

Federally-facilitated Marketplace Assister Curriculum: Marketplace Affordability and Assistance Program

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Consumer Information & Insurance
Oversight

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Marketplace Affordability and Assistance Program Course

Course Introduction Module

The screenshot shows a course introduction page titled "Marketplace Affordability and Assistance Program". The main content area features a light blue background with the text "WELCOME TO THE MARKETPLACE AFFORDABILITY AND ASSISTANCE PROGRAM COURSE". Below this, there is a link labeled "Text Description of Image or Animation". At the bottom of the page are navigation buttons for "Menu", "Help", "Glossary", "Resources", and a large "NEXT >" button.

Marketplace Affordability and Assistance Program

Course Introduction

Page 1 of 3

WELCOME TO THE
MARKETPLACE AFFORDABILITY AND
ASSISTANCE PROGRAM
COURSE

[Text Description of Image or Animation](#)

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Course Title

Welcome to the Marketplace Affordability and Assistance Program Course

The screenshot shows a web-based training course titled "Marketplace Affordability and Assistance Program". The page has a blue header bar with the title and a "Course Introduction" link. Below the header is a white content area with a dark blue sidebar on the left. The sidebar contains a "Course Overview" section with text about the course's purpose and scope, mentioning FFM (Federally-facilitated Marketplace) and State Partnership Marketplaces. It also lists what the course includes: premium tax credit, advance payment of the premium tax credit, cost-sharing reductions, consumer eligibility determinations, health coverage through Medicaid and CHIP, and Medicaid and CHIP eligibility determinations and referrals. The main content area below the sidebar contains a note about the use of "you" referring to assisters or consumers, followed by a "Click NEXT to begin." button. At the bottom of the page are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Course Overview

Welcome to the course on Marketplace Affordability & Assistance Programs! This course provides you with information on insurance affordability programs that help consumers lower their costs through the an individual Federally-facilitated Marketplace (FFM). The terms “Federally-facilitated Marketplace” and “FFM,” as used in these training courses, include FFMs where the state performs plan management functions and State Partnership Marketplaces. In this course, the terms “Marketplace” or “Marketplaces,” standing alone, generally refer to individual FFMs. Assistors taking this course will generally interact only with the FFMs.

The course includes information on:

- The premium tax credit, advance payment of the premium tax credit, and cost-sharing reductions
- Consumer eligibility determinations for advance payment of the premium tax credit and cost-sharing reductions
- Health coverage through Medicaid and the Children's Health Insurance Program (CHIP)
- Medicaid and CHIP eligibility determinations and referrals

In this lesson, "you" refers to the following types of assisters:

- Navigators in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions

- Non-Navigator assistance personnel in the Federally-facilitated Marketplace, including State Partnership Marketplaces and FFMs where the state performs plan management functions
- Non-Navigator assistance personnel in State-based Marketplaces and State Partnership Marketplaces that are funded with Marketplace Establishment Grant funds

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

Advance Payments of The Premium Tax Credit and Cost-Sharing Reductions Module

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Page 1 of 15

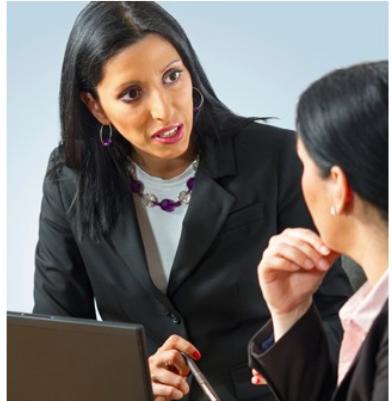
Introduction

To help consumers effectively, you should be familiar with the different programs available through a Marketplace to help lower the cost of health coverage.

This training will provide you with the skills to:

- Define advance payments of the premium tax credit and cost-sharing reductions
- Describe how the advance payments of the premium tax credit and cost-sharing reductions affect the cost of health coverage

Click **NEXT** to continue.



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Introduction

To help consumers effectively, you should be familiar with the different programs available through a Marketplace to help lower the cost of health coverage.

This training will provide you with the skills to:

- Define advance payments of the premium tax credit and cost-sharing reductions
- Describe how the advance payments of the premium tax credit and cost-sharing reductions affect the cost of health coverage

The screenshot shows a web page titled "Marketplace Affordability and Assistance Program". The main content is about "Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions". It includes sections on the introduction to the premium tax credit, how consumers can use advance payments to lower their monthly premiums, changes in eligibility information, and the administration of the credit by the Internal Revenue Service (IRS). Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Introduction to the Premium Tax Credit

When consumers buy health coverage through a Marketplace, they may be able to get advance payments of the premium tax credit to lower what they pay in monthly premiums. This depends on several eligibility criteria, including their family size and household income.

Consumers can use advance payments of the premium tax credit right away to lower their monthly premium costs. If consumers qualify for advance payments of the premium tax credit, they may choose the amount of advance payments they want to apply to their premiums each month, up to the full amount for which they qualify. The advance payments are sent directly to their qualified health plan (QHP) issuer during the coverage year.

Changes in eligibility information, such as family size and household income, that occur during the year can affect the amount of the consumer's premium tax credit. If, at the end of the year, the amount of the advance payments of the premium tax credit that a consumer received is less than the amount that he or she was eligible to receive, based on household income or other eligibility criteria, the consumer will get a refund as a credit on his or her federal income tax return. But, if the amount of advance payments of the premium tax credit is more than the consumer should've received (e.g., he or she supported fewer family members or had more household income), the consumer must pay back the difference, subject to limits or caps, when he or she files the federal income tax return.

Since the premium tax credit is claimed on consumers' federal income tax returns, the credit is administered by the Internal Revenue Service (IRS). The Marketplace eligibility determinations are based on IRS rules when determining the amount of advance payments of the premium tax credit available to consumers.

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Introduction to the Premium Tax Credit

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Marketplace Affordability and Assistance Program

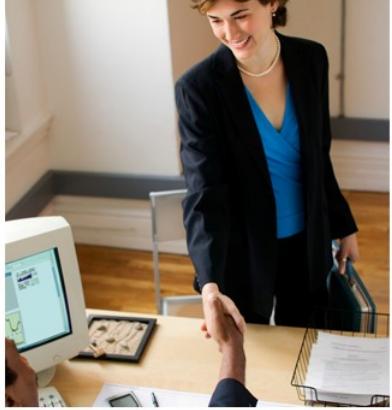
Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Exit

Introduction to the Premium Tax Credit

Generally, to be eligible for the [premium tax credit](#), consumers must:

- Have at least one family member enroll in a QHP through a Marketplace
- File federal income taxes for the benefit year they were enrolled in a QHP
- Have a household income for their family size of at least 100% (at least 133% in Medicaid expansion states; certain immigrants with household income below 100% are also eligible), but not more than 400% of the federal poverty level (FPL). (For reference, 400% of the FPL is equal to \$64,080 for a family of two in 2016 [higher in Alaska and Hawaii])
- File a joint tax return, if married, unless the consumer is a victim of domestic abuse or spousal abandonment
- Not be claimed as a dependent on another taxpayer's tax return
- Be ineligible for other [minimum essential coverage](#), such as Medicaid, the Children's Health Insurance Program (CHIP), or Veterans care
- Not be enrolled in or have an offer of job-based coverage that is [affordable](#) and meets the [minimum value standard](#)



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Introduction to the Premium Tax Credit

Generally, to be eligible for the premium tax credit, consumers must:

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- File a joint tax return, if married, unless the consumer is a victim of domestic abuse or spousal abandonment
- Not be claimed as a dependent on another taxpayer's tax return
- Be ineligible for other minimum essential coverage, such as Medicaid, the Children's Health Insurance Program (CHIP), or Veterans care
- Not be enrolled in or have an offer of job-based coverage that is affordable and meets the minimum value standard

More Information about Advance Payments of the Premium Tax Credits

If consumers are eligible for advance payments of the premium tax credit (APTCs), they can choose to:

- Get It Now: Have some or all of the estimated premium tax credit paid in advance directly to their health insurance company to lower their monthly premiums
- Get It Later: Wait to get all of the premium tax credit when they file their federal income tax return

Consumers who receive APTCs for all or part of the year must file federal income taxes, even if they are otherwise not required to file.

Definition of Minimum Essential Coverage

Minimum essential coverage (MEC) is the type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. It includes individual market policies, certain job-based coverage, Medicare Part A or C, CHIP, Peace Corps, most Medicaid, TRICARE, and VA health care program plans, and certain other coverage designated by the Secretary of Health & Human Services.

Please note there are statutory exemptions from the requirement to obtain minimum essential coverage that are discussed later in this training.

More Information about Affordability

A health plan is considered affordable if the employee's share of the premium for the job-based coverage (based on the lowest cost self-only plan available to the employee) doesn't exceed 9.66% of that employee's annual household income. Consumers with an offer of job-based coverage that provides minimum value and is affordable won't be eligible for the premium tax credit.

Sometimes consumers confuse the 9.66% affordability test for determining premium tax credits with the 8% test used to determine eligibility for a hardship exemption from the individual shared responsibility provision, a.k.a., fee or penalty.

Here's a brief difference between the two tests:

- The 9.66% affordability test is for determining whether an individual is eligible for the premium tax credit. Job-based coverage is considered affordable if the employee's share of the annual premium for the lowest cost self-only coverage is less than 9.66% of the household's income. This same rule applies for any family members - they can only qualify for the premium tax credit if the cost of self-only coverage exceeds 9.66% of the household's income, even if the cost of family coverage is higher.
- The 8% test is for determining whether an individual is eligible for a hardship exemption from the individual shared responsibility fee, also referred to as the penalty. Employees can be exempt from the fee if the employee's contribution for employee-only coverage

exceeds 8% of the household income. Family members can qualify for the hardship exemption if the contribution for family coverage exceeds 8% of household income.

Definition of Minimum Value Standard

A health plan meets the minimum value standard if it's designed to pay at least 60% of the total cost of medical services for a standard population. Consumers with an offer of job-based coverage that provides minimum value and is affordable won't be eligible for the premium tax credit.

Marketplace Affordability and Assistance Program

Exit

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

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Applying for Advance Payments of the Premium Tax Credit

QHPs have different monthly premiums and out-of-pocket costs. You should make sure consumers are aware of price differences between QHPs and how their eligibility for advance payments of the premium tax credit will help lower their monthly premium costs. You should also make sure consumers are aware that advance payments of the premium tax credit won't lower their out-of-pocket costs. Consumers may get financial help with their out-of-pocket costs (like deductibles and copays) if they're eligible for [cost-sharing reductions](#).

Eligibility for advance payments of the premium tax credit can be determined once consumers select the option to apply for programs to help lower their costs and are found eligible to enroll in a QHP through a Marketplace. Consumers receive eligibility determination notices from the Marketplace, which tell them if they qualify for advance payments of the premium tax credit. Consumers may also choose to purchase a QHP through a Marketplace without advance payments of the premium tax credit and then wait to apply for the premium tax credit when they file their federal income tax return. It's important to remind consumers that if they wait to apply for the premium tax credit when they file their annual tax return and do not receive an eligibility determination for APTC, they won't be eligible for cost-sharing reductions. Consumers can access a premium estimation tool on HealthCare.gov to assist in their decision-making process. The graphic below shows an example of an eligibility determination notice from HealthCare.gov.

Family Member(s)	Results	Next Steps
Nick Roth	<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. 	<ul style="list-style-type: none"> Send the Marketplace more information
Catherine Bass	<ul style="list-style-type: none"> May be eligible for KanCare program 	<ul style="list-style-type: none"> You will receive a final decision from the Kansas Department of Health & Environment, KanCare Assistance General Customer Service. If you qualify for KanCare program, you won't qualify for a tax credit and lower copayments, coinsurance, and deductibles for Health Insurance Marketplace coverage.

If the table above says that you're eligible for a tax credit or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, "What should I do if I think my eligibility results are wrong?".

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Applying for Advance Payments of the Premium Tax Credit

QHPs have different monthly premiums and out-of-pocket costs. You should make sure consumers are aware of price differences between QHPs and how their eligibility for advance payments of the premium tax credit will help lower their monthly premium costs. You should also make sure consumers are aware that advance payments of the premium tax credit won't lower their out-of-pocket costs. Consumers may get financial help with their out-of-pocket costs (like deductibles and copays) if they're eligible for cost-sharing reductions.

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Catherine Bass	<ul style="list-style-type: none"> • May be eligible for Kan Care program 	<ul style="list-style-type: none"> • You will receive a final decision from the Kansas Department of Health & environment, Kan Care Assistance General Customer Serve. If you qualify for Kan Care program, you won't qualify for a tax credit and lower copayments, coinsurance, and deductibles for Health Insurance Marketplace coverage

If this table says that you're eligible for a tax credit or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, "What should I do if I think my eligibility results are wrong?"

Definition of Cost-Sharing Reductions

Cost-sharing reductions lower the amount consumers have to pay for out-of-pocket for deductibles, coinsurance, and copayments. Consumers are eligible for cost-sharing reductions if they purchase a Silver plan through the Marketplace (American Indians/Alaska Natives can apply cost-sharing reductions to any metal-level QHP), their household income is below 250% of the federal poverty level (300% for American Indians/Alaska Natives), and they meet the eligibility criteria to receive advance payments of the premium tax credit.

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Tax Implications of Advance Payments of the Premium Tax Credit

If consumers who are projected to be eligible for the premium tax credit choose to take their tax credit in advance, the advance payments will be sent directly to the health insurance company that operates their chosen QHP.

If consumers choose this option, the IRS will determine the difference between the advance payments of the premium tax credit a consumer receives and the amount of the premium tax credit the consumer is eligible for based on their annual household income and family size from their federal income tax return.

It's important that consumers report changes in circumstance (CiC) during the year (e.g., salary increases, job changes, marriages, and births), as these changes could affect the amount of premium tax credit for which they're eligible.

Here is a [key tip](#) to remember regarding tax implications for consumers receiving advance payments of the premium tax credit.



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Tax Implications of Advance Payments of the Premium Tax Credit

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It's important that consumers report changes in circumstance (CiC) during the year (e.g., salary increases, job changes, marriages, and births), as these changes could affect the amount of premium tax credit for which they're eligible.

