

Welcome to the ELIGIBILITY FOR ENROLLING IN A QUALIFIED HEALTH PLAN Module



Health Insurance Marketplace®

Health Insurance Marketplace
Plan Year 2021



Job Aids



Help



Glossary

[Text Description of Image or Animation](#)



Long Description

Animated introduction screen containing the following text at the top and left of the screen: Welcome to the Eligibility for Enrolling in a Qualified Health Plan Module.

Beneath this text on the left is the logo for the Department of Health & Human Services (HHS), which is made up of the profiles of people, stacked on top of each other, resulting in the profile of an eagle. The words "Department of Health & Human Services USA" form a circle that extends out and to the left from the profiles. To the right of the logo are the words "Health Insurance Marketplace®."

On the right side of the screen are three images from the module representing module-specific concepts. The health caduceus symbol is behind these images.

Disclaimer

The information in this training was current at the time it was published or uploaded onto the Web. Eligibility policies and Marketplace requirements may change so links to the source documents have been provided within the document for your reference. This training is not intended to grant rights or impose obligations. It may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage learners to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of the requirements.

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.



Page Text

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Alt Text

A page of text with horizontal lines across it; a red horizontal box containing the word "Disclaimer" within it.

Introduction

The Patient Protection and Affordable Care Act has changed the way people can apply for health insurance coverage in the individual health insurance market. These changes include a single streamlined application, new avenues for individuals to apply and enroll in health insurance coverage, and coordinated communication among federal and state agencies on eligibility determinations.

In this module, you will be informed of the eligibility rules for purchasing individual health insurance coverage through the Health Insurance Marketplace®.*

Objectives:

Upon completion of this module, you should be able to:

- Identify the eligibility criteria for enrolling in a qualified health plan (QHP) through the Marketplace
- Learn tips for assisting consumers in a mixed immigration status household and consumers who may face barriers that make it difficult to get health coverage
- Identify the circumstances that affect an individual's ability to purchase health insurance coverage and that may qualify an individual for a hardship exemption for the purpose of obtaining catastrophic coverage
- Learn how to assist a consumer in resolving a data matching issue found during the eligibility verification process
- Identify how individuals can appeal an eligibility decision.



*The term "Health Insurance Marketplace®" is a registered trademark of the U.S. Department of Health & Human Services. When used in this document, the term "Health Insurance Marketplace®" or "Marketplace" refers to Federally-facilitated Marketplaces (FFM), including FFM where states perform plan management functions, and also refers to State-based Marketplaces on the Federal Platform (SBM-FP).

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- Identify how individuals can appeal an eligibility decision.

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Alt Text

A woman sitting at her desk writing on a notepad.

Introduction to Eligibility and Enrollment and the Role of Agents and Brokers

When individuals visit [HealthCare.gov](https://www.healthcare.gov) (or State-based Marketplace websites that are not on the federal platform), they are able to submit an application; find information about QHPs; find information on assistance paying for health insurance; and, if eligible, compare and choose among available QHPs.

The main steps of the Marketplace eligibility and enrollment process are as follows:

- A. Individual submits an application to the Marketplace.
- B. Marketplace verifies information needed to determine eligibility.
- C. Marketplace determines eligibility and notifies individual.
- D. Eligible individual completes QHP comparison, plan selection, and enrollment.
- E. If applicable, individual submits documentation to resolve a data matching issue.

Agents and brokers can assist consumers throughout the eligibility and enrollment process, including assisting with submitting the application. While agents or brokers cannot make eligibility determinations, they need to be familiar with eligibility rules and procedures to assist individuals with understanding how the Marketplace determines eligibility.



Page Text

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Alt Text

An agent or broker shaking hands with clients in an office.



Eligibility in the Individual Marketplace

Individuals can use the Individual Marketplace to explore their health insurance coverage options, even if they already have insurance (e.g., through employer-sponsored coverage). To be eligible to obtain insurance through the Marketplace, an individual must:

- Be a resident of the state where he or she will apply for coverage and enroll in a QHP
- Be a United States (U.S.) citizen or national, or a lawfully present non-citizen, and expect to remain so for the entire period coverage is sought
- Not be incarcerated, other than incarceration pending the disposition of charges

While any individual meeting these criteria may enroll in QHP coverage through an Individual Marketplace, QHPs are generally not intended for individuals who are eligible for or enrolled in other types of minimum essential coverage (MEC) and consumers with MEC are not eligible for financial assistance. MEC includes employer-sponsored coverage, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), TRICARE (the Department of Defense health care program), certain types of veteran's health coverage through the Department of Veteran's Affairs, and certain other types of coverage. Also, it is against the law for someone who knows that an individual has Medicare coverage to sell that individual a Marketplace plan that duplicates the individual's Medicare benefits.



Page Text

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Alt Text

A man's hand is taking notes on a desk next to an open laptop screen showing insurance plans

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Eligibility for Enrolling in a Qualified Health Plan

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Knowledge Check

Which of the following are eligibility criteria for individuals enrolling in a QHP?

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

- A. Be a resident of the state for which he/she applies for coverage and enrolls in a QHP
- B. Be a non-smoker
- C. Be a United States citizen or national, or a lawfully present non-citizen, and expect to remain so for the entire period coverage is sought
- D. Not be incarcerated, other than incarceration pending disposition of charges

Check Your Answer

Reset

Health Insurance Marketplace
Plan Year 2021



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Prompt

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

Question

Which of the following are eligibility criteria for individuals enrolling in a QHP?

Options

- A. Be a resident of the state for which he/she applies for coverage and enrolls in a QHP
- B. Be a non-smoker
- C. Be a United States citizen or national, or a lawfully present non-citizen, and expect to remain so for the entire period coverage is sought
- D. Not be incarcerated, other than incarceration pending disposition of charges

Correct Answer

A, C, D



Positive Feedback

Correct! Being a resident of the state in which an individual will apply for coverage and enroll in a QHP; being a United States citizen or national, or a lawfully present non-citizen; and not being incarcerated, other than incarceration pending disposition of charges, are all eligibility criteria for individuals enrolling in a QHP.

Negative Feedback

Incorrect. The correct answers are A, C, and D. Being a resident of the state in which an individual will apply for coverage and enroll in a QHP; being a United States citizen or national, or a lawfully present non-citizen and; and not being incarcerated, other than incarceration pending disposition of charges, are all eligibility criteria for individuals enrolling in a QHP.

Immigrant Households and the Marketplace

Immigrant households have important Marketplace eligibility details to consider.

