

# Federally-facilitated Marketplace Assister Curriculum: Advanced Marketplace

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information & Insurance Oversight

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## Advanced Marketplace Issues

### Course Introduction Module

The screenshot shows a course introduction module titled "Advanced Marketplace Issues". The title is at the top left, and there is an "Exit" link at the top right. Below the title, the page header includes "Course Introduction" on the left and "Page 1 of 3" on the right. The main content area is a large blue rectangle containing the text "WELCOME TO THE ADVANCED MARKETPLACE ISSUES COURSE". At the bottom left of this area is a link "Text Description of Image or Animation". At the bottom of the page are navigation buttons: "Menu", "Help", "Glossary", "Resources", and a "NEXT >" button.

### Course Title

Welcome to the Advanced Marketplace Issues Course

Advanced Marketplace  
Issues Course

Course Introduction

## Advanced Marketplace Issues

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Course Introduction Page 2 of 3

### Overview

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

The course covers:

- An overview of the process for annual redetermination of eligibility
- How the Marketplace verifies consumers' immigration status documents
- How to assist members of multi-tax households and families enrolling in different qualified health plans (QHPs)
- An overview of mid-year income adjustments and their impact on the amount of a consumer's advance payments of the premium tax credit and end-of-year tax responsibility
- An overview of options, key considerations, and special provisions for certain groups, including veterans, homeless consumers, victims of domestic abuse, consumers living with HIV/AIDS, members of federally recognized tribes, American Indians and Alaska Natives (AI/ANs), and college students

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 lesson is an optional (not required) lesson for the above assister types. Some of the information discussed in this course may also be of interest to Navigators, non-Navigator assistance personnel, and CACs in State-based Marketplaces, especially if the State-based Marketplace is relying on the federal eligibility and enrollment platform, but this course is addressed only to assisters in FFMs. This course concludes with an exam.

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## Advanced Re-enrollment Issues Module

The screenshot shows a web-based training module titled "Advanced Marketplace Issues". At the top right is an "Exit" link. Below the title, the page header reads "Advanced Re-enrollment Issues" on the left and "Page 1 of 21" on the right. The main content area is titled "Introduction". It contains text about the purpose of the module, a list of learning objectives, and a call to action to click "NEXT". At the bottom are navigation links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

**Introduction**

Prior to this course, you learned about basic scenarios and standard approaches to Marketplace eligibility and enrollment situations that you may encounter as an Assister. This topic will build on what you've learned so far to address more complex situations for consumers who are re-enrolling through the Marketplace.

This training will provide you with the skills to:

- Describe how the Marketplace makes an annual redetermination of eligibility for qualified consumers
- Describe how to help consumers who need assistance with complex cases for re-enrollment

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## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Review Assistance in Other Scenarios

In previous courses, you learned about helping consumers who:

- Want to update their Marketplace account profile:  
See Marketplace Enrollment and Appeals Assistance course, Topic 4
- Want to report a change in circumstance that may impact their eligibility:  
See Marketplace Enrollment and Appeals Assistance course, Topic 4
- Want to appeal their eligibility redetermination:  
See Marketplace Enrollment and Appeals Assistance course, Topic 5
- Want to claim an exemption from the individual shared responsibility payment:  
See Marketplace Exemptions Assistance course

This topic will cover complex re-enrollment scenarios and provide you with additional instructions to appropriately help consumers.



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## Advanced Marketplace Issues

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### Advanced Re-enrollment Issues

#### Help Consumers Renew or Select QHPs

Some consumers you help will already have health coverage through the Marketplace and will need your help with re-enrolling in a qualified health plan (QHP) through the Marketplace.

Asking consumers the following questions will help you understand how to move forward with potential re-enrollments in Marketplace plans:

- Are you currently enrolled in a QHP through the Marketplace?
- Do you use your QHP?
- What was your experience like with your QHP?
- What questions do you have about using your QHP?
- Was your QHP sufficient for your needs? Why or why not?



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- Was your QHP sufficient for your needs? Why or why not?

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### Advanced Re-enrollment Issues

#### Annual Eligibility Redetermination Process

The annual redetermination process for the Marketplace requires the Marketplace to request updated tax return information from the Internal Revenue Service (IRS) for all consumers currently receiving advance payments of the premium tax credit and who agreed to allow the Marketplace to request this information.

If consumers agreed to allow the Marketplace to request this information from the IRS for the annual redetermination for 2017 coverage, the Marketplace will compare consumers' updated tax information to their eligibility determination for the 2016 coverage year. Any changes in coverage or eligibility that result from this process will be effective on January 1, 2017. The Marketplace generally will renew consumers' QHP coverage, as long as the QHP is still available through the Marketplace and can be renewed.

For consumers covered by Medicaid and/or the Children's Health Insurance Program (CHIP), the state's Medicaid or CHIP agency will redetermine their eligibility for the program on an annual basis.



Form 1040  
Use this form

Form 1040 (2016)  
Tax and Credits

Form 1040  
Label  
(See instructions on page 16.)  
Use this form

Department of U.S. Treasury  
For the year Jan  
Your first name  
L A B

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## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Annual Eligibility Redetermination Process (cont.)

The process for annual eligibility redetermination will occur as follows (Select each row and any link(s) within each row to read more):

Process for Annual Eligibility Redetermination

If Consumers...	Then...

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Click through the activity to enable the NEXT button

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### Annual Eligibility Redetermination Process (cont.)

The process for annual eligibility redetermination will occur as follows:

If Consumers...

Are already enrolled in a QHP...

Then...

They don't need to complete a new eligibility application. However it's strongly recommended that they contact the Marketplace to ensure their eligibility is up-to-date, even if they believe they have no changes to report. They may also want to compare plans or select a new plan.

If Consumers...

Are enrolled in a QHP with advance payments of the premium tax credit AND agreed to allow the Marketplace to re-check their federal tax data on an annual basis...

Then...

The Marketplace will use these consumers' household income data from the IRS to help re-determine their eligibility for APTC, CSRs, and Medicaid or CHIP, depending on income.

If Consumers...

Are enrolled in a QHP with advance payments of the premium tax credit and /or cost- sharing reductions, but DIDN'T agree to allow the Marketplace to re-check their data on an annual basis...

Then...

The Marketplace will stop their eligibility for advance payments of the premium tax credit and/or cost-sharing reductions beginning on January 1 of the following year, unless consumers contact the Marketplace and update their household income information. The Marketplace generally will still renew the consumer's coverage with the issuer and, if available, in the same QHP.

If Consumers...

Are enrolled in a QHP with advance payments of the premium tax credit and/or cost- sharing reductions, but did not file a tax return with IRS and reconcile the premium tax credit for the year for which advanced payments of the premium tax credit was provided...

Then...

The Marketplace will stop their advance payments of the premium tax credit and/or cost- sharing reductions beginning on January 1 of the following year, unless consumers file a tax return and reconcile the advanced payments of the premium tax credit for the prior year with IRS. The Marketplace generally will still renew the consumer's coverage with the issuer and, if available, in the same QHP.

If Consumers...

Didn't request help lowering the cost of health coverage on their Marketplace applications...

Then...

The Marketplace will not check their eligibility for advance payments of the premium tax credit and cost-sharing reductions, UNLESS consumers return to the Marketplaces and make that request on their applications. The Marketplace generally will still renew the consumer's coverage with the issuer and, if available, in the same QHP.

#### Changes to report

Changes to report as a reminder, consumers are required to report changes that affect eligibility within 30 days of the change.

## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Eligibility Redetermination Notices

Prior to November 1, 2016, the Marketplace will send all consumers currently enrolled in a QHP through the Marketplace for plan year 2016 an eligibility redetermination notice describing the annual redetermination and renewal process, and summarizing their eligibility for the coming year. The Marketplace may contact consumers through additional notices or telephone calls. There are four variations of the eligibility redetermination notice, which are discussed in the upcoming slides.

For all consumers enrolled in QHPs who get advance payments of the premium tax credit, the notices will describe the premium tax credit reconciliation process that takes place when consumers file their annual federal income tax returns. Under this process, the IRS compares the amount of advance payments of the premium tax credit received by the tax household which was based on consumers' projected household income to the amount of premium tax credit they should receive based on their actual household income as reported on their tax return.

As part of the reconciliation process:

- If consumers got more help paying for health coverage than the amount for which they were eligible based on their actual household income for the plan year, they or the taxpayers who claim them as dependents may owe money back through their federal income taxes (subject to statutory limits on repayment).
- If consumers got less help paying for health coverage than the amount for which they were eligible for based on their actual household income for the plan year, they or the taxpayers who claim them as dependents will get it as a credit on their federal taxes.

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- If consumers got less help paying for health coverage than the amount for which they were eligible for based on their actual household income for the plan year, they or the taxpayers who claim them as dependents will get it as a credit on their federal taxes.

## Advanced Marketplace Issues

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### Advanced Re-enrollment Issues

#### Variations of the Eligibility Redetermination Notice

##### Standard Eligibility Redetermination Notice

The standard eligibility redetermination notice will be sent to all consumers who are currently enrolled in a QHP through the Marketplace for 2016 coverage.

The information in the standard redetermination notice includes:

- A note that the Open Enrollment period begins November 1 , 2016, and ends January 31, 2017
- A description of the annual redetermination and renewal process
- A reminder of the requirement to report changes that affect eligibility for health coverage within 30 days of the change
- The key dates for ensuring coverage is effective on January 1, 2017
- The reconciliation process for advance payments of the premium tax credit, for consumers receiving advance payments of the premium tax credit and/or cost-sharing reductions
- An explanation of the consumer's next steps based on a number of factors, including whether they:
  - Enrolled in a QHP
  - Got help lowering their costs (i.e., advance payments of the premium tax credit and/or cost-sharing reductions) in 2016
  - Agreed to allow the Marketplace to check their updated tax return information for use in the annual redetermination process



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#### Variations of the Eligibility Redetermination Notice

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- An explanation of the consumer's next steps based on a number of factors, including whether they:
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  - Agreed to allow the Marketplace to check their updated tax return information for use in the annual redetermination process

# Advanced Marketplace Issues

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**Advanced Re-enrollment Issues**

**Variations of the Eligibility Redetermination Notice (cont.)**

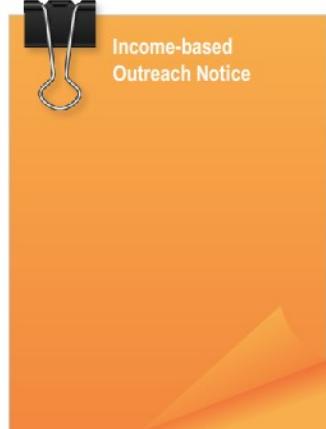
**Income-based Outreach Notice**

In addition to receiving the standard notice, some consumers who are enrolled in a QHP with advance payments of the premium tax credit and/or cost-sharing reductions and who agreed to allow the Marketplace to update their tax data, may also get an income-based outreach notice.

The income-based outreach notice will be sent to consumers who get advance payments of the premium tax credit and/or cost-sharing reductions, who agreed to allow the Marketplace to re-check their federal tax data for use in the redetermination process, and who meet one or more of the following conditions:

- The consumer doesn't have any updated tax return information from the IRS.
- The most recent Marketplace eligibility determination for 2016 reflects a household income in excess of 350% of the FPL
- The IRS provides updated information from tax data that reflects at least one of the following:
  - A household income in excess of 350% or below 100% of the FPL
  - An increase or decrease in household income of greater than 50%, when compared to the household income from the most recent Marketplace eligibility determination for 2016
  - Other criteria as defined by the Marketplace

The information in the income-based outreach notice includes the same information as the standard redetermination notice and an explanation that consumers are strongly encouraged to contact the Marketplace. If consumers fail to contact the Marketplace, their 2017 eligibility will be updated based on the newest information available to the Marketplace, for example IRS data or application information updated for the 2016 application, updated for 2017.



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## Variations of the Eligibility Redetermination Notice (cont.)

### Income-based Outreach Notice

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## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Variations of the Eligibility Redetermination Notice (cont.)

#### Special Notice to Consumers No Longer Eligible for Financial Help

The Marketplace may identify some consumers who are enrolled in a QHP with advance payments of the premium tax credit and/or cost-sharing reductions, who agreed to allow the Marketplace to re-check their federal tax data for the annual redetermination process, and whose updated tax data appears to show a household income that is greater than 500% of the FPL.

The Marketplace will send these consumers a special notice to inform them that their advance payments of the premium tax credit and/or cost-sharing reductions will be stopped beginning January 1, 2017, unless these consumers return to the Marketplace and provide new eligibility information on their application that, upon verification, shows they're eligible to continue to get help lowering their costs.

The information in the special notice includes:

- The same information as the standard notice
- An explanation that, if these consumers don't contact the Marketplace to get an updated eligibility determination by December 15, 2016 (the last day to make a plan selection for coverage effective January 1, 2017), the Marketplace will discontinue their advance payments of the premium tax credit and/or cost-sharing reductions at the end of 2016
- Information about renewing these consumers' coverage in a QHP through the Marketplace for 2017 without advance payments of the premium tax credit and/or cost-sharing reductions

Consumers who receive this special notice and who want to get, or continue to get, help paying for coverage (i.e., advance payments of the premium tax credit and/or cost-sharing reductions) must contact the Marketplace.

Special Notice to Consumers No Longer Eligible for Financial Help

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### Variations of the Eligibility Redetermination Notice (cont.)

#### Special Notice to Consumers No Longer Eligible for Financial Help

The Marketplace may identify some consumers who are enrolled in a QHP with advance payments of the premium tax credit and/or cost-sharing reductions, who agreed to allow the Marketplace to re-check their federal tax data for the annual redetermination process, and whose updated tax data appears to show a household income that is greater than 500% of the FPL.

The Marketplace will send these consumers a special notice to inform them that their advance payments of the premium tax credit and/or cost-sharing reductions will be stopped beginning January 1, 2017, unless these consumers return to the Marketplace and provide new eligibility information on their application that, upon verification, shows they're eligible to continue to get help lowering their costs.

The information in the special notice includes:

- The same information as the standard notice
- An explanation that, if these consumers don't contact the Marketplace to get an updated eligibility determination by December 15, 2016 (the last day to make a plan

selection for coverage effective January 1, 2017), the Marketplace will discontinue their advance payments of the premium tax credit and/or cost-sharing reductions at the end of 2016

- Information about renewing these consumers' coverage in a QHP through the Marketplace for 2017 without advance payments of the premium tax credit and/or cost-sharing reductions

Consumers who receive this special notice and who want to get, or continue to get, help paying for coverage (i.e., advance payments of the premium tax credit and/or cost-sharing reductions) must contact the Marketplace.

The screenshot shows a web page titled "Advanced Marketplace Issues". At the top right are "Exit" and "Page 10 of 21" buttons. Below the title is a sub-section header "Advanced Re-enrollment Issues". The main content area is titled "Did Not Reconcile Notice". It contains text about the notification from the IRS and the notice sent to consumers. It also lists the information included in the notice and a note for consumers who want to continue getting help paying for coverage. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

**Did Not Reconcile Notice**

From 2016 open enrollment onward, the Marketplace now receives a notification from the IRS when requesting updated tax return information for the purpose of the annual eligibility redetermination and re-enrollment process. This notification indicates whether consumers who received advance payments of the premium tax credit (APTC) failed to comply with the requirement to file a tax return and reconcile APTC.

The Marketplace will send these consumers a notice that includes language informing them that the Marketplace will stop their APTC and income-based CSR unless they file a tax return and reconcile APTC for the year they received APTC.

The information in the Did Not Reconcile notice includes:

- The same information as the standard notice
- An explanation that, if these consumers don't file a tax return and reconcile, and then return to the Marketplace to get an updated eligibility determination by December 15, 2016 (the last day to make a plan selection for coverage effective January 1, 2017), the Marketplace will discontinue their advance payments of the premium tax credit and/or cost-sharing reductions at the end of 2016
- Information about renewing these consumers' coverage in a QHP through the Marketplace for 2017 without advance payments of the premium tax credit and/or cost-sharing reductions

Consumers who receive this notice and who want to get, or continue to get, help paying for coverage (i.e., the premium tax credit and/or cost-sharing reductions) must contact the Marketplace.

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## Did Not Reconcile Notice

From 2016 open enrollment onward, the Marketplace now receives a notification from the IRS when requesting updated tax return information for the purpose of the annual eligibility redetermination and re-enrollment process. This notification indicates whether consumers who received advance payments of the premium tax credit (APTC) failed to comply with the requirement to file a tax return and reconcile APTC.

The Marketplace will send these consumers a notice that includes language informing them that the Marketplace will stop their APTC and income-based CSR unless they file a tax return and reconcile APTC for the year they received APTC.

The information in the Did Not Reconcile notice includes:

- The same information as the standard notice
- An explanation that, if these consumers don't file a tax return and reconcile, and then return to the Marketplace to get an updated eligibility determination by December 15, 2016 (the last day to make a plan selection for coverage effective January 1, 2017), the Marketplace will discontinue their advance payments of the premium tax credit and/or cost-sharing reductions at the end of 2016

- Information about renewing these consumers' coverage in a QHP through the Marketplace for 2017 without advance payments of the premium tax credit and/or cost-sharing reductions

Consumers who receive this notice and who want to get, or continue to get, help paying for coverage (i.e., the premium tax credit and/or cost-sharing reductions) must contact the Marketplace.