Here is a key tip to remember regarding tax implications for consumers receiving advance payments of the premium tax credit.

Key Tip: Tax Implications

- Consumers whose annual household income is more than the amount projected at the time they applied for advance payments of the premium tax credit, or who have a decrease in family size, may be required to repay the extra amount of APTC they received when they file their yearly federal income tax returns. There are limits on the

amount they would need to pay back depending on their household income. Consumers can take lower amounts of advance payments of the premium tax credit than they are determined eligible for to reduce the likelihood of repayment.

- Consumers whose annual household income is less than the amount projected at the time they applied for advance payments of the premium tax credit, or who have an increase in family size, may be eligible to receive a larger premium tax credit that lowers any tax they owe or results in a higher refund when they file their federal income tax returns.

The screenshot shows a knowledge check page titled "Marketplace Affordability and Assistance Program". At the top, it says "Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions" and "Page 6 of 15". There is an "Exit" link in the top right corner. The main content area is titled "Knowledge Check" and contains the following text: "Which one of the following consumers may be eligible for advance payments of the premium tax credit? Select the correct answer and then click Check Your Answer." Below this, there is a list of four options (A, B, C, D) each preceded by a radio button. Option A: Jaime, who has a household income of 250% of the federal poverty level (FPL) and is offered health coverage through his employer that is affordable and meets the minimum value standard. Option B: Eze, who has a household income of 425% of the FPL. Option C: Penelope, who has a household income of 300% of the FPL, isn't offered health coverage through her employer, and isn't eligible for other forms of minimum essential coverage (MEC). Option D: Tanya, who has a household income of 90% FPL and is eligible for Medicaid in her state. At the bottom of the page, there is a "Check Your Answer" button, a note saying "Complete the Knowledge Check to enable NEXT button", and navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Which one of the following consumers may be eligible for advance payments of the premium tax credit?

Select the correct answer.

- A. Jaime, who has a household income of 250% of the federal poverty level (FPL) and is offered health coverage through his employer that is affordable and meets the minimum value standard.
- B. Eze, who has a household income of 425% of the FPL.
- C. Penelope, who has a household income of 300% of the FPL, isn't offered health coverage through her employer, and isn't eligible for other forms of minimum essential coverage (MEC).
- D. Tanya, who has a household income of 90% FPL and is eligible for Medicaid in her state.

Feedback: The correct answer is C. Penelope has a household income between 100% and 400% of the FPL and doesn't have any other offers of MEC, which likely makes her eligible for advance payments of the premium tax credit.

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

What Counts as Income for Purposes of the Premium Tax Credit

For purposes of the premium tax credit, a consumer's household income is the consumer's modified adjusted gross income (MAGI), plus the income of all individuals claimed as tax dependents who make enough income to be required to file a tax return.

MAGI is the modified adjusted gross income on consumers' federal income tax returns, plus any excluded foreign income, nontaxable Social Security benefits, and tax-exempt interest received or accrued during the taxable year. It doesn't include Supplemental Security Income (SSI) or pre-tax contributions.

For more information on how to count income, please reference the Frequently Asked Questions (FAQ) document called "What Counts as Income?" in the "Resources" section.



Click on the [BLUE](#) link(s) to enable NEXT button

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What Counts as Income for Purposes of the Premium Tax Credit

For purposes of the premium tax credit, a consumer's household income is the consumer's modified adjusted gross income (MAGI), plus the income of all individuals claimed as tax dependents who make enough income to be required to file a tax return.

MAGI is the modified adjusted gross income on consumers' federal income tax returns, plus any excluded foreign income, nontaxable Social Security benefits, and tax-exempt interest received or accrued during the taxable year. It doesn't include Supplemental Security Income (SSI) or pre-tax contributions.

For more information on how to count income, please reference the Frequently Asked Questions (FAQ) document called "What Counts as Income?" in the "Resources" section.

More Information about Nontaxable Social Security Benefits includes:

- Tier 1 Railroad Retirement Benefits
- Social Security Retirement Benefits
- Social Security Disability Insurance Benefits
- Social Security Survivors Benefits

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

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Meet Eda and Dominique

Do you remember Dominique and Eda, two Assisters you met earlier in the training?

Dominique is an experienced Assister, and Eda is new to the job. Dominique is helping Eda prepare for a meeting with a consumer.



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Meet Eda and Dominique

Do you remember Dominique and Eda, two Assisters you met earlier in the training?

Dominique is an experienced Assister, and Eda is new to the job. Dominique is helping Eda prepare for a meeting with a consumer.

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

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Income Approximation

Eda and Dominique meet to discuss how to determine projected income.

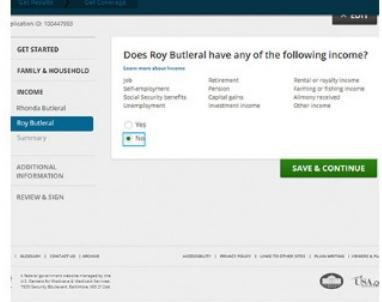
Eda: Dominique, can you please remind me again what consumers should include when they estimate their household income for 2016?

Dominique: Consumers can start by gathering documentation for:

- Themselves and their spouses, if they're married and will file a joint tax return
- Any dependents, including those who make enough money to be required to file a tax return

For each of these consumers in a household, add up the income from the following sources to estimate what these consumers' total household incomes will be in 2016:

1. Job
2. Self-employment (net income)
3. Social Security benefits
4. Social Security Disability Income (SSDI) (Don't include SSI)
5. Unemployment
6. Retirement
7. Pension
8. Capital gains
9. Investment income
10. Rental or royalty income (net income)
11. Farming or fishing income (net income)
12. Alimony received
13. Other income (such as cash support, or taxable scholarships)



For more information on income variation and approximation, please reference the FAQ called "Income Changes and Financial Assistance" in the "Resources" section.

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Income Approximation

Eda and Dominique meet to discuss how to determine projected income.

Eda: Dominique, can you please remind me again what consumers should include when they estimate their household income for 2016?

Dominique: Consumers can start by gathering documentation for:

- Themselves and their spouses, if they're married and will file a joint tax return
- Any dependents, including those who make enough money to be required to file a tax return

For each of these consumers in a household, add up the income from the following sources to estimate what these consumers' total household incomes will be in 2016:

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7. Pension
8. Capital gains
9. Investment income
10. Rental or royalty income (net income)
11. Farming or fishing income (net income)
12. Alimony received
13. Other income (such as cash support, or taxable scholarships)

For more information on income variation and approximation, please reference the FAQ called "Income Changes and Financial Assistance" in the "Resources" section.

Marketplace Affordability and Assistance Program

Exit

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Page 10 of 15

What Doesn't Count as Income

Eda and Dominique continue the conversation, discussing what shouldn't be included in estimated household income.

Eda: Can you remind me about which sources of household income shouldn't be counted for the purposes of estimating income for 2016?

Dominique: Consumers shouldn't include the following sources of income:

- Child support payments
- Gifts
- [Supplemental Security Income \(SSI\)](#)
- Any Department of Veterans Affairs (VA) benefits, such as veterans' disability payments
- Workers' compensation
- Proceeds from loans (e.g., student loans, home equity loans, or bank loans)
- Any other receipts that aren't required to be reported as income on federal income tax returns (except foreign earned income, tax exempt interest, and taxable Social Security payments)



Click on the [BLUE](#) link(s) to enable NEXT button

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- Proceeds from loans (e.g., student loans, home equity loans, or bank loans)
- Any other receipts that aren't required to be reported as income on federal income tax returns (except foreign earned income, tax exempt interest, and taxable Social Security payments)

Definition of Supplemental Security Income (SSI)

SSI is a monthly benefit paid by the Social Security Administration to people with limited income and resources who are disabled, blind, or age 65 or older. SSI benefits aren't the same as Social Security retirement or disability benefits.

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Page 11 of 15

Knowledge Check

Roberta is a divorced waitress with a seven-year-old son. She receives both alimony and child support payments from her ex-husband. Roberta comes to you for advice on what she should include in her yearly income when applying for programs to help lower her costs for health coverage through the Marketplace.

Which of the following sources of income should NOT be included when estimating Roberta's income?

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

A. Wages
 B. Tips
 C. Alimony
 D. Child Support

Check Your Answer

Complete the Knowledge Check to enable NEXT button

Menu Help Glossary Resources < BACK **NEXT >**

Knowledge Check

Roberta is a divorced waitress with a seven-year-old son. She receives both alimony and child support payments from her ex-husband. Roberta comes to you for advice on what she should include in her yearly income when applying for programs to help lower her costs for health coverage through the Marketplace.

Which of the following sources of income should NOT be included when estimating Roberta's income?

Select **the correct answer**.

- A. Wages
- B. Tips
- C. Alimony
- D. Child Support

Feedback: The correct answer is D. Child Support should not be included in estimating household income. Wages, tips, and alimony should all be included in estimating household income.

The screenshot shows a web page titled "Marketplace Affordability and Assistance Program". The main content area is titled "Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions". A sub-section titled "Eligibility for Cost-Sharing Reductions" is highlighted. The text explains that consumers often have additional out-of-pocket costs associated with their health coverage, including deductibles, coinsurance, and/or copayments. It states that consumers with certain household incomes may be eligible for cost-sharing reductions through the Marketplace, which lower the amount consumers have to pay for these out-of-pocket costs. Another paragraph details that eligibility for cost-sharing reductions is based on household income being between 100% and 250% of the FPL, and that members of federally recognized tribes or ANSCA corporations can also qualify. It notes that consumers must enroll in a Silver plan to receive these reductions. The page includes navigation links for "Menu", "Help", "Glossary", and "Resources", and a "NEXT" button.

Eligibility for Cost-Sharing Reductions

As you learned earlier in this training, consumers often have additional out-of-pocket costs associated with their health coverage, including deductibles, coinsurance, and/or copayments. To help make health coverage more affordable, in addition to the premium tax credit, consumers with certain household incomes may be eligible for cost-sharing reductions through the Marketplace. Cost-sharing reductions lower the amount consumers have to pay for these out-of-pocket costs.

Eligibility for cost-sharing reductions is based on whether consumers' household incomes are within the range of the amounts that are equivalent to household incomes between 100% of the FPL and 250% of the FPL. Members of a federally recognized tribe or shareholders in an Alaska Natives Claims Settlement Act (ANCSA) corporation are eligible for a zero cost-sharing plan if their household incomes are between 100% and 300% of the FPL. Members of a federally recognized tribe or ANSCA corporation can also qualify for cost-sharing reductions when receiving services through Indian Health Service (IHS), tribes and tribal organizations, and Urban Indian Health Organizations (UIHO).

If consumers qualify for cost-sharing reductions, they MUST enroll in a Silver plan to receive cost-sharing reductions. This doesn't apply to members of a federally recognized tribe, or ANSCA corporation who qualify for zero cost-sharing plans; they may enroll in any metal level plan. Consumers who are eligible for cost-sharing reductions may pay lower out-of-pocket costs for care when they enroll in a Silver plan. If consumers experience a change in eligibility

information during the year, including changes in household income or family size, they should report the change to the Marketplace, as it may affect their eligibility for cost-sharing reduction.

More Information about a Silver Plan

A Silver health plan is a plan that provides the set of essential health benefits required by the Marketplace and also covers 70% of benefits for the average consumer.

The lower consumers' incomes are within these ranges, the more they'll save on out-of-pocket costs.

- \$11,880 to \$29,700 for individuals
- \$16,020 to \$40,050 for a family of 2
- \$20,160 to \$50,400 for a family of 3
- \$24,300 to \$60,750 for a family of 4
- \$28,440 to \$71,100 for a family of 5
- \$32,580 to \$81,450 for a family of 6
- \$36,730 to \$91,825 for a family of 7
- \$40,890 to \$102,225 for a family of 8

* Note: these amounts are higher for consumers in Alaska and Hawaii.

Marketplace Affordability and Assistance Program

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

Special Cost-Sharing Considerations for Members of Federally Recognized Tribes and Alaska Natives

Eda asks Dominique to share more information about some of the special cost-sharing reductions for members of federally recognized tribes.

CLOSE

Text Description of Image or Animation

Click through the activity to enable the NEXT button

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Special Cost-Sharing Considerations for Members of Federally Recognized Tribes and Alaska Natives

Eda asks Dominique to share more information about some of the special cost-sharing reductions for members of federally recognized tribes.

Dominique: Many consumers we serve are members of federally recognized tribes. They have more choices for obtaining health coverage. They can get services from the Indian Health Service (IHS), tribes and tribal organizations, and Urban Indian Health Organizations (UIHO). They can also purchase affordable health coverage through the Marketplace, and/or access coverage through other sources, such as Medicare, Medicaid, and CHIP, if eligible. Members of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) corporation can qualify for zero-cost sharing, and enroll in any health plan metal level, if their income is between 100% and 300% of the FPL.

Eda: I understand. The benefits to getting health coverage through the Marketplace for members of a federally recognized tribe is that they can get (or keep getting) services from the IHS, tribal health programs, or UIHOs, or also get services from any providers who participate in their Marketplace QHPs.

Dominique: You're correct. In addition, members of federally recognized tribes and those eligible for services through an IHS provider are able to receive a special enrollment period to enroll in or change QHPs every month (not just during open enrollment); and can qualify for

zero-cost sharing and enroll in any Marketplace insurance metal level, if their income is between 100% and 300% of the federal poverty level. AI/AN consumers can also apply for an exemption from the individual shared responsibility payment.

Consumers must either have health coverage throughout the year, qualify for an exemption from coverage, or make a payment when they file their federal income tax returns. This payment is called the individual shared responsibility payment.

The screenshot shows a knowledge check section titled "Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions". It includes a question about Bella's eligibility for programs to lower her costs, a list of four options, a "Check Your Answer" button, and navigation links for BACK, NEXT, Menu, Help, Glossary, and Resources.

Knowledge Check

Bella comes to you to learn about programs to help lower her costs of getting health coverage through the Marketplace in her state. She projects that her household income in 2016 will be \$55,890, which is approximately 230% of the federal poverty level (FPL). Each year, she files a federal income tax return jointly with her husband and claims both of her children as dependents.