In order to buy private health insurance through the Marketplace, a person must be a U.S. citizen or be lawfully present in the United States. The term “lawfully present” includes immigrants who have:

- “Qualified non-citizen” immigration status, regardless of whether they have a waiting period (e.g., Lawful Permanent Resident or Green Card holder, Conditional Entrant Granted before 1980)
- Humanitarian statuses or circumstances (e.g., Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking)
- Valid non-immigrant visas
- Legal status conferred by other laws (e.g., temporary resident status, Legal Immigration Family Equity Act, Family Unity individuals)

For a more complete list, visit [HealthCare.gov](https://www.healthcare.gov). Lawfully present immigrants may be eligible for advance payments of the premium tax credit (APTC) and income-based cost-sharing reductions (CSRs) to help pay for a Marketplace QHP premium and covered services if they meet the other eligibility criteria for these programs. You will learn more about eligibility for APTC and CSRs in the Individual Marketplace Eligibility for Insurance Affordability Programs module.



Page Text

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Alt Text

A visa, Social Security card, and dollar bill stacked on top of each other

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Eligibility for Enrolling in a Qualified Health Plan

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Documents to Verify Immigration Status

When completing a Marketplace eligibility application, individuals applying for coverage may be asked questions about their immigration status, asked to provide specific immigration identification numbers, and need to attest to having an eligible immigration status.

In the application, lawfully present immigrants should select the document type from the drop-down list that corresponds with their current documentation and status. For samples of the documents consumers can use to show their immigration status, review [HealthCare.gov](https://www.healthcare.gov). For more information, see the [Assister Guide to the Immigration Section of the Online Marketplace Application](#).

The screenshot shows a form on HealthCare.gov for selecting a document type. The title is "HealthCare.gov". Below the title, it says "Document type (Select one)" and provides a link "Learn more about document types". A dropdown menu is currently set to "Reentry Permit (I-327)". Below this, there is explanatory text: "The Re-entry Permit, I-327, allows a permanent resident to leave and re-enter the U.S. while valid. It's found in a multi-purpose booklet known as the U.S. Travel Document. Enter the Alien number (starts with an 'A', followed by 7-9 digits) located on the top, right side of the document." There is an input field for the "Alien number (optional)" with a placeholder "A000000000".

Page Text

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Alt Text

Fields from Marketplace eligibility application indicating document type and Alien number



Marketplace, Medicaid, CHIP, and “Public Charge” Status

On February 24, 2020, new U.S. Citizenship and Immigration Services (USCIS) regulations apply to the definition and factors for “public charge” status. These regulations outline how USCIS will determine whether applications for admission to the United States or applications for adjustment to immigration status will be denied because the applicant is likely at any time to become a public charge.

Use of public benefits could be considered a negative factor in a public charge inadmissibility determination. This means it could affect a consumer’s chances of admission or adjustment of status.

- Enrollment in a Marketplace plan (with or without the premium tax credit) is not a public benefit under the public charge final rule.
- For children under age 21 and pregnant women, enrollment in Medicaid or CHIP will not be considered to be a public benefit under the public charge rule.

But for some foreign national adults, enrollment in Medicaid may be considered a negative factor in a public charge inadmissibility determination.

If you are assisting a consumer who may be impacted by this, the consumer should visit the [USCIS](#) website or contact USCIS directly before continuing his or her Marketplace application. For more information on what it means to be a public charge, visit USCIS’s website or call U.S. Citizenship and Immigration Services at 1-800-375-5283.

Page Text

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Marketplace Eligibility for Mixed Immigration Status Households

Some immigrant households are of “mixed immigration status,” with members having different immigration and citizenship statuses. Those households may have members who are not eligible to buy health coverage through the Marketplace, alongside other household members who are eligible to use the Marketplace as citizens or lawfully present immigrants. Parents who are not lawfully present may have a child who is a U.S citizen, and can apply for health coverage for that child through the Marketplace.

The same situation could apply in a household that has some members who are not eligible for full Medicaid or CHIP, and others who are eligible for Medicaid or CHIP.

Keep in mind that individuals who are not lawfully present can apply for health coverage for their household member(s) who are lawfully present without having to provide a Social Security number (SSN) or other proof of lawful presence. You should not ask individuals applying on behalf of others any questions about their citizenship or immigration status because the information is irrelevant to the eligibility determination for the applicant.

Mixed immigration status households can apply for APTC or CSRs for their household members who are eligible for coverage through the Marketplace.



Page Text

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Mixed immigration status households can apply for APTC or CSRs for their household members who are eligible for coverage through the Marketplace.



Alt Text
Image of a woman and a man standing with two boys. The woman is leaning over the older boy and smiling. The man is smiling and giving the younger boy a piggy back ride.

Tips for Assisting Mixed Immigration Status Households

To effectively help mixed immigration status households, you should do the following:

- Be mindful that a consumer's immigration status may be a sensitive topic.
- Correctly identify the applicant by asking consumers whether they are seeking health coverage for themselves or on behalf of someone else.
- Avoid asking for the SSN of a non-applicant, unless the non-applicant is a tax filer who wishes to determine eligibility for APTC to help pay premiums for the applicant.

For more information about immigrant households and the Marketplace, please visit [HealthCare.gov](https://www.healthcare.gov).



Page Text

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- Avoid asking for the SSN of a non-applicant, unless the non-applicant is a tax filer who wishes to determine eligibility for APTC to help pay premiums for the applicant.

For more information about immigrant households and the Marketplace, please visit [HealthCare.gov](https://www.healthcare.gov).

Alt Text

Image of two adults and a girl; the girl is on the man's back with her arms over his chest and next to the young girl is a woman whose hand is encircling the man's upper arm.

Knowledge Check

True or False

Marta and Henry are not lawfully present in the United States. They have a son, Raul, who was born in the United States and they are interested in getting coverage for Raul. Marta and Henry should provide you with the information about their immigration status so that you can help them apply for health coverage for Raul.

Select the **best answer** and then click **Check Your Answer**.

- A. True
- B. False

Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: Marta and Henry are not lawfully present in the United States. They have a son, Raul, who was born in the United States and they are interested in getting coverage for Raul. Marta and Henry should provide you with the information about their immigration status so that you can help them apply for health coverage for Raul.

Options

- A. True
- B. False

Correct Answer

B

Positive Feedback

Correct! This is an example of a mixed immigration status household. Marta and Henry are not lawfully present, but their son, Raul, is a U.S. citizen. Marta and Henry can apply for health coverage for Raul. However, you should not ask Marta or Henry



questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Raul.

Negative Feedback

Incorrect. The statement is false. This is an example of a mixed immigration status household. Marta and Henry are not lawfully present, but their son, Raul, is a U.S. citizen. Marta and Henry can apply for health coverage for Raul. However, you should not ask Marta or Henry questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Raul.

Knowledge Check

Your client is a U.S. citizen who is not incarcerated and is a resident of the state in which she is applying for coverage. Does she meet the eligibility criteria for obtaining health insurance through the Marketplace and enrolling in a QHP in your state during the annual Open Enrollment period?

