assessment and Determination States

Map of Assessment and Determination States

Select your state in the map to see whether your state is a Medicaid assessment or Medicaid determination state. Remember, you can view this map at any time by selecting the **Map tab** in the navigation bar.

Health Insurance Marketplaces by State, 2021



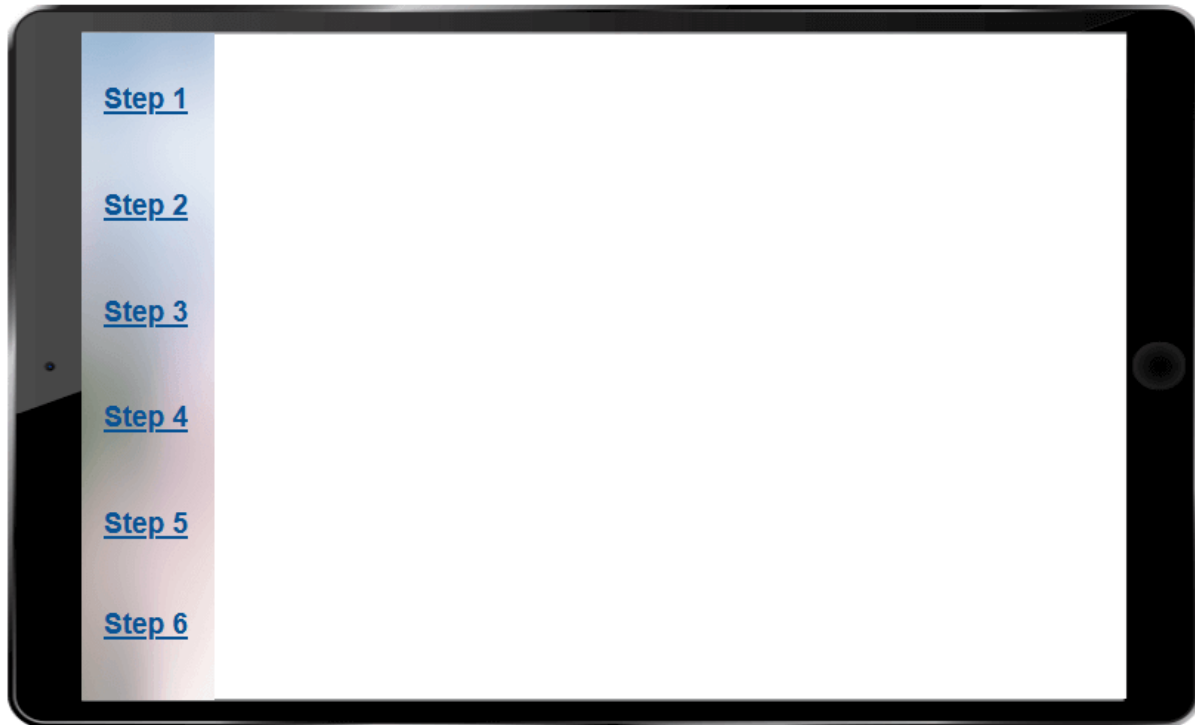
Select your state in the map to see whether your state is a Medicaid assessment or Medicaid determination state. Remember, you can view this map at any time by selecting the **Map tab** in the navigation bar.

Medicaid or CHIP and Marketplace Applicants on Same Application

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.



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.

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 coverage** screen 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.

Step 6:

Family members with Medicaid or CHIP coverage will now appear on the application as non-applicants. A person's relationship to the primary applicant determines how that person is added back to the application.

Dual Coverage

Dual Coverage



Consumers who have dual coverage through the FFM and either Medicaid or CHIP must update their applications and coverage.

Consumers who have dual coverage through an FFM with a PTC or CSRs and through 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.