Which of the following programs is she likely to be eligible for to help lower her costs?

Select the correct answer and then click Check Your Answer.

A. Advance payments of the premium tax credit
 B. Cost-sharing reductions
 C. Both advance payments of the premium tax and cost-sharing reductions
 D. Neither advance payments of the premium tax credit nor cost-sharing reductions

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

Bella comes to you to learn about programs to help lower her costs of getting health coverage through the Marketplace in her state. She projects that her household income in 2016 will be \$55,890, which is approximately 230% of the federal poverty level (FPL). Each year, she files a federal income tax return jointly with her husband and claims both of her children as dependents.

Which of the following programs is she likely to be eligible for to help lower her costs?

Select the correct answer.

- A. Advance payments of the premium tax credit
- B. Cost-sharing reductions
- C. Both advance payments of the premium tax and cost-sharing reductions
- D. Neither advance payments of the premium tax credit nor cost-sharing reductions

Feedback: The correct answer is C. Bella may be eligible for advance payments of the premium tax credit because her household income for her family size is between 100% and 400% of the FPL, and she jointly files a federal income tax return yearly. She may also be eligible for cost-sharing reductions because her household income is less than 250% of the FPL for a family of four.

Marketplace Affordability and Assistance Program

Exit

Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions

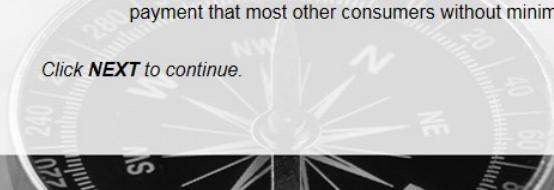
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Key Points

- Eligibility for the premium tax credit and cost-sharing reductions through a Marketplace is based on a variety of factors, including consumers' household incomes, their family size, and their eligibility for other minimum essential coverage.
- Consumers who qualify for and use advance payments of the premium tax credit must reconcile the amount paid toward their monthly premiums during the tax year when they file their federal income tax returns at the end of the tax year.
- A benefit to health coverage through a Marketplace is that consumers who are members of a federally recognized tribe or ANSCA corporation receive additional cost-sharing reductions that apply to all metal levels of QHPs. These consumers are also not subject to the individual shared responsibility payment that most other consumers without minimum essential coverage must pay.

Click **NEXT** to continue.

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Key Points

- Eligibility for the premium tax credit and cost-sharing reductions through a Marketplace is based on a variety of factors, including consumers' household incomes, their family size, and their eligibility for other minimum essential coverage.
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- A benefit to health coverage through a Marketplace is that consumers who are members of a federally recognized tribe or ANSCA corporation receive additional cost-sharing reductions that apply to all metal levels of QHPs. These consumers are also not subject to the individual shared responsibility payment that most other consumers without minimum essential coverage must pay.

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Module

Marketplace Affordability and Assistance Program

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 1 of 9

Introduction

While helping consumers with the eligibility and enrollment process, you should be prepared to explain consumers' options if their eligibility determinations show they qualify for advance payments of the premium tax credit and/or cost-sharing reductions.

This training will provide you with the skills to:

- Describe the health coverage eligibility determinations consumers receive through their Marketplace accounts, or in some cases, by mail
- Explain the eligibility determination notices regarding advance payments of the premium tax credit and cost-sharing reductions

Click **NEXT** to continue.



Menu Help Glossary Resources < BACK **NEXT** >

Introduction

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This training will provide you with the skills to:

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Marketplace Affordability and Assistance Program

Exit

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 2 of 9

Eligibility Determinations: Health Coverage Options

After a Marketplace receives and verifies the consumers' application information, that Marketplace uses the verified application information to determine consumers' health coverage options.

Based on their applications, consumers may be eligible for:

- Medicaid
- The Children's Health Insurance Program (CHIP)
- A qualified health plan (QHP) through a Marketplace with advance payments of the premium tax credit and/or cost-sharing reductions
- A QHP through a Marketplace without advance payments of the premium tax credit and/or cost-sharing reductions (either because the consumer hasn't applied for help paying for coverage or is ineligible for premium tax credits or cost-sharing reductions)

Eligibility determinations and next steps for consumers eligible for Medicaid and CHIP will be covered later in this course.



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Eligibility Determinations: Health Coverage Options

After a Marketplace receives and verifies the consumers' application information, that Marketplace uses the verified application information to determine consumers' health coverage options.

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- A QHP through a Marketplace without advance payments of the premium tax credit and/or cost-sharing reductions (either because the consumer hasn't applied for help paying for coverage or is ineligible for premium tax credits or cost-sharing reductions)

Eligibility determinations and next steps for consumers eligible for Medicaid and CHIP will be covered later in this course.

Marketplace Affordability and Assistance Program

Exit

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 3 of 9

Providing an Accurate Description of the Marketplace

Eda is helping a consumer, Julie. They started Julie's application process earlier in this training. Julie received an eligibility determination notice and has asked Eda for additional help.

From her training, Eda remembers that consumers who are determined or assessed (depending on the state) ineligible for Medicaid and CHIP based on income will receive eligibility determination notices that explain which Marketplace health coverage programs and options for lowering their costs that they qualify for, including:

- QHP enrollment through a Marketplace
- Advance Payments of the Premium tax credit
- Cost-sharing reductions



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Providing an Accurate Description of the Marketplace

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- Advance Payments of the Premium tax credit
- Cost-sharing reductions

Marketplace Affordability and Assistance Program

Exit

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 4 of 9

Eligibility Determination Notice

Eda asked Julie to show her the eligibility determination notice she received.

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

If the table above says that you're eligible for advance payments of the premium tax credit and or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your household income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, What should I do if I think my eligibility results are wrong?

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[Glossary](#)
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If the table above says that you're eligible for advance payments of the premium tax credit and or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your household income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, What should I do if I think my eligibility results are wrong?

The screenshot shows a web-based application titled "Marketplace Affordability and Assistance Program". The main title bar includes "Marketplace Affordability and Assistance Program" and an "Exit" link. Below the title is a sub-header: "Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 5 of 9". The main content area is titled "Assisting Consumers with Interpreting Eligibility Results". It features a scenario for Julie and her husband Joe, who have a yearly household income of \$55,000 and want to know if they can get help lowering their costs for health coverage through the Marketplace. The Eda (Electronic Decision Assistant) provides guidance on reviewing the eligibility determination notice and choosing how much of the premium tax credit to use. Three options are listed: "1. Use ALL of your premium tax credit", "2. Use SOME of your premium tax credit", and "3. Use NONE of your premium tax credit". Below these are three questions with multiple-choice answers: "Will my premium be lower?", "Will I get more money back as a credit on my Federal tax return?", and "Will I have to pay money back if my circumstances change?". At the bottom of the page, there is a note: "Click on the BLUE links(s) to enable NEXT button". Navigation links at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT >".

Assisting Consumers with Interpreting Eligibility Results

Julie and her husband Joe have a question about whether they're eligible for advance payments of the premium tax credit and cost-sharing reductions through the Marketplace in their state. They have a yearly household income of \$55,000 and want to know if they can get help lowering their costs for health coverage through the Marketplace.

Eda: Let's review your eligibility determination notice together. The notice will tell you if you qualify for help lowering your health coverage costs. You can access your eligibility determination notice electronically through your Marketplace account. Your eligibility notice states that you qualify for advance payments of the premium tax credit. Advance payments of the premium tax credit may be used to lower your monthly premium for qualified health plans.

Your next step is to choose how much of the premium tax credit amount you want to get in advance. I can help you with this. The options that you can choose from include "Use ALL," "Use SOME," and "Use NONE."

3 ways to use your premium tax credit:

**1. Use ALL
of your premium tax credit**

**2. Use SOME
of your premium tax credit**

**3. Use NONE
of your premium tax credit**

Will my premium be lower?

Yes Yes No

Will I get more money back as a credit on my Federal tax return?

Not Likely Maybe Yes

Will I have to pay money back if my circumstances change?

Maybe Maybe No

Here is a key tip you should remember about cost-sharing reductions.

Key Tip

Cost-sharing reductions don't reduce premium costs like the premium tax credit does. However, they do reduce the amount consumers pay for out-of-pocket costs like copays and deductibles.

The screenshot shows a web page titled "Marketplace Affordability and Assistance Program". At the top, it says "Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 6 of 9". Below this, a section titled "Guidance on the Premium Tax Credit and Cost-Sharing Reductions" contains two links: "The premium tax credit" and "Cost-sharing reductions". A note states: "If consumers are found eligible for programs to help lower their costs, you should provide them with the following guidance on advance payments of the premium tax credit and cost-sharing reductions." At the bottom, there are buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT". A message at the bottom right says "Click on the BLUE links(s) to enable NEXT button".

Guidance on the Premium Tax Credit and Cost-Sharing Reductions

If consumers are found eligible for programs to help lower their costs, you should provide them with the following guidance on advance payments of the premium tax credit and cost-sharing reductions.

The Premium Tax Credit

- Consumers must be aware that the amount of the premium tax credit they choose to take in advance may impact the amount that they owe or receive as a refund when they file their federal income tax returns. Advance payments of the premium tax credit, which are based on projected income, must be reconciled by comparing the total amount of the advance payments to the amount of the premium tax credit the consumer is eligible for based on actual eligibility information for the year, including annual household income and family size.
- If consumers' actual annual household income turns out to be higher or their family size turns out to be smaller than projected during enrollment, it may change their eligibility for the premium tax credit from the amount determined for the advance payments of the premium tax credit and they may have to pay additional taxes for the year when filing their federal income tax return.
- On the other hand, if consumers' actual annual household income turns out to be lower or their family size turns out to be bigger than projected during enrollment, it may

change their eligibility for the premium tax credit from the amount determined for the advance payments of the premium tax credit and they may get money back, or receive a larger refund, for the year when filing their federal income tax return.

Cost-Sharing Reductions

- Cost-sharing reductions help lower consumers' out-of-pocket costs, like copays, coinsurance, and deductibles. For example, consumers who qualify for cost-sharing reductions might pay a \$10 copay for a doctor visit instead of a \$25 copay.
- Consumers should be made aware that they're eligible for cost-sharing reductions if their household income is at or below 250% of the federal poverty level (FPL), which is \$50,400 for a family of three in 2016 (or 300% if they are a member of a Federally recognized Indian Tribe or ANSCA corporation), and if they are eligible to receive advance payments of the premium tax credit. To receive cost-sharing reductions, most consumers must enroll in a Silver plan (eligible American Indians/Alaska Natives can receive cost-sharing reductions through any metal level plan).

Marketplace Affordability and Assistance Program

Exit

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 7 of 9

Knowledge Check

Julie received an eligibility determination that said she and Joe are eligible for a qualified health plan (QHP) through the Marketplace with advance payments of the premium tax credit. Based on their combined yearly household income of \$55,000, they decide to use the entire amount of their premium tax credit in advance to help lower the cost of their monthly QHP premium. After three months, Joe finds a higher paying job that will increase his yearly income by \$10,000.

What will happen if Julie and Joe don't report their change in circumstance to the Marketplace or adjust the amount of the advance payment of the premium tax credit they're using?

Select the correct answer and then click Check Your Answer.

A. They'll be required to enroll in the same QHP contract for another year, but their premium rates will be increased to offset the amount of premium tax credit they received after experiencing a change in circumstance.
 B. They'll face a criminal penalty for their actions.
 C. They'll be charged with federal insurance fraud.
 D. Since Joe earned more money than he projected, he and Julie will likely have to repay the excess amount of the advance payment of the premium tax credit that they received when they complete their tax return.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

Menu Help Glossary Resources < BACK **NEXT >**

Knowledge Check

Julie received an eligibility determination that said she and Joe are eligible for a qualified health plan (QHP) through the Marketplace with advance payments of the premium tax credit. Based on their combined yearly household income of \$55,000, they decide to use the entire amount of their premium tax credit in advance to help lower the cost of their monthly QHP premium. After three months, Joe finds a higher paying job that will increase his yearly income by \$10,000.

What will happen if Julie and Joe don't report their change in circumstance to the Marketplace or adjust the amount of the advance payments of the premium tax credit they're using?

Select the correct answer.

- A. They'll be required to enroll in the same QHP contract for another year, but their premium rates will be increased to offset the amount of premium tax credit they received after experiencing a change in circumstance.
- B. They'll face a criminal penalty for their actions.
- C. They'll be charged with federal insurance fraud.
- D. Since Joe earned more money than he projected, he and Julie will likely have to repay the excess amount of the advance payments of the premium tax credit that they received when they complete their tax return.

Feedback: The correct answer is D. Joe won't be charged with federal insurance fraud or face a criminal penalty for not reporting this change in circumstance, nor will his premiums be affected for the following year. However, if Joe doesn't report his increase in income to the Marketplace (which occurred after he and Julie enrolled in a QHP), then the Internal Revenue Service (IRS) will likely require Julie and Joe to repay the excess amount of advance payments of the premium tax credit as additional tax when filing their year-end federal income tax return.

The screenshot shows a web-based application titled "Marketplace Affordability and Assistance Program". At the top, it says "Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 8 of 9". Below this, a section titled "Next Steps" contains the following text:

After consumers receive their eligibility determination for a QHP through a Marketplace with help lowering their premiums through advance payments of the premium tax credit, you should make sure they're aware of the possible tax implications. However, you should keep in mind, and always inform consumers, that you cannot provide tax or legal advice within your capacity as an assister.

This information may help them choose how much of the premium tax credit they want to use in advance to help lower the cost of their monthly premiums. Once consumers determine if they want to use the tax credit in advance or wait until they file taxes at the end of the year, you can help them select a QHP from among the plans available in their state.

You'll learn more about plan selection and comparison in the Marketplace Enrollment and Appeals Assistance course.

A modal window titled "Set premium tax credit amount for Nick" is displayed. It shows that Nick is currently eligible for \$485 each month (\$5,820 for the year). It notes that getting a new job, having a baby, or other life changes can affect the amount of your premium tax credit. A question asks, "Do you want to use all of your \$485 premium tax credit each month?". Two buttons are shown: "YES" and "NO". Below these is a green "USE THIS AMOUNT" button.