Select the **best answer** and then click **Check Your Answer**.

- A. No, she does not meet the criteria to enroll in a QHP because she must have gone without minimum essential coverage for at least 60 days.
- B. Yes, she meets the criteria to enroll in a QHP because she resides in the state where she is seeking coverage, she is a U.S. citizen, and she is not incarcerated.
- C. Yes, she meets the criteria to enroll in a QHP because she is a U.S. citizen.
- D. Yes, she meets the criteria to enroll in a QHP because she does not currently have minimum essential coverage.

Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

Your client is a U.S. citizen who is not incarcerated and is a resident of the state in which she is applying for coverage. Does she meet the eligibility criteria for obtaining health insurance through the Marketplace and enrolling in a QHP in your state during the annual Open Enrollment period?

Options

- A. No, she does not meet the criteria to enroll in a QHP because she must have gone without minimum essential coverage for at least 60 day
- B. Yes, she meets the criteria to enroll in a QHP because she resides in the state where she is seeking coverage, she is a U.S. citizen, and she is not incarcerated.
- C. Yes, she meets the criteria to enroll in a QHP because she is a U.S. citizen.
- D. Yes, she meets the criteria to enroll in a QHP because she does not currently have minimum essential coverage.

Correct Answer

B



Positive Feedback

Correct! In order to meet the residency standard for enrollment in a QHP, an adult must reside in the state in which he or she applies for and enrolls in coverage; must be a U.S. citizen or national, or lawfully present non-citizen; and must not be incarcerated, other than incarceration pending the disposition of charges. There is no durational residency requirement for enrollment in a QHP through the Marketplace.

Negative Feedback

Incorrect. The correct answer is B. In order to meet the residency standard for enrollment in a QHP, an adult must reside in the state in which he or she applies for and enrolls in coverage; must be a U.S. citizen or national, or lawfully present non-citizen; and must not be incarcerated, other than incarceration pending the disposition of charges. There is no durational residency requirement for enrollment in a QHP through the Marketplace.

Best Practices for Working with Diverse Populations

Select each of the tabs to learn more about best practices for working with diverse populations.

Provide Specific Coverage Information

Respect Religious Beliefs

Recognize Health Literacy Challenges



As an agent or broker, you may assist consumers in diverse populations who may have difficulty getting health coverage and basic health care services due to economic, cultural, and/or linguistic barriers. You can best help these consumers by considering their specific needs when informing them about how to access health coverage.

Health Insurance Marketplace
Plan Year 2021



Job Aids



Help



Glossary

[Text Description of Image or Animation](#)



Long Description

Interactive graphic. Panel images of four diverse people representing diverse populations. To the left of the image are three buttons labeled from top to bottom: Provide Specific Coverage Information; Respect Religious Beliefs; Recognize Health Literacy Challenges. When each button is selected, the color changes from blue to green, and a checkmark is displayed to indicate the action is complete.

Text located in the blue banner above the image: Select the buttons below to learn more about providing consumers with specific coverage information.

Text located in the white banner displayed across the bottom of the image: As an agent or broker, you may assist consumers in diverse populations who may have difficulty getting health coverage and basic health care services due to economic, cultural, and/or linguistic barriers. You can best help these consumers by considering their specific needs when informing them about how to access health coverage.

Button Label: Provide specific coverage information Button Text: Provide consumers with specific coverage information, such as the following:

- QHP issuers cannot refuse to sell a policy to consumers or charge them more just because they have a pre-existing condition.



- QHP issuers cannot charge higher premiums based on gender.
- The Marketplace offers same-sex spouses the same coverage and eligibility for APTC and CSRs that are available to opposite-sex spouses.

Button Label: Respect religious beliefs Button Text: Show respect for a consumer’s religious beliefs that could influence his or her health coverage decisions. It might be helpful to do the following:

- Help them understand how health coverage can benefit them.
- Understand that they may reject health coverage, even after you explain how health coverage can benefit them.

Button Label: Recognize health literacy challenges Button Text: Recognize and address the challenges that some consumers with low health insurance literacy face in understanding basic information about health coverage and health care services. You should do the following:

- Avoid using acronyms and technical language when possible.
- Explain any necessary technical terms and provide examples.
- Ask consumers to repeat back vital or key things that you say to them.
- Give information in small chunks.

For a printable guide of health insurance terminology, definitions and examples, check out the [Glossary of Health Coverage and Medical Terms](#) resource.

Advising Individuals Who are Eligible for Government-sponsored Programs

Select each button below for an overview of government-sponsored programs.

Medicaid/CHIP

Medicare

TRICARE



If an individual completes an application and learns that he or she is eligible for Medicaid/CHIP, or has questions about other government-sponsored programs like Medicare or TRICARE, you can help guide them through next steps.

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[Text Description of Image or Animation](#)



Long Description

Interactive graphic. Three images of people are in the center of the screen. From left to right: a child; a senior citizen; a service member. To the left of the image are three buttons labeled from top to bottom: Medicaid/CHIP; Medicare; TRICARE. When each button is selected, a pop-up box is displayed with accompanying text. When each button is selected, the button turns from blue to green and a checkmark is displayed to indicate the action is complete.

Prompt Text: Select each button for an overview of government-sponsored programs

Text: If an individual completes an application and learns that he or she is eligible for Medicaid/CHIP, or has questions about other government-sponsored programs like Medicare or TRICARE, you can help guide them through next steps.

Medicaid/CHIP button:

Text: If your client is assessed or determined eligible for Medicaid or CHIP, the client's information will automatically be transferred to his or her state Medicaid/CHIP office. While individuals who are eligible for Medicaid and CHIP may enroll in a QHP available through the Marketplace, it is likely not in their financial best interests to do so since they would not be eligible to receive either APTC or income-based CSRs and would be required to pay the full cost for Marketplace plan premiums and covered services. If your client has been assessed or determined eligible for Medicaid or CHIP, but wants to enroll in a QHP and pay full cost, he or she should submit a new application and indicate that he or she does not want help paying for coverage.



You may receive eligibility questions about other public coverage programs, such as Medicare, VA Health Programs, or TRICARE. The Marketplace does not determine eligibility for these programs. The Marketplace application will ask eligibility questions, but if the consumer indicates he or she is enrolled in Medicare or other coverage, the consumer will not be prevented from enrolling in Marketplace coverage but will not be eligible for APTC or income-based CSRs.