**Advanced Marketplace Issues**

**Advanced Re-enrollment Issues**

**Example: Standard Notice with Different Consumer Actions**

John applied for health coverage through the Marketplace and has a household income of 185% of the FPL. He was determined eligible for \$100 per month of advance payments of the premium tax credit and cost-sharing reductions, and selected a QHP on December 10, 2015, for the 2016 plan year.

Following are the different scenarios for John's 2017 redetermination and re-enrollment.

**Standard Notice, No Action Taken by Consumer**

On his application, John agreed to allow the Marketplace to check his tax return information.

When the Marketplace checked his updated tax information for the annual eligibility redetermination, it showed no change in John's household income. Before Open Enrollment for the 2017 plan year begins on November 1, 2016, he got a notice from his current plan saying the plan will remain available and his monthly premium will be \$200 (a total of \$300 minus the \$100 advance payment of the premium tax credit he gets).

If John doesn't contact the Marketplace and his QHP remains available for 2017 coverage, the Marketplace will use the projected annual household income and family size from the most recent application that is associated with an enrollment adjusted to 2017, updated FPL tables, and 2017 benchmark plan premium information to calculate APTC and determine eligibility for income-based CSR for 2017. His effective date of coverage will be January 1, 2017 and depending on his redetermined eligibility for APTC and the cost of his plan for 2017, his share of the monthly premium may also change.

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### Example: Standard Notice with Different Consumer Actions

John applied for health coverage through the Marketplace and has a household income of 185% of the FPL. He was determined eligible for \$100 per month of advance payments of the premium tax credit and cost-sharing reductions, and selected a QHP on December 10, 2015, for the 2016 plan year.

Following are the different scenarios for John's 2017 redetermination and re-enrollment.

#### Standard Notice, No Action Taken by Consumer

On his application, John agreed to allow the Marketplace to check his tax return information.

When the Marketplace checked his updated tax information for the annual eligibility redetermination, it showed no change in John's household income. Before Open Enrollment for the 2017 plan year begins on November 1, 2016, he got a notice from his current plan saying the plan will remain available and his monthly premium will be \$200 (a total of \$300 minus the \$100 advance payment of the premium tax credit he gets).

If John doesn't contact the Marketplace and his QHP remains available for 2017 coverage, the Marketplace will use the projected annual household income and family size from the most recent application that is associated with an enrollment adjusted to 2017, updated FPL tables,

and 2017 benchmark plan premium information to calculate APTC and determine eligibility for income-based CSR for 2017. His effective date of coverage will be January 1, 2017 and depending on his redetermined eligibility for APTC and the cost of his plan for 2017, his share of the monthly premium may also change.

The screenshot shows a web-based curriculum page titled "Advanced Marketplace Issues". At the top, there are links for "Advanced Re-enrollment Issues" and "Exit", and a page number "Page 12 of 21". The main content area has a title "Example: Standard Notice with Different Consumer Actions (cont.)" and a sub-section "Standard Notice with Action Taken by Consumer". It includes a detailed text about John's enrollment changes and a section on "Standard Notice, Consumer Later Agreed for Marketplace to Check Data" with its own explanatory text. At the bottom of the page are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

**Advanced Marketplace Issues**

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**Example: Standard Notice with Different Consumer Actions (cont.)**

**Standard Notice with Action Taken by Consumer**

John decides to contact the Marketplace during Open Enrollment to confirm his application information. He makes no changes to the information he provided in 2016. However, using the updated 2017 information, his new advance payment of the premium tax credit amount is re-determined to be \$110 per month. His QHP remains available for 2017 coverage and John doesn't ask to change plans, so he enrolls in the same plan and his payment toward the premium is now \$190 per month

**Standard Notice, Consumer Later Agreed for Marketplace to Check Data:**

John didn't initially authorize the Marketplace to check his tax information for purposes of annual eligibility redetermination. Since his plan remains available for 2017 coverage, he'll be enrolled in the same plan with a January 1, 2017 effective date of coverage, but with no advance payment of the premium tax credit or cost-sharing reductions, making his monthly premium \$300 per month. If John decides to allow the Marketplace to check his tax information on January 2, 2017, his eligibility will be re-determined using 2017 information. John gets a new eligibility determination for \$110 per month of advance payment of the premium tax credit, making his monthly payment toward the premium \$190 as of February 1, 2017. (He still had to pay the full price premium of \$300 for the month of January, 2017, but could have avoided this by allowing the Marketplace to check his data by December 15, 2016.)

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### Example: Standard Notice with Different Consumer Actions (cont.)

#### Standard Notice with Action Taken by Consumer

John decides to contact the Marketplace during Open Enrollment to confirm his application information. He makes no changes to the information he provided in 2016. However, using the updated 2017 information, his new advance payment of the premium tax credit amount is re-determined to be \$110 per month. His QHP remains available for 2017 coverage and John doesn't ask to change plans, so he enrolls in the same plan and his payment toward the premium is now \$190 per month.

#### Standard Notice, Consumer Later Agreed for Marketplace to Check Data

John didn't initially authorize the Marketplace to check his tax information for purposes of annual eligibility redetermination. Since his plan remains available for 2017 coverage, he'll be enrolled in the same plan with a January 1, 2017 effective date of coverage, but with no advance payment of the premium tax credit or cost-sharing reductions, making his monthly premium \$300 per month. If John decides to allow the Marketplace to check his tax information on January 2, 2017, his eligibility will be re-determined using 2017 information. John gets a new eligibility determination for \$110 per month of advance payment of the premium tax credit, making his monthly payment toward the premium \$190 as of February 1, 2017. (He still had to

pay the full price premium of \$300 for the month of January, 2017, but could have avoided this by allowing the Marketplace to check his data by December 15, 2016.)

## Advanced Marketplace Issues

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### Example: Standard and Special Notice with No Action Taken by Consumer

Jane applied for health coverage through the Marketplace on November 15, 2015. She agreed to allow the Marketplace to re-check her tax information for the annual eligibility redetermination. Her household income and family size put her at 375% of the FPL, making her eligible for advance payments of the premium tax credit, but not cost-sharing reductions. She enrolled in a QHP with a coverage effective date of January 1, 2016.

Jane gets the special notice, because when the Marketplace checked her updated tax return information, it showed her new household income put her at 600% of the FPL. Her health insurance company informed her that her current QHP is available for 2017 without change.

Jane doesn't contact the Marketplace to provide updated information. Her enrollment is renewed in the same QHP, but she'll be charged the full monthly premium (i.e., no advance payments of the premium tax credit) effective January 1, 2017.



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### Example: Standard and Special Notice with No Action Taken by Consumer

Jane applied for health coverage through the Marketplace on November 15, 2015. She agreed to allow the Marketplace to re-check her tax information for the annual eligibility redetermination. Her household income and family size put her at 375% of the FPL, making her eligible for advance payments of the premium tax credit, but not cost-sharing reductions. She enrolled in a QHP with a coverage effective date of January 1, 2016.

Jane gets the special notice, because when the Marketplace checked her updated tax return information, it showed her new household income put her at 600% of the FPL. Her health insurance company informed her that her current QHP is available for 2017 without change.

Jane doesn't contact the Marketplace to provide updated information. Her enrollment is renewed in the same QHP, but she'll be charged the full monthly premium (i.e., no advance payments of the premium tax credit) effective January 1, 2017.

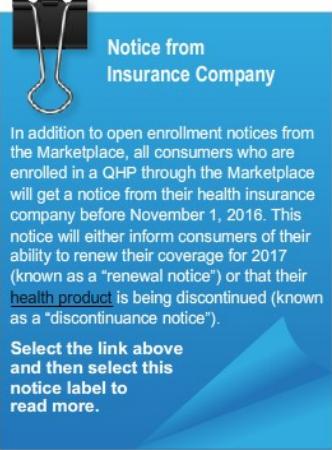
## Advanced Marketplace Issues

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### Notice from Insurance Company



In addition to open enrollment notices from the Marketplace, all consumers who are enrolled in a QHP through the Marketplace will get a notice from their health insurance company before November 1, 2016. This notice will either inform consumers of their ability to renew their coverage for 2017 (known as a "renewal notice") or that their health product is being discontinued (known as a "discontinuance notice").

Select the link above and then select this notice label to read more.

The renewal notice will be sent before the first day of the Open Enrollment period (November 1, 2016) and should state:

- Whether the consumers' QHP will be available and if there will be any changes to the QHP
- Which plan the consumers will be enrolled in for 2017, if the same QHP will not be available (In certain circumstances where a particular QHP will no longer be available, insurance companies can enroll consumers in a different plan offered by that company.)

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

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### Notice from Insurance Company

In addition to open enrollment notices from the Marketplace, all consumers who are enrolled in a QHP through the Marketplace will get a notice from their health insurance company before November 1, 2016. In most cases, this notice will either inform consumers of their ability to renew their coverage for 2017 (known as a "renewal notice") or that their health product is being discontinued (known as a "discontinuance notice").

The renewal notice will be sent before the first day of the Open Enrollment period (November 1, 2016) and should state:

- Whether the consumers' coverage will be available and if there will be any changes to the QHP
- Which plan the consumers will be enrolled in for 2016, if the same QHP will not be available (In certain circumstances where a particular QHP will no longer be available, insurance companies can enroll consumers in a different plan offered by that company.)

### Health product

A health product is a distinct package of benefits offered by a health insurance company, using a particular network type (e.g., health maintenance organization, preferred provider organization)

within a particular service area. A health product can consist of multiple plans, which have separate cost-sharing structures (i.e., categories of coverage) and service areas.

Additionally, CMS has proposed a rule that would require the notice to include, among other things:

- Information on premium and premium tax credit amounts that will notify the enrollment group of its expected monthly premium payment under the renewed coverage
- The difference between the total monthly premium for 2017 and any advance payments of the premium tax credit that will be applied to 2017 coverage (if the consumer doesn't contact the Marketplace to get an updated eligibility determination).

The discontinuation notice generally is required to be provided at least 90 days in advance of the date the coverage will be discontinued and should inform consumers they may need to select a The health insurance company generally is required to send a discontinuation notice at least 90 days in advance of the date the coverage will be discontinued. For the 2016 coverage year, consumers whose QHPs are being discontinued may be enrolled automatically into a different plan offered by the insurance company under a different product, if state law allows, unless these consumers return to the Marketplace and select new QHPs.

## Advanced Marketplace Issues

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### Knowledge Check

Irene comes to see you because she's enrolled in a qualified health plan (QHP), which she can only afford because she gets advance payments of the premium tax credit. She'll soon be turning 65 and will become eligible for Medicare Part A. She wants to know if and when she should terminate her QHP enrollment.

**What should you tell Irene?**

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

- A. She should terminate her QHP immediately so she doesn't get blocked from joining Medicare.
- B. She should keep her QHP, instead of joining Medicare Part A, because it's better coverage.
- C. She won't be eligible for the QHP anymore after she becomes Medicare-eligible, so the QHP will automatically terminate her enrollment when she turns 65.
- D. She can terminate her QHP enrollment and have no gap in minimum essential coverage by updating her Marketplace account online or contacting the Marketplace Call Center and asking that her QHP enrollment end the day before her Medicare coverage starts.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

Irene comes to see you because she's enrolled in a qualified health plan (QHP), which she can only afford because she gets advance payments of the premium tax credit. She'll soon be turning 65 and will become eligible for Medicare Part A. She wants to know if and when she should terminate her QHP enrollment.

**What should you tell Irene?**

Select the correct answer.

- A. She should terminate her QHP immediately so she doesn't get blocked from joining Medicare.
- B. She should keep her QHP, instead of joining Medicare Part A, because it's better coverage.
- C. She won't be eligible for the QHP anymore after she becomes Medicare-eligible, so the QHP will automatically terminate her enrollment when she turns 65.
- D. She can terminate her QHP enrollment and have no gap in minimum essential coverage by updating her Marketplace account online or contacting the Marketplace

Call Center and asking that her QHP enrollment end the day before her Medicare coverage starts.

**Feedback:** The correct answer is D. Enrollment in a QHP doesn't prevent Irene from getting Medicare coverage. However, consumers who already have Medicare and come to the Marketplace for the first time without being previously enrolled may not be able to get a QHP, since it's illegal for an insurance company to sell duplicative coverage to someone they know is eligible for Medicare.

Also, since Irene won't be able to get advance payments of the premium tax credit for her QHP after her Medicare Part A coverage starts, she should consider terminating her QHP enrollment when she turns 65. She should request the termination at least 14 days before her Medicare is supposed to start, and should request that the termination be effective the day before her Medicare coverage starts. You should give Irene the contact information for the Marketplace so that she can do so at that time, or make a follow-up appointment with her closer to her 65th birthday.

## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Change Amount of Advance Payments of the Premium Tax Credit

You may meet consumers who are enrolled in QHPs and receive advance payments of the premium tax credit, but who'd like to change the amount of the advance payments of the premium tax credit they use during the coverage year. They may make these changes throughout the year, including during the annual Open Enrollment period. Be sure to explain that deciding to increase the amount of the advance payments of the premium tax credit they are applying (up to the maximum for which they've been determined eligible) may cause them or a taxpayer who claims them as a dependent to owe any excess advance premium tax credit amounts (like if they made more money than they estimated on their application) when they file their federal income tax returns for the year.

You should also remind consumers about the importance of [reporting changes in income and other eligibility factors](#) to the Marketplace as soon as possible, no more than 30 days after the change, because these changes may affect their eligibility for Marketplace QHPs and help paying for coverage. When consumers report changes throughout the year as they happen, the Marketplace updates their eligibility, including for advance payments of the premium tax credit calculations, automatically.



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

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### Change Amount of Advance Payments of the Premium Tax Credit

You may meet consumers who are enrolled in QHPs and receive advance payments of the premium tax credit, but who'd like to change the amount of the advance payments of the premium tax credit they use during the coverage year. They may make these changes throughout the year, including during the annual Open Enrollment period. Be sure to explain that deciding to increase the amount of the advance payments of the premium tax credit they are applying (up to the maximum for which they've been determined eligible) may cause them or a taxpayer who claims them as a dependent to owe any excess advance premium tax credit amounts (like if they made more money than they estimated on their application) when they file their federal income tax returns for the year.

You should also remind consumers about the importance of reporting changes in income and other eligibility factors to the Marketplace as soon as possible, no more than 30 days after the change, because these changes may affect their eligibility for Marketplace QHPs and help paying for coverage. When consumers report changes throughout the year as they happen, the Marketplace updates their eligibility, including for advance payments of the premium tax credit calculations, automatically.

**More Information about Reporting Changes in Household Income and Other Eligibility Factors**

Consumers who receive advance payments of the premium tax credit and have a decrease in household income or increase in family size may be eligible to get greater advance payments of premium tax credit and/or cost-sharing reductions, and get more help paying their QHP premiums and costs for covered services. They may also become eligible for Medicaid or CHIP. Likewise, consumers who receive advance payments of the premium tax credit and expect to have an increase in their household income may want to lower the amount of the advance payments of the premium tax credit to avoid a tax liability when they or a taxpayer who claims them as a dependent file their tax returns the following year.

## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Helping Consumers With Changes to Advance Payments of the Premium Tax Credit

To assist consumers who want to change the amount of their advance payments of the premium tax credits, you should review their annual redetermination notices to confirm their eligibility information. Then, you can help them sign into their Marketplace accounts at HealthCare.gov and use the online tool to update their information, get a an eligibility determination, compare plan premiums, and decide how much of the advance payments of the premium tax credit they'd like to use.

Consumers can also review how the different settings/amounts will affect their premiums. Consumers should make informed decisions about the amount of the premium tax credit they want to get in advance. Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums, rather than getting a tax credit. Other consumers may want to take less than the full amount, because they expect to make more money in the coming year and don't want to have to pay back any advance payments of the premium tax credit they got, but for which they ended up not being eligible.



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### Helping Consumers With Changes to Advance Payments of the Premium Tax Credit

To assist consumers who want to change the amount of their advance payments of the premium tax credits, you should review their annual redetermination notices to confirm their eligibility information. Then, you can help them sign into their Marketplace accounts at HealthCare.gov and use the online tool to update their information, get a an eligibility determination, compare plan premiums, and decide how much of the advance payments of the premium tax credit they'd like to use.

Consumers can also review how the different settings/amounts will affect their premiums. Consumers should make informed decisions about the amount of the premium tax credit they want to get in advance. Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums, rather than getting a tax credit. Other consumers may want to take less than the full amount, because they expect to make more money in the coming year and don't want to have to pay back any advance payments of the premium tax credit they got, but for which they ended up not being eligible.