At the bottom of the page, there are links for "Menu", "Help", "Glossary", and "Resources". To the right, there are navigation buttons: "< BACK", "NEXT >".

Next Steps

After consumers receive their eligibility determination for a QHP through a Marketplace with help lowering their premiums through advance payments of the premium tax credit, you should make sure they're aware of the possible tax implications. However, you should keep in mind, and always inform consumers, that you cannot provide tax or legal advice within your capacity as an assister.

This information may help them choose how much of the premium tax credit they want to use in advance to help lower the cost of their monthly premiums. Once consumers determine if they want to use the tax credit in advance or wait until they file taxes at the end of the year, you can help them select a QHP from among the plans available in their state.

You'll learn more about plan selection and comparison in the Marketplace Enrollment and Appeals Assistance course.

A modal window titled "Set premium tax credit amount for Nick" is displayed. It shows that Nick is currently eligible for \$485 each month (\$5,820 for the year). It notes that getting a new job, having a baby, or other life changes can affect the amount of your premium tax credit. A question asks, "Do you want to use all of your \$485 premium tax credit each month?". Two buttons are shown: "YES" and "NO". Below these is a green "USE THIS AMOUNT" button.

Marketplace Affordability and Assistance Program

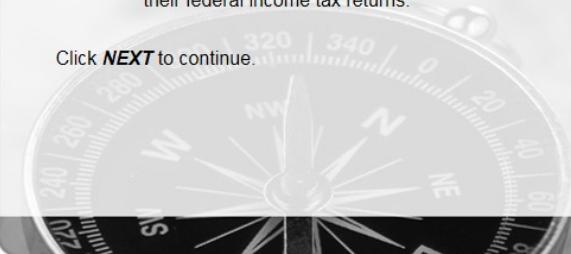
Exit

Eligibility Determinations – Advance Payments of the Premium Tax Credit and Cost-Sharing Reductions Page 9 of 9

Key Points

- You should help consumers review the health coverage eligibility determinations they receive either online through their Marketplace accounts or in the mail.
- You should explain consumers' health coverage options to them based on what's outlined in their eligibility determination notices.
- You should also explain consumers' options for receiving advance payments of the premium tax credit and cost-sharing reductions, if eligible, and make sure they are aware that their choices may affect their federal income tax returns.

Click **NEXT** to continue.



Menu Help Glossary Resources < BACK **NEXT** >

Key Points

- You should help consumers review the health coverage eligibility determinations they receive either online through their Marketplace accounts or in the mail.
- You should explain consumers' health coverage options to them based on what's outlined in their eligibility determination notices.
- You should also explain consumers' options for receiving advance payments of the premium tax credit and cost-sharing reductions, if eligible, and make sure they are aware that their choices may affect their federal income tax returns.

Programs to Help Lower Cost: Medicaid Module

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Page 1 of 28

Introduction

When consumers submit applications through the Marketplace in their state, they can be reviewed for Medicaid and Children's Health Insurance Program (CHIP) eligibility.

You should be familiar with the Medicaid program to effectively help consumers with the eligibility and enrollment process through a Marketplace. Your responsibilities include being able to tell consumers about general Medicaid eligibility requirements and how they can find out if they're eligible for Medicaid coverage. Eligibility for CHIP will be covered in the next section of this course.

This training will provide you with the skills to:

- List the types of consumers eligible for Medicaid
- Identify Medicaid eligibility rules and requirements
- Describe modified adjusted gross income (MAGI)

Click **NEXT** to continue.



Menu Help Glossary Resources < BACK **NEXT** >

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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Consumer Referrals to Other Appropriate Services

Eda is preparing to help another consumer. Based on the background information Eda has, the consumer may qualify for Medicaid. Eda has asked Dominique for help.

Dominique: Medicaid is a health coverage program for low-income parents and children, pregnant women, older consumers, consumers with disabilities, and depending on the state, other adults. Medicaid programs must follow federal guidelines, but states have flexibility to develop some aspects of their own programs related to setting eligibility standards; determining the type, amount, and scope of services; and setting the payment rates for services.

Eda: The Affordable Care Act gives states new opportunities to expand Medicaid eligibility to adults under the age of 65 who aren't eligible for Medicare, and who have a yearly income at or below 133% of the federal poverty level (FPL).* (Because of the way this is calculated, the threshold turns out to be 138% of the federal poverty level. A few states use a different income limit.)

* Note: You should know whether your state has expanded Medicaid eligibility for adults and what the applicable Federal Poverty Level is.

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Exit



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The screenshot shows a web page titled "Marketplace Affordability and Assistance Program". The main content area is titled "Programs to Help Lower Costs: Medicaid" and has a sub-section title "Federal Poverty Level (FPL)". A note states: "The FPL is based on family size and income. Specific percentages of the FPL are used to determine a consumer's eligibility for certain programs and benefits, such as Medicaid and CHIP." Below this, it says: "The amounts below are 100% of the FPL for 2016:" followed by a bulleted list of amounts for different family sizes. At the bottom of the page, there is a note: "* Note: These amounts are higher for consumers in Alaska and Hawaii. FPL guidelines are updated and published yearly by the Department of Health & Human Services (HHS) in January or February. Medicaid and CHIP eligibility for the next year are based on the new guidance, once it's released." Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Federal Poverty Level (FPL)

The FPL is based on family size and income. Specific percentages of the FPL are used to determine a consumer's eligibility for certain programs and benefits, such as Medicaid and CHIP.

The amounts below are 100% of the FPL for 2016:

- **\$11,880 for individuals**
- **\$16,020 for a family of 2**
- **\$20,160 for a family of 3**
- **\$24,300 for a family of 4**
- **\$28,440 for a family of 5**
- **\$32,580 for a family of 6**
- **\$36,730 for a family of 7**
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Marketplace Affordability and Assistance Program

Exit

Programs to Help Lower Costs: Medicaid

Page 4 of 28

Medicaid Eligibility: Categorical Requirements

To qualify for Medicaid, consumers need to meet certain eligibility requirements. These requirements can be financial, non-financial (e.g., state residency), or can depend on whether a consumer belongs to certain groups.

Under federal law, all states are required to cover certain groups of consumers, referred to as "mandatory eligibility groups." These groups include pregnant women below a certain income level, children in households with certain incomes, parents/caretakers below a certain income level, and consumers with disabilities, as well as some low-income older adults. Income requirements for each of these groups may be different.

Some states choose to cover other groups of consumers, referred to as "optional eligibility groups," which are those that federal law doesn't require states to cover under Medicaid. Some examples of optional groups include adults without dependent children and medically needy consumers. Medicaid coverage for optional groups varies from state to state. It's important that you know which groups are covered by Medicaid in your state.



Menu Help Glossary Resources < BACK NEXT >

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Marketplace Affordability and Assistance Program

Exit

Programs to Help Lower Costs: Medicaid

Page 5 of 28

Mandatory Groups: Pregnant Women and Children

Medicaid is available to the following consumer groups.

Please select each category for further information:

[Pregnant Women](#)

[Children](#)

[Low-income Parents](#)

Additional help for low-income children and some pregnant women in families that earn too much money to qualify for Medicaid may be available through CHIP, which will be discussed later in this course.



Click on the **BLUE** link(s) to enable NEXT button

Menu Help Glossary Resources BACK **NEXT >**

Mandatory Groups: Pregnant Women and Children

Medicaid is available to the following consumer groups: pregnant women, children, and low-income parents.

Additional help for low-income children and some pregnant women in families that earn too much money to qualify for Medicaid may be available through CHIP, which will be discussed later in this course.

Pregnant Women

All states must cover pregnant women whose yearly household income is at or below 133% of the FPL (\$32,319 for a family of four, or \$21,307 for a family of two in 2016) and who meet all other eligibility criteria (e.g., state residency).

In some states, the income level for pregnant women may be higher than 133% of the FPL. Most states, including states that have expanded Medicaid, offer coverage up to or over 185% of the FPL.

States are required to cover children born to women who are eligible for Medicaid who meet all other eligibility criteria. Once eligibility is established, pregnant women remain eligible on the basis of their pregnancy for Medicaid until the end of the month that begins 60 days after the end of the pregnancy. Pregnant women may be eligible for Medicaid on another basis after their eligibility as a pregnant woman expires, but may be required to re-apply for coverage to

determine their eligibility under another Medicaid group. The woman's child is automatically eligible for Medicaid for the first year of life as long as the woman was enrolled in Medicaid on the date the child was born.

Children

All states must cover children whose yearly family income is at or below 133% of the FPL and who meet all other eligibility criteria (e.g., state residency).

- All states have chosen to expand coverage beyond the minimum eligibility threshold. The average income eligibility level for children is 255% of the FPL.
- States are also required to cover children who are recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.
- States must also cover former foster children until they turn 26 years old, as long as they were in the state's foster care system and got Medicaid benefits on their 18th birthday or they aged out of the foster care system with Medicaid coverage after they were 18 years old.

Low-income Parents

Low-income parents and other relatives taking care of children under age 19 (called "caretaker relatives") are covered in every state, but the yearly income limit for parents and caretaker relatives varies widely.

- The median income level in all states is 138% of the FPL (approximately \$33,534 for a family of four, or \$22,108 for a family of two), however, in some states, it's as low as 19% of the FPL (approximately \$4,617 for a family of four, or \$3,044 for a family of two).
- In states that expand Medicaid, low-income parent coverage and coverage for other adults is 133% of the FPL.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Mandatory Groups: Aged, Blind, or Consumers with Disabilities

Medicaid is also available to aged and blind consumers, and consumers with disabilities, who meet one or more of the following requirements:

- Individuals who receive Supplemental Security Income (SSI) payments or are considered to be receiving such payments
- Individuals living in a few states that elect not to provide Medicaid to individuals receiving SSI payments but who meet eligibility rules that are more restrictive than those for SSI
- Individuals who are eligible for Medicare and have limited income and resources (also known as dual eligible)



Menu Help Glossary Resources < BACK NEXT >

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The screenshot shows a knowledge check page titled "Marketplace Affordability and Assistance Program". The top navigation bar includes links for "Programs to Help Lower Costs: Medicaid", "Exit", and "Page 7 of 28". The main content area is titled "Knowledge Check" and asks: "Which of the following people would NOT be required by federal law to be covered by Medicaid?". It instructs users to "Select the correct answer and then click Check Your Answer.". Below this is a list of four options, each preceded by a radio button:

- A. Rebecca, a 29-year-old pregnant woman whose yearly income is 100% of the federal poverty level (FPL).
- B. Tom, a 10-year-old child, living with his parents and 6-year-old sister, whose parents' yearly income is 125% of the FPL.
- C. Bill, a Medicare beneficiary whose yearly income is 100% of the FPL and who has limited resources
- D. Doug, a single 22-year-old recent college graduate with an income of 450% of the FPL

A "Check Your Answer" button is located at the bottom left of the question area. A note at the bottom center says "Complete the Knowledge Check to enable NEXT button". At the very bottom are links for "Menu", "Help", "Glossary", "Resources", "<< BACK", and "NEXT >".

Knowledge Check

Which of the following people would NOT be required by federal law to be covered by Medicaid?

Select the correct answer.

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- C. Bill, a Medicare beneficiary whose yearly income is 100% of the FPL and who has limited resources.
- D. Doug, a single 22-year-old recent college graduate with an income of 450% of the FPL.

Feedback: The correct answer is D. Doug doesn't meet the eligibility requirements for Medicaid. Federal law requires all states to cover certain groups of consumers, referred to as "mandatory groups." All of these groups have income requirements and include pregnant women, children, and some low-income older consumers, for example, consumers with disabilities receiving Supplemental Security Income (SSI) or Medicare, who have low income and limited resources.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Optional Groups States May Cover

As Eda prepares to help consumers, she and Dominique continue their conversation about Medicaid.

Eda: Dominique, I remember that Medicaid programs aren't the same in all states. Can you tell me why?

Dominique: You're correct. There are many optional groups that federal law doesn't require states to cover under Medicaid, but states may choose to cover members of these groups anyway. A few of these optional groups include:

- Children at higher income levels
- Consumers living in medical institutions, such as nursing facilities, if their income is up to 300% of the SSI federal benefit rate, which is \$733 for an eligible individual and \$1,100 for an eligible individual with a spouse in 2016
- Consumers with disabilities who are employed



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Optional Groups States May Cover

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The screenshot shows a web-based training module titled "Marketplace Affordability and Assistance Program". At the top, it says "Programs to Help Lower Costs: Medicaid" and "Medicaid Spend-down". In the center, there's a photograph of two women, Eda and Dominique, in an office setting. A callout box from Eda contains the text: "Eda asks Dominique to share more information about other ways consumers can qualify for Medicaid." There are "CLOSE" and "Text Description of Image or Animation" buttons at the bottom of the callout. Below the photo, a message says "Click through the activity to enable the NEXT button". At the bottom, there are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Medicaid Spend-down

Eda asks Dominique to share more information about other ways consumers can qualify for Medicaid.

Dominique: Consumers with high medical bills, who are sometimes called medically needy, and whose incomes are above eligibility levels may also get Medicaid coverage if they have recurring prescription drug or medical expenses that are high compared to their monthly income, and if they meet other eligibility requirements, such as resource limits. Medically needy consumers may qualify immediately for Medicaid, or may need to spend their excess income on medical bills to qualify for Medicaid. This process of spending excess income is called "spend- down."

Eda: Consumers who are enrolled in a state Medicaid "spend-down" program, or have an application pending for "spend-down," can go through the Marketplace application process to determine whether they're eligible for premium tax credits to help pay for coverage in a qualified health plan (QHP) or cost-sharing reductions to help pay for health care services.

Dominique: If consumers have further questions regarding their eligibility for Medicaid "spend-down," you should refer them to their state Medicaid agency.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Page 10 of 28

Presumptive Eligibility

Certain hospitals that provide Medicaid services are qualified to make preliminary Medicaid eligibility determinations for certain groups of individuals. This process is called "presumptive eligibility," and a finding of presumptive eligibility may result in temporary Medicaid coverage for certain children, pregnant women, parents, and qualifying adults.