Medicare Button Text: You may receive eligibility questions for other government-sponsored programs, such as Medicare. The Marketplace does not determine eligibility for the Medicare program. The Marketplace application system will not prevent the individual from enrolling if the consumer indicates he or she is eligible for or enrolled in Medicare. Medicare is a health insurance program for:

- People age 65 or older who have paid Medicare taxes for at least 40 work quarters (a total of 10 years)
- People under age 65 with certain disabilities
- People of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant)
- Certain individuals exposed to environmental health hazards.

Consistent with the longstanding prohibition on the sale of duplicate coverage to Medicare beneficiaries, it is illegal to sell or issue a QHP to a Medicare beneficiary with the knowledge that the QHP duplicates the beneficiary's Medicare benefits. You should direct your Medicare-eligible clients to www.medicare.gov for more information about the Medicare enrollment process and timeframes.

For additional information on Medicare costs and the 40 work quarters requirement, please refer your clients to <https://www.medicare.gov>, and this [Medicare and You](#) resource.

TRICARE button Text: You may also receive eligibility questions for TRICARE, another kind of government-sponsored program. The Marketplace does not determine eligibility for the TRICARE program. TRICARE is a health care program serving Uniformed Service members, retirees, and their families worldwide. You should direct your clients to <https://tricare.mil/> for more information about this program.

Knowledge Check

If an individual completes the Marketplace application and is determined eligible for Medicaid, what should your next step be as an agent or broker?

Select the **best answer** and then click **Check Your Answer**.

- A. You should help the individual enroll in a non-Marketplace plan.
- B. You should help the individual apply for APTC.
- C. You should tell the individual to wait to hear from his or her state Medicaid agency for the next steps to get enrolled in coverage.
- D. You should ask the individual to recomplete the application at HealthCare.gov.

 Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

If an individual completes the Marketplace application and is determined eligible for Medicaid, what should your next step be as an agent or broker?

Options

- A. You should help the individual enroll in a non-Marketplace plan.
- B. You should help the individual apply for APTC.
- C. You should tell the individual to wait to hear from his or her state Medicaid agency for the next steps to get enrolled in coverage.
- D. You should ask the individual to recomplete the application at HealthCare.gov.

Correct Answer

C



Positive Feedback

Correct! If an individual is determined eligible for Medicaid, his or her information is sent to the state Medicaid agency. The consumer should wait to hear from the state for next steps to get enrolled in coverage. If the consumer has questions, you should refer him or her to the state Medicaid office.

Negative Feedback

Incorrect. The correct answer is C. If an individual is determined eligible for Medicaid, his or her information is sent to the state Medicaid agency. The consumer should wait to hear from the state for next steps to get enrolled in coverage. If the consumer has questions, you should refer him or her to the state Medicaid office.

Hardship Exemptions

Select each icon to learn more about hardship exemption events. Select the Job Aids button for a list of hardship exemptions.



There are circumstances that affect consumers' ability to purchase health insurance coverage and which qualify them for a hardship exemption for the purpose of obtaining catastrophic coverage. Only individuals under age 30 and individuals with hardship or affordability exemptions may purchase a catastrophic plan. Catastrophic plans typically have high deductibles, and mainly protect individuals with very high medical costs. To make the determination, the Marketplace considers whether an individual has experienced a qualifying event.

Long Description

Interactive graphic. A static image of a couple is taking up the right half of the screen. The couple is facing forward and smiling; the man has his arm around the woman and she has her hand on his chest. To the left of the screen are thirteen icons with graphics in the form of an outline, arranged in a square. There are four icons in the first three rows and one icon in the fourth row.

Top row from left to right: a house; a house with a foreclosure sign across it; a lightbulb with a checkmark in a box on the top right edge of the lightbulb; a hand.

Second row from left to right: a nurse; fire; three decreasing stacks of coins in descending order; a stick figure with a bag beside it and a dollar sign above the bag.

Third row from left to right: a hand holding a dollar sign that is encircled; a pair of hands holding a baby; coins in front of a document and a percentage sign above the coins; a courthouse.

Fourth row: a bar graph with bars of decreasing size and with a pie chart on top of the bars.

When each icon is selected, a pop-up box with accompanying text is displayed. After the pop-up box is closed, the icon turns from blue to green and a checkmark is displayed to indicate the action is complete.



Prompt Text: Select each icon to learn more about hardship exemption events. Select the **Job Aids** button for a list of Hardship Exemptions.

Image text: There are circumstances that affect consumers' ability to purchase health insurance coverage and which qualify them for a hardship exemption for the purpose of obtaining catastrophic coverage. Only individuals under age 30 and individuals with hardship or affordability exemptions may purchase a catastrophic plan. Catastrophic plans typically have high deductibles, and mainly protect individuals with very high medical costs. To make the determination, the Marketplace considers whether an individual has experienced a qualifying event.

Icon name: Homeless Icon text: The individual becomes homeless.

Icon name: Eviction/Foreclosure Icon text: The individual has been evicted, or is facing eviction or foreclosure.

Icon name: Utility Shut-off Icon text: The individual has received a shut-off notice from a gas, water, or electric company.

Icon name: Domestic Violence Icon text: The individual recently experienced domestic violence.

Icon name: Family Member Death Icon text: The individual recently experienced the death of a close family member.

Icon name: Disaster Icon text: The individual recently experienced a fire, flood, or other natural or human-caused disaster resulting in substantial damage to individual property.

Icon name: Bankruptcy Icon text: The individual filed for bankruptcy.

Icon name: Medical Expenses Icon text: The individual incurred medical expenses that resulted in substantial debt.

Icon name: Family Care Expenses Icon text: The individual experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.

Icon name: Dependent Child Icon text: The individual expects to claim a child as a tax dependent who has been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child.

Icon name: Eligibility Appeal Icon text: As a result of an eligibility appeals decision, the individual is determined eligible for enrollment in a QHP through the Marketplace, APTC, and/or CSRs for a period of time during which he or she was not enrolled in a QHP through the Marketplace.

Icon name: Non-Medicaid Eligibility State Icon text: The individual was determined ineligible for Medicaid because his or her state did not expand eligibility for Medicaid under the Patient Protection and Affordable Care Act.

Icon name: Other Icon text: The individual experiences some other hardship in obtaining health insurance. Examples of other hardship circumstances that consumers may experience include:

- The individual lives in a service area where there are no Marketplace QHPs available for the applicable plan year.
- The individual lives in a service area where there is only one issuer offering Marketplace QHP coverage for the applicable plan year and the person can show that the resulting lack of choice has precluded him or her from obtaining coverage under a QHP.
- The individual has a hardship in obtaining health insurance because he or she lives in a service area where all affordable Marketplace QHPs offered for the applicable plan year provide coverage of abortions, contrary to the individual's beliefs, and the absence of any affordable plan without such coverage causes a hardship in obtaining health insurance.