The screenshot shows a knowledge check interface. At the top, it says "Advanced Marketplace Issues" and "Exit". Below that, it says "Advanced Re-enrollment Issues" and "Page 18 of 21". The main section is titled "Knowledge Check" and contains a scenario about Sanjay's re-enrollment for 2017. It asks which of four statements is true and provides a "Check Your Answer" button. A note below the button says "Complete the Knowledge Check to enable NEXT button". At the bottom, there are links for "Menu", "Help", "Glossary", "Resources", and navigation buttons for "BACK" and "NEXT".

**Knowledge Check**

Sanjay comes to you for help with his re-enrollment for 2017. His eligibility redetermination notice says that there will be no changes in his qualified health plan (QHP) and the premium tax credit eligibility from 2016 will be similar to the prior year, but he's recently gotten a raise at work and isn't sure if he should continue to get the advance payments of the premium tax credit. He doesn't want to owe additional taxes next year, because he got too much in advance payments of the premium tax credit this year.

**Which of the following statements is true?**

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

A. Tell Sanjay he doesn't need to report a raise, because the Marketplace will automatically know about it and change his advance payments of the premium tax credit amount for him.

B. Tell him to take as much of the advance payments of the premium tax credit as possible in case he loses his job.

C. Tell Sanjay to do nothing, because his notice of eligibility said there were no changes.

D. Help Sanjay report the change in income to the Marketplace to see if his eligibility has changed. If he's still eligible for advance payments of the premium tax credit, he can use the online tool to alter his advance payments of the premium tax credit amount and compare plan premiums; then, he can choose the amount of advance payments of the premium tax credit to get.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Sanjay comes to you for help with his re-enrollment for 2017. His eligibility redetermination notice says that there will be no changes in his qualified health plan (QHP) and the premium tax credit eligibility from 2016 will be similar to the prior year, but he's recently gotten a raise at work and isn't sure if he should continue to get the advance payments of the premium tax credit. He doesn't want to owe additional taxes next year, because he got too much in advance payments of the premium tax credit this year.

**Which of the following statements is true?**

Select the correct answer.

- A. Tell Sanjay he doesn't need to report a raise, because the Marketplace will automatically know about it and change his advance payments of the premium tax credit amount for him.
- B. Tell him to take as much of the advance payments of the premium tax credit as possible in case he loses his job.
- C. Tell Sanjay to do nothing, because his notice of eligibility said there were no changes.

- D. Help Sanjay report the change in income to the Marketplace to see if his eligibility has changed. If he's still eligible for advance payments of the premium tax credit, he can use the online tool to alter his advance payments of the premium tax credit amount and compare plan premiums; then, he can choose the amount of advance payments of the premium tax credit to get.

**Feedback:** The correct answer is D. You should help Sanjay report the change in income and, if he's still eligible to get advance payments of the premium tax credit, help him use the online tool to vary the amount of the advance payments of the premium tax credit so he can see the impact on his premiums and make a decision about whether to decrease the amount and by how much.

## Advanced Marketplace Issues

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Advanced Re-enrollment Issues

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### Change When Consumers Receive the Premium Tax Credit

You may meet consumers who are eligible to re-enroll in a QHP with the premium tax credit, but want to change from receiving advance payments of the premium tax credit to receiving one annual payment when they file their tax return, or vice versa.

Select CLOSE to learn more and then select each image to read about changes when consumers receive the premium tax credit.

CLOSE

Text Description of Image or Animation

Click through the activity to enable the NEXT button

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### Change When Consumers Receive the Premium Tax Credit

You may meet consumers who are eligible to re-enroll in a QHP with the premium tax credit, but want to change from receiving advance payments of the premium tax credit to receiving one annual payment when they file their tax return, or vice versa.

As you have learned, consumers who are eligible for the premium tax credit can choose to have some or all of it paid in advance directly to the health insurance company to lower what they pay for their monthly premiums, OR they can wait to get the premium tax credit when they file their tax returns the following year.

Many Consumers will choose to get advance payments of the premium tax credit on a monthly basis, because they wouldn't be able to afford their entire monthly premium without help. Some consumers may choose to wait and get the premium tax credit when they file their tax returns.

You should help consumers enter their projected household income and family size information on their Marketplace eligibility application so the Marketplace can project the amount of the premium tax credit they'll be able to claim on their tax return. Consumers can then decide if they want to have all, some, or none of their projected premium tax credit paid in advance directly to their health insurance company.

When consumers file their 2016 tax returns in 2017, they'll subtract the total amount of any advance payments of the premium tax credit they got during 2015 from the amount of the premium tax credit calculated on their tax returns. This amount may affect their tax refunds or balances due. If they're entitled to more credit than they've already gotten, the amount of their refund may be higher or the amount of taxes they owe may be lower.

## Advanced Marketplace Issues

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### Advanced Re-enrollment Issues

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#### Knowledge Check

Amir wants to re-enroll in the same qualified health plan (QHP) for 2017 he was enrolled in for 2016. He was, and continues to be, eligible for the premium tax credit. Last year, he chose to wait and get the credit when he filed his 2016 tax returns. He's struggling to pay his full premium each month so he'd like to switch to receiving advance payments of the premium tax credit for the upcoming year, and he asks if you can help him make this change.

##### How should you respond?

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

- A. Tell Amir he should have a better plan for budgeting his monthly expenses, and offer to help him create a monthly budget so he can make more informed financial decisions in the future.
- B. Tell Amir you can help him with changing his choice for the upcoming year so that he'll get advance payments of the premium tax credit, but remind him that he may have to pay back any excess amount of advance payments of the premium tax credit when he files his 2017 tax returns if the total amount of his advance payments of the premium tax credit is higher than the amount of the premium tax credit calculated on his tax returns.
- C. Tell Amir to choose a random amount for his advance payments of the premium tax credit, because the year-end reconciliation process will balance out any over-or under-payments if he chooses an amount that's too high or too low.
- D. Tell Amir it's too late to switch to advance payments of the premium tax credit, because his choice for 2016 is automatically set for 2017 as well.

[Check Your Answer](#)

Complete the Knowledge Check to enable NEXT button

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#### Knowledge Check

Amir wants to re-enroll in the same qualified health plan (QHP) for 2017 he was enrolled in for 2016. He was, and continues to be, eligible for the premium tax credit. Last year, he chose to wait and get the credit when he filed his 2016 tax returns. He's struggling to pay his full premium each month so he'd like to switch to receiving advance payments of the premium tax credit for the upcoming year, and he asks if you can help him make this change.

##### How should you respond?

Select the correct answer.

- A. Tell Amir he should have a better plan for budgeting his monthly expenses, and offer to help him create a monthly budget so he can make more informed financial decisions in the future.
- B. Tell Amir you can help him with changing his choice for the upcoming year so that he'll get advance payments of the premium tax credit, but remind him that he may have to pay back any excess amount of advance payments of the premium tax credit when he files his 2017 tax returns if the total amount of his advance payments of the premium tax credit is higher than the amount of the premium tax credit calculated on his tax returns.

- C. Tell Amir to choose a random amount for his advance payments of the premium tax credit, because the year-end reconciliation process will balance out any over-or under-payments if he chooses an amount that's too high or too low.
- D. Tell Amir it's too late to switch to advance payments of the premium tax credit, because his choice for 2016 is automatically set for 2017 as well.

**Feedback:** The correct answer is B. You should help Amir change his choice so that he'll get advance payments of the premium tax credit, which will help lower his payments toward his monthly premium. The Marketplace determines how much Amir is eligible to get on a monthly basis and can recalculate this amount throughout the year, so he should report changes throughout the year as they happen.

You should make sure he understands that advance payments of the premium tax credit will be reconciled when he files his 2017 tax returns, and he may end up owing some money if the total of the advance payments of the premium tax credit he got ends up being more than the amount of the premium tax credit he's eligible for based on his tax return for 2017.

## Advanced Marketplace Issues

Exit

Advanced Re-enrollment Issues

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### Key Points

- The Marketplace Open Enrollment period is an opportunity for consumers to return to the Marketplace, make sure their information is up to date, allow the Marketplace to use updated tax data, get an updated eligibility determination that reflects 2017 QHP information and FPL thresholds, and shop for QHPs for the 2017 coverage year.
- Consumers may seek your help with enrollment, re-enrollment, or changes to their enrollment.
- You should be prepared to help consumers who are no longer eligible for enrollment in a QHP through the Marketplace by providing them with information and resources on other coverage options.
- Consumers may need your help with complex cases for annual re-enrollment, such as choosing how to receive the premium tax credit, or making changes to the amount of advance payments of the premium tax credit they get.

Click **NEXT** to continue.



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### Key Points

- The Marketplace Open Enrollment period is an opportunity for consumers to return to the Marketplace, make sure their information is up to date, allow the Marketplace to use updated tax data, get an updated eligibility determination that reflects 2017 QHP information and FPL thresholds, and shop for QHPs for the 2017 coverage year.
- Consumers may seek your help with enrollment, re-enrollment, or changes to their enrollment.
- You should be prepared to help consumers who are no longer eligible for enrollment in a QHP through the Marketplace by providing them with information and resources on other coverage options.
- Consumers may need your help with complex cases for annual re-enrollment, such as choosing how to receive the premium tax credit, or making changes to the amount of advance payments of the premium tax credit they get.

## Advanced Immigration Status and Eligibility Issues Module

The screenshot shows a training module titled "Advanced Marketplace Issues". At the top right are "Exit" and "Page 1 of 29" buttons. Below the title is a sub-section header "Advanced Immigration Status and Eligibility Issues". The main content area starts with a section titled "Introduction". It contains text about prior learning and the purpose of the training, followed by a bulleted list of objectives. At the bottom are navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

**Introduction**

Prior to this course, you learned how to help lawfully present immigrant consumers and families with mixed immigration status who are seeking health coverage for themselves or on behalf of someone else.

This training builds on what you've learned and provides additional details on immigrants' eligibility for various health coverage programs and the types of documents consumers may use to verify their immigration status.

This training will provide you with the skills to:

- Explain how immigration and citizenship status impact eligibility for coverage through the Marketplace, insurance affordability programs, Medicaid, and the Children's Health Insurance Program (CHIP)
- Identify how to help consumers attest to and complete verification of their citizenship or immigration status

Click **NEXT** to continue.

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### Introduction

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## Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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### Sensitivity to Consumers' Concerns About Immigration Status

As you've learned in previous courses, to qualify for health coverage through the Marketplace, a consumer must be a United States (U.S.) citizen, U.S. national, or lawfully present in the U.S. Keep in mind that consumers who aren't lawfully present in the U.S., but who are applying for health coverage for their family member(s) who are lawfully present, can do so without being asked to provide proof of their own citizenship or immigration status.

You should be mindful that consumers' immigration statuses may be a sensitive topic, as some consumers have concerns that the information provided for the purpose of making Marketplace eligibility determinations could be used as the basis for pursuing a civil immigration enforcement action against them or members of their household (i.e., deportation of a family member).

It's important to address these concerns and assure consumers from mixed immigration status households that it's safe for an ineligible family member to apply for health coverage through the Marketplace for a family member or household member who may be eligible. Remember that the Affordable Care Act and its associated regulations prohibit the use of information provided by consumers for purposes other than:

- Ensuring the efficient operation of the Marketplace, which includes
- Making certain eligibility determinations, including verifying the citizenship or immigration status of consumers who are applying for health coverage

Click **NEXT** to continue.

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◀ BACK   **NEXT** ▶



### Sensitivity to Consumers' Concerns About Immigration Status

As you've learned in previous courses, to qualify for health coverage through the Marketplace, a consumer must be a United States (U.S.) citizen, U.S. national, or lawfully present in the U.S. Keep in mind that consumers who aren't lawfully present in the U.S., but who are applying for health coverage for their family member(s) who are lawfully present, can do so without being asked to provide proof of their own citizenship or immigration status.

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# Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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## Best Practices When Discussing Consumers' Immigration Status

The following best practices can help you talk with consumers who are immigrants and who are seeking health coverage for themselves or on behalf of someone else.

Select each to learn more.

[Give Reassuring Messages](#)

[Provide Information](#)

[Share information About](#)

[Identify the Applicant](#)

[Avoid Unnecessary Questions](#)



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

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## Best Practices When Discussing Consumers' Immigration Status

The following best practices can help you talk with consumers who are immigrants and who are seeking health coverage for themselves or on behalf of someone else.

### Give Reassuring Messages

Start by giving consumers who are immigrants reassuring messages about privacy and confidentiality, especially about citizenship status, immigration status, and Social Security numbers (SSNs).

### Provide Information

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

### Share Information About Other Resources

Share information with consumers about other resources in the community that might be able to help consumers who aren't sure if they have an eligible immigration status or to help them obtain immigration documents if they don't have them readily available.

### Identify the Applicant

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

### Avoid Unnecessary Questions

- Don't ask unnecessary questions, especially questions about the immigration status of consumers who aren't applying for health coverage and live in mixed immigration status households.
- Avoid words like "undocumented," "unauthorized," or "illegal." Instead, use words like "eligible immigrant" and "eligible status."

The screenshot shows a web-based application titled "Advanced Marketplace Issues". At the top, there's a header bar with "Advanced Immigration Status and Eligibility Issues" on the left and "Exit" on the right. Below the header, the page title "Advanced Marketplace Issues" is displayed in large blue text. In the top right corner, it says "Page 4 of 29".

**Natural or Derived Citizen**

Consumers who are U.S. naturalized or derived citizens should select "Yes" in response to this question.

If the Social Security Administration (SSA) cannot successfully verify the consumer's citizenship, the Marketplace application asks a subsequent question to determine if the consumer is a naturalized or derived citizen. Consumers who are U.S. naturalized or derived citizens should select "Yes" in response to this question. Once they do so, a drop-down list of document types will appear. Consumers should select the document that supports their citizenship status from the drop-down list provided.

When a consumer is entering information about each member of a family or household who is applying for coverage, the Marketplace application asks, "Are you a [U.S. citizen](#) or [U.S. national](#)?"

[A naturalized citizen should have a Certificate of Naturalization \(Form N-550 or N-570\).](#)

[A derived citizen may have a Certificate of Citizenship \(Form N-560 or N-561\).](#)

In the center-right area, there's a callout box with the following text:

You don't have to be a U.S. citizen or U.S. national to qualify for health coverage. Select "no" to view a list of other eligible immigration statuses, and choose the status that best describes yours.

**Is Mattie Boyd a U.S. citizen or U.S. national?**

[Learn more about immigration status](#)

Yes  
 No

**SAVE & CONTINUE**

At the bottom of the page, there are navigation links: "Menu", "Help", "Glossary", "Resources", "[BACK](#)", and "[NEXT >](#)". A note at the bottom says "Click the **BLUE** link(s) to enable NEXT button".

## Natural or Derived Citizen

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If the Social Security Administration (SSA) cannot successfully verify the consumer's citizenship, the Marketplace application asks a subsequent question to determine if the consumer is a naturalized or derived citizen. Consumers who are U.S. naturalized or derived citizens should select "Yes" in response to this question. Once they do so, a drop-down list of document types will appear. Consumers should select the document that supports their citizenship status from the drop-down list provided.

When a consumer is entering information about each member of a family or household who is applying for coverage, the Marketplace application asks, "Are you a U.S. citizen or U.S. national?"

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

### U.S. Citizen

A U.S. citizen is someone who's born in the U.S. (including U.S. territories except for American Samoa), or who was born outside the U.S. and who either:

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

### U.S. National

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

### Naturalized Citizen

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

### Derived Citizen

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

The screenshot shows a web-based application titled "Advanced Marketplace Issues". At the top, there's a header bar with "Advanced Immigration Status and Eligibility Issues" on the left and "Page 5 of 29" on the right. Below the header, a section titled "Natural or Derived Citizen (Continued)" is displayed. A note states: "Next, consumers who are naturalized or derived citizens should enter the alien number (also called the alien registration number or USCIS number) and the Naturalization Certificate number or the Certificate of Citizenship number from the applicable document." To the right of this text is a callout box with the text: "Help us verify the applicant's citizenship status by providing document information. You can continue the application now, and we'll remind you later." Below the note, there are two input fields: "Naturalization certificate number" (optional) and "Alien number". An optional checkbox is provided for users who have a document from before 1956 that doesn't contain an alien number. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT >".

### Natural or Derived Citizen (Continued)

Next, consumers who are naturalized or derived citizens should enter the alien number (also called the alien registration number or USCIS number) and the Naturalization Certificate number or the Certificate of Citizenship number from the applicable document.

If consumers don't have a Naturalization Certificate or Certificate of Citizenship, the Marketplace can't electronically verify their status as naturalized or derived citizens. However, consumers can still submit an application and get an eligibility determination.

They'll be asked to provide a copy of other citizenship documentation (e.g., U.S. passport, state-issued driver's license or ID card, birth certificate) to the Marketplace for review. A combination of documents may be needed to verify citizenship.

The screenshot shows a web-based application for managing marketplace enrollment. At the top, a blue header bar reads "Advanced Marketplace Issues". On the right side of the header are "Exit", "Page 6 of 29", and a magnifying glass icon. Below the header, the main content area has a white background.