However, not all hospitals are qualified to make presumptive eligibility decisions. Presumptive eligibility allows hospitals to make on-the-spot, temporary eligibility decisions based on family income, residency, and other Medicaid eligibility requirements. In some states, other entities, such as health clinics or schools, may also be permitted to temporarily enroll consumers and their families in Medicaid coverage. Consumers and their families must complete the full application process later to keep their Medicaid coverage.

As an Assister, you may encounter consumers who are receiving temporary coverage through presumptive eligibility and have not yet completed the Medicaid application process. It's important for you to know that, if these consumers don't complete the application process for Medicaid, they won't be able to keep their Medicaid coverage for an extended period of time.



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Rita has a one-month-old baby. She was covered by Medicaid during her pregnancy, but is unsure what type of coverage she and her baby have now that the baby has been born.

How can you help Rita?

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

A. Inform Rita that she no longer has Medicaid coverage.
 B. Reassure Rita that both she and her baby are likely still eligible for Medicaid coverage.
 C. Tell Rita that she should enroll in the children's Health Insurance Program (CHIP) program in her state.
 D. Tell Rita that Medicaid is very complicated and you're not sure.

Check Your Answer

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

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How can you help Rita?

Select the correct answer.

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- C. Tell Rita that she should enroll in the children's Health Insurance Program (CHIP) program in her state.
- D. Tell Rita that Medicaid is very complicated and you're not sure.

Feedback: The correct answer is B. You should tell Rita that she and her baby are still likely still eligible for Medicaid. If she asks you to do so, you can help her understand the eligibility notices she has received, and can help her call the state Medicaid agency to confirm her and her baby's eligibility. Rita is covered as a pregnant woman for 60 days after the birth of her baby. At that time, she'll be required to re-apply for coverage to determine if she is eligible for another Medicaid group. If Rita is determined to be no longer eligible for Medicaid, her account

should be transferred by the state to the Marketplace so that her eligibility for enrollment in a qualified health plan (QHP) can be determined.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Non-Financial Requirements

In addition to whether a consumer belongs to a certain group, consumers must also meet certain non-financial and verification requirements to be eligible for Medicaid, including providing proof of:

- State residency
- Citizenship or immigration status
- Social Security number (SSN)

It's important to note that consumers applying for coverage that have SSNs, should provide them when applying to the Marketplace. This will help speed up the application process and may prevent the consumer from having to follow up to provide information later.



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Exit

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Marketplace Affordability and Assistance Program

Exit

Programs to Help Lower Costs: Medicaid

Page 13 of 28

Financial Requirement: Modified Adjusted Gross Income (MAGI)

To qualify for Medicaid, consumers must also meet certain financial requirements. Under the Affordable Care Act, MAGI is used as the methodology for how income is counted and how household composition and family size are determined.

Generally, MAGI must be used in eligibility determinations for most eligibility groups, whether or not a state chooses to expand adult Medicaid coverage.

MAGI is based on federal tax rules for determining adjusted gross income, which include:

- Earned income (e.g., wages, salary, or any compensation for work) minus any pre-tax contributions (i.e., dependent care, retirement)
- Net profit from self-employment income
- Certain Social Security income, including Social Security Disability Insurance (SSDI) and retirement benefits, but not SSI
- Unemployment benefits
- Investment income, including interest, dividends, and capital gains

Here's a [key tip](#) you should remember about familiarizing yourself with the MAGI categories.

Click on the [BLUE](#) link(s) to enable NEXT button

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- Unemployment benefits
- Investment income, including interest, dividends, and capital gains

Here's a key tip you should remember about familiarizing yourself with the MAGI categories.

Key Tip

You should familiarize yourself with the Medicaid categories and the income requirements in your state.

There are some types of income that may count under non-MAGI rules that aren't counted for MAGI determinations. This includes child support and veterans' benefits.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Financial Requirement: MAGI Family Size and Income Counting Rules



Dominique: Eda, you need to remember that using MAGI to count income may change how family size is determined. Family size will now be defined using the tax filing definition, which includes individuals whom a taxpayer claims as dependents. However, there are exceptions to those rules, like families who don't file federal income tax returns.

Please select this dialogue window to continue the conversation.

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

Menu Help Glossary Resources < BACK **NEXT >**

Financial Requirement: MAGI Family Size and Income Counting Rules

Dominique: Eda, you need to remember that using MAGI to count income may change how family size is determined. Family size will now be defined using the tax filing definition, which includes individuals whom a taxpayer claims as dependents. However, there are exceptions to those rules, like families who don't file federal income tax returns.

Eda: So, do consumers need to file federal income tax returns to be eligible for Medicaid?

Dominique: No, consumers who don't file federal income tax returns and aren't claimed as dependents on someone else's federal income tax return can base their household size on the immediate family members, such as spouses and children, who live together.

Eda: Is MAGI used to determine a consumer's eligibility for the premium tax credit and cost-sharing reductions?

Dominique: Yes, but with some modifications as compared to Medicaid and CHIP. For example, Medicaid and CHIP generally rely on current monthly household income to determine eligibility for coverage, while eligibility for advance payments of the premium tax credit and cost-sharing reductions rely on projected yearly household income. Also, consumers who are American Indians or Alaska Natives get certain income deducted from their MAGI calculation for Medicaid and CHIP determinations. Be sure to keep in mind that Assisters may benefit from using their state Medicaid agency as a resource to learn more about policies in their specific state.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Duty to Report Accurate Income

Dominique: Eda, you should always remind consumers that they'll be signing their applications under penalty of perjury, so they must accurately report their current and projected yearly income and not misrepresent their personal information when applying for coverage through a Marketplace. Tell consumers they should never falsify information on the enrollment application, like their income.

Eda: Yes, I understand. I know that the federal government can also impose civil money penalties, or CMPs, on any person who provides false information required to be provided on a Marketplace application.



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The screenshot shows a web-based application titled "Marketplace Affordability and Assistance Program". At the top, it says "Programs to Help Lower Costs: Medicaid". On the right, there are "Exit", "Page 16 of 28", and "Household Counting Scenario" buttons.

Household Counting Scenario:

Kelly and Max are a single mom and 10-year-old son living in a state that isn't expanding its Medicaid program to include additional eligible consumers. Kelly asked Eda for help in enrolling in a health plan through the Marketplace, but she's worried she can't afford coverage because of her low income. Her income falls under 120% of the federal poverty level (FPL), which might indicate she and Max could be eligible for Medicaid. She asks Eda how to enroll in a plan and if she can get any financial assistance to help pay for health coverage.

Kelly: Hi, I would like to enroll myself and my son, Max, in health coverage offered through the Marketplace, but need help determining our household income. I make \$17,500 a year from my job, but I'm not sure if any other income should be included.

Eda: Thanks for coming in, I would be happy to help you apply for coverage for yourself and your son. In addition to the income that you earn from your current job, you should include other types of income, such as certain Social Security Income, unemployment benefits, and investment income. Let's discuss whether any of these types of income apply to you and if they should be considered in your calculation and estimation for your 2016 yearly income.

Income Summary:

Job	Retirement	Rental
XYZ	Pension	Farmi
Self-employment	Capital gains	Alimoi
Social Security benefits	Investment income	Other
Unemployment		

Buttons: ADD INCOME FOR KELLY GRIFFIN, EDIT, REMOVE, SAVE, BACK, NEXT.

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The screenshot shows a knowledge check page titled "Marketplace Affordability and Assistance Program". The sub-section is "Programs to Help Lower Costs: Medicaid". The page number is "Page 17 of 28". The title of the knowledge check is "Knowledge Check". The question asks: "Which item below is NOT included in the calculation of modified adjusted gross income (MAGI) for determining Medicaid eligibility?". Below the question, it says: "Select the correct answer and then click Check Your Answer.". There are four options: A. Supplemental Security Income (SSI), B. Earned income (e.g., wages, salary, or any compensation for work), C. Self-employment income, and D. Unemployment benefits. A "Check Your Answer" button is at the bottom left. At the bottom right, it says "Compete the Knowledge Check to enable NEXT button". Navigation buttons include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Which item below is NOT included in the calculation of modified adjusted gross income (MAGI) for determining Medicaid eligibility?

Select the correct answer.

- A. Supplemental Security Income (SSI)
- B. Earned income (e.g., wages, salary, or any compensation for work)
- C. Self-employment income
- D. Unemployment benefits

Feedback: The correct answer is A. MAGI is generally the adjusted gross income for the consumer's household plus any tax-exempt Social Security benefits (except for SSI, which isn't counted), tax-exempt interest, and tax-exempt foreign income. Certain Social Security income, including Social Security Disability Insurance (SSDI) and retirement benefits are included in the MAGI formula. for the consumer's household plus any tax-exempt Social Security benefits (except for SSI, which isn't counted), tax-exempt interest, and tax-exempt foreign income. Certain Social Security income, including Social Security Disability Insurance (SSDI) and retirement benefits, are included in the MAGI formula.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Financial Requirement: Income

Most consumers who qualify for Medicaid on a basis other than MAGI (e.g., disability, blindness) still must meet other income requirements. The amount of allowed income varies by state and by the applicant's category. These consumers will likely need to either complete another application or provide additional information to their state Medicaid agency.

Remember when familiarizing yourself with the MAGI categories, you should familiarize yourself with the Medicaid categories and the income requirements in your state.

There are some types of income that may count under non-MAGI rules that aren't counted for MAGI determinations. This includes child support and veterans' benefits.

Here's a [key tip](#) you should remember about familiarizing yourself with the MAGI categories.



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Financial Requirement: Income

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Here's a key tip you should remember about familiarizing yourself with the MAGI categories.

Key Tip

You should familiarize yourself with the Medicaid categories and the income requirements in your state.

There are some types of income that may count under non-MAGI rules that aren't counted for MAGI determinations. This includes child support and veterans' benefits.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Mandatory Medicaid Benefits

Eda thinks that Kelly may be eligible for Medicaid. Eda wants to educate her about this program, but has a hard time remembering what benefits Medicaid offers. She asks Dominique for help.

Dominique: Medicaid provides a wide range of benefits to consumers eligible for the program. Some plan benefits are mandatory, while others are optional. It's important to check each state's covered benefits, because they're different from state to state.

Mandatory benefits include:

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children, which includes health screenings for children and treatment if medical problems are identified; inpatient hospital services; outpatient hospital services; nursing facility services; home health services; physician services; rural health clinic services; federally-qualified health center services; laboratory and X-ray services; family planning services; nurse midwife services; certified pediatric and family nurse practitioner services; freestanding birth center services; transportation to medical care; and tobacco cessation for pregnant women.



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The screenshot shows a web-based application titled "Marketplace Affordability and Assistance Program". The main header includes "Programs to Help Lower Costs: Medicaid" and "Exit". The page number "Page 20 of 28" is in the top right. A sub-header "Emergency Medical Assistance" is displayed. The content area contains a dialogue:
Eda: Dominique, what about immigrants who belong to one of the covered groups and meet the income requirements? Would they qualify for Medicaid?
Dominique: Immigration issues are very complicated. With some exceptions, eligibility for Medicaid depends on having an immigration status that is defined as "[qualified non-citizen](#)" status. In general, qualified non-citizens must wait five years after receiving qualified immigration status before being eligible for Medicaid, but there are exceptions to this rule.
Some states may have elected to provide additional benefits for certain groups of immigrants. For instance, many states cover lawfully residing immigrant children and pregnant women without a five year waiting period if they meet other eligibility requirements. Additionally, states are required to provide limited coverage for certain consumers who meet other Medicaid requirements, but aren't qualified non-citizens.
Eda: I see. That is complicated.
Dominique: For those immigrants who are only eligible for limited Medicaid, coverage is limited to care and services necessary for treatment of an [emergency medical condition](#).
Dominique: Applicants for emergency medical assistance aren't required to declare or provide proof of their immigration status. It's important to note that national origin discrimination issues under federal civil rights laws may arise if consumers are led to believe they must provide proof of citizenship or immigration status when applying for emergency Medicaid.
As an Assister, you should tell consumers who aren't eligible for Medicaid or a health plan through the Marketplace that, if they need health care services in an emergency, they may be able to get limited coverage through Medicaid, regardless of their immigration status.

At the bottom, a note says "Click on the [BLUE](#) link(s) to enable NEXT button". Navigation buttons include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Emergency Medical Assistance

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Definition of Qualified Non-Citizen

A qualified non-citizen is an immigrant who's legally residing in the United States (U.S.) and falls into a defined group, such as:

- Lawful Permanent Resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
- Conditional Entrant Granted before 1980
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)

Definition of Emergency Medical Condition

An emergency medical condition is a condition that presents acute symptoms of sufficient severity, like severe pain, such that without immediate medical attention, could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy
- Causing serious impairment to bodily functions
- Causing serious dysfunction of any bodily organ or part

For example, a heart attack is considered an emergency medical condition.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

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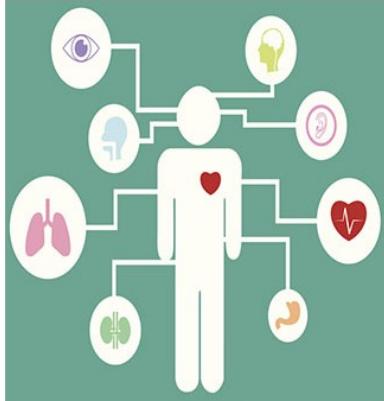
Limited Medicaid Benefits

Certain Medicaid coverage provides limited benefits and doesn't qualify as minimum essential coverage (MEC). This means that consumers eligible for these programs can still get premium tax credits and cost-sharing reductions when they enroll in coverage through a Marketplace, if otherwise eligible.

The Medicaid programs that don't count as MEC include:

- Medicaid providing only family planning services
- Medicaid providing only tuberculosis-related services
- Medicaid providing only coverage limited to treatment of emergency medical conditions
- Some types of pregnancy-related Medicaid coverage
- Some types of medically needy coverage
- Some Section 1115 Medicaid demonstration projects

These programs currently aren't classified as meeting MEC standards. However, to the extent that certain programs within these categories provide comprehensive coverage, HHS may recognize these programs as MEC.