If anyone on an application is newly eligible for Medicaid or CHIP, these consumers are no longer eligible to receive PTCs or CSRs. Therefore, they should terminate their Marketplace coverage with financial assistance. Consumers need to understand when their new Medicaid or CHIP coverage begins before setting the termination date of Marketplace coverage. That way, they will avoid any gaps in coverage. Remember, consumers who are eligible for Medicaid or CHIP may generally remain enrolled in Marketplace coverage, but they will be responsible for the full premium amount and for full cost sharing when they receive covered services.

If only some people are newly eligible for Medicaid or CHIP on an application, those consumers who are newly eligible for Medicaid or CHIP need to change their status from **Applying for coverage to non-applicant**.

Consumers who have dual coverage through the FFM and either Medicaid or CHIP must update their applications and coverage.

Consumers who have dual coverage through an FFM with a PTC or CSRs and through 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.

If anyone on an application is newly eligible for Medicaid or CHIP, these consumers are no longer eligible to receive PTCs or CSRs. Therefore, they should terminate their Marketplace coverage with financial assistance. Consumers need to understand when their new Medicaid or CHIP coverage begins before setting the termination date of Marketplace coverage. That way, they will avoid any gaps in coverage. Remember, consumers who are eligible for Medicaid or CHIP may generally remain enrolled in Marketplace coverage, but they will be responsible for the full premium amount and for full cost sharing when they receive covered services.

If only some people are newly eligible for Medicaid or CHIP on an application, those consumers who are newly eligible for Medicaid or CHIP need to change their status from **Applying for coverage to non-applicant**.

Medicaid Ineligibility

Helping Consumers With Complex Eligibility Cases

Text Version ☐ Off Exit Course

Medicaid Ineligibility

Remember that Medicaid eligibility can change based on several factors. Consumers who were once eligible for Medicaid may become ineligible based on their circumstances.

If consumers are found eligible for Medicaid through the FFM's and later become ineligible due to changes in household size or income status, their state Medicaid agency will notify them. The notification letter indicates the newfound ineligibility and provides directions on how to appeal the decision.

If consumers become ineligible for Medicaid, they should update their existing FFM application (if the application is still valid) or create a new application. If consumers wish to shop for coverage through the FFM's, they must place a check mark in the question that asks:

"Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) since 1/16/2021?"

[Additional Information](#)

Medicaid or CHIP denial

Were any of these people found not eligible for Delaware Medicaid or Delaware Healthy Children Program (CHIP) by Delaware since 1/16/2020?

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

☒ Susan Kimberly Griffith

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Remember that Medicaid eligibility can change based on several factors. Consumers who were once eligible for Medicaid may become ineligible based on their circumstances.*

If consumers are found eligible for Medicaid through the FFM's and later become ineligible due to changes in household size or income status, their state Medicaid agency will notify them. The notification letter indicates the newfound ineligibility and provides directions on how to appeal the decision.

If consumers become ineligible for Medicaid, they should update their existing FFM application (if the application is still valid) or create a new application. If consumers wish to shop for coverage through the FFM's, they must place a check mark in the question that asks:

"Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) since 1/16/2021?"

*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 to redetermine eligibility, including determining eligibility on all bases prior to terminating coverage.

Special Considerations for American Indians and Alaska Natives

Helping Consumers With Complex Eligibility CasesText VersionOffExit Course

Special Considerations for American Indians and Alaska Natives

The ACA includes special provisions, options, and exemptions for AI/ANs. You should be able to explain these provisions to members of this consumer population.

Select each item for more information.



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The ACA includes special provisions, options, and exemptions for AI/ANs. You should be able to explain these provisions to members of this consumer population.

Who is considered an AI/AN?

For Marketplace purposes, "Indians" 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).

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 essential health care services that are not reasonably accessible/available in Indian Health Service and Tribal health care facilities or when the facilities cannot provide the services needed, such as:

- 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 (November 1, 2021 through December 15, 2021 for 2022 coverage). They're also eligible to change health plans once a month.

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 2021, this income level for AIs living in the 48 contiguous states ranges from \$12,880 for an individual up to \$79,500 for a family of four; for ANs living in Alaska, this income range is from \$16,090 for an individual up to \$99,390 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 do not 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. There is also no cost sharing for essential health benefits (EHB) that are referred to under the Purchased/Referred Care Program and received through the QHP.