**Section Header:** Advanced Immigration Status and Eligibility Issues

**Section Title:** Marketplace Eligibility Rules: Non-U.S. Citizens and Non-U.S. Nationals

**Text Content:**

- In response to the Marketplace application question to determine if consumers are U.S. citizens or U.S. nationals, consumers who are not U.S. citizens or U.S. nationals can select “No” to view a list of other eligible immigration statuses. Consumers who are eligible non-citizens applying for health coverage can check that they have an eligible immigration status.
- Once they do so, a drop-down list of immigration document types will appear. Consumers should select the most current immigration document that supports their immigration status from the drop-down list provided. See the next page to learn about some common document types.
- Remember that consumers who aren't applying for health coverage for themselves don't need to provide information about their citizenship or immigration status.

**Form Fields and Buttons:**

- A sidebar on the left lists steps: GET STARTED, FAMILY & HOUSEHOLD (selected), 1 Kelly Johnson (highlighted), 2 Summary, ADDITIONAL INFORMATION, and REVIEW & SIGN.
- A main panel contains a question: "Is Kelly Johnson a U.S. citizen or U.S. national?". It includes a "Yes" radio button and a "No" radio button (which is selected). A note says: "You don't have to be a U.S. citizen or U.S. national to qualify for health coverage. Select “no” to view a list of other eligible immigration statuses, and choose the status that best describes yours."
- Below this is a note: "If this person's immigration status isn't listed here, he or she may still be able to get help paying for emergency services, including for labor and delivery if they have a baby. In some states, pregnant women may also be able to get health care coverage."
- A dropdown menu labeled "Document type (Select one)" is shown with a red border around it. A note below it says: "Learn more about document types".
- At the bottom right of the main panel is a green "SAVE & CONTINUE" button.

**Buttons at the Bottom:**

- A large button in the center-left says "Start Animation".
- Links at the bottom include "Text Description of Image or Animation", "Menu", "Help", "Glossary", and "Resources".
- Navigation buttons on the right say "BACK" and "NEXT".

## Marketplace Eligibility Rules: Non-U.S. Citizens and Non-U.S. Nationals

In response to the Marketplace application question to determine if consumers are U.S. citizens or U.S. nationals, consumers who are not U.S. citizens or U.S. nationals can select “No” to view a list of other eligible immigration statuses. Consumers who are eligible non-citizens applying for health coverage can check that they have an eligible immigration status.

Once they do so, a drop-down list of immigration document types will appear. Consumers should select the most current immigration document that supports their immigration status from the drop-down list provided. See the next page to learn about some common document types.

Remember that consumers who aren't applying for health coverage for themselves don't need to provide information about their citizenship or immigration status.

## Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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### Types of Immigration Documents

When completing the Marketplace application, consumers should select the document type from the drop-down list that corresponds with their most current documentation and status. The types of immigration documents that appear in this drop-down list are listed below. Select each document to see examples and learn how they are used.

[Text Description of Image or Animation](#)

Click through the activity to enable the NEXT button

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### Types of Immigration Documents

When completing the Marketplace application, consumers should select the document type from the drop-down list that corresponds with their most current documentation and status. The types of immigration documents that appear in this drop-down list are listed below.

- Permanent Resident Card (I-551)
  - Enter the alien number or USCIS number and the I-551 card number (document number).
- Temporary I-551 Stamp (on passport or I-94/I-94A)
  - Enter the alien number.
- Machine Readable Immigrant Visa MRIV (with temporary I-551 language)
  - Enter the alien number and the passport number.
- Employment Authorization Card (I-766)
  - Enter the alien number and the card expiration date.

- Arrival/Departure Record (I-94/I-94A)
  - Arrival/Departure Record with a Foreign Passport
    - or
  - Enter the I-94 number, the passport number, expiration date, and country of issuance.
- Unexpired Foreign Passport
  - Enter the passport number, passport expiration date, and country of issuance.
- Reentry Permit (I-327)
  - Enter the alien number.
- Refugee Travel Document (I-571)
  - Enter the alien number.
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
  - Enter the Student and Exchange Visitor Information System (SEVIS) ID number.
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
  - Enter the SEVIS ID number.
- Notice of Action (I-797)
  - Enter the I-94 number.

The screenshot shows a user interface for an advanced marketplace issues module. At the top, a blue header bar displays the title "Advanced Marketplace Issues". On the right side of the header is an "Exit" link. Below the header, a navigation bar includes "Advanced Immigration Status and Eligibility Issues" on the left and "Page 8 of 29" on the right. The main content area has a dark grey header titled "Other Types of Immigration Documents and Application Questions". To the left of the main content, there is a vertical column of six rectangular buttons labeled "STEP 1" through "STEP 6" from top to bottom. The main content area contains three paragraphs of text. The first paragraph discusses selecting "other documents and status types" if consumers have immigration documents not listed. The second paragraph emphasizes entering as many fields as possible, even if some are optional. The third paragraph states that if consumers have selected one document, they should attest to other statuses if applicable. At the bottom of the content area, there is a link "Text Description of Image or Animation" and a note "Click through the activity to enable the NEXT button". Below the content area is a blue footer bar with links for "Menu", "Help", "Glossary", and "Resources". On the far right of the footer are "BACK" and "NEXT" buttons.

## Other Types of Immigration Documents and Application Questions

If consumers have immigration documents that aren't listed, they should select "other documents and status types" from the list. The application will provide a second list of documents or statuses from which they can choose, as well as a space where consumers can enter the document name and other information about the document.

It's important that consumers enter as many fields from their immigration documents as possible, even though some fields may be labeled "optional." Entering all of a consumer's document information makes the application process go smoother and faster, helps make sure a consumer's eligibility results are correct, and may prevent a consumer from needing to provide more information later.

Even if consumers have selected one of the documents from the drop-down list, if any of the other statuses apply, they should additionally attest to the relevant status or document type from this list.

### Step 1

From the "Document type" drop-down list drop, select "Other document or status types" to view other documents or status types.

**Step 2**

To add another document, when asked “Does [consumer name] have any of these documents or status types (Select all that apply),” click in the check box next to “Other.”

**Step 3**

Consumers should enter a description of the type or name of the document and enter the alien number (also called alien registration number or USCIS number), which starts with an “A” and ends with eight or nine numbers, and/or enter the I-94 number, which is 11 digits, listed on the immigration document.

**Step 4**

Consumers must then answer a question to confirm that the name that appears on the document is the same as the name of the consumer applying for health coverage.

**Step 5**

Consumers may also respond to an optional question that asks whether they've lived in the U.S. since 1996. This question helps the Marketplaces determine their eligibility for Medicaid or CHIP.

**Step 6**

Some consumers may be asked to respond to additional questions that the Marketplaces use to help determine their eligibility for Medicaid or CHIP. These questions may ask consumers to provide the date (month and year) they were granted their current immigration status and/or to confirm whether they're veterans.

**Advanced Marketplace Issues**

Exit

Advanced Immigration Status and Eligibility Issues

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### Knowledge Check

Lena and her husband Tomás come to your office to request help completing a Marketplace eligibility application. Lena identifies herself as a lawfully present non-citizen, and tells you she's very worried that if she applies for health coverage, Tomás will be subject to questions and possible harassment by law enforcement since he's also "not a citizen." She doesn't explain whether Tomás is lawfully present in the United States (U.S.).

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

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

A. Ask Tomás if he's in the U.S. illegally.

B. Explain that the Marketplaces use information provided in the applications to make eligibility determinations and operate the Marketplace's programs, and reassure Lena that the information won't be used for any kind of immigration enforcement action.

C. Encourage Tomás to complete the application and remind him that, regardless of his eligibility status, he can still apply for health coverage for his family member(s) who are legally in the U.S. without being asked to provide proof of his immigration status.

D. Tell Lena that her concern is rational, but that it's safe to apply for health coverage through the Marketplace because you'll try to protect the information she and Tomás provide as best as you can.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

Lena and her husband Tomás come to your office to request help completing a Marketplace eligibility application. Lena identifies herself as a lawfully present non-citizen, and tells you she's very worried that if she applies for health coverage, Tomás will be subject to questions and possible harassment by law enforcement since he's also "not a citizen." She doesn't explain whether Tomás is lawfully present in the United States (U.S.).

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

Select **all that apply**.

- A. Ask Tomás if he's in the U.S. illegally.
- B. Explain that the Marketplaces use information provided in the applications to make eligibility determinations and operate the Marketplace's programs, and reassure Lena that the information won't be used for any kind of immigration enforcement action.
- C. Encourage Tomás to complete the application and remind him that, regardless of his eligibility status, he can still apply for health coverage for his family member(s) who are legally in the U.S. without being asked to provide proof of his immigration status.

- D. Tell Lena that her concern is rational, but that it's safe to apply for health coverage through the Marketplace because you'll try to protect the information she and Tomás provide as best as you can.

**Feedback:** The correct answers are B and C. You should tell Lena and Tomás that the Marketplace will use the information they provide only for Marketplace purposes, including to verify immigration status of consumers applying for health coverage for the purpose of making an eligibility determination. Remind them that consumers who aren't seeking coverage for themselves won't be asked to provide proof of their immigration status. You should avoid asking consumers if they're "undocumented," "unauthorized," or "illegal." Also, you should clearly explain the Marketplace has very strict requirements for the collection, use, and disclosure of information consumers provide when applying for health coverage, and that you and any other authorized person who sees their information have been trained to follow the Marketplace privacy and security requirements.

## Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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### Remember Alex, Josephine, and Ronna

You may recall meeting Alex, Josephine, and their Aunt Ronna in a previous course. Alex and Josephine are a married couple, both U.S. citizens, and they applied together for health coverage through the Marketplace and attested to their tax status (married filing jointly). Since their Aunt Ronna files her own taxes separately from Alex and Josephine, because of operational limitations of the Federally-facilitated Marketplaces, she needs to fill out her own application for health coverage.

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

**You:** Thanks for meeting with me. I would be happy to help. May I help you complete the eligibility application so the Marketplace can determine if you're eligible for coverage?

The next pages will help you to best assist Ronna, and other consumers with eligible immigration statuses, with the Marketplace application processes.



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### Remember Alex, Josephine, and Ronna

You may recall meeting Alex, Josephine, and their Aunt Ronna in a previous course. Alex and Josephine are a married couple, both U.S. citizens, and they applied together for health coverage through the Marketplace and attested to their tax status (married filing jointly). Since their Aunt Ronna files her own taxes separately from Alex and Josephine, because of operational limitations of the Federally-facilitated Marketplaces, she needs to fill out her own application for health coverage.

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

**You:** Thanks for meeting with me. I would be happy to help. May I help you complete the eligibility application so the Marketplace can determine if you're eligible for coverage?

The next pages will help you to best assist Ronna, and other consumers with eligible immigration statuses, with the Marketplace application processes.

The screenshot shows a web-based curriculum titled "Advanced Marketplace Issues". At the top, it says "Advanced Immigration Status and Eligibility Issues" and "Page 11 of 29". On the right, there are "Exit" and "NEXT >" buttons. Below the title, a section titled "Scenario: Verification of Immigration Status" is shown. It includes a conversation between "You" and "Ronna". "You" asks about the enrollment process and documents needed. "Ronna" responds that she has a Green Card. "You" then asks if that will work. "Ronna" says yes. "You" provides instructions for selecting "No" and checking the box for eligible immigration status. The interface shows a sidebar with "GET STARTED", "FAMILY & HOUSEHOLD" (selected), and "Ronna Tedeschi" (highlighted). Other sections include "INCOME", "ADDITIONAL INFORMATION", and "REVIEW & SIGN". A note at the bottom says "Document type (Select one)" with a "Select..." button.

### Scenario: Verification of Immigration Status

**You:** Let's discuss the enrollment process and the documents you need to support your immigration status. The Marketplace application asks each consumer applying for health coverage questions about their citizenship and immigration status, and requires consumers who are seeking health coverage for themselves and are not U.S. citizens or U.S. nationals to have an eligible immigration status. After receiving consent from Ronna to help her complete the Marketplace application, you walk her through all of the application steps and come to a screen that asks if she's a U.S. citizen or U.S. national.

**Ronna:** I have a Green Card because I'm a permanent resident in the U.S. Will that work?

**You:** Yes. That's one of the documents that can be used to show immigration status.

In response to the question that asks if Ronna is a U.S. citizen or U.S. national, she should select "No" and then click in the check box that says, "Check here if [consumer name] has eligible immigration status."

Remember that consumers who aren't applying for health coverage for themselves don't need to provide information about their citizenship or immigration status.

## Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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### Scenario: Verification of Immigration Status (Continued)

Next you should help Ronna enter information to tell the Marketplace about her immigration status.

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### Scenario: Verification of Immigration Status (Continued)

Next you should help Ronna enter information to tell the Marketplace about her immigration status.

The screenshot shows a slide titled "Advanced Marketplace Issues" with the sub-section "Advanced Immigration Status and Eligibility Issues". The main title of the slide is "Other Types of Immigration Documents and Application Questions". A text box contains the instruction: "Ronna should enter the information from her Green Card on the screen, following these steps (Select each step to learn more)". Below this are three buttons labeled "STEP 1", "STEP 2", and "STEP 3". To the right of the text box is a large empty rectangular area. At the bottom left is a link "Text Description of Image or Animation". At the bottom right is a note "Click through the activity to enable the NEXT button". Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

## Other Types of Immigration Documents and Application Questions

Ronna should enter the information from her Green Card on the screen, following these steps (Select each step to learn more):

### Step 1

Select the applicable immigration document (Permanent Resident Card, “Green Card,” I-551) from the “Document Type” drop-down list provided.

### Step 2

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

The alien number is listed under the heading “A#” or “USCIS#.”

### Step 3

Also enter the I-551 card number, which is listed on either the front or back of the card and starts with three letters and ends with 10 numbers.

# Advanced Marketplace Issues

Exit

Advanced Immigration Status and Eligibility Issues

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## Consumer Referrals to Other Appropriate Services

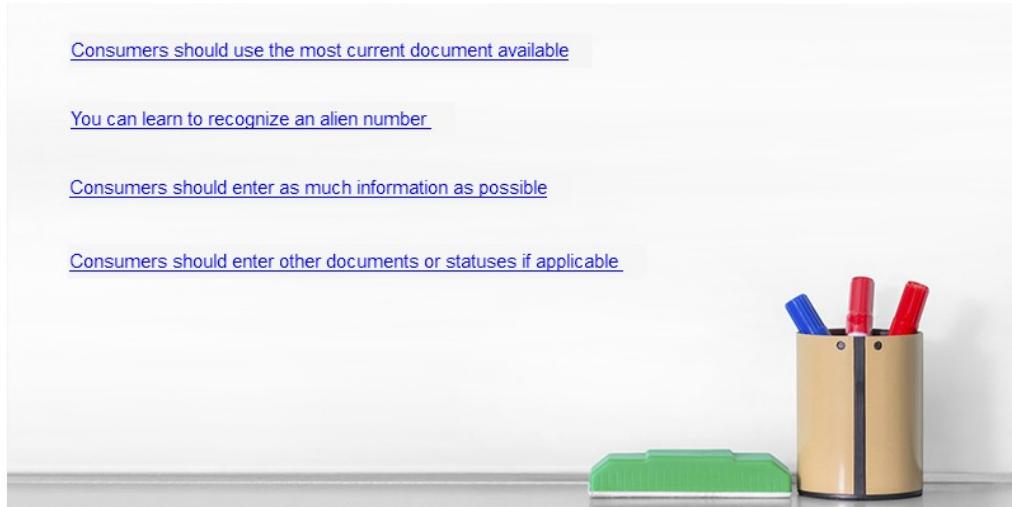
The following best practices can help you advise consumers how to enter information for immigration documents that can be used to show their immigration statuses.

[Consumers should use the most current document available](#)

[You can learn to recognize an alien number](#)

[Consumers should enter as much information as possible](#)

[Consumers should enter other documents or statuses if applicable](#)



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## Consumer Referrals to Other Appropriate Services

The following best practices can help you advise consumers how to enter information for immigration documents that can be used to show their immigration statuses.

**Consumers should use the most current document available**

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

**You can learn to recognize an alien number**

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

**Consumers should enter as much information as possible**

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

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

A consumer can enter a Green Card (I-551) number without entering an SSN if they don't have one yet, because it isn't necessary to enter an SSN to get Marketplace coverage if a consumer doesn't currently have one.

**Consumers should enter other documents or statuses if applicable**

Even if consumers have selected one of the documents from the drop-down list of documents that can be used to show immigration status, if any of the other statuses apply, consumers should additionally attest to the relevant status or document type from the second list of documents or statuses that they can choose from and should enter the document name and other information about the document.