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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Exit

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Marketplace and Medicaid

Eda: If consumers are eligible for Medicaid, do I still need to provide help to them?

Dominique: Yes, you're responsible for helping all consumers who may be eligible for any of the insurance affordability programs, including Medicaid and CHIP, as well as for QHP enrollment. Consumers who qualify for Medicaid can likely save money on health coverage costs without buying a QHP through a Marketplace. Most consumers eligible for Medicaid generally aren't eligible for premium tax credits or cost-sharing reductions to help lower the costs of a QHP through a Marketplace.

Here's a [key tip](#) for you to remember when consumers enroll in Medicaid.



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Marketplace and Medicaid

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Here's a [key tip](#) for you to remember when consumers enroll in Medicaid.

Key Tip

Remember that consumers can enroll in Medicaid at any point in time during the year. They're not subject to the Open Enrollment period that applies to consumers interested in finding coverage in a QHP through a Marketplace.

The screenshot shows a web page titled "Marketplace Affordability and Assistance Program". The main content area is titled "Programs to Help Lower Costs: Medicaid" and "Medicaid and the Marketplace: Assessment versus Determination". It contains text explaining that in some states, the Marketplace will only provide an assessment of eligibility rather than a final determination. It details two types of decisions: "Assessed Eligible" and "Determined Eligible", and provides instructions for consumers who are likely eligible. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Medicaid and the Marketplace: Assessment versus Determination

In some states, the Marketplace will only be able to provide consumers with an assessment of their eligibility for Medicaid or CHIP, rather than a final determination. Depending on the state in which consumers apply, eligible consumers can expect to get one of the following notices telling them whether they're eligible for Medicaid or CHIP:

- **Assessed Eligible:** The Marketplace will make an initial decision that consumers are potentially eligible for Medicaid or CHIP based on their household MAGI. The Marketplace will then transfer consumers' information to their state Medicaid or CHIP agencies for a final eligibility determination. States will then notify the consumer of the final eligibility determination.
- **Determined Eligible:** The Marketplace will make a final determination of consumers' eligibility for Medicaid or CHIP based on their household MAGI. The Marketplace will issue an eligibility determination notice to the consumer and then transfer the determination information to the state Medicaid or CHIP agency for enrollment in coverage. Applicants who are determined ineligible for Medicaid by the FFM based on their MAGI may still request a full determination from their state Medicaid agency based on non-MAGI eligibility grounds.

If consumers are likely eligible for Medicaid or CHIP, it's your responsibility to inform them whether the Marketplace will give them an assessment or a determination of their eligibility. In states where the Marketplace only makes eligibility assessments, you can direct consumers

who are interested in these programs to apply directly to their state Medicaid or CHIP agency so that their application can be processed more quickly. Filing an application directly with the state can assist in preventing a delay in the coverage effective date.

The screenshot shows a knowledge check interface. At the top, it says "Marketplace Affordability and Assistance Program". Below that, under "Programs to Help Lower Costs: Medicaid", it says "Knowledge Check". A message states: "Andre has been screened for Medicaid during the application process. The Marketplace has assessed that he may be eligible for Medicaid in his state." A question follows: "Which action below would be the proper way to help Andre?". It asks to select the correct answer and click "Check Your Answer". Below the question are four options:

- A. Help Andre enroll in a qualified health plan (QHP).
- B. Inform Andre that his application will be sent to the state Medicaid agency for a final eligibility determination.
- C. Determine whether Andre is eligible for premium tax credits.
- D. Inform Andre that, based on his application, he's eligible for Medicaid.

A "Check Your Answer" button is at the bottom left. A note at the bottom center says "Complete the Knowledge Check to enable NEXT button". Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Andre has been screened for Medicaid during the application process. The Marketplace has assessed that he may be eligible for Medicaid in his state.

Which action below would be the proper way to help Andre?

Select **the correct answer**.

- A. Help Andre enroll in a qualified health plan (QHP).
- B. Inform Andre that his application will be sent to the state Medicaid agency for a final eligibility determination.
- C. Determine whether Andre is eligible for premium tax credits.
- D. Inform Andre that, based on his application, he's eligible for Medicaid.

Feedback: The correct answer is B. When consumers apply for health coverage through a Marketplace, they're screened for Medicaid eligibility. Depending on the state, the Marketplace will either assess or determine consumers' eligibility for Medicaid coverage. In this example, Andre lives in an assessment state, and therefore, was only assessed as eligible for Medicaid. You should inform Andre that his application will be sent to the state Medicaid agency for a final eligibility determination.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

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Medicaid Expansion

The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover adults under the age of 65 whose household income is at or below 133% of the federal poverty level. (Because of the way this is calculated, the threshold turns out to be 138% of the federal poverty level. A few states use a different income limit.) Children (under the age of 19) are eligible to a higher income level in all states.

Some states haven't expanded their Medicaid programs. If you're helping consumers who live in one of these states, they may not have as many options for health coverage. It will depend on a consumer's income.

You should be familiar with the specific state Medicaid rules in the state in which you're working. You can also provide consumers who don't qualify for affordability programs with information about health centers where they can get free or low cost routine and preventive care.



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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Medicaid

Medicaid Expansion Scenario

Kelly, who came to Eda asking for help counting her income, is back in the office for additional assistance. Kelly tells Eda that her income, including all self-employment and unemployment benefits that she gets, totals \$17,500, which is below 120% of the FPL. Kelly and her 10-year-old son Max live in a state that isn't expanding Medicaid, so it doesn't appear that Kelly is eligible for Medicaid. She wants to learn more about how to enroll in health coverage and whether she can get any financial assistance to help pay for it.

Kelly: Can you please provide me with some information on whether I qualify for Medicaid? I read in the newspaper that my state didn't expand its Medicaid program.

Eda: Sure, I would be happy to help. I see that your income is \$17,500, which is more than 100% of the federal poverty level for a family of two. Based on this income level, if you don't qualify for Medicaid in your state, you may be able to buy a health plan through the Marketplace in your state and may be eligible for lower costs based on your income. However, Max is likely eligible for Medicaid coverage. Let's continue working on the application process to find out your official eligibility determination.

Kelly: Thanks for your help. That sounds great!

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Medicaid Expansion Scenario

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Kelly: Can you please provide me with some information on whether I qualify for Medicaid? I read in the newspaper that my state didn't expand its Medicaid program.

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Kelly: Thanks for your help. That sounds great!

The screenshot shows a knowledge check page titled "Marketplace Affordability and Assistance Program". The sub-section is "Programs to Help Lower Costs: Medicaid". The page is labeled "Page 27 of 28" and has an "Exit" link in the top right corner. The main content area is titled "Knowledge Check" and contains a scenario about Walter, a 42-year-old United States citizen living in a state that didn't expand its Medicaid program. He makes about \$10,000 a year, which is less than 100% of the federal poverty level or FPL. Walter is not disabled and is not a parent or caregiver for a child. Below the scenario, a question asks: "Which statement is NOT accurate?". Four options are listed:

- A. Walter is eligible for health coverage through the Marketplace in his state.
- B. Walter doesn't qualify for lower costs for health coverage based on his income.
- C. Walter automatically qualifies for lower costs based on his household size and income.
- D. Walter is most likely not eligible for Medicaid or for lower costs for health coverage. He may be eligible for an exemption from the individual shared responsibility payment.

A blue button labeled "Check Your Answer" is located at the bottom left of the content area. At the bottom center, a note says "Complete the Knowledge Check to enable NEXT button". Below the content area, there are links for "Menu", "Help", "Glossary", and "Resources". On the right, there are "BACK" and "NEXT" navigation buttons.

Knowledge Check

Walter, who is a 42-year-old United States (U.S.) citizen, lives in a state that didn't expand its Medicaid program. He currently makes about \$10,000 a year, which is less than 100% of the federal poverty level or FPL. Walter is not disabled, and is not a parent or caregiver for a child.

Which statement is NOT accurate?

Select the correct answer.

- A. Walter is eligible for health coverage through the Marketplace.
- B. Walter doesn't qualify for lower costs for health coverage based on his income.
- C. Walter automatically qualifies for lower costs based on his household size and income.
- D. Walter is most likely not eligible for Medicaid or for lower costs for health coverage. He may be eligible for an exemption from the individual shared responsibility payment.

Feedback: The correct answer is C. Since Walter makes less than \$11,880 a year as a single person, he may not qualify for lower costs for health coverage based on his income. Although it's not likely, Walter may be eligible for Medicaid, even without the expansion, based on his state's existing rules. But if he isn't, Walter won't qualify for either of the affordability options under the Affordable Care Act.

[Exit](#)

Programs to Help Lower Costs: Medicaid

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Key Points

- Medicaid is a comprehensive health coverage program for low-income families and children; pregnant women; older consumers; consumers with disabilities; and in some states, other adults.
- To qualify for Medicaid, consumers need to meet specific requirements, including financial requirements. In addition, consumers can qualify if they belong to specific consumer groups.
- Modified adjusted gross income (MAGI) will be used to determine most consumers' eligibility for Medicaid.

Click **NEXT** to continue.



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Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Module

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Page 1 of 10

Introduction

You should be familiar with the Children's Health Insurance Program (CHIP), including the eligibility requirements in your state, to effectively help consumers in the Marketplace.

This training will provide you with the skills to:

- Explain the benefits of the CHIP program
- Identify CHIP program eligibility requirements

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Introduction

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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Exit

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Overview of the CHIP program

Dominique continues her discussion with Eda about public coverage programs.

Eda: I understand the basics of Medicaid now, but I often hear people talk about CHIP as well. What is this program and how is it different from Medicaid?

Dominique: CHIP provides low-cost health coverage to uninsured children in families that earn too much money to qualify for Medicaid. Most states have a CHIP program and most CHIP programs are either combined with or closely coordinated with the state Medicaid program.

Eda: CHIP does seem similar to Medicaid.

Dominique: Yes, it is similar in many aspects. Income and eligibility standards for CHIP vary by state. Similar to Medicaid, each state manages its own CHIP program, including eligibility requirements, scope of benefits, cost-sharing requirements, and application and renewal procedures. Many states also have unique names for their CHIP programs. For example, Georgia calls its CHIP program PeachCare for Kids.



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Overview of the CHIP program

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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Exit

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Eligibility for CHIP

Eda: This is all helpful information. Who's eligible for CHIP?

Dominique: CHIP serves children up to age 19 in families with low income, but with income too high to qualify for Medicaid. Some states also require that children be uninsured for a period of time (up to 90 days) before they can enroll in CHIP. Similar to Medicaid, modified adjusted gross income (MAGI) is used to calculate CHIP eligibility.

Also similar to Medicaid, each state program has its own rules about who qualifies for CHIP. Almost all states cover children in families who have income levels above 200% of the federal poverty level, also called the FPL, and more than half of these states offer coverage to children in families who have income levels higher than 250% of the FPL. Other states allow children with higher income levels to pay higher premiums and buy into CHIP.

States also have the option to provide CHIP coverage to some low-income pregnant women. In a few states, CHIP provides coverage to women for the duration of their pregnancy. Infants born to women enrolled in Medicaid or CHIP are automatically eligible for Medicaid or CHIP up to one year of age. The Affordable Care Act also gives states the option to extend CHIP eligibility to the children of state employees who were previously excluded from CHIP coverage.

Here's a [key tip](#) regarding specific 2016 calculations.

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Here's a [key tip](#) regarding specific 2016 calculations.

Key Tip

In 2016, 200% of the FPL is equal to a yearly income of \$48,600 for a family of four and \$32,040 for a family of two. In 2016, 250% of the FPL is equal to a yearly income of \$60,750 for a family of four and \$40,050 for a family of two.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP)

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CHIP Eligibility and Immigration Status

Eda: I still have a few more questions. Is CHIP similar to Medicaid in terms of immigration status too?

Dominique: The rules are very similar.

With some exceptions, eligibility for CHIP depends on having an immigration status that is defined as a "qualified non-citizen" status. In general, qualified non-citizens must wait five years after receiving qualified immigration status before being eligible for CHIP, but there are exceptions to this rule.

Some states may have elected to provide additional benefits for immigrant children. In these states, lawfully residing immigrant children are eligible for CHIP without a five year waiting period if they meet other eligibility requirements.

It's important to realize that eligibility for CHIP is based on the child's immigration status, not the immigration status of the child's parents. The citizenship or immigration status of the parents isn't considered when determining eligibility for their child.



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Definition of Qualified Non-Citizen

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- Lawful Permanent Resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian Entrant
- Paroled into the U.S.
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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Exit

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CHIP Eligibility and Presumptive Eligibility

Eda: Are there any other eligibility considerations I should know about?

Dominique: There is one last eligibility consideration for CHIP that we should talk about. Some states have presumptive eligibility policies where hospitals, health clinics, or schools, may be permitted to temporarily enroll consumers and their families in Medicaid or CHIP coverage. Consumers and their families must complete the application process later to keep their health coverage.

Eda: It seems like it's important for me to be aware of whether the state I am working in has presumptive eligibility, so I can potentially help consumers complete the application process. I'll be sure to confirm what the presumptive eligibility policies are, so I can best help consumers potentially eligible for CHIP.



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CHIP Eligibility and Presumptive Eligibility

Eda: Are there any other eligibility considerations I should know about?

Dominique: There is one last eligibility consideration for CHIP that we should talk about. Some states have presumptive eligibility policies where hospitals, health clinics, or schools, may be permitted to temporarily enroll consumers and their families in Medicaid or CHIP coverage. Consumers and their families must complete the application process later to keep their health coverage.

Eda: It seems like it's important for me to be aware of whether the state I am working in has presumptive eligibility, so I can potentially help consumers complete the application process. I'll be sure to confirm what the presumptive eligibility policies are, so I can best help consumers potentially eligible for CHIP.