Scenario: Meet Atepa and Sitapu

Helping Consumers With Complex Eligibility Cases

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Scenario: Meet Atepa and Sitapu

Atepa and Sitapu, a married AI/AN couple, ask for your help enrolling in health coverage 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 see 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.

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Atepa and Sitapu, a married AI/AN couple, ask for your help enrolling in health coverage through their state's FFM.

Sitapu

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 see 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: Verification of AI/AN Status

Helping Consumers With Complex Eligibility Cases

Text Version ☐ Off ☒ On Exit Course

Scenario: Verification of AI/AN Status

The FFMs require each person who claims AI/AN status on a Marketplace application to verify their membership in an Indian tribe or show that they are eligible for services through an Indian health care provider.

After receiving consent from Atepa and Sitapu to access their personally identifiable information, we can help them complete their application and interpret their eligibility results.

The eligibility results request proof of tribal membership. You then direct Atepa and Sitapu to the "Application details" screen where Atepa and Sitapu can select the **Upload Documents** button to upload their tribal documents.

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

Application details

Here's your current application information:

Status: CompleteID#: 154031112

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.

Susan: send documents verifying American Indian and Alaska Native status.
Important: Send documents by 10/01/2019

UPLOAD DOCUMENTS

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The FFMs require each person who claims AI/AN status on a Marketplace application to verify their membership in an Indian tribe or show that they are eligible for services through an Indian health care provider.

After receiving consent from Atepa and Sitapu to access their personally identifiable information, we can help them complete their application and interpret their eligibility results.

The eligibility results request proof of tribal membership. You then direct Atepa and Sitapu to the "Application details" screen where Atepa and Sitapu 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

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

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

Sitapu - 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 based on tribal membership or Alaska Native shareholder statusmm

[Get more information on these documents and see a full list of documents you can send.](#)

You can upload more than one document.

Document type:

Select

Tribal Enrollment / Membership Card

Document issued by BIA

Authentic document from a tribe declaring 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

Verify Atepa's citizens

TAKE ME BACK

Sitapu 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 stationary and must contain the tribe's letterhead.
- Relevant Information
 - Name
 - Tribe Name


- Tribe letterhead

Scenario: AI/AN Eligibility for Cost-Sharing Reductions

Helping Consumers With Complex Eligibility Cases

Text Version ☐ Off ☒ Exit Course


Scenario: AI/AN Eligibility for Cost-Sharing Reductions



As we continue to help Sitapu and Atepa complete the FFM application, 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.

Atepa is a 38-year-old female and Sitapu 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 Sitapu's artwork at weekend flea markets.



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As we continue to help Sitapu and Atepa complete the FFM application, 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.

Atepa is a 38-year-old female and Sitapu 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 Sitapu's artwork at weekend flea markets.

Scenario: AI/AN Eligibility for Cost-Sharing Reductions

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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 not reported on a federal income tax return is not counted for Marketplace, Medicaid, or CHIP eligibility.

Based on this information, it might be helpful to ask whether the couple reports the income from the sale of Sitapu'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, Sitapu and Atepa should include the income from Sitapu's artwork in the estimate; therefore, Atepa and Sitapu'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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They indicate that yes, they do report it in the income they earn to the Internal Revenue Service.

Based on this information, Sitapu and Atepa should include the income from Sitapu's artwork in the estimate; therefore, Atepa and Sitapu'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.

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

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



After entering your estimated annual income (\$54,000) in the FFM application, you do qualify for limited cost sharing if you choose to enroll in a QHP. This is because your income is higher than 300 percent of the FPL for a household of two in 2021 (300 percent of the FPL for a household of two in 2021 is \$52,260 [\$65,310 in Alaska]).

Note: The latest FPL guidelines are available at the [HHS ASPE website](#).