The screenshot shows a software application window titled "Advanced Marketplace Issues". At the top, there's a blue header bar with the title and a "Exit" link. Below the header, a sub-header reads "Advanced Immigration Status and Eligibility Issues" and "Page 15 of 29". The main content area is titled "Scenario: Confirm Consumers' Applications Match Their Documents". Inside this section, a text box contains the instruction: "Ronna should continue to enter information about her Green Card on the screen, following these steps". To the left of this text box is a vertical column of four buttons labeled "STEP 4", "STEP 5", "STEP 6", and "STEP 7". At the bottom of the main content area, there's a note: "Text Description of Image or Animation" and "Click through the activity to enable the NEXT button". Along the bottom edge of the window are several navigation buttons: "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

### Scenario: Confirm Consumers' Applications Match Their Documents

Ronna should continue to enter information about her Green Card on the screen, following these steps

#### Step 4

Ronna should confirm that she entered her name on her eligibility application exactly as it appears on her Green Card, and should select “Yes” in response to the question about whether her name appears on the document identically.

#### Step 5

You then ask Ronna to confirm if she has any of the other documents or status types listed in the next question.

Ronna: No, I do not have any of those documents or status types.

Based on Ronna's response, in Step 5 she should click in the check box that says “None of these.”

### Step 6

Next, you should ask Ronna if she wishes to answer the optional question about whether she's lived in the U.S. since 1996. This question helps the Marketplace determine consumers' eligibility for Medicaid or CHIP.

Ronna: No, I've lived here since 2011.

Based on Ronna's response, she should select "No" in response to that question.

### Step 7

Finally, Ronna should click on the green "Save & Continue" button. You: The Marketplace will now verify your immigration status and eligibility.

## Advanced Marketplace Issues

[Exit](#)

**Advanced Immigration Status and Eligibility Issues**

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### Consumer Referrals to Other Appropriate Services

Lawfully present immigrants may apply for help lowering their costs through the premium tax credit and cost-sharing reductions based on their household size and income and other eligibility criteria.

If their estimated annual household income is...	Lawfully present immigrants may/will be eligible for...
400% of the <a href="#">federal poverty level (FPL)</a> or below (i.e., \$64,080 for a family of two and up to \$97,200 for a family of four in 2016), but above 100% of the FPL	Advance payments of the premium tax credit that can be used immediately to reduce the cost of monthly premiums for health coverage through the Marketplace.
Between 100% and 250% of the FPL (i.e., \$16,020 to \$40,050 for a family of two; \$24,300 to \$60,750 for a family of four in 2016)	Advance payments of the premium tax credit and cost-sharing reductions (e.g., lower deductibles, coinsurance, copayments).
Below 100% of the FPL (i.e., under \$16,020 for a family of two and under \$24,300 for a family of four in 2016)	Advance payments of the premium tax credit and cost-sharing reductions for private health coverage through the Marketplace if they meet all other eligibility requirements and are not eligible for Medicaid based on their immigration status.

\* Note: Most consumers must be enrolled in a Silver plan through the Marketplace to receive cost-sharing reductions. Remember, this requirement does not apply to American Indians and Alaska Natives.

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### Consumer Referrals to Other Appropriate Services

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Between 100% and 250% of the FPL (i.e., \$16,020 to \$40,050 for a family of two; \$24,300 to \$60,750 for a family of four in 2016)	Advance payments of the premium tax credit and cost-sharing reductions (e.g., lower deductibles, coinsurance)

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\* Note: Most consumers must be enrolled in a Silver plan through the Marketplace to receive cost-sharing reductions. Remember, this requirement does not apply to American Indians and Alaska Natives.

#### **More Information about the Federal Poverty Level (FPL)**

Federal poverty level amounts are higher in Alaska and Hawaii. The 2017 FPL guidelines have not been released as of the date of publication of this training, but will be available on the HHS ASPE website.

The screenshot shows a knowledge check section titled "Advanced Immigration Status and Eligibility Issues". The background is blue with a white central area. At the top right is an "Exit" link. Below it is a "Page 17 of 29" indicator. The main content area has a title "Knowledge Check" and a descriptive paragraph about Maru's situation. A question follows: "What do you tell Maru about the criteria for qualifying for help with lowering her costs through the Marketplace?". Below this is a note: "Select all that apply and then click Check Your Answer." To the right is a list of four options, each preceded by an empty checkbox. At the bottom left is a "Check Your Answer" button. At the bottom right is a note: "Complete the Knowledge Check to enable NEXT button". Navigation buttons at the very bottom include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

**Advanced Immigration Status and Eligibility Issues**

**Knowledge Check**

While helping Maru complete her Marketplace application, she asks you if she qualifies for help with paying her monthly premium if she enrolls in a qualified health plan (QHP) through the Marketplace. Maru has a current, valid Green Card, and therefore is a lawfully present immigrant, but she heard that immigrants aren't eligible for help lowering their costs.

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

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

A. Tell her she should call the Marketplace Call Center for help.

B. Explain that as a lawfully present immigrant, Maru should check with her state to see if she can get help to cover the cost of her health coverage.

C. Explain that as a lawfully present immigrant, Maru can complete a Marketplace application to learn if she's eligible for lower costs on her monthly premiums and lower out-of-pocket costs based on her income.

D. Help Maru determine her household size and income, and then review the eligibility criteria with her so she can learn if she qualifies for help lowering her costs.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

While helping Maru complete her Marketplace application, she asks you if she qualifies for help with paying her monthly premium if she enrolls in a qualified health plan (QHP) through the Marketplace. Maru has a current, valid Green Card, and therefore is a lawfully present immigrant, but she heard that immigrants aren't eligible for help lowering their costs.

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

Select all that apply.

- A. Tell her she should call the Marketplace Call Center for help.
- B. Explain that as a lawfully present immigrant, Maru should check with her state to see if she can get help to cover the cost of her health coverage.
- C. Explain that as a lawfully present immigrant, Maru can complete a Marketplace application to learn if she's eligible for lower costs on her monthly premiums and lower out-of-pocket costs based on her income.
- D. Help Maru determine her household size and income, and then review the eligibility criteria with her so she can learn if she qualifies for help lowering her costs.

**Feedback:** The correct answers are C and D. You should tell Maru that she may be eligible based on her income, household size, and other eligibility criteria, and that her immigration status doesn't impact her eligibility for lower costs. You should also walk Maru through the eligibility criteria so she can learn if she qualifies for programs to help lower her costs. You wouldn't tell Maru to call the Marketplace for help because you'll be able to help her compile and report the information required by the Marketplace as part of the eligibility determination process.

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Immigrant Access to Medicaid and CHIP

There are important eligibility details that apply to immigrants who may be eligible for Medicaid or CHIP health coverage. For more information, reference the Frequently Asked Questions (FAQ) document titled "Additional Factors that May Impact Immigrant Eligibility for Health Coverage," which can be found in the "Resources" section. This document provides additional information on unique factors that may impact an immigrant's eligibility for health coverage and for the premium tax credit and/or cost-sharing reductions.

With some exceptions, eligibility for these programs depends on having an immigration status that is defined as "[qualified non-citizen](#)" status. A five-year federal waiting period for coverage is imposed on most qualified non-citizens, including many lawful permanent residents or Green Card holders who entered the U.S. on August 22, 1996, or later. This means they must wait five years after receiving qualified immigration status before being eligible for Medicaid and CHIP.

Certain categories of immigrants are exempt from the five-year waiting period, including asylees and refugees.

States may remove the five-year waiting period and cover lawfully residing children and/or pregnant women who are otherwise eligible for Medicaid. A child or pregnant woman is "lawfully residing" if lawfully present and otherwise eligible for Medicaid or CHIP in the state (including being a state resident).

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With some exceptions, eligibility for these programs depends on having an immigration status that is defined as "qualified non-citizen" status.

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“lawfully residing” if lawfully present and otherwise eligible for Medicaid or CHIP in the state (including being a state resident).

#### **More Information about a Qualified Non-Citizen**

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

- Lawful Permanent Residents (LPR/Green Card Holder)
- Asylees\*
- Refugees\*
- Cuban/Haitian entrants\*
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980\*
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and their spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa\*
- Granted withholding of deportation\*
- Member of a federally recognized Indian tribe or American Indian born in Canada

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Consumers Without “Qualified Non-Citizen” Status

Consumers whose immigration status isn't included in the definition of “qualified” are defined as “not qualified.” They aren't eligible for Medicaid (except for payment of limited emergency services under certain circumstances), or CHIP (unless the state has taken up a state option or provides coverage using state funds), or many other federal public benefits.

Consumers who are lawfully present, but aren't Medicaid or CHIP-eligible based on their immigration status or because they are subject to and haven't met the five-year waiting period to meet the Medicaid immigration eligibility requirement, may still be eligible to enroll in a QHP through the Marketplace, and may qualify for advance payments of the premium tax credit and cost-sharing reductions.

The immigrant eligibility rules for Medicaid and CHIP vary from state to state. Remember to find your state's specific Medicaid coverage rules.



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The immigrant eligibility rules for Medicaid and CHIP vary from state to state. Remember to find your state's specific Medicaid coverage rules.

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Resources for Other Policies on Medicaid or CHIP Eligibility

As an Assister, you should also be familiar with other policies that may impact the Medicaid or CHIP eligibility of lawfully present immigrants.

These include:

- Title II of the Social Security Act Work Quarter Requirements
- State option to cover lawfully residing children and pregnant women, as described in section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Seven-year limit on eligibility for certain non-citizens



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### Resources for Other Policies on Medicaid or CHIP Eligibility

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## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Application Question about Eligibility for Medicaid and CHIP

As previously noted in this training, lawfully present immigrants who have an income below 100% of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for health coverage through the Marketplace and for the premium tax credit and cost-sharing reductions.

Some consumers in this category previously encountered issues when completing a Marketplace application. The Marketplace application has a new functionality to help these consumers receive financial assistance if eligible.

The application may ask if a consumer or any person in the consumer's household was found ineligible to get Medicaid or CHIP due to immigration status since October 1, 2013. After this question, there's a check box next to each consumer's name. Check the box next to the name only if the consumer was denied this coverage by the consumer's state — not by the Marketplace — and if the family's income and household size haven't changed since the denial. Otherwise, check the box next to "None of these people."

Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

Learn more about how to answer this question

Mattie Boyd  
 None of these people

Additional information and instructions for responding to this question can be found on [HealthCare.gov](#).

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### Application Question about Eligibility for Medicaid and CHIP

As previously noted in this training, lawfully present immigrants who have an income below 100% of the FPL and who are ineligible for Medicaid or CHIP based on their immigration status may be eligible for health coverage through the Marketplace and for the premium tax credit and cost-sharing reductions.

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Additional information and instructions for responding to this question can be found on [HealthCare.gov](#).

The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "Advanced Marketplace Issues". On the right side of the header is a "Exit" link. Below the header, a dark blue navigation bar contains the title "Advanced Immigration Status and Eligibility Issues" on the left and "Page 22 of 29" on the right. The main content area has a white background. It starts with a section titled "Knowledge Check" which contains a story about Dottie and her daughter Rosie. Below the story is a question: "What should you tell Dottie?". A note says to "Select the correct answer and then click Check Your Answer.". A list of four multiple-choice options follows:

- A. Dottie and Rosie may be eligible for Marketplace coverage, so you should help her fill out an eligibility application through the Marketplace.
- B. Dottie must be lawfully present in the U.S. to qualify for health coverage through the Marketplace, but she can still apply for coverage for Rosie without being asked any more questions about her immigration status, or providing proof of her own immigration status.
- C. Since Dottie is undocumented, she's not eligible for any health coverage in the U.S.
- D. Dottie may be eligible for Medicaid health coverage once she's been in the U.S. for five years.

A blue button labeled "Check Your Answer" is located at the bottom left of the content area. At the very bottom of the page, there is a grey footer bar with links for "Menu", "Help", "Glossary", and "Resources". On the right side of the footer, there are "BACK" and "NEXT" buttons.

## Knowledge Check

Dottie contacts you for information regarding health coverage options for her daughter, Rosie. Without you asking, Dottie volunteers that she's an undocumented non-citizen and that Rosie is a United States (U.S.) citizen.

### What should you tell Dottie?

Select the correct answer.

- A. Dottie and Rosie may be eligible for Marketplace coverage, so you should help her fill out an eligibility application through the Marketplace.
- B. Dottie must be lawfully present in the U.S. to qualify for health coverage through the Marketplace, but she can still apply for coverage for Rosie without being asked any more questions about her immigration status, or providing proof of her own immigration status.
- C. Since Dottie is undocumented, she's not eligible for any health coverage in the U.S.
- D. Dottie may be eligible for Medicaid health coverage once she's been in the U.S. for five years.

**Feedback:** The correct answer is B. Dottie should complete a Marketplace application for her daughter Rosie, and should know that she won't have to provide any information about her own immigration status. You should avoid words like "illegal," "undocumented," or "unauthorized" when addressing consumers who are immigrants. However, Dottie should understand that she's not eligible for health coverage through Medicaid (other than potentially emergency Medicaid coverage) or health coverage through the Marketplace, regardless of how long she's been living in the U.S.

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Meet the Tran Family

You're working as an Assister in a determination state that has expanded its Medicaid program to cover adults ages 19 – 64 with household modified adjusted gross income (MAGI) at or below 133% of the FPL (i.e., \$21,306.60 for a family of two and \$32,319 for a family of four in 2016). You meet with the Tran family, which includes a 34-year-old woman named Hong, her six-year-old son Hien, and her 75-year-old father Thu.

**Hong:** Hello. My family would like to shop for and enroll in health coverage, but we need help. None of us currently has health coverage, although I know my dad could get it through Medicare if we could afford the premium. We want to know how our immigration status impacts our eligibility for health coverage through the Marketplace and the state's Medicaid and CHIP programs.

**You:** Thanks for coming in, I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplace, Medicaid, and CHIP. To start, I want to tell you that the state where you all live has expanded Medicaid and the Marketplace is able to make the final eligibility determination for Medicaid and CHIP coverage.

The next pages will discuss how you can best help the Tran family with the Marketplace application process.



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### Meet the Tran Family

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**Hong:** Hello. My family would like to shop for and enroll in health coverage, but we need help. None of us currently has health coverage, although I know my dad could get it through Medicare if we could afford the premium. We want to know how our immigration status impacts our eligibility for health coverage through the Marketplace and the state's Medicaid and CHIP programs.

**You:** Thanks for coming in, I'd be happy to help. Let's discuss the enrollment process and the eligibility requirements for the Marketplace, Medicaid, and CHIP. To start, I want to tell you that the state where you all live has expanded Medicaid and the Marketplace is able to make the final eligibility determination for Medicaid and CHIP coverage.

The next pages will discuss how you can best help the Tran family with the Marketplace application process.

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Scenario: Immigration Status and Qualification for Medicaid/CHIP

After receiving consent from the adult family members to help them complete the Marketplace application, you review the family's immigration status and the supporting documents needed to complete their application as you learned to do earlier in this course, and as a result you think the following may be true:

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

**Hong:** We also want to know if we qualify for help to lower our costs based on our family income. I earn \$18,235 a year and claim my son and father on my federal taxes. My dad has no income, and I'm not eligible for any health coverage through my job.



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### Scenario: Immigration Status and Qualification for Medicaid/CHIP

After receiving consent from the adult family members to help them complete the Marketplace application, you review the family's immigration status and the supporting documents needed to complete their application as you learned to do earlier in this course, and as a result you think the following may be true:

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**Hong:** We also want to know if we qualify for help to lower our costs based on our family income. I earn \$18,235 a year and claim my son and father on my federal taxes. My dad has no income, and I'm not eligible for any health coverage through my job.

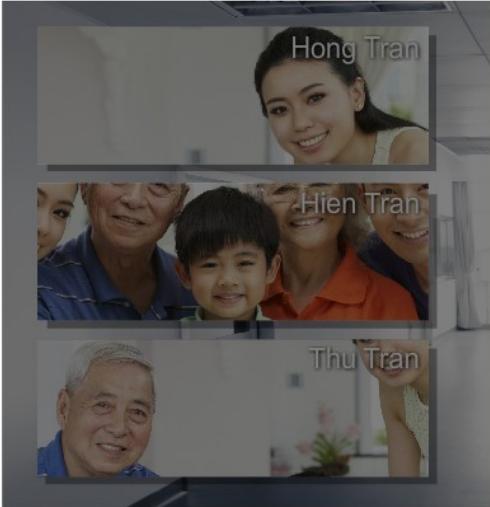
## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Scenario: Immigration Status and Qualification for Medicaid/CHIP (Continued)



Based on this information about the family's immigration status and income, the Marketplace makes the following eligibility determinations after the application is submitted (**Select each family member's photo to learn more**):

[Text Description of Image or Animation](#)

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### Scenario: Immigration Status and Qualification for Medicaid/CHIP (Continued)

Based on this information about the family's immigration status and income, the Marketplace makes the following eligibility determinations after the application is submitted.

#### Hong Tran (Young Asian mother)

Hong has qualified non-citizen status for Medicaid and has met the five-year waiting period. Since her household income for her family size is below the 133% of the FPL threshold and she lives in a state that expanded Medicaid for adults to 133% of the FPL threshold, she's eligible for Medicaid coverage.

#### Hien Tran (Young Asian boy)

Hien has qualified non-citizen status for Medicaid, but hasn't met the five-year waiting period, so he's ineligible for Medicaid even though his household income would otherwise qualify him for it. However, because he is lawfully present, he's still eligible for enrollment in a QHP through the Marketplace. He's also eligible for the premium tax credit, even though his family income is below the 100% of the FPL threshold, because he doesn't meet the Medicaid qualified non-citizen five-year waiting period requirement.