The screenshot shows a web-based knowledge check for the Children's Health Insurance Program (CHIP). At the top, it says "Marketplace Affordability and Assistance Program". Below that, it says "Programs to Help Lower Costs: Children's Health Insurance Program (CHIP)" and "Page 6 of 10". A blue header bar contains the title and navigation links. The main content area has a white background with a blue border. It starts with a scenario about Sari, a recent immigrant with two children, Aneesh (4 years old) and Preeti (6 months old). The scenario notes that Sari is undocumented but interested in finding out if her children are eligible for CHIP. Both children are lawfully residing. The question asks what should be done to help her. The instructions say to select all that apply and then click "Check Your Answer". Below the question are four multiple-choice options, each preceded by a checkbox. At the bottom of the content area is a blue button labeled "Check Your Answer". Below the content area is a blue footer bar with links for "Menu", "Help", "Glossary", and "Resources", and buttons for "BACK" and "NEXT".

Knowledge Check

Sari, a recent immigrant, has two children, Aneesh, who is four years old, and Preeti, who is six months old. Sari is an undocumented immigrant, but she's interested in finding out if her children are eligible for the Children's Health Insurance Program (CHIP). Both of Sari's children are lawfully residing.

What should you do to help her?

Select **all that apply**.

- A. Tell Sari that because she's undocumented her family isn't eligible for CHIP.
- B. Tell Sari that her children may be eligible for CHIP and that you can help her apply to figure out whether they may qualify.
- C. Tell Sari that states have very different eligibility standards and you're not sure if her children are covered.
- D. Tell Sari that you can help her submit a Marketplace application and check her entire family's eligibility for the full range of health coverage options.

Feedback: The correct answers are B and D. You should suggest that Sari submit a Marketplace application with your help to check her entire family's eligibility for the full range of health coverage options. Be sure she knows that her children may be eligible for CHIP (or Medicaid) and that you can help her figure out whether they might qualify. Tell her that her immigration

status won't affect whether her children are eligible for CHIP or Medicaid. Let immigrant applicants know that information provided by applicants or beneficiaries won't be used for immigration enforcement purposes. Also let Sari know that, because she is not lawfully present, she will not be eligible for Medicaid or to purchase coverage through the Marketplace, but she can still fill out an application for her lawfully present family members (but not herself) without answering questions about her immigration status, and information she provides won't be used for immigration enforcement purposes.

Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Page 7 of 10

CHIP Benefits and Cost Sharing

Eda: What types of benefits are covered for children enrolled in CHIP? You mentioned earlier that CHIP programs vary by state. Do CHIP benefits vary as well?

Dominique: Yes. While the exact benefits that a particular state covers in its CHIP program may differ from other states, all states provide comprehensive coverage including:

- Routine check-ups
- Immunizations
- Doctor visits
- Prescriptions
- Dental and vision care
- Inpatient and outpatient hospital care
- Laboratory and X-ray services
- Emergency services

Some states charge small premiums and/or copayments for CHIP coverage. Families with children enrolled in CHIP aren't required to pay more than 5% of their yearly income for CHIP coverage, including out-of-pocket costs, but most programs charge premiums that are far lower. Cost sharing – charges like deductibles, copayments, or coinsurance – isn't allowed for some preventive services, such as well-baby and well-child visits.



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CHIP Benefits and Cost Sharing

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Marketplace Affordability and Assistance Program

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP) Exit

Page 8 of 10

CHIP Eligibility and the Marketplace

Eda: I understand now who's eligible for CHIP and what's included in their health coverage. So, how do consumers who are likely eligible for CHIP apply for coverage through a Marketplace?

Dominique: Just like Medicaid, if a consumer is applying for coverage for a child through a Marketplace, the child will be assessed or determined eligible for CHIP coverage.

Remember, if a child is assessed as eligible for CHIP, you should inform the family member filing the application that the application will be sent to the state CHIP agency for a final eligibility determination.

If the Marketplace or the state CHIP agency determines a child eligible for CHIP, they'll be able to enroll in a CHIP plan. Children who are enrolled in CHIP aren't required to have coverage through a QHP through a Marketplace. Children who are determined eligible for CHIP and choose to enroll in a QHP instead won't be eligible for premium tax credits or cost-sharing reductions through a Marketplace.



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CHIP Eligibility and the Marketplace

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The screenshot shows a knowledge check page titled "Marketplace Affordability and Assistance Program". The sub-section is "Programs to Help Lower Costs: Children's Health Insurance Program (CHIP)". The page is labeled "Page 9 of 10". A blue header bar at the top right has an "Exit" link. The main content area contains a story about Manny, a handyman whose wife is pregnant and whose oldest child starts school. It asks what else should be told to him. Below the story is a list of four multiple-choice options. At the bottom left is a "Check Your Answer" button, and at the bottom right are navigation links for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Manny, a handyman, comes to you to find out whether his children are eligible for health coverage through the Marketplace in his state. His wife is pregnant with their third child and his oldest child is starting school this fall. Manny would like his children to get well-child physicals before starting school, but is concerned about the cost. First, you explain that he and his family might be able to visit a community health center to get low-cost care while they wait to find out about their coverage options.

What else should you tell him?

Select the correct answer and then click Check Your Answer.

- A. Suggest that Manny submit a Marketplace application to see what health coverage options he and his family may be eligible for, including low-cost or no-cost coverage through Medicaid and the Children's Health Insurance Program (CHIP).
- B. Tell Manny that regardless of income, his children will be eligible for coverage through CHIP.
- C. Tell Manny that his children won't qualify for any coverage.
- D. Explain to Manny that he should not worry about health coverage and should get well-child physicals for all three children no matter what it costs because it's in their best interest.

Check Your Answer

Menu Help Glossary Resources BACK NEXT >

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What else should you tell him?

Select the correct answer.

- A. Suggest that Manny submit a Marketplace application to see what health coverage options he and his family may be eligible for, including low-cost or no-cost coverage through Medicaid and the Children's Health Insurance Program (CHIP).
- B. Tell Manny that regardless of income, his children will be eligible for coverage through CHIP.
- C. Tell Manny that his children won't qualify for any coverage.
- D. Explain to Manny that he should not worry about health coverage and should get well-child physicals for all three children no matter what it costs because it's in their best interest.

Feedback: The correct answer is A. You should suggest that Manny submit a Marketplace application to assess his family's eligibility and options for health coverage and offer to help him file the application. You should let him know that, in addition to CHIP coverage for his children, the rest of his family members may be eligible for other health coverage programs.

Marketplace Affordability and Assistance Program

Exit

Programs to Help Lower Costs: Children's Health Insurance Program (CHIP)

Page 10 of 10

Key Points

- CHIP covers children in families whose income is too high to qualify for Medicaid coverage.
- Applying for CHIP is much like applying for Medicaid, and can be done through the Marketplace.
- Eligibility for CHIP is based on a child's U.S. citizenship or immigration status and state residency, not the U.S. citizenship or immigration status of the parents.
- While benefits covered vary by state, all states' CHIP programs provide comprehensive coverage, like immunizations, doctor visits, and prescription drugs.

Click **NEXT** to continue.



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Medicaid and CHIP Eligibility Determinations and Referrals Module

Marketplace Affordability and Assistance Program

Medicaid and CHIP Eligibility Determinations and Referrals

Exit

Page 1 of 13

Introduction

You learned previously about helping consumers with their eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions. Consumers can also get help with paying for coverage by applying and qualifying for public health coverage programs, such as Medicaid and the Children's Health Insurance Program (CHIP), through a Marketplace.

Your responsibilities include helping consumers submit Marketplace applications where Medicaid/CHIP eligibility will be assessed or determined (depending on the state), helping them review eligibility determinations, and knowing when and how to refer consumers to their state Medicaid/CHIP agency or other federal or state programs providing consumer assistance.

This training will provide you with the skills to:

- Identify ways you can help consumers with the Medicaid/CHIP referral process
- Identify other programs providing consumer assistance that could aid consumers
- Determine when it's appropriate to refer consumers to Medicaid, CHIP, and/or other programs providing consumer assistance

Click **NEXT** to continue.

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Introduction

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The screenshot shows a software application window titled "Marketplace Affordability and Assistance Program". The main title bar also includes "Medicaid and CHIP Eligibility Determinations and Referrals". In the top right corner, there is an "Exit" button and the text "Page 2 of 13". Below the title bar, the heading "Scenario: Medicaid and CHIP Eligibility" is displayed. The main content area features two women, Eda and Kelly, looking at documents. A callout box contains the text: "Eda is continuing to help Kelly and her son Max. Kelly told Eda that she is a single mother who makes \$17,500 a year, and Eda thinks that Kelly's income may qualify both her and her son for Medicaid. After proceeding to help Kelly submit an application for coverage for herself and Max, Kelly returns to Eda's office for additional help with understanding her eligibility results." There is a "CLOSE" button in the top right of the callout box. At the bottom of the screen, there are navigation buttons: "Text Description of Image or Animation", "Menu", "Help", "Glossary", "Resources", "Click through the activity to enable the NEXT button", "< BACK", and "NEXT >".

Scenario: Medicaid and CHIP Eligibility

Kelly told Eda that she is a single mother who makes \$17,500 a year, and Eda thinks that Kelly's income may qualify both her and her son for Medicaid. After proceeding to help Kelly submit an application for coverage for herself and Max, Kelly returns to Eda's office for additional help with understanding her eligibility results.

Kelly: I received my eligibility result and it says that I can't get Medicaid, but I can enroll in a qualified health plan (QHP). It also says that Max has an assessment for Medicaid. What does that mean, and what do I need to do now?

Eda: Because you live in a state that hasn't expanded Medicaid, unfortunately, you aren't eligible for Medicaid based on income, but the notice says that you're eligible to enroll in a QHP, with financial assistance. In your state, the Marketplace makes eligibility assessments for Medicaid, which means that the Marketplace can't make the final decision on who's eligible for Medicaid. Instead, your state Medicaid agency has to make the final decision. The assessment Max received for Medicaid from the Marketplace isn't the final eligibility decision. It just means that he's likely to be eligible, but further review is needed by your state Medicaid agency to confirm his eligibility.

Kelly: Okay, then what happens next?

Eda: The Marketplace will transfer Max's information to the state Medicaid agency. Your state's Medicaid or CHIP agency will review your income and other eligibility requirements to make

sure Max meets all Medicaid coverage requirements. Once your state Medicaid agency makes a decision you'll get a notice explaining Max's final Medicaid eligibility determination.

Marketplace Affordability and Assistance Program

Exit

Medicaid and CHIP Eligibility Determinations and Referrals

Page 3 of 13

Types of Consumers Referred to Medicaid or CHIP

In Kelly and Max's situation, Eda's next steps were to continue helping Kelly with her selection of a QHP and to direct Kelly to the state Medicaid/CHIP agency where Max's information will be transferred. You may encounter other consumers with more complex situations whose issues may be resolved more quickly if they work directly with their state Medicaid/CHIP agency.

Some examples of potential Medicaid-eligible consumers who might benefit from working directly with their Medicaid/CHIP agency, instead of applying for coverage through the Marketplace, include:

- Consumers who appear to be eligible for Medicaid or CHIP based on their income and are seeking help with enrollment
- Consumers who've been assessed to be eligible for Medicaid or CHIP and need help while their determinations are pending
- Consumers who are enrolled in other public benefits programs (e.g., Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families) and need help getting health coverage
- Consumers with a disability

For these consumers, applying for coverage directly through the state may be quicker and more straightforward than going through the Marketplace.



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Marketplace Affordability and Assistance Program

Medicaid and CHIP Eligibility Determinations and Referrals

Exit

Page 4 of 13

Referrals in States without Medicaid Expansion

Even if a state hasn't expanded Medicaid, you should recommend that consumers apply for coverage to see if they qualify. Each state has coverage options that could work for consumers, particularly if they have children, are pregnant, or have a disability.

Consumers who live in states that haven't expanded Medicaid may be eligible for an exemption from the individual shared responsibility payment if their state's decision not to expand coverage prevents them from being eligible for Medicaid.

Consumers can apply for Medicaid in three different ways:

- Contacting the state Medicaid agency
- Filling out an application online through the Marketplace
- Contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325), 24 hours a day, 7 days a week.

Here's a [key tip](#) to remember when helping consumers applying for Medicaid.



Click on the [BLUE link\(s\)](#) to enable NEXT button

Menu Help Glossary Resources < BACK NEXT >

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Here's a [key tip](#) to remember when helping consumers applying for Medicaid.

Key Tip

Remember, consumers can apply for Medicaid and CHIP at any time. There isn't a limited enrollment period for either program.

The screenshot shows a web-based application titled "Marketplace Affordability and Assistance Program". The main header includes "Medicaid and CHIP Eligibility Determinations and Referrals" and "Exit". The page number "Page 5 of 13" is in the top right. A sub-header "CHIP Eligibility Determination Scenario" is displayed. The scenario text describes a consumer named Julie who has applied for CHIP and needs help enrolling her son Johnny. It includes a transcript of a conversation between Eda and Julie, application details (Application Date: June 5, 2014; Application ID: 98885454), and a message to Julie about potential tax credits and health plans. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

CHIP Eligibility Determination Scenario

Another consumer, Julie, comes to Eda for help. She filled out a Marketplace application and received an eligibility determination from her state CHIP agency for her son Johnny for CHIP. Now, she needs help with enrolling Johnny in CHIP.

Eda: Hi, Julie. How can I help you?

Julie: I've received a letter that says that Johnny is eligible for CHIP. I'm not sure what else I need to do so he can see a doctor.

Eda: I'm here to help. Why don't we review the letter you received? Based on this letter and the information I have about your local CHIP agency, we can figure out the next steps to get Johnny enrolled in CHIP.

Letter Received from State CHIP Agency

Application Date: June 5, 2014

Application ID: 98885454

Dear Julie:

You recently submitted an application to the Health Insurance Marketplace. We reviewed your application to see if you can get health coverage through the Marketplace and help paying for coverage and health services through:

- A new tax credit that can be used right away to lower your monthly premium costs
- Health plans that lower your out-of-pocket costs
- KanCare program (Medicaid) and KanCareprogram (Children's Health Insurance Program [CHIP]), which are joint federal and state programs that help with medical costs for people with limited income or special health care needs

The screenshot shows a software application window titled "Marketplace Affordability and Assistance Program". At the top, there's a blue header bar with the title and some navigation links. Below the header, a main content area has a dark blue background. On the left, a sidebar lists "My plans & programs" with options like "Eligibility & appeals", "Applications details", etc. The main content area displays a message: "Status: We're sending along your information to your state agency". It shows "Medicaid" and "KanCare program" status. A green button says "VISIT MEDICAID/CHIP WEBSITE". At the bottom, there are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

When to Refer Consumers to Medicaid or CHIP

Earlier in the training you learned how to assess consumers' needs and help them with the Marketplace eligibility and enrollment process.