Affordability Exemption

As noted on the previous page, a consumer who has an affordability exemption may purchase a catastrophic plan, regardless of age. To qualify for an affordability exemption, the lowest priced coverage available to the consumer would cost more than 8.27% of the consumer's household income (for the 2021 taxable year).



Page Text

As noted on the previous page, a consumer who has an affordability exemption may purchase a catastrophic plan, regardless of age. To qualify for an affordability exemption, the lowest priced coverage available to the consumer would cost more than 8.27% of the consumer's household income (for the 2021 taxable year).

Alt Text

Image of a monthly budget notebook and a portion of a calculator



Knowledge Check

True or False

Jennifer lives in a state that did not expand eligibility for its Medicaid program, but she would have qualified for Medicaid if it had. She qualifies for a hardship exemption.

Select the **best answer** and then click **Check Your Answer**.

- A. True
- B. False

 Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: Jennifer lives in a state that did not expand eligibility for its Medicaid program, but she would have qualified for Medicaid if it had. She qualifies for a hardship exemption.

Options

- A. True
- B. False

Correct Answer

A

Positive Feedback

Correct! Jennifer qualifies for a hardship exemption because she would have qualified for Medicaid health coverage if her state had expanded its Medicaid program. Her Marketplace eligibility determination notice will contain an Exemption Certificate Number, which she may use to enroll in a catastrophic plan.



Negative Feedback

Incorrect. The statement is true. Jennifer qualifies for a hardship exemption because she would have qualified for Medicaid health coverage if her state had expanded its Medicaid program. Her Marketplace eligibility determination notice will contain an Exemption Certificate Number, which she may use to enroll in a catastrophic plan.

How does the Individual Marketplace Determine Eligibility?

The following phases illustrate the process of how the Individual Marketplace determines eligibility.

- **Application:** Upon request, agents and brokers are expected to assist consumers in submitting applications.
- **Eligibility Determination:** Application filers may request an eligibility determination for enrollment in a QHP and for insurance affordability programs.
- **Verification:** The Marketplace verifies applicants' information using data from key federal agencies and other sources.
- **Notification:** The Marketplace provides applicants timely written notice of their eligibility determinations.



Page Text

The following phases illustrate the process of how the Individual Marketplace determines eligibility.

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- **Verification:** The Marketplace verifies applicants' information using data from key federal agencies and other sources.
- **Notification:** The Marketplace provides applicants timely written notice of their eligibility determinations.

Alt Text

A pair of hands; the right hand is holding a pen and the left hand is flipping through a few sheets of paper.

Application

Consumers can submit an application via the following:

- Use the website of a QHP issuer or web-broker who is approved to offer the [Classic Direct Enrollment Pathway](#) or the [Enhanced Direct Enrollment Pathway](#)
- Use HealthCare.gov to apply online
- Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to enroll by phone (available 24 hours a day, seven days a week, except federal holidays)
- Fill out and mail in a paper application



Page Text

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- Fill out and mail in a paper application

Alt Text

Image of a pair of hands holding items over a laptop; the left hand is holding a small wallet-sized card and the right hand is holding a cell phone.

Eligibility Determination

Application filers may request an eligibility determination for enrollment in a QHP and for insurance affordability programs. This choice applies to everyone on the application.

Depending on the state, a Marketplace may make an initial “assessment” of Medicaid/CHIP eligibility, or a final eligibility determination. In a state where the Marketplace assesses an applicant as potentially eligible for Medicaid or CHIP, that applicant’s information is then securely transferred to the state Medicaid or CHIP agency for a final eligibility determination and enrollment, as applicable. Agents and brokers should confirm whether the Marketplace makes assessments or determinations of Medicaid/CHIP eligibility in the applicant’s state. In rare cases, the state may elect to have the Marketplace make assessments for Medicaid eligibility and determinations for CHIP eligibility, or vice versa. Please see the list of states and the model used in that state on the [Medicaid and CHIP Interactions webpage](#).

You will learn more about Medicaid and CHIP eligibility determinations in the Individual Marketplace Eligibility for Insurance Affordability Programs module and the Individual Marketplace Enrolling in a QHP module.



Page Text

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You will learn more about Medicaid and CHIP eligibility determinations in the Individual Marketplace Eligibility for Insurance Affordability Programs module and the Individual Marketplace Enrolling in a QHP module.

Alt Text

A man wearing glasses is talking on a cell phone and standing over a laptop placed on a desk.

Verification

To determine eligibility for consumers who are applying for Marketplace coverage during the annual Open Enrollment period,* the Marketplace verifies applicant information using data from certain federal agencies and other sources. In general, the verification process involves validating an applicant's attestation by checking available electronic data from HHS-approved data sources. The Marketplace verifies the following information for individuals seeking coverage through the Marketplace from the source(s) indicated:

- **SSN** (if applicant has an SSN) is verified through the Social Security Administration (SSA). An individual does not have to provide an SSN if he or she does not have one, or if he or she is not applying for coverage and is not the tax filer for the household where one or more household members is applying for insurance affordability programs. However, withholding an SSN may cause issues and delays in the applicant's eligibility determination, since verification cannot be completed.
- **Citizenship or immigration status** is verified through SSA and the Department of Homeland Security (DHS).
- **Identity** is verified through an external identity verification provider.
- **Incarceration status** is verified through the consumer's attestation on the eligibility application.

In addition, for individuals seeking eligibility for insurance affordability programs, the Marketplace verifies the following data from the sources indicated:

- **Income** is verified through the IRS, SSA, and consumer reporting agencies.
- **Confirmation that an applicant has MEC** is verified through state Medicaid and CHIP agencies, CMS, Department of Defense TRICARE, Veteran's Health Administration Health Care Program, Peace Corps, the Office of Personnel Management, and other sources.

*Consumers who wish to enroll in a Marketplace QHP or change QHPs outside of the annual Open Enrollment period must qualify for a special enrollment period (SEP) based on certain qualifying events. New applicants (i.e., those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events must submit the requested documentation so the Marketplace can confirm their SEP eligibility. Marketplace enrollees who qualify for an SEP and want to change plans may need to select a new plan within the same plan category as their current plan, or wait until the next Open Enrollment period to change to a plan in a different category. You will learn more about SEP eligibility in the Individual Marketplace Enrolling in a QHP module.

Page Text

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- **Incarceration status** is verified through the consumer's attestation on the eligibility application.

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Knowledge Check

Which of the following does the Marketplace verify to determine an applicant's eligibility for health coverage through the Marketplace and eligibility for insurance affordability programs?

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

- A. Health status
- B. Citizenship or immigration status
- C. Income
- D. SSN (if applicant has an SSN)

 **Check Your Answer**

Reset

Prompt

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

Question

Which of the following does the Marketplace verify to determine an applicant's eligibility for health coverage through the Marketplace and eligibility for insurance affordability programs?