Continue



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Coach

After entering your estimated annual income (\$54,000) in the FFM application, you do qualify for limited cost sharing if you choose to enroll in a QHP. This is because your income is higher than 300 percent of the FPL for a household of two in 2021 (300 percent of the FPL for a household of two in 2021 is \$52,260 [\$65,310 in Alaska]).

Note: The latest FPL guidelines are available at the [HHS ASPE website](#).

Based on your eligibility results, you qualify for a limited cost-sharing plan. 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 for EHB that are referred through the Purchased/Referred Care Program. You must get a referral from that program to avoid cost sharing if you visit any provider that is not affiliated with the IHS. You may pay cost sharing for any service from a non-IHS provider that is not an EHB.

Atepa

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: AI/AN Eligibility for Special Enrollment Period

Scenario: AI/AN Eligibility for Special Enrollment Period

You advise Atepa and Sitapu that the next step is to choose a QHP and make the first month's premium payment. Atepa and Sitapu feel they need more time to review the benefit packages and provider networks offered by the available QHPs before making a plan selection.

Because Atepa and Sitapu have AI/AN status, they can enroll in individual market health coverage through the Marketplace during any month, not just during the yearly Open Enrollment Period. So 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 throughout the year by using an SEP.

When Atepa and Sitapu select a plan or choose to change plans, the date they make a plan selection determines the date their new plan becomes effective as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

If they enroll in a new plan from the first to the 15th of the month and pay their first month's premium by the deadline, their coverage under the new plan will begin on the first day of the following month. If they enroll in a new plan from the 16th to the last day of the month and pay their first month's premium by the deadline, their coverage begins on the first day of the second following month. For example, if they change plans on March 16, their coverage becomes effective May 1.

You advise Atepa and Sitapu that the next step is to choose a QHP and make the first month's premium payment. Atepa and Sitapu feel they need more time to review the benefit packages and provider networks offered by the available QHPs before making a plan selection.

Because Atepa and Sitapu have AI/AN status, they can enroll in individual market health coverage through the Marketplace during any month, not just during the yearly Open Enrollment Period. So 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 throughout the year by using an SEP.

When Atepa and Sitapu select a plan or choose to change plans, the date they make a plan selection determines the date their new plan becomes effective as long as they enroll and pay their first month's premium by the deadline noted by the issuer in the enrollment materials.

If they enroll in a new plan from the first to the 15th of the month and pay their first month's premium by the deadline, their coverage under the new plan will begin on the first day of the following month. If they enroll in a new plan from the 16th to the last day of the month and pay their first month's premium by the deadline, their coverage begins on the first day of the second following month. For example, if they change plans on March 16, their coverage becomes effective May 1.

Knowledge Check

Helping Consumers With Complex Eligibility Cases

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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?

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

- ☐ A. You tell Takoda he must wait until the beginning of the next Open Enrollment Period 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

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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 Open Enrollment Period 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.

Helping Veterans With Their Health Care Coverage

Helping Consumers With Complex Eligibility Cases

Text Version

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Helping Veterans With Their Health Care Coverage