**Thu Tran (Male, Asian, Senior Citizen):**

Thu also has qualified non-citizen status for Medicaid, and has met the five-year waiting period. He also discovers that, because of his household income, he's eligible for Medicaid coverage. Although this will not be part of the Marketplace eligibility determinations for his family, since Thu is older than age 65, he might be eligible for "Medicare Premium Part A," Thu would need to apply at the Social Security Administration for Medicare Premium Part A in order to find out if he meets the eligibility requirements for Medicare Premium Part A.

**More Information about Medicare Premium Part A**

A lawfully present immigrant age 65 and older who has a sufficient number of quarters of coverage (QCs), which are earned through payment of payroll taxes during the consumer's working years, may get premium-free Part A Medicare.

A consumer age 65 and older who is a lawful permanent resident and who has resided in the U.S. continuously for the five-year period immediately preceding the month all other requirements are met (and who is not qualified for premium-free Part A Medicare because the consumer hasn't earned enough QCs) may elect to purchase Medicare Part A coverage if the consumer is enrolled in Part B coverage (which also has a five- year waiting period for immigrants). Because the consumer needs to pay monthly premiums, this type of Medicare coverage is called Medicare premium Part A.

## Advanced Marketplace Issues

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Advanced Immigration Status and Eligibility Issues

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### Scenario: Explain the Eligibility Determinations for the Tran Family

**You:** Hong, based on the Marketplace eligibility determinations, you and your father, Thu, are eligible for the Medicaid program that's run by the state. This is because you both may meet the income levels and other requirements to be eligible for Medicaid, and you've both been lawful permanent residents for at least five years.

Although this will not be determined by the Marketplace, your father Thu may also be eligible for Medicare, however, he will be required to pay a premium to enroll in this coverage. He needs to apply at the Social Security Administration for Medicare Premium Part A in order to find out if he meets the eligibility requirements.

Though both you and your father may be eligible for coverage under Medicaid, your son, Hien, doesn't meet the five-year requirement, and therefore, probably can't enroll in Medicaid coverage.

He may be eligible for enrollment in a QHP through the Marketplace, and based on your household income and family size, and since the reason he isn't eligible for Medicaid or CHIP is because he hasn't met the five-year bar for his immigration status, he may be eligible for the premium tax credit to help pay the QHP's monthly premium. May I continue to help you to select the right QHP for Hien?

**Hong:** Yes, thank you for explaining that to me. Let's get Hien enrolled in a QHP.



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### Scenario: Explain the Eligibility Determinations for the Tran Family

**You:** Hong, based on the Marketplace eligibility determinations, you and your father, Thu, are eligible for the Medicaid program that's run by the state. This is because you both may meet the income levels and other requirements to be eligible for Medicaid, and you've both been lawful permanent residents for at least five years.

Although this will not be determined by the Marketplace, your father Thu may also be eligible for Medicare, however, he will be required to pay a premium to enroll in this coverage. He needs to apply at the Social Security Administration for Medicare Premium Part A in order to find out if he meets the eligibility requirements.

Though both you and your father may be eligible for coverage under Medicaid, your son, Hien, doesn't meet the five-year requirement, and therefore, probably can't enroll in Medicaid coverage.

He may be eligible for enrollment in a QHP through the Marketplace, and based on your household income and family size, and since the reason he isn't eligible for Medicaid or CHIP is because he hasn't met the five-year bar for his immigration status, he may be eligible for the premium tax credit to help pay the QHP's monthly premium. May I continue to help you to select the right QHP for Hien?

**Hong:** Yes, thank you for explaining that to me. Let's get Hien enrolled in a QHP.

The screenshot shows a web-based curriculum page titled "Advanced Marketplace Issues". The main header is "Advanced Immigration Status and Eligibility Issues". A sub-section title is "Immigration Considerations for Medicare". On the right side of the main content area, there is a large block of text describing the scenario for Thu Tran regarding Medicare enrollment. Below this text, there is a bulleted list of considerations for consumers based on their immigration status. At the bottom of the page, there are navigation links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

In the scenario just described, Thu Tran might be eligible for Medicare Premium Part A and Part B because of his age and his status as a lawful permanent resident, and he met the five-year waiting period. However, if eligible, he would still have to pay the monthly premium for Medicare Part A and Part B coverage because he hadn't earned enough quarters of coverage (QCs) to qualify for premium-free Part A Medicare. In general, consumers who are eligible for Medicare are not eligible to receive premium tax credits in the Marketplace. However, this rule does not apply to consumers who are only eligible for premium Part A.

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

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

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## Immigration Considerations for Medicare

You should be aware of some key considerations when assisting older consumers who may be eligible for Medicare, depending on their immigration status.

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

In the scenario just described, Thu Tran might be eligible for Medicare Premium Part A and Part B because of his age and his status as a lawful permanent resident, and he met the five-year waiting period. However, if eligible, he would still have to pay the monthly premium for Medicare Part A and Part B coverage because he hadn't earned enough quarters of coverage (QCs) to qualify for premium-free Part A Medicare. In general, consumers who are eligible for Medicare are not eligible to receive premium tax credits in the Marketplace. However, this rule does not apply to consumers who are only eligible for premium Part A.

- Since Thu has met the five-year waiting period for qualified non-citizens and the household income requirement, he's eligible for Medicaid health coverage.
- If Thu didn't meet the five-year waiting period for qualified non-citizens and didn't qualify for any other exceptions, he wouldn't be eligible for Medicaid health coverage. However, he'd be eligible to enroll in a QHP through the Marketplace, and based on his household income and other eligibility criteria, could get the premium tax credit.
- Here's a key tip on helping immigrants age 65 and older who may be eligible for Medicare.

**Key Tip**

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

The screenshot shows a knowledge check section titled "Advanced Immigration Status and Eligibility Issues". The main text describes Suahila and Bilal, refugees who became lawful permanent residents two years ago, living in a state where the Marketplace can make the final eligibility determination for Medicaid. They want to know if they can apply for Medicaid coverage through the Marketplace based on their income and immigration status. Below this, a question asks which of four statements is correct. A "Check Your Answer" button is present, along with a note that it must be completed to enable the "NEXT" button. Navigation buttons for "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT" are at the bottom.

**Advanced Marketplace Issues**

Advanced Immigration Status and Eligibility Issues

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**Knowledge Check**

Suahila and Bilal entered the United States (U.S.) as refugees four years ago and became lawful permanent residents two years ago. They earn a combined income of 95% of the federal poverty level (FPL). Since they live in a state where the Marketplace can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid coverage through the Marketplace based on their income and immigration status.

**Which of the following should you tell them?**

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

A. Although their income may qualify them for Medicaid, they must be in the U.S. for five years before being eligible for Medicaid coverage.

B. Since they live in a state that hasn't expanded Medicaid coverage, they must apply for health coverage through their state Medicaid agency regardless of their immigration status.

C. Since they entered the U.S. as refugees, they don't have to meet the five-year waiting period to be eligible for Medicaid coverage, and they should complete the Marketplace application to determine their Medicaid eligibility based on their income.

D. When they became lawful permanent residents two years ago, they lost their refugee status and now must wait three more years to meet the Medicaid five-year waiting period.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Suahila and Bilal entered the United States (U.S.) as refugees four years ago and became lawful permanent residents two years ago. They earn a combined income of 95% of the federal poverty level (FPL). Since they live in a state where the Marketplace can make the final eligibility determination for Medicaid, Suahila and Bilal want to know if they can apply for Medicaid coverage through the Marketplace based on their income and immigration status.

Which of the following should you tell them?

Select **the correct answer**.

- A. Although their income may qualify them for Medicaid, they must be in the U.S. for five years before being eligible for Medicaid coverage.
- B. Since they live in a state that hasn't expanded Medicaid coverage, they must apply for health coverage through their state Medicaid agency regardless of their immigration status.
- C. Since they entered the U.S. as refugees, they don't have to meet the five-year waiting period to be eligible for Medicaid coverage, and they should complete the Marketplace application to determine their Medicaid eligibility based on their income.

- D. When they became lawful permanent residents two years ago, they lost their refugee status and now must wait three more years to meet the Medicaid five-year waiting period.

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

## Advanced Marketplace Issues

Exit

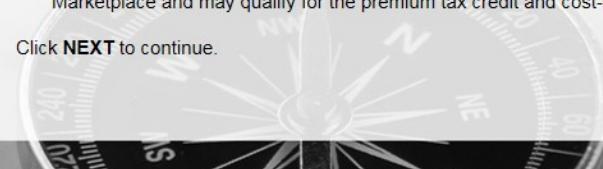
Advanced Immigration Status and Eligibility Issues

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### Key Points

- Consumers who aren't lawfully present can still apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
- The Marketplace application for health coverage requests that consumers who aren't U.S. citizens or U.S. nationals provide information from documentation that verifies their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find the relevant information on each document.
- Lawfully present immigrants may apply for programs to lower their costs (i.e., the premium tax credit and cost-sharing reductions) based on their household income, even if their income is below 100% of the FPL.
- Eligibility for Medicaid and CHIP health coverage for lawfully present immigrants usually depends on having an immigration status that is defined as "qualified non-citizen" status and on meeting a five-year waiting period for coverage (note there are some exceptions).
- Consumers who are lawfully present and are subject to the five-year waiting period to meet the Medicaid immigration eligibility requirement, but haven't yet met the five-year waiting period, may still be eligible to enroll in a QHP through the Marketplace and may qualify for the premium tax credit and cost-sharing reductions.

Click **NEXT** to continue.



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### Key Points

- Consumers who aren't lawfully present can still apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
- The Marketplace application for health coverage requests that consumers who aren't U.S. citizens or U.S. nationals provide information from documentation that verifies their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find the relevant information on each document.
- Lawfully present immigrants may apply for programs to lower their costs (i.e., the premium tax credit and cost-sharing reductions) based on their household income, even if their income is below 100% of the FPL.
- Eligibility for Medicaid and CHIP health coverage for lawfully present immigrants usually depends on having an immigration status that is defined as "qualified non-citizen" status and on meeting a five-year waiting period for coverage (note there are some exceptions).

- Consumers who are lawfully present and are subject to the five-year waiting period to meet the Medicaid immigration eligibility requirement, but haven't yet met the five-year waiting period, may still be eligible to enroll in a QHP through the Marketplace and may qualify for the premium tax credit and cost-sharing reductions.

## Helping Consumers with Complex Tax Module

The screenshot shows a training module titled "Advanced Marketplace Issues". At the top right is an "Exit" link. Below the title, the page header reads "Helping Consumers with Complex Tax" and "Page 1 of 15". A sub-header "Introduction" is followed by text about working with consumers in multi-tax households. It lists skills provided: defining a multi-tax household, helping members complete applications, and explaining mid-year adjustments. A note cautions against providing tax advice. Navigation buttons at the bottom include "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT".

When working with consumers, you may encounter various tax situations that don't fit into the standard process for helping consumers report their income and apply for programs to help lower their health coverage costs. Some consumers may be members of multi-tax households, may not have a consistent predictable household income, or may experience changes in their household income.

This training will provide you with the skills to:

- Define a "multi-tax household" and list its qualifying criteria
- Identify how to help members of a multi-tax household complete a Marketplace application
- Describe the impact of mid-year adjustments to household income and family size, and explain how to report these changes

Remember to keep in mind, and to inform consumers, that you cannot provide tax advice within your capacity as an assister.

Click **NEXT** to begin.

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### Introduction

When working with consumers, you may encounter various tax situations that don't fit into the standard process for helping consumers report their income and apply for programs to help lower their health coverage costs. Some consumers may be members of multi-tax households, may not have a consistent predictable household income, or may experience changes in their household income.

This training will provide you with the skills to:

- Define a "multi-tax household" and list its qualifying criteria
- Identify how to help members of a multi-tax household complete a Marketplace application
- Describe the impact of mid-year adjustments to household income and family size, and explain how to report these changes

Remember to keep in mind, and to inform consumers, that you cannot provide tax advice within your capacity as an assister.

## Advanced Marketplace Issues

Exit

Helping Consumers with Complex Tax

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### Identifying Multi-Tax Households

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

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

1. Are you applying for help paying for coverage? (If not, all household members can be on the same application, regardless of their tax filing plans.)
2. Do you plan to file a federal income tax return for 2015?
3. If married, do you plan to file jointly with your spouse?
4. Will you claim any dependents?
5. Does anyone else in your household file taxes separately?



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### Identifying Multi-Tax Households

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

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

- Are you applying for help paying for coverage? (If not, all household members can be on the same application, regardless of their tax filing plans.)
- Do you plan to file a federal income tax return for 2015?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone else in your household file taxes separately?

## Advanced Marketplace Issues

Helping Consumers with Complex Tax

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Exit

### Members of Multi-Tax Households

Due to current system limitations, the Marketplace may need each consumer in a household who files a separate tax return (along with any dependents claimed on that consumer's tax return) to be counted as a "tax household." As of now, to apply for programs to help lower their costs through the Marketplace, each tax household must create a Marketplace account and submit a Marketplace application that includes income information for the entire family.

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

Members of the household who are NOT also members of the tax household shouldn't apply for coverage on the same application, but should be included on the application as non-applicants if appropriate.



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### Members of Multi-Tax Households

Due to current system limitations, the Marketplace may need each consumer in a household who files a separate tax return (along with any dependents claimed on that consumer's tax return) to be counted as a "tax household." As of now, to apply for programs to help lower their costs through the Marketplace, each tax household must create a Marketplace account and submit a Marketplace application that includes income information for the entire family.

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

Members of the household who are NOT also members of the tax household shouldn't apply for coverage on the same application, but should be included on the application as non-applicants if appropriate.

The screenshot shows a knowledge check interface titled "Helping Consumers with Complex Tax". The main heading is "Advanced Marketplace Issues". A sub-section title "Knowledge Check" is displayed. The text "Adam comes to you for help with his Marketplace application." is present. A question asks: "Which of the following is NOT a question you should ask Adam to determine if he's in a multi-tax household?". Below the question are four options: A. Do you have a spouse with whom you file taxes jointly?, B. Are you generally in good health?, C. Do you have any dependents whom you claim on your taxes?, and D. Do any other members of your household file taxes separately from you?. A "Check Your Answer" button is visible. At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons. A note says "Complete the Knowledge Check to enable NEXT button".

## Knowledge Check

Adam comes to you for help with his Marketplace application.

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

Select the correct answer.

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

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

## Advanced Marketplace Issues

Helping Consumers with Complex Tax

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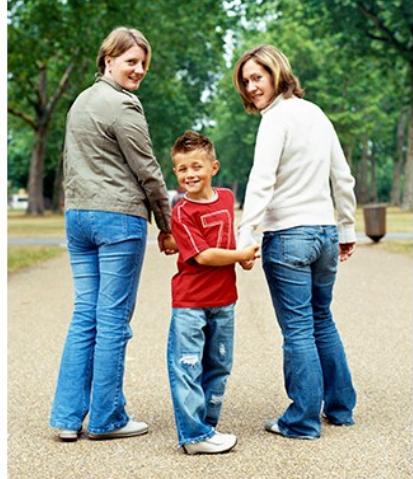
### Assisting Consumers in Multi-Tax Households

If any member of a multi-tax household wants to [apply for help](#) paying for coverage, then that member's tax household has to apply for coverage separately from family members who are in a different tax household.

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

Each tax household will submit only ONE application, which includes the application filer as well as any dependents who are also applying for coverage. Family members who are not applying for coverage, or who are applying on a separate application for a different household, will be included as non-applicants when it is appropriate.

As you go through the application with consumers, they may be asked to answer questions about other family members who aren't on the tax return, so it's helpful to make sure consumers have information, like birth dates and household income, for family members in the household who aren't on the same tax return.



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### Assisting Consumers in Multi-Tax Households

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

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

Each tax household will submit only ONE application, which includes the application filer as well as any dependents who are also applying for coverage. Family members who are not applying for coverage, or who are applying on a separate application for a different household, will be included as non-applicants when it is appropriate.

As you go through the application with consumers, they may be asked to answer questions about other family members who aren't on the tax return, so it's helpful to make sure consumers have information, like birth dates and household income, for family members in the household who aren't on the same tax return.

**More Information about Applying for Help**

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

# Advanced Marketplace Issues

Helping Consumers with Complex Tax

Scenarios: Applying for QHP Coverage

The following are some examples of multi-tax households and how they should apply for QHP coverage.

Select CLOSE to learn more.

CLOSE

Text Description of Image or Animation

Click through the activity to enable the NEXT button

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## Scenarios: Applying for QHP Coverage

The following are some examples of multi-tax households and how they should apply for QHP coverage.

### Olivia & Kara

You're meeting with Olivia and her 22-year-old daughter, Kara. They live in the same house, and both want to apply to enroll in a QHP and are interested in programs to lower their costs. Kara files her own taxes and Olivia doesn't claim her as a dependent on her tax returns.