Options

- A. Health status
- B. Citizenship or immigration status
- C. Income
- D. SSN (if applicant has an SSN)

Correct Answer

B, C, D

Positive Feedback

Correct! The Marketplace does not verify health status to determine an applicant's eligibility. It does verify data on income, SSN (if applicant has an SSN), and citizenship or immigration status.



Negative Feedback

Incorrect. The correct answers are B, C, and D. The Marketplace does not verify health status to determine an applicant's eligibility. It does verify data on income, SSN (if applicant has an SSN), and citizenship or immigration status.



Eligibility for Enrolling in a Qualified Health Plan

Notification

After verifying the applicant's information, the Marketplace must provide the applicant a timely, written notice of its eligibility determination. Notification generally occurs immediately if the application was submitted electronically; mailed applications take longer to process.

The eligibility notice indicates whether additional information is needed from the applicant, provides instructions on how to submit the requested supporting documentation, and includes information regarding the right to appeal a final eligibility determination.

The Marketplace transfers the information of any applicant assessed or determined eligible for Medicaid or CHIP to the applicable state Medicaid or CHIP agency, which will follow up for plan/delivery system selection (in a determination state) or with final eligibility results (in an assessment state). To see which states are assessment states and which states are determination states, visit [this page on the Medicaid.gov website](#).

HealthCare.gov

Family Member(s)	Results
Joe Martin	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace, but more information is needed. Eligible for a tax credit (\$485.00 each month, which is \$5,820.00 for the year), but more information is needed.
Julie Martin	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace, but more information is needed. Eligible for a tax credit (\$485.00 each month, which is \$5,820.00 for the year), but more information is needed.

Page Text

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To see which states are assessment states and which states are determination states, visit [this page on the Medicaid.gov website](#).

Alt Text

A screenshot of an eligibility notification from HealthCare.gov

Next Steps After Eligibility Determination

If an individual is determined eligible for enrollment in a QHP through the Marketplace, he or she then may select a QHP to initiate enrollment.

If an individual is assessed as potentially eligible or determined eligible for Medicaid or CHIP, the Marketplace provides a notification of such (potential) eligibility, and transfers his or her information to the state Medicaid or CHIP agency for follow-up.

Please note that families may be covered by different plans if certain family members qualify for Medicaid or CHIP. For instance, parents who qualify for an insurance affordability program, such as APTC or CSRs, may be on a different plan from their children if the children qualify for CHIP.

Individuals who are determined eligible for Medicaid are eligible for Medicaid coverage on, or potentially before, the date of application. Individuals who are determined eligible for CHIP will generally be eligible for CHIP coverage on the first day of the following month.



Page Text

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Please note that families may be covered by different plans if certain family members qualify for Medicaid or CHIP. For instance, parents who qualify for an insurance affordability program, such as APTC or CSRs, may be on a different plan from their children if the children qualify for CHIP.

Individuals who are determined eligible for Medicaid are eligible for Medicaid coverage on, or potentially before, the date of application. Individuals who are determined eligible for CHIP will generally be eligible for CHIP coverage on the first day of the following month.

Alt Text

Image of a multi-generational family sitting on a front step of a house; in the front row are five family members. In the back row are a man and a woman.

Data Matching Issues

At the conclusion of eligibility verification, if there are inconsistencies between the consumer's application and the information contained in the approved electronic sources, the Marketplace produces an initial eligibility notice that includes a temporary 90-day eligibility determination, a list of any data matching issues, along with instructions regarding how they can be resolved. If the consumer does not resolve the issue, he or she may lose eligibility for enrollment through the Marketplace or modification of APTC, if applicable. The most common types of data matching issues are related to annual household income, citizenship, and immigration status.

If the Marketplace needs additional information to validate a consumer's eligibility, it establishes a temporary eligibility based on the individual's attestation that is valid for 90 days. In the case of a citizenship or immigration status issue, the length of the temporary eligibility period is 95 days.

- If the consumer is otherwise eligible for a Marketplace QHP, with or without financial assistance, during this time, he or she can enroll and obtain coverage and, if applicable, help paying for coverage. The temporary 90-day/95-day eligibility determination notice will provide a date by which the individual must resolve the issue. The individual just needs to resolve the issue by the close of the 90-day/95-day period to continue his or her eligibility for health coverage through the Marketplace and any help paying for coverage.
- If the applicant has a citizenship or immigration status issue, but his or her income and other eligibility information are consistent with eligibility for Medicaid or CHIP, the applicant may be able to access Medicaid or CHIP coverage in some states while he or she is within the "reasonable opportunity period" allowed to resolve the open verification items.



Page Text

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- If the applicant has a citizenship or immigration status issue, but his or her income and other eligibility information are consistent with eligibility for Medicaid or CHIP, the applicant may be able to access Medicaid or CHIP coverage in some states while he or she is within the “reasonable opportunity period” allowed to resolve the open verification items.

Alt Text

The back of a man looking at a black wall and scratching the back of his head in confusion; on the wall are numerous white arrows pointing left and one large yellow arrow pointing to the right.

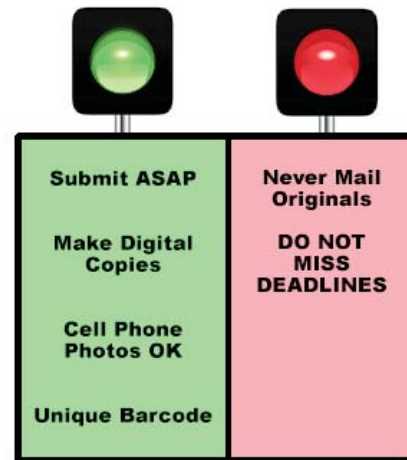
Resolving Data Matching Issues

Once a consumer receives a temporary eligibility notice with instructions to provide additional information or a notice of a Marketplace data matching issue, he or she must take action to provide satisfactory documentation and resolve the data matching issue. Agents and brokers can play an important role in helping consumers identify whether they have a data matching issue and in helping consumers understand and follow the correct process to resolve data matching issues. Keep in mind these [tips](#).

When the Marketplace receives adequate supporting documentation from the consumer to resolve the data matching issue, it will send the consumer a written resolution notice in the mail or post a notice in the consumer's HealthCare.gov account.

If a consumer does not resolve the data matching issue, the Marketplace will take action (i.e., terminate enrollment through the Marketplace or adjust/terminate financial assistance) with the following effective dates:

- If the data matching issue is expired between the 1st and 15th day of the month, the action is effective the first day of the month following the deadline.
- If the data matching issue is expired between the 16th and the last day of the month, the action is effective the first day of the second month following the deadline.