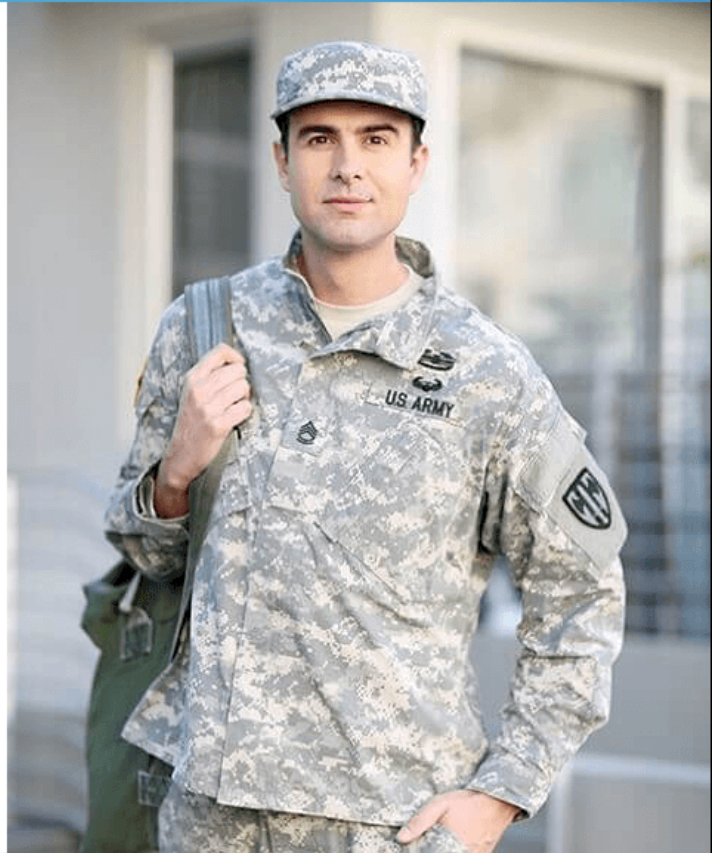
Reassure any veterans who come to you for help that the ACA doesn't change their Veterans Affairs (VA) health benefits or veterans' health coverage costs.

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 are not 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.

Note : Under the American Rescue Plan Act of 2021, veterans who have received or will receive care under the laws administered by the Secretary of Veterans Affairs between April 6, 2020 – September 30, 2021 do not have to pay a copayment or other cost sharing and will be reimbursed for such costs already paid during this period.



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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 are not 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.

Note : Under the American Rescue Plan Act of 2021, veterans who have received or will receive care under the laws administered by the Secretary of Veterans Affairs between April 6, 2020 – September 30, 2021 do not have to pay a copayment or other cost sharing and will be reimbursed for such costs already paid during this period.

Knowledge Check

Helping Consumers With Complex Eligibility Cases

Text Version

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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?

Choose **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

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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.

Helping Homeless Consumers and Families

Helping Consumers With Complex Eligibility Cases

Text Version

Off

Exit Course

Helping Homeless Consumers and Families

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 are not other FFM assisters or HHS entities.



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College Students

Helping Consumers With Complex Eligibility Cases

Text Version



Exit Course

College Students

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 are not available.



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Consumers who are college students have many options for enrolling in health coverage.

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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 are not available.

Open Enrollment Period

The 2022 Open Enrollment Period is November 1, 2021 through December 15, 2021. Consumers who are eligible to change to a different QHP during an SEP may be limited in the type of QHP they can choose.

Knowledge Check

Helping Consumers With Complex Eligibility Cases

Text Version

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Exit Course

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?

Choose **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, such as 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

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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.

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- 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, such as 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.

Consumers Who Get HIV/AIDS Assistance

Helping Consumers With Complex Eligibility Cases

Text Version

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Exit Course

Consumers Who Get HIV/AIDS Assistance

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 are not 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 are not 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

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.
- AI/ANs have special provisions, options, and exemptions under ACA, which include SEPs and specific income-based eligibility for CSRs.
- Some states have specific income, asset, and disability criteria when determining Medicaid eligibility. Consumers in these states should contact their state Medicaid agency.

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Conclusion

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Exit Course

Conclusion



Congratulations!
You've successfully
completed this course.

Select **Exit Course** to leave the course and take the Advanced Marketplace Issues and Technical Support exam.

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Congratulations!

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Resources

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 website.

These resources provide additional information and tools to help you in your role supporting consumers in the FFM.