You have already received Julie's consent to help her and her family and discussed her specific needs. From your training, you know that consumers are only determined as eligible for CHIP in the state where they live.

Next you should:

1. Review the eligibility determination notice to see if Johnny's eligible for CHIP.
2. Review the eligibility determination notice to see if the contact information for the state CHIP agency has been provided.
3. Provide Julie with the appropriate contact information for the state CHIP agency if it wasn't provided in her eligibility determination notice.

The screenshot shows a knowledge check interface. At the top, it says "Marketplace Affordability and Assistance Program". Below that, it says "Medicaid and CHIP Eligibility Determinations and Referrals" and "Page 7 of 13". A "Knowledge Check" section asks about Julie's son Johnny's CHIP enrollment. It includes a question, a list of four options, and a "Check Your Answer" button. At the bottom, there are links for "Menu", "Help", "Glossary", "Resources", and navigation buttons for "BACK", "NEXT", and "NEXT >".

Knowledge Check

Julie's son Johnny has been determined eligible for the Children's Health Insurance Program (CHIP). Julie asks you what the next steps are for getting him covered.

What should you do now?

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

A. Explain to Julie that you aren't affiliated with CHIP and can't help her with the enrollment.
 B. Provide Julie with the contact information for the state CHIP agency so she can talk with them about the next steps she needs to take, and facilitate the conversation, if appropriate.
 C. Tell Julie she needs to contact the Social Security Administration (SSA) for more information on CHIP.
 D. Tell Julie that the determination hasn't been made yet because additional documentation is required.

Check Your Answer

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- C. Tell Julie she needs to contact the Social Security Administration (SSA) for more information on CHIP.
- D. Tell Julie that the determination hasn't been made yet because additional documentation is required.

Feedback: The correct answer is B. You should provide Julie with the contact information for the state's CHIP agency so that she can talk with them about the next steps she needs to take, and facilitate the conversation, if appropriate.

Marketplace Affordability and Assistance Program

Medicaid and CHIP Eligibility Determinations and Referrals

Exit

Page 8 of 13

Other Programs Providing Consumer Assistance

So far, Eda has been able to help Julie and her son Johnny, as well as Kelly and her son Max. Some consumers may require help that you aren't able to provide.

For example, if you meet consumers interested in federal disability programs, you can refer these consumers to the Social Security Administration (SSA), which administers programs providing federal disability benefits. Another example is the Ryan White HIV/AIDS program administered by the Health Resources and Services Administration (HRSA), which provides support to individuals living with HIV/AIDS.

Here's a [key tip](#) you should remember about referrals to other programs providing consumer assistance.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

SOCIAL SECURITY
USA
ADMINISTRATION

Click on the [BLUE](#) link(s) to enable NEXT button

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Here's a key tip you should remember about referrals to other programs providing consumer assistance.

Key Tip

Your referrals to these programs should be appropriate and tailored to consumers' specific needs. When providing referrals, be sure to keep in mind your duty to provide fair, impartial, and accurate information. You can also develop your own directory of available resources for consumers in your service area.

Marketplace Affordability and Assistance Program

Medicaid and CHIP Eligibility Determinations and Referrals

Exit

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Scenario: Consumers Who Aren't Eligible for Assistance Programs

Once again, Eda meets with Kelly and Max. Eda knows they live in a state that hasn't expanded Medicaid. Kelly comes to Eda for help enrolling in health coverage through the Marketplace.

Eda: Hi Kelly. It's good to see you again. How can I help you?

Kelly: Hi, I'm back. I recently changed jobs and now I only make \$14,000 a year. I applied for health coverage through the Marketplace, and I just received my eligibility determination notice. The notice says that I'm not eligible for programs to help lower my health coverage costs.

Eda: Let's take a look at your eligibility determination notice to figure out the next steps.



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Once again, Eda meets with Kelly and Max. Eda knows they live in a state that hasn't expanded Medicaid. Kelly comes to Eda for help enrolling in health coverage through the Marketplace.

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Marketplace Affordability and Assistance Program

Exit

Medicaid and CHIP Eligibility Determinations and Referrals

Page 10 of 13

Assistance to Consumers in States Without Medicaid Expansion

Eda knows that only some states have chosen to expand Medicaid, and there may be consumers who aren't eligible for Medicaid or CHIP, but who also aren't eligible for advance payments of the premium tax credit and cost-sharing reductions. In these situations, Eda should explain to consumers who aren't eligible for programs to lower their health coverage costs that they can apply through the Marketplace for an exemption from the individual shared responsibility payment.

You'll learn more about how to help consumers applying for an exemption later in the training. You can also help consumers by referring them to other programs that help consumers to access health care services.



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Assistance to Consumers in States Without Medicaid Expansion

Eda knows that only some states have chosen to expand Medicaid, and there may be consumers who aren't eligible for Medicaid or CHIP, but who also aren't eligible for advance payments of the premium tax credit and cost-sharing reductions. In these situations, Eda should explain to consumers who aren't eligible for programs to lower their health coverage costs that they can apply through the Marketplace for an exemption from the individual shared responsibility payment.

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Marketplace Affordability and Assistance Program

Medicaid and CHIP Eligibility Determinations and Referrals

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Exit

Consumer Assistance Programs

Kelly and Eda continue discussing options for Kelly to find affordable health coverage.

Eda: One additional option for you is to contact consumer assistance programs, or CAPs, if they're offered in your state. These programs help consumers like you understand their rights as they find, apply for, and enroll in health coverage, as well as use health care services. Consumers can also get low-cost health care at nearby community health centers.

Eda remembers from her training that a CAP can:

- Help consumers enroll in health coverage, including group health plans and individual health insurance coverage
- Help consumers file complaints and appeals against health plans
- Educate consumers about their rights and empower them to take action
- Track consumer complaints to help identify problems and strengthen enforcement
- Help with premium tax credit issues

Kelly: Thank you for the great idea, Eda. I will immediately reach out to the CAP in my state to see if it can help me.



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Kelly: Thank you for the great idea, Eda. I will immediately reach out to the CAP in my state to see if it can help me.

The screenshot shows a knowledge check section titled "Knowledge Check". The text reads: "Kelly seems pretty upset about her eligibility determination. She's anxious about taking care of her health care needs. You reassure Kelly that she may still be eligible for some help. She may also be eligible for a hardship exemption to avoid paying a fee for not having health coverage. Kelly seems somewhat relieved by your response." Below this is a question: "What can you do to help her?". It instructs the user to "Select all that apply and then click Check Your Answer." A list of four options follows:

- A. Ask Kelly to do some additional research online to find out if she's eligible for other assistance.
- B. Review information with Kelly on exemptions for hardship. Remember that Kelly may not be required to have health coverage, and if so, she won't have to pay a fee.
- C. Provide information about additional options to access health care such as through Kelly's employer, community health centers, and/or pharmaceutical assistance programs.
- D. Refer Kelly to a consumer assistance program (CAP), if there is one available in her state, which may be able to provide her with additional services.

A blue button labeled "Check Your Answer" is visible. At the bottom of the page are navigation links: "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

Knowledge Check

Kelly seems pretty upset about her eligibility determination. She's anxious about taking care of her health care needs. You reassure Kelly that she may still be eligible for some help. She may also be eligible for a hardship exemption to avoid paying a fee for not having health coverage. Kelly seems somewhat relieved by your response.

What can you do to help her?

Select all that apply.

- A. Ask Kelly to do some additional research online to find out if she's eligible for other assistance.
- B. Review information with Kelly on exemptions for hardship. Remember that Kelly may not be required to have health coverage, and if so, she won't have to pay a fee.
- C. Provide information about additional options to access health care such as through Kelly's employer, community health centers, and/or pharmaceutical assistance programs.
- D. Refer Kelly to a consumer assistance program (CAP), if there is one available in her state, which may be able to provide her with additional services.

Feedback: The correct answers are B, C, and D. Provide Kelly with information on exemptions for hardship. She may not be required to have health coverage, and if so, won't have to pay a fee. Provide information about additional options to access health care such as through Kelly's employer, community health centers, and/or pharmaceutical assistance programs. Then, refer Kelly to a CAP, if there's one available in her state, which may be able to provide her with additional services.

Marketplace Affordability and Assistance Program

Exit

Medicaid and CHIP Eligibility Determinations and Referrals

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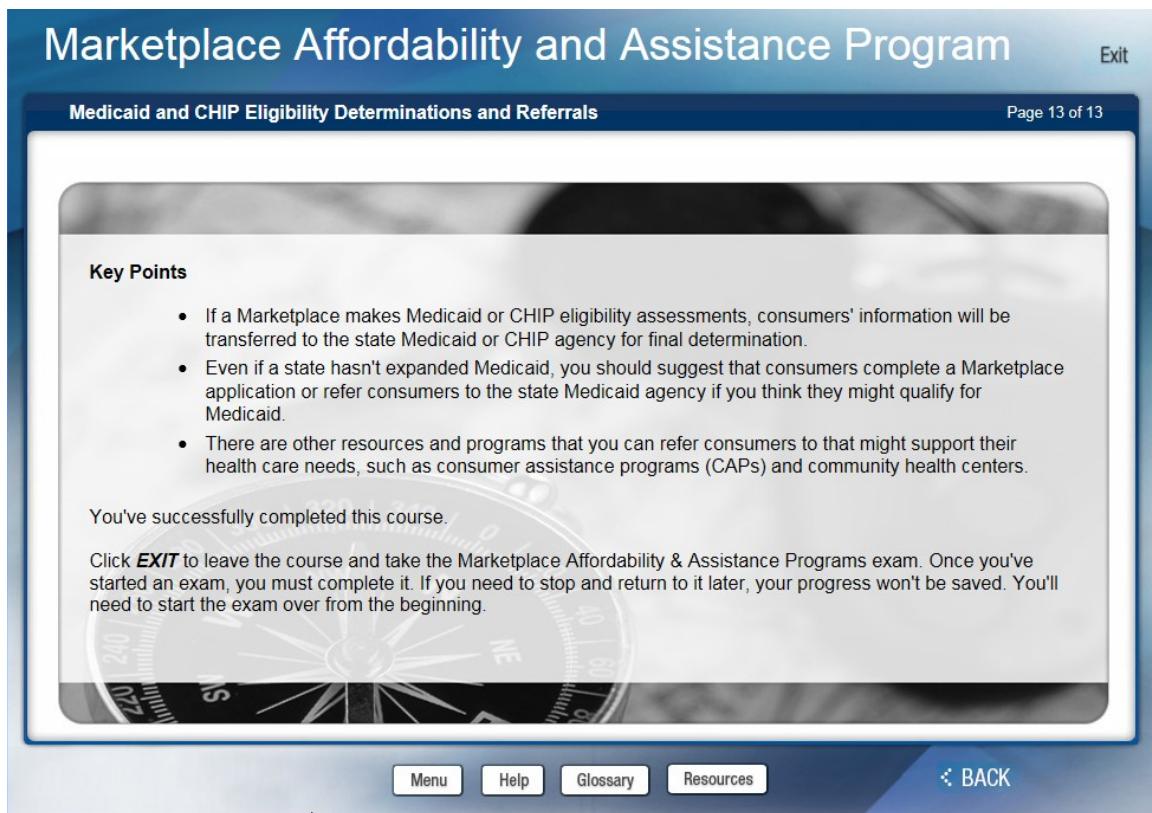
Key Points

- If a Marketplace makes Medicaid or CHIP eligibility assessments, consumers' information will be transferred to the state Medicaid or CHIP agency for final determination.
- Even if a state hasn't expanded Medicaid, you should suggest that consumers complete a Marketplace application or refer consumers to the state Medicaid agency if you think they might qualify for Medicaid.
- There are other resources and programs that you can refer consumers to that might support their health care needs, such as consumer assistance programs (CAPs) and community health centers.

You've successfully completed this course.

Click **EXIT** to leave the course and take the Marketplace Affordability & Assistance Programs exam. Once you've started an exam, you must complete it. If you need to stop and return to it later, your progress won't be saved. You'll need to start the exam over from the beginning.

Menu Help Glossary Resources < BACK



Key Points

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Marketplace Affordability and Assistance Programs Resources

Premium Estimation Tool

Preview available Marketplace plans: View available health insurance plans available in a consumer's area and their estimated prices.

<https://www.healthcare.gov/see-plans/>

FAQs on What Counts as Income?

A resource that provides information on calculating income for coverage through the Marketplace and programs such as Medicaid and CHIP.

<https://www.healthcare.gov/income-and-household-information/income/>

FAQs on Income Changes and Financial Assistance

A resource that explains the process for reporting changes in income, family size and other circumstances that may affect eligibility for Marketplace coverage and affordability programs.

<https://www.healthcare.gov/reporting-changes/how-to-report-changes/>

Qualifying for Medicaid with a Disability

Provides information about eligibility for Medicaid and CHIP for consumers with disabilities.

<https://www.medicaid.gov/medicaid-chip-program-information/by-population/people-with-disabilities/individuals-with-disabilities.html>

Find a Health Center Locator Tool

A locator tool that identifies health centers within a specified geographic location

http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Marketplace Coverage Chart: Estimate Whether a Consumer will Qualify for Savings

Answer several questions to see if a consumer may qualify for savings through Medicaid coverage, premium tax credits, and/or cost-sharing reductions.

<https://www.healthcare.gov/lower-costs>

Federal Poverty Level Guidelines 2016

Official HHS guidance on FPL levels for 2016

<https://aspe.hhs.gov/poverty-guidelines>

Federal Poverty Level Guidelines 2016

Official Medicaid chart of FPL levels for 2016 by state

<http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>

Premium Tax Credit

<http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Premium-Tax-Credit>