### Applications

You should help Olivia and Kara file two Marketplace applications:

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

### Lindsey & Roger

Later, you meet with Lindsey and Roger. They are domestic partners and, along with their two children, Amanda and Peter, are applying for help paying for health coverage. Lindsey claims Amanda as a dependent on her tax return, and Roger claims Peter as a dependent on his tax return.

### Applications

You should help Lindsey and Roger file two Marketplace applications:

- Application 1: Lindsey is the application filer. Lindsey and Amanda should be listed as “applying for coverage.” As the consumers go through the application, they'll see questions that ask if Amanda lives with another parent, or a sibling. When the consumers see these questions, they should provide information about Roger and Peter.
- Application 2: Roger is the application filer. Roger and Peter should be listed as “applying for coverage.” As the consumers go through the application, they'll see questions that ask if Peter lives with another parent, or a sibling. When the consumers see these questions, they should provide information about Lindsey and Amanda.

The screenshot shows a knowledge check interface titled "Advanced Marketplace Issues". At the top right is an "Exit" link. Below it, a header bar says "Helping Consumers with Complex Tax" on the left and "Page 7 of 15" on the right. The main content area is titled "Knowledge Check". A text box describes a scenario where Mary lives with her 18-year-old son, Julian, and they each file separate tax returns. They want to apply for health coverage and programs through the Marketplace. Below this, a section titled "How should you help them?" asks the user to select the correct answer and click "Check Your Answer". Four options are listed, each preceded by a radio button:

- A. Help them submit one application with Mary as the application filer and Julian as applying for coverage.
- B. Help them submit one application with Julian as the application filer and Mary as applying for coverage.
- C. Help them submit two applications: one for Mary as the application filer/applying for coverage (providing information about Julian if requested), and another for Julian as the application filer/applying for coverage (providing information about Mary if requested).
- D. Help them submit two applications: one for Mary as the application filer and with Julian as applying for coverage, and another for Julian as the application filer and with Mary as applying for coverage.

A blue button labeled "Check Your Answer" is visible. Below the main content is a note: "Complete the Knowledge Check to enable NEXT button". At the bottom are navigation links: "Menu", "Help", "Glossary", "Resources", "BACK", and "NEXT >".

## Knowledge Check

Mary lives with her 18-year-old son, Julian. They each file separate tax returns and Mary doesn't claim Julian as a dependent on her tax return. They come to see you because they want to apply for health coverage and programs to help lower their costs through the Marketplace.

### How should you help them?

Select the correct answer.

- A. Help them submit one application with Mary as the application filer and Julian as applying for coverage.
- B. Help them submit one application with Julian as the application filer and Mary as applying for coverage.
- C. Help them submit two applications: one for Mary as the application filer/applying for coverage (providing information about Julian if requested), and another for Julian as the application filer/applying for coverage (providing information about Mary if requested).

- D. Help them submit two applications: one for Mary as the application filer and with Julian as applying for coverage, and another for Julian as the application filer and with Mary as applying for coverage.

**Feedback:** The correct answer is C. Since Mary and Julian qualify as two separate tax households, you should help them submit two applications (one per tax household, which here means one per person). The first application will list Mary as the application filer who is applying for coverage, and will only list Julian if the application asks for information about him. The second application will list Julian as the application filer who is applying for coverage, and will only list Mary when the application asks whether Julian lives with a parent.

## Advanced Marketplace Issues

Exit

Helping Consumers with Complex Tax

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### Consumers with Inconsistent Household Incomes

Some consumers may not have a consistent predictable household income throughout the year for a variety of reasons. For example, these consumers might do freelance work, run their own businesses, work on commission, or be seasonally employed. These consumers may find it difficult to provide an accurate estimate of their annual household income information. You can help these consumers approximate their household income by accessing the Set Premium Tax Credit function.

If consumers...	Then...	And...
Have a copy of the federal income tax return they filed last year, look for the adjusted gross income they reported as a starting point.	Ask consumers how their household income might change for the desired coverage year, and have them add or subtract the amount by which they project their household income may change. (Be sure they subtract any self-employment expenses.)	This will give them a projection of their annual household income for the coverage year, which the Marketplace can use to estimate how much help the consumer may receive to lower their costs.
Really aren't sure what their household income will be later in the year.	They can project that it will stay the same as it is now.	Can sign back into their Marketplace account to "report a life change" if/when their income changes.
Have a current monthly household income that qualifies them for Medicaid.	They may enroll in Medicaid, if otherwise eligible.	Report an increase in household income later in the year to enroll in a QHP with advance payments of the premium tax credit and/or cost-sharing reductions, if their household income increases and they are otherwise eligible.

Consumers with household income that fluctuates throughout the year, or from year-to-year, can reduce the likelihood of having to pay back the advance payments of the premium tax credit they received when they file their tax returns by choosing to take less than the full amount of the advance payments of the premium tax credit calculated based on their projected household income. Consumers may even choose to take none of the credit in advance, and apply for any premium tax credit for which they qualify on their tax returns.

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### Consumers with Inconsistent Household Incomes

Some consumers may not have a consistent predictable household income throughout the year for a variety of reasons. For example, these consumers might do freelance work, run their own businesses, work on commission, or be seasonally employed. These consumers may find it difficult to provide an accurate estimate of their annual household income information. You can help these consumers approximate their household income by accessing the Set Premium Tax Credit function.

If consumers...	Then...	And...
Have a copy of the federal income tax return they filed last year, look for the adjusted gross income they reported as a starting point.	Ask consumers how their household income might change for the desired coverage year, and have them add or subtract the amount by which they project their household income may change. (Be sure they subtract any self-employment expenses.)	This will give them a projection of their annual household income for the coverage year, which the Marketplace can use to estimate how much help the consumer may receive to lower their costs.

If consumers...	Then...	And...
Really aren't sure what their household income will be later in the year.	They can project that it will stay the same as it is now.	Can sign back into their Marketplace account to "report a life change" if/when their income changes.
Have a current monthly household income that qualifies them for Medicaid.	They may enroll in Medicaid, if otherwise eligible.	Report an increase in household income later in the year to enroll in a QHP with advance payments of the premium tax credit and/or cost-sharing reductions, if their household income increases and they are otherwise eligible.

Consumers with household income that fluctuates throughout the year, or from year-to-year, can reduce the likelihood of having to pay back the advance payments of the premium tax credit they received when they file their tax returns by choosing to take less than the full amount of the advance payments of the premium tax credit calculated based on their projected household income. Consumers may even choose to take none of the credit in advance, and apply for any premium tax credit for which they qualify on their tax returns.

**Helping Consumers with Complex Tax**

**Impact of Income Changes on Financial Assistance**

You should remind consumers that they must report any mid-year changes in household income, family size, or other eligibility criteria, whether or not they are getting advanced payments of the premium tax credit or cost-sharing reductions, because these changes may result in a change in eligibility for coverage through the Marketplace, help paying for Marketplace coverage (e.g. APTC and CSRs), or for other coverage programs (e.g. Medicaid or CHIP).

If consumers who are getting help paying for their coverage don't report mid-year changes, they may not receive as much help as they are eligible for, or they, or the taxpayers who claim them as dependents may end up owing money when they file their federal income tax returns. (See the Marketplace Enrollment and Appeals Assistance course for more information.)

**Report a life change**  
Some changes may qualify you or your dependents for a Special Enrollment Period.

**What kind of changes should I report?**  
Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

**Examples of changes to report:**

- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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

After you report a change:

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

**REPORT A LIFE CHANGE**

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## Impact of Income Changes on Financial Assistance

You should remind consumers that they must report any mid-year changes in household income, family size, or other eligibility criteria, whether or not they are getting advanced payments of the premium tax credit or cost-sharing reductions, because these changes may result in a change in eligibility for coverage through the Marketplace, help paying for Marketplace coverage (e.g. APTC and CSRs), or for other coverage programs (e.g. Medicaid or CHIP).

If consumers who are getting help paying for their coverage don't report mid-year changes, they may not receive as much help as they are eligible for, or they, or the taxpayers who claim them as dependents may end up owing money when they file their federal income tax returns. (See the Marketplace Enrollment and Appeals Assistance course for more information.)

## Advanced Marketplace Issues

Helping Consumers with Complex Tax

Example: Farmers and Ranchers

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

You should follow the Marketplace guidance for self-employed consumers when you assist Ed, and remind him to account for any factors that might change his income this year as compared to last year.

If Ed chooses to purchase coverage through the Marketplace for his family and they're eligible for advance payments of the premium tax credit, you should make sure he understands how the advance payments of the premium tax credit are calculated and the possible effects of household income fluctuations.

If Ed realizes after he enrolls that his household income will be different, he can go back into his Marketplace account by clicking "Report a Life Change" and make a mid-year update to his projected income for the year.

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### Example: Farmers and Ranchers

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If Ed chooses to purchase coverage through the Marketplace for his family and they're eligible for advance payments of the premium tax credit, you should make sure he understands how the advance payments of the premium tax credit are calculated and the possible effects of household income fluctuations.

If Ed realizes after he enrolls that his household income will be different, he can go back into his Marketplace account by clicking "Report a Life Change" and make a mid-year update to his projected income for the year.

## Advanced Marketplace Issues

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Helping Consumers with Complex Tax

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### Scenario: Self-Employed Consumers

You remember Rashida, who runs her own business. Her income tends to fluctuate from month-to-month, and she would like your help estimating her annual household income so that she can see if she'll be eligible for help lowering her costs. You ask Rashida to review her tax return from last year, and find the amount of adjusted gross income.

Select CLOSE to learn more.

CLOSE

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### Scenario: Self-Employed Consumers

You remember Rashida, who runs her own business. Her income tends to fluctuate from month-to-month, and she would like your help estimating her annual household income so that she can see if she'll be eligible for help lowering her costs. You ask Rashida to review her tax return from last year, and find the amount of adjusted gross income.

**You:** I can walk you through the process, Rashida. How do you expect your household income to differ this year from last year?

**Rashida:** I don't really know. That's a bit difficult to estimate, but given the amount of marketing I invested in, I'm hoping for about 8% growth.

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

**Rashida:** Yes, I'm comfortable with that. What other information do you need?

**You:** If you plan to deduct any expenses from running your own business, like the marketing expenses you mentioned, we should account for those and subtract them from your projected household income since you'll be writing them off when you file your taxes.

**Rashida:** Definitely. Last year those expenses were about \$20,000, but I don't expect to spend quite that much this year. Let's say \$15,000 for my business expenses.

**You:** Okay, we'll use these numbers to estimate your income for next year.

## Advanced Marketplace Issues

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### Scenario: Consumers with No Income

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

Select CLOSE to learn more.

CLOSE

[Text Description of Image or Animation](#)

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### Scenario: Consumers with No Income

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

**You:** I'd be glad to talk through some options with you. Have you applied for Medicaid?

**Erica:** Yes, but I wasn't eligible in my state because I'm not a parent or caretaker, and I live in a state that didn't expand the Medicaid program (a "non-expansion state").

**You:** Okay. We can keep looking into it, but it sounds like you won't be eligible for programs to help lower your costs for a QHP through the Marketplace because you earn less than 100% of the federal poverty level, or FPL. You would qualify for Medicaid if you lived in a state that expanded its program, if you met the other eligibility criteria.

Since you're under the age of 30, you may be able to purchase a catastrophic health plan through the Marketplace. The coverage will be limited to major medical expenses and certain preventive services until you reach the deductible amount, but the premiums are likely to be relatively low. If you decide not to purchase any coverage, you'll still be eligible for an exemption from the individual shared responsibility payment due to your income and ineligibility for Medicaid because you live in a non-expansion state.

**Erica:** Thanks for the explanation. A catastrophic health plan sounds like the right option for me.

## Advanced Marketplace Issues

Helping Consumers with Complex Tax

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### Consumers Who Have Not Filed Taxes

Consumers who didn't file a tax return in previous years can still qualify for advance payments of the premium tax credit if they are otherwise eligible, but they must file a tax return for any year during which they receive advance payments of the premium tax credit to qualify in future years.

In other words, consumers who receive advance payments of the premium tax credit in 2016 must file a tax return for 2016. Failure to file a tax return for 2016 may disqualify consumers from receiving the premium tax credit in later years.



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### Consumers Who Have Not Filed Taxes

Consumers who didn't file a tax return in previous years can still qualify for advance payments of the premium tax credit if they are otherwise eligible, but they must file a tax return for any year during which they receive advance payments of the premium tax credit to qualify in future years.

In other words, consumers who receive advance payments of the premium tax credit in 2016 must file a tax return for 2016. Failure to file a tax return for 2016 may disqualify consumers from receiving the premium tax credit in later years.

The screenshot shows a web-based knowledge check interface. At the top, a blue header bar reads "Advanced Marketplace Issues" on the left and "Exit" on the right. Below the header, a dark blue navigation bar contains the text "Helping Consumers with Complex Tax" on the left and "Page 14 of 15" on the right. The main content area has a white background. A section titled "Knowledge Check" asks about Marvin, a self-employed farmer worried about advance tax payments. It includes a question, four multiple-choice options (A-D), and a "Check Your Answer" button. Below the main content is a message: "Complete the Knowledge Check to enable NEXT button". At the bottom, there are links for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

**Knowledge Check**

Marvin is a self-employed farmer, and he and his family are eligible for qualified health plan (QHP) enrollment through the Marketplace with advance payments of the premium tax credit. He's worried about choosing the advance payment of the premium tax credit because his household income from the farm isn't predictable, and he especially wants to avoid owing money back to the government when he files his federal income tax returns next year.

**How should you help Marvin?**

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

A. You should tell Marvin that if he thinks he can afford to pay the full monthly QHP premiums without the advance payment of the premium tax credit, he can choose to receive the premium tax credit later when he files his tax return.

B. You should tell Marvin that if he takes the advance payments of the premium tax credit and his income is higher this year than last year, he won't owe any money back because he had no way of knowing what his income would be.

C. You should tell Marvin that if he takes the advance payments of the premium tax credit and his income is lower this year than last year, he won't receive a refund because he estimated his income wrong.

D. Even if Marvin doesn't think he can afford to pay the monthly QHP premiums without the advance payments of the premium tax credit, he should choose to receive the premium tax credit later when he files his tax returns because it'll be cheaper.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

Marvin is a self-employed farmer, and he and his family are eligible for qualified health plan (QHP) enrollment through the Marketplace with advance payments of the premium tax credit. He's worried about choosing the advance payment of the premium tax credit because his household income from the farm isn't predictable, and he especially wants to avoid owing money back to the government when he files his federal income tax returns next year.

### How should you help Marvin?

Select the correct answer.

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

- D. Even if Marvin doesn't think he can afford to pay the monthly QHP premiums without the advance payments of the premium tax credit, he should choose to receive the premium tax credit later when he files his tax returns because it'll be cheaper.

**Feedback:** The correct answer is A. If Marvin thinks he can afford to pay the full monthly QHP premiums without the advance payments of the premium tax credit, he can choose to receive the premium tax credit later when he files his tax return. By choosing this option, Marvin won't owe any money back when he files his tax return at tax time.

Be sure Marvin and other consumers in a similar situation understand that means they won't be getting monthly assistance with their premiums during the year and will have to pay the full amount of their monthly premiums. If Marvin and other consumers receive advance payments of the premium tax credit, the payments will be reconciled during the federal income tax filing process and could result in receiving money back, OR owing additional money. If Marvin can't afford to pay the full monthly premiums, he can apply a monthly tax credit for now, and report a change in his household income later in the year when he has a better estimate.

## Advanced Marketplace Issues

Exit

Helping Consumers with Complex Tax

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### Key Points

- Identifying multi-tax households and assisting those consumers with completing and submitting separate applications will enable you to help even more consumers to get QHP coverage and help paying for their QHP coverage.
- Consumers with inconsistent household incomes may need your assistance with estimating their annual incomes to determine their eligibility for programs to help lower their costs.
- It's important for all consumers, especially those receiving advance payments of the premium tax credit and cost-sharing reductions to report any changes (e.g. in income and family size) to make sure they're receiving the correct amount of help paying for Marketplace coverage and have an up-to-date eligibility determination. Consumers who do not apply for help paying for coverage don't need to report changes to application information used only to determine eligibility for those programs. (These consumers must still report if they move, their citizenship or immigration status changes, or they become incarcerated other than pending disposition of charges.)

Click **NEXT** to continue.



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### Key Points

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## Family Enrollment Issues Module

The screenshot shows a software application window titled "Advanced Marketplace Issues". At the top left is the "Family Enrollment Issues" tab. At the top right are "Exit" and "Page 1 of 10" buttons. Below the tabs, a section titled "Introduction" contains text about the training's purpose and objectives, followed by a bulleted list of skills to be learned. A "NEXT" button is visible at the bottom left of the main content area. At the bottom of the window are navigation buttons for "Menu", "Help", "Glossary", and "Resources", along with "BACK" and "NEXT" buttons.

This training provides guidance on some special situations you may encounter when assisting consumers and families in the Individual Marketplace. It builds on what you've already learned regarding Marketplace eligibility and enrollment.