Page Text

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When the Marketplace receives adequate supporting documentation from the consumer to resolve the data matching issue, it will send the consumer a written resolution notice in the mail or post a notice in the consumer's HealthCare.gov account.

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- If the data matching issue is expired between the 1st and 15th day of the month, the action is effective the first day of the month following the deadline.
- If the data matching issue is expired between the 16th and the last day of the month, the action is effective the first day of the second month following the deadline.

Tips for Resolving Data Matching Issues pop up text:



- It is critical that consumers submit the requested information as soon as possible. Explain and highlight the deadline indicated on the notices when documents are due to the Marketplace.
- Encourage the consumer to make digital copies and upload the requested documents through his or her HealthCare.gov account. Submitting documents online will reduce processing time.
- Agents and brokers may be able to use the Enhanced Direct Enrollment Pathway to upload their clients' documents to resolve data matching issues and to view the status of those issues. To find out more about specific Enhanced Direct Enrollment features, contact the issuer or web-broker directly.
- If a consumer chooses to mail the requested documents:
 - Remind him or her to include the page from the notice that includes a barcode unique to that consumer's application.
 - If the consumer does not have the page with the barcode, encourage the consumer to include his or her state, full legal name, and application ID number on the mailed documents.
 - Remind consumers that they should never mail original documents.
- Emphasize that if the consumer does not send the requested documentation by the deadline, he or she may lose eligibility for coverage through the Marketplace or modification of APTC or CSRs, if applicable.
- The Marketplace will send out reminders and notices regarding the issue at certain points before the deadline.
- Read the Eligibility Determination and other notices to clearly understand the type of issue and what documents are needed. For most issues, the Marketplace requests documentation that supports the information the consumer attested to on the application.
- For screen-by-screen uploading directions, see the [How To Upload Documents](#) resource.

Alt Text

Two column image. Left column has an image of green traffic light with a text box below it. Right column has an image of red traffic light with a text box below it. Under the green traffic light is the text: • Submit ASAP • Make Digital Copies • Cell Phone Photos OK • Unique bar code. Under the red traffic light is the text: • Never Mail Originals • DO NOT MISS DEADLINES




Knowledge Check

True or False

Consumers who are notified of a Marketplace data matching issue have 90 days (or 95 days if the issue is a citizenship or immigration status issue) to resolve the issue or they may lose eligibility for health care coverage and/or financial assistance through the Marketplace.

Select the **best answer** and then click **Check Your Answer**.

- A. True
- B. False

 Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: Consumers who are notified of a Marketplace data matching issue have 90 days (or 95 days if the issue is a citizenship or immigration status issue) to resolve the issue or they may lose eligibility for health care coverage and/or financial assistance through the Marketplace.

Options

- A. True
- B. False

Correct Answer

A

Positive Feedback

Correct! As an agent or broker, you have an important role in helping consumers understand a notice of a Marketplace data matching issue and encouraging them to submit any requested documentation before the 90-day/95-day deadline.



Negative Feedback

Incorrect. The statement is true. As an agent or broker, you have an important role in helping consumers understand a notice of a Marketplace data matching issue and encouraging them to submit any requested documentation before the 90-day/95-day deadline.

Appealing an Eligibility Decision

Select the image of each consumer to view an eligibility decision that the consumer can appeal. Select the Job Aids button to view a complete list of eligibility determinations that a consumer can appeal.

If an individual disagrees with the Marketplace's eligibility determination, he or she may appeal the determination as contained in the Eligibility Determination Notice.

The graphic displays four consumer images in a row. Below each image is a blue label: 'Consumer 1', 'Consumer 2', 'Consumer 3', and 'Consumer 4'. At the bottom of the graphic is a navigation bar with the following elements: 'Health Insurance Marketplace Plan Year 2021', three icons for 'Job Aids', 'Help', and 'Glossary', a text box containing 'Text Description of Image or Animation', and two circular navigation buttons with left and right arrows and 'B' and 'N' labels.

Long Description

Interactive graphic representing consumers and the various notices they may receive. When each image is selected, a popup box with accompanying text is displayed. When the popup box is closed, the label at the bottom of the image turns from blue to green and a checkmark is displayed indicating the action is complete.

There is instructional text in a blue banner at the top of the screen. There is informational text in a white banner below the blue banner.

Prompt text: Select the image of each consumer to view an eligibility decision that the consumer can appeal. Select the **Job Aids** button to view a complete list of eligibility determinations that a consumer can appeal.

Image text: If an individual disagrees with the Marketplace's eligibility determination, he or she may appeal the determination as contained in the Eligibility Determination Notice.

Consumer images from left to right:

Consumer 1 Man with short, greying hair and glasses: I was just told I'm not going to receive the amount of APTC or level of CSRs that was originally calculated.



Consumer 2 Woman with curly red hair: I was denied eligibility for Medicaid and my daughter was denied eligibility for CHIP. (Only residents of states that have delegated appeals of certain types of Medicaid and CHIP eligibility determinations made by the Marketplace to the federal appeals entity can appeal this determination to the Marketplace. Appellants seeking review of a Medicaid/CHIP denial have the option to have their appeal heard by the state agency, even if these appeals are delegated to the Marketplace.)

Consumer 3 Woman with long length hair: I just had a baby and the notice I received said I'm not eligible for a special enrollment period, so I can't enroll the baby in a Marketplace QHP outside the Open Enrollment period.

Consumer 4 Woman with medium length hair: I've received a notice that said I was not eligible to enroll in a Marketplace QHP, including a catastrophic plan.

How to File an Appeal of an Eligibility Determination

Consumers can file an appeal of a Marketplace eligibility determination online, by mail, or by fax.

- Online: Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and select the applicable state. Submit the appeal request online or download and print the request form and submit it separately.
- Mail or fax: Consumers should send a completed paper form or a letter requesting an appeal. Consumers should include their name, address, and the reason for the appeal. Fax the form to 1-877-369-0130 or mail the paper form or the letter to the Marketplace at:

Health Insurance Marketplace
ATTN: Appeals
465 Industrial Blvd
London, KY 40750-0061

Appeal requests must be submitted within 90 days of the contested Eligibility Determination Notice, unless the consumer demonstrates that his or her failure to submit the appeal on a timely basis was due to exceptional circumstances and should not preclude the appeal.

Tip: The consumer should keep originals and mail only copies of all documents submitted during the appeals process.



Page Text

Consumers can file an appeal of a Marketplace eligibility determination online, by mail, or by fax.