Marketplace.cms.gov: <https://marketplace.cms.gov/>

Obtaining Consumer Authorization and Handling Consumers' Personally Identifiable Information (PII) in the FFM: <https://marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf>

Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs: <https://marketplace.cms.gov/technical-assistance-resources/complex-cases-data-matching.pdf>

Helping Consumers Resolve Outstanding Data Matching Issues (Inconsistencies): <https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf>

A Tune-Up on Eligibility Rules and Application Process for Families with Immigrants: <https://ccf.georgetown.edu/2015/11/24/open-enrollment-eligibility-rules-application-process-immigrant-families/>

Eligibility Process for Families That Include Immigrants: <https://marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf>

Serving Special Populations: Immigrants Fast Facts for Assisters: <https://marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf>

Resolving Data Matching Issues (or Inconsistencies): Document Upload Walkthrough: <https://marketplace.cms.gov/technical-assistance-resources/data-matching-issues-upload-walkthrough.pdf>

5 Things Assisters Should Know about Data Matching Terminations: <https://marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf>

Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Women: <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): <https://marketplace.cms.gov/technical-assistance-resources/immigrants-refugees-need-to-know.pdf>

Attesting to and Verifying Citizenship and Immigration Status: <https://marketplace.cms.gov/technical-assistance-resources/verifying-immigration-status.pdf>

Verifying your identity: ID proofing in the Marketplace: <https://marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf>

Assister Guide to the immigration Section of the Online Marketplace Application: <https://marketplace.cms.gov/technical-assistance-resources/assister-guide-to-immigration-section.PDF>

Tools and toolkits: <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html>

Multimedia resources: <https://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): <https://marketplace.cms.gov/technical-assistance-resources/consumer-authorization-and-handling-pii.pdf>

Taxes & the Health Insurance Marketplace: Overview for Marketplace Assisters: <https://marketplace.cms.gov/technical-assistance-resources/tax-overview-for-assisters.pdf>

Application Spotlight: Family and Household Composition Section: <https://marketplace.cms.gov/technical-assistance-resources/family-household-composition-section.pdf>

Tax Information: <https://marketplace.cms.gov/technical-assistance-resources/tax-information.html>

Report Life Changes When You Have Marketplace Coverage: <https://marketplace.cms.gov/outreach-and-education/report-life-changes.pdf>

My Tax Checklist: <https://marketplace.cms.gov/outreach-and-education/my-tax-checklist.pdf>

What to include as income: <https://www.healthcare.gov/income-and-household-information/income/>

How Health Coverage Affects Your Taxes: <https://marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf>

Income Resource Chart: <https://marketplace.cms.gov/technical-assistance-resources/income-resource-chart.pdf>

The Assister's Roadmap to Resources: <https://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: <https://marketplace.cms.gov/technical-assistance-resources/transitioning-from-medicaid.pdf>

Tools & toolkits: <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html>

Multimedia: <https://marketplace.cms.gov/outreach-and-education/images-and-multimedia.html>

Module 5 Resources

Understanding the Health Coverage Needs of People with Disabilities: http://www.nationaldisabilitynavigator.org/wp-content/uploads/presentations/2015-12-04_NDNRC_CMS.pdf

Information for American Indians and Alaska Natives Applying for Coverage <https://marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf>

Scenarios: American Indians, Alaska Natives, and Special Tribal Provisions: <https://marketplace.cms.gov/technical-assistance-resources/special-tribal-provisions.PDF>

The Affordable Care Act and HIV/AIDS: <https://www.hiv.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids>

Ryan White & the ACA: What You Need to Know: <http://hab.hrsa.gov/healthcarelandscape/index.html>

Fact Sheet: Topics to Consider When Helping People Living with HIV to Enroll in Health Care Coverage: https://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: <https://careacttarget.org/library/basics-health-coverage-enrollment-ryan-white-hiv-aids-program-clients>

National Disability Navigator Resource Collaborative (NDNRC): Understanding the Health Coverage Needs of People with Disabilities: <http://www.nationaldisabilitynavigator.org/2014/11/18/ndnrc-to-present-on-cms-assisters-webinar/>

Serving Special Populations: Serving Consumers with Disabilities: <https://marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf>

Veterans Health Administration: Veterans "Deep Dive" Presentation for Assisters: <https://marketplace.cms.gov/technical-assistance-resources/veterans-deep-dive.pdf>

Training for navigators, agents, brokers, and other assisters: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

Tools & toolkits: <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html>

Multimedia: <https://marketplace.cms.gov/outreach-and-education/images-and-multimedia.html>