This training will provide you with the skills to:

- Identify how to assist members of a family enrolling in different qualified health plans (QHPs) through the Marketplace
- Explain eligibility and enrollment differences to a family whose members qualify for different programs
- Identify eligibility for the premium tax credit and cost-sharing reductions for consumers who are victims of domestic abuse

Click **NEXT** to continue.

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### Introduction

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## Advanced Marketplace Issues

Exit

Family Enrollment Issues

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### Families that Qualify for Different QHPs

As you've learned, members of the same family may wish to enroll in different QHPs based on the differences in costs, benefit packages, or provider networks offered. You can help members of a family who want to apply together, and once they're determined eligible, help them enroll into different QHPs.

If a family qualifies for advance payments of the premium tax credit and members of that family select more than one QHP, the Marketplace will allocate any advance payments of the premium tax credit to each plan according to Marketplace rules.



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## Advanced Marketplace Issues

Exit

Family Enrollment Issues

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### Scenario Introduction

You remember Julie, Joe, and Johnny from earlier courses. They're a family of three, and Julie approaches you for help in applying for health coverage for her family.

Julie and her husband Joe get an eligibility determination from the Marketplace that says they're eligible to enroll in a QHP through the Marketplace and to get help paying for health coverage. Julie asks for your help selecting a QHP. She tells you that since she and Joe have very different health needs and anticipated costs, they've decided they want to enroll in different QHPs.

**Julie:** Hello. My husband and I have been determined eligible to enroll in coverage through the Marketplace, but we need some assistance. I anticipate that my medical expenses over the next year will be very low, so I'd like to enroll in a QHP with a high deductible and low monthly premium. However, my husband Joe has a number of health issues that require frequent and regular doctor visits, so we think it would be best for him to enroll in a different QHP that has a low deductible and higher monthly premium.

**You:** Thanks for coming in. May I help you to complete the QHP enrollment process?

The next pages will enable you to help Julie and Joe, and other families in similar situations, with the QHP selection process.



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### Scenario Introduction

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**Julie:** Hello. My husband and I have been determined eligible to enroll in coverage through the Marketplace, but we need some assistance. I anticipate that my medical expenses over the next year will be very low, so I'd like to enroll in a QHP with a high deductible and low monthly premium. However, my husband Joe has a number of health issues that require frequent and regular doctor visits, so we think it would be best for him to enroll in a different QHP that has a low deductible and higher monthly premium.

**You:** Thanks for coming in. May I help you to complete the QHP enrollment process?

The next pages will enable you to help Julie and Joe, and other families in similar situations, with the QHP selection process.

**Advanced Marketplace Issues**

**Family Enrollment Issues**

**Scenario: Enrollment in Different QHPs**

STEP 1  
STEP 2  
STEP 3  
STEP 4  
STEP 5  
STEP 6  
STEP 7  
STEP 8  
STEP 9

After receiving consent from Julie to help her in completing the QHP selection for her and Joe, you go to their Marketplace application, update any information that's changed, proceed to the Enrollment screen, and walk through the following steps.

Please select each of the steps.

[Text Description of Image or Animation](#)

[Click through the activity to enable the NEXT button](#)

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### Scenario: Enrollment in Different QHPs

After you receive consent from Julie to help her in completing the QHP selection for her and Joe, you go to their Marketplace application, update any information that's changed, proceed to the Enrollment screen, and walk through the following steps.

Step 1: Click the "Answer questions about your household" Enrollment To Do task.

Step 2: Separate the initial enrollment grouping into self-only groups by selecting "Change groups."

Step 3: Select one of the spouses, then select "Create a new group," and enter "Submit."

Step 4: The screen will then display the name of each spouse with the language "This person will enroll in a separate plan."

Step 5: Proceed to Plan Compare by selecting "Use these Groups."

Step 6: Select a health plan for the first spouse, then repeat for second spouse.

Step 7: Select separate dental coverage for each spouse, if desired (optional).

Step 8: Review and confirm selections.

Step 9: If an enrollment group is formed that isn't supported by any QHP in the service area, an error will display when the consumer tries to move forward to view plans.

## Advanced Marketplace Issues

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Family Enrollment Issues

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### Knowledge Check

You're meeting with a married couple and their two children who have started a Marketplace application as a single household and already got a determination indicating eligibility for advance payments of the premium tax credit. You're discussing their options for selecting a qualified health plan (QHP).

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

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

- A. Each member of the family may determine which QHP best meets their individual needs, and may select and enroll in a different QHP than other members of the same family.
- B. You can assist the family in completing the online Marketplace application to select the QHP(s) in which the members of the family wish to enroll.
- C. The family must select and enroll in the same QHP, and therefore, must select the plan that best meets the collective needs of the family.
- D. If members of the family select more than one QHP, the Marketplace will allocate any advance payments of the premium tax credit to each plan.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

You're meeting with a married couple and their two children who have started a Marketplace application as a single household and already got a determination indicating eligibility for advance payments of the premium tax credit. You're discussing their options for selecting a qualified health plan (QHP).

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

Select the correct answer.

- A. Each member of the family may determine which QHP best meets their individual needs, and may select and enroll in a different QHP than other members of the same family.
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- C. The family must select and enroll in the same QHP, and therefore, must select the plan that best meets the collective needs of the family.
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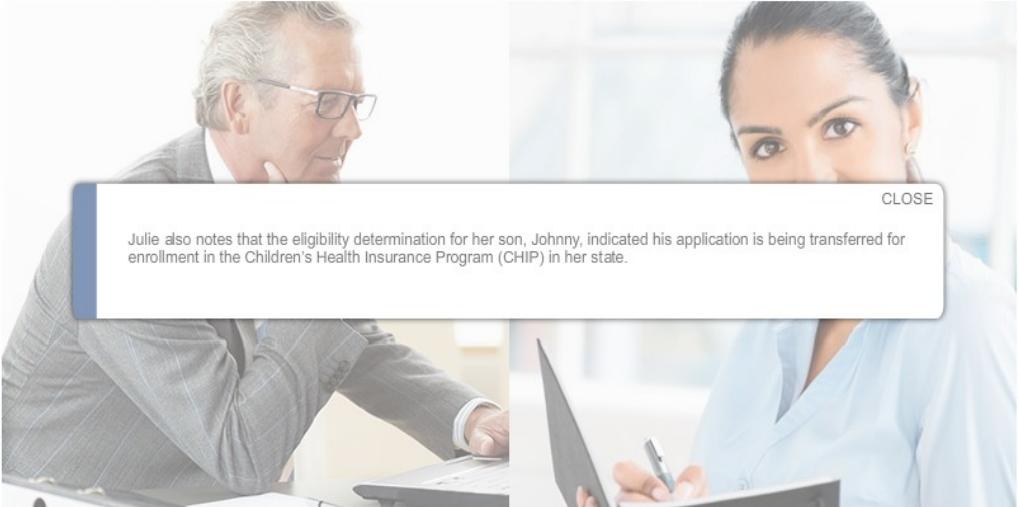
**Feedback:** The correct answer is C. Family members aren't required to select and enroll in the same QHP. Each family member may determine which QHP best meets their individual needs and can select and enroll in a different QHP than other family members. You may assist the family in completing the online Marketplace application to select the QHPs that they wish to enroll in for health coverage. If members of the family select more than one QHP, the Marketplace will allocate any advance payments of the premium tax credit to each plan.

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### Scenario: Families that Qualify for Different Programs



Julie also notes that the eligibility determination for her son, Johnny, indicated his application is being transferred for enrollment in the Children's Health Insurance Program (CHIP) in her state.

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### Scenario: Families that Qualify for Different Programs

Julie also notes that the eligibility determination for her son, Johnny, indicated his application is being transferred for enrollment in the Children's Health Insurance Program (CHIP) in her state.

**You:** Your son, Johnny, is eligible for CHIP, which is run by your state. CHIP provides low-cost health coverage to children in some families that earn too much money to qualify for Medicaid. Since you and Joe earn too much money to qualify for Medicaid, you'll be covered by the QHPs you enroll in through the Marketplace.

**Julie:** Thanks for explaining that. However, I'm a little concerned. I'd like Johnny to enroll in the same QHP that I do, so I only have to deal with that health plan.

**You:** That's understandable. You can enroll Johnny in your QHP, but because he's eligible for your state's Children's Health Insurance Program (CHIP), he's not eligible for premium tax credits. Also, you should be aware that CHIP provides comprehensive benefits designed specifically for children, often with lower cost sharing than some QHPs.

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

### CHIP Eligibility

Note there's an exception to the rule that CHIP-eligible children aren't eligible for getting help paying for health coverage through the Marketplace. If a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible for help paying for health coverage through the Marketplace during the waiting period if otherwise eligible. Once the waiting period ends and the child can enroll in CHIP, the child will become ineligible for tax credits or cost-sharing reductions through the Marketplace.

### Enroll Johnny in your QHP

In this situation, there's an additional option for getting child health coverage through the Marketplace. Julie could create a separate user account for Johnny and submit an individual application on his behalf. After receiving the eligibility determination for Johnny as an individual consumer, Julie could then evaluate and choose what she considers to be the best option for his health coverage. However, if she chose to enroll Johnny in a QHP, he would not be eligible for premium tax credits and cost-sharing reductions to help pay for his plan.

## Advanced Marketplace Issues

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Family Enrollment Issues

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### Knowledge Check

Trina qualifies for the premium tax credit and cost-sharing reductions in the Marketplace, and she enrolls in a qualified health plan (QHP). Trina's daughter, Annabelle, is determined eligible for the Children's Health Insurance Program (CHIP).

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

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

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

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

Trina qualifies for the premium tax credit and cost-sharing reductions in the Marketplace, and she enrolls in a qualified health plan (QHP). Trina's daughter, Annabelle, is determined eligible for the Children's Health Insurance Program (CHIP).

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

Select the correct answer.

- A. Trina can enroll Annabelle in her QHP, and Trina and Annabelle can continue to get the premium tax credit and cost-sharing reductions.
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- C. Trina can only enroll Annabelle in CHIP, and Trina won't be able to get the premium tax credit and cost-sharing reductions for her own QHP coverage.
- D. Trina can't enroll Annabelle in any QHP.

**Feedback:** The correct answer is B. Trina is able to enroll Annabelle in her QHP and still receive the premium tax credit and cost-sharing reductions if they live in a state that has a waiting period for CHIP coverage. This will enable Annabelle to be covered and receive PTC and CSR until she is CHIP eligible.

## Advanced Marketplace Issues

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Family Enrollment Issues

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### Consumers Who are Victims of Domestic Abuse

You may encounter consumers who are married and are victims of domestic abuse. Usually, a consumer who is legally married is required to file a joint income tax return with their spouse to get help paying for coverage. However, for a consumer who is a victim of domestic abuse, getting in contact with a spouse for purposes of filing a joint tax return may be traumatic, dangerous, or prohibited by a restraining order.

To address these unique circumstances, consumers who are married but living apart from a spouse and unable to file a joint income tax return as a result of domestic abuse, can get help paying for coverage as long as they are otherwise eligible for such help.

Due to system limitations, consumers in this unique circumstance must indicate on their Marketplace application that they aren't married. If you're assisting a consumer who is living separately from a spouse and is unable to file a joint income tax return as a result of domestic abuse, you can help the consumer get health coverage. You'll assist the consumer with starting a new application where they'll list that they aren't married.

This will allow the consumer to get an eligibility determination for help paying for coverage. The consumer won't face any penalty for representing that they aren't married on the application. You'll then help the consumer complete the enrollment process by selecting a plan.



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### Consumers Who are Victims of Domestic Abuse

You may encounter consumers who are married and are victims of domestic abuse. Usually, a consumer who is legally married is required to file a joint income tax return with their spouse to get help paying for coverage. However, for a consumer who is a victim of domestic abuse, getting in contact with a spouse for purposes of filing a joint tax return may be traumatic, dangerous, or prohibited by a restraining order.

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Due to system limitations, consumers in this unique circumstance must indicate on their Marketplace application that they aren't married.

If you're assisting a consumer who is living separately from a spouse and is unable to file a joint income tax return as a result of domestic abuse, you can help the consumer get health coverage. You'll assist the consumer with starting a new application where they'll list that they aren't married.

This will allow the consumer to get an eligibility determination for help paying for coverage. The consumer won't face any penalty for representing that they aren't married on the application. You'll then help the consumer complete the enrollment process by selecting a plan.

## Advanced Marketplace Issues

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Family Enrollment Issues

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### Knowledge Check

Maila has come to you seeking assistance applying for health coverage. She informs you that she thinks she qualifies for help paying for coverage based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse.

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

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

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

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

Maila has come to you seeking assistance applying for health coverage. She informs you that she thinks she qualifies for help paying for coverage based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse.

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

Select **the correct answer**.

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

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

## Advanced Marketplace Issues

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Family Enrollment Issues

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### Key Points

- You can assist families when members of the family wish to select and enroll in different QHPs to best meet their individual needs.
- Parents may enroll their CHIP-eligible children in a QHP through the Marketplace, however, their children will not be eligible to receive advance payments of the premium tax credit or cost-sharing reductions since they are eligible for CHIP. However, if a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible (only during the waiting period) for help paying for health coverage through the Marketplace during the waiting period if otherwise eligible.
- Eligible consumers who are victims of domestic abuse are able to get help paying for health coverage through the Marketplace independently, despite not filing a joint tax return. To get help paying for coverage, a consumer who is a victim of domestic abuse and will not file a joint tax return should select the "not married" marital status on the Marketplace application.

Click **NEXT** to continue.



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### Key Points

- You can assist families when members of the family wish to select and enroll in different QHPs to best meet their individual needs.
- Parents may enroll their CHIP-eligible children in a QHP through the Marketplace, however, their children will not be eligible to receive advance payments of the premium tax credit or cost-sharing reductions since they are eligible for CHIP. However, if a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible (only during the waiting period) for help paying for health coverage through the Marketplace during the waiting period if otherwise eligible.
- Eligible consumers who are victims of domestic abuse are able to get help paying for health coverage through the Marketplace independently, despite not filing a joint tax return. To get help paying for coverage, a consumer who is a victim of domestic abuse and will not file a joint tax return should select the "not married" marital status on the Marketplace application.

## Helping Consumers with Complex Eligibility Cases Module

The screenshot shows a web-based training module titled "Advanced Marketplace Issues". At the top, there's a blue header bar with the title and a "Exit" link. Below the header is a dark blue navigation bar containing the course title, "Helping Consumers with Complex Eligibility Cases", and a "Page 1 of 20" indicator. The main content area has a white background and features a section titled "Introduction". This section contains text about the purpose of the training and a bulleted list of learning objectives. At the bottom of the content area, there's a call-to-action button labeled "Click NEXT to continue.". Below the content area is a grey footer bar with links for "Menu", "Help", "Glossary", and "Resources". On the right side of the footer, there are navigation arrows labeled "< BACK" and "NEXT >".

**Helping Consumers with Complex Eligibility Cases**

Page 1 of 20

**Introduction**

This training provides guidance on how to help consumers with other complex issues that aren't covered in other courses and that may present unique situations for determining eligibility for health coverage or completing enrollment in a Marketplace qualified health plan (QHP). It builds on what you've already learned regarding Marketplace eligibility and enrollment.

This training will provide you with the skills to:

- Explain health coverage options to specific populations of consumers, including veterans that are eligible for Veterans Health Administration (VA) health benefits, consumers living with HIV/AIDS, homeless consumers, and college students
- List tips for reporting disability-related income on the Marketplace applications
- Identify the Marketplace special provisions that apply to members of a federally recognized tribe, American Indians, and Alaska Natives

Click **NEXT** to continue.

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## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

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### Helping Veterans with their Health Care Coverage

Any veterans who come to you for help should be reassured that the Affordable Care Act doesn't change their VA health benefits or veterans' out-of-pocket costs.

VA coverage meets the requirements for minimum essential coverage (MEC), so veterans who have VA coverage don't have to pay the individual shared responsibility payment. Whether veterans are enrolled in VA coverage will determine their eligibility for the premium tax credit.

- If veterans are eligible for VA health coverage but are not enrolled, they can enroll in a QHP through the Marketplace, and may be eligible for the premium tax credit, depending on their income.
- If veterans are eligible for VA health coverage but are not enrolled they can enroll in a QHP through the Marketplace, and may be eligible for the premium tax credit, depending on their household income.
- Veterans who are eligible for and enrolled in VA health coverage, can still be found eligible for Medicaid coverage if their eligibility is based on their income and other factors in their state's rules. Medicaid might be able to pay for services that their VA health coverage doesn't cover.



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The screenshot shows a knowledge check interface titled "Helping Consumers with Complex Eligibility Cases". The main content area is titled "Knowledge Check". A scenario is described: Henry is a veteran of the United States (U.S.) Army who is enrolled in Veterans Affairs (VA) health coverage, and comes to see you with questions about the Marketplace. Henry doesn't know if he should apply for a qualified health plan (QHP) and whether it will affect his VA coverage. Below the scenario, a question asks "What should you tell Henry?". It instructs the user