- Online: Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and select the applicable state. Submit the appeal request online or download and print the request form and submit it separately.
- Mail or fax: Consumers should send a completed paper form or a letter requesting an appeal. Consumers should include their name, address, and the reason for the appeal. Fax the form to 1-877-369-0130 or mail the paper form or the letter to the Marketplace at:

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Alt Text

A right hand holding a pen and signing a document

What to Expect After Submission of Appeal Request

After the consumer submits an eligibility appeal, the Marketplace Appeals Center reviews the appeal request. If the appeal request is received within 90 days after the contested eligibility determination, and is about an issue over which the federal appeals entity has jurisdiction, the Marketplace Appeals Center acknowledges the appeal request in writing and will attempt to resolve the appeal informally.

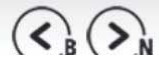
If the appeal cannot be accepted, the consumer will receive a letter explaining why and how the problem might be fixed so the consumer can submit a valid appeal request.

If a valid appeal cannot be resolved informally, an appellant may ask for a more formal hearing.

For questions about an eligibility appeal, consumers should call the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 1-855-739-2231. Only the appellant and his or her designated authorized representative may obtain information about the appellant's appeal.

For more information, see:

- [The Marketplace Appeals page at HealthCare.gov](#)
- [Appealing Eligibility Decisions in the Health Insurance Marketplace](#)



Page Text

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Alt Text

A woman standing against a conference table and looking down at her cellphone

How to Request an Expedited Appeal

If a consumer has an urgent health situation, he or she can request an expedited appeal. Consumers may qualify for expedited processing of an eligibility appeal if the time needed for the standard appeal process would jeopardize the consumer's life or health, or jeopardize his or her ability to attain, maintain, or regain maximum function. Consumers requesting an expedited appeal should explain why they need a faster eligibility appeal in the appeal request. If a medical exigency arises after the appeal request has been accepted, the appellant should call the Marketplace Appeals Center to inform the Center of this new information.

You can help a consumer to file an appeal or file an appeal on his or her behalf if the consumer appoints you as an authorized representative. You cannot file an appeal on a consumer's behalf without a written authorization. To appoint an authorized representative the consumer must either:

- Fill out an ["Appoint an Authorized Representative"](#) form or
- Submit the written request with the appeal.



Page Text

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- Fill out an ["Appoint an Authorized Representative"](#) form or
- Submit the written request with the appeal.

Alt Text

A man and a woman at a desk; the woman is sitting and talking on a cell phone. The man is leaning over the table, looking at the woman, and pointing to something on a notepad.

Retroactive Effectuation of Eligibility Appeal Decisions

If an eligibility appeal decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the consumer may decide to have the decision implemented retroactively, based on the date when the consumer received the incorrect determination.

The Marketplace plan may owe an appellant a refund if:

- The appellant paid Marketplace plan premiums to the plan before the appeal was decided, and
- The appellant is now eligible for a larger premium tax credit and/or lower copayments, coinsurance, and deductibles as a result of the appeal.

Alternatively, an appellant may owe money to the Marketplace plan if:

- The appellant is now enrolling in Marketplace coverage with an earlier effective date, or
- The appellant has not paid his or her past premium balance(s).



Page Text

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Alternatively, an appellant may owe money to the Marketplace plan if:

- The appellant is now enrolling in Marketplace coverage with an earlier effective date, or
- The appellant has not paid his or her past premium balance(s).

Alt Text

A cashier at a convenience store is handing a receipt to a customer

Eligibility Pending Appeal

If a consumer appeals a determination of eligibility, the consumer may request eligibility pending appeal. Consumers granted eligibility pending appeal are eligible for the level of eligibility immediately before the determination being appealed. Eligibility pending appeal permits consumers to continue enrollment in a QHP, with APTC and CSRs as applicable.

Consumers are encouraged to maintain their QHP enrollment during the course of an appeal because some case types require an active enrollment in order to implement a favorable appeal decision. Eligibility pending appeal may help consumers maintain their enrollment.



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Alt Text

Close up of people sitting around a desk reviewing documents

Knowledge Check

Your client wishes to appeal her eligibility determination. What steps can you take to assist her?

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

- A. You can provide information on when an appeal may be appropriate.
- B. You can explain how to file an appeal.
- C. You can file the appeal for her, acting as her agent, without any additional documentation needed.
- D. You can file the appeal for her, but only if she has completed a written document appointing you as her authorized representative.

 Check Your Answer

Reset

Prompt

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

Question

Your client wishes to appeal her eligibility determination. What steps can you take to assist her?

Options

- A. You can provide information on when an appeal may be appropriate.
- B. You can explain how to file an appeal.
- C. You can file the appeal for her, acting as her agent, without any additional documentation needed.
- D. You can file the appeal for her, but only if she has completed a written document appointing you as her authorized representative.

Correct Answer

A, B, D

Positive Feedback

Correct! An agent or broker may provide information on when it may be appropriate to file an appeal; explain how to file an appeal; and, if appointed as an authorized representative, file the appeal for the client. An agent or broker may not file an appeal for a



client unless the client grants specific, written permission by appointing the agent or broker as his or her authorized representative.

Negative Feedback

Incorrect. The correct answers are A, B, and D. An agent or broker may provide information on when it may be appropriate to file an appeal; explain how to file an appeal; and, if appointed as an authorized representative, file the appeal for the client. An agent or broker may not file an appeal for a client unless the client grants specific, written permission by appointing the agent or broker as his or her authorized representative.



Knowledge Check

True or False

A consumer may retroactively apply an eligibility appeal decision to obtain a full or partial refund of Marketplace plan premiums paid if the appeal results in a new eligibility determination that reinstates the consumer's eligibility for APTC.

Select the **best answer** and then click **Check Your Answer**.

- A. True
- B. False

 Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: A consumer may retroactively apply an eligibility appeal decision to obtain a full or partial refund of Marketplace plan premiums paid if the appeal results in a new eligibility determination that reinstates the consumer's eligibility for APTC.

Options

- A. True
- B. False

Correct Answer

A

Positive Feedback

That is correct! The Marketplace plan may owe a consumer a refund if the consumer is now eligible for a larger premium tax credit as a result of the appeal.



Negative Feedback

That is incorrect. The statement is true. The Marketplace plan may owe a consumer a refund if the consumer is now eligible for a larger premium tax credit as a result of the appeal.



Knowledge Check

True or False

Consumers who are appealing a determination of eligibility may request to continue enrollment in a QHP with APTC and CSRs that they had immediately before their determination.

Select the **best answer** and then click **Check Your Answer**.

- A. True
- B. False

 Check Your Answer

Reset

Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: Consumers who are appealing a determination of eligibility may request to continue enrollment in a QHP with APTC and CSRs that they had immediately before their determination.

Options

- A. True
- B. False

Correct Answer

A

Positive Feedback

That is correct! Consumers may request eligibility pending appeal that will continue the level of eligibility the consumer had immediately before the determination.



Negative Feedback

That is incorrect. The statement is true. Consumers may request eligibility pending appeal that will continue the level of eligibility the consumer had immediately before the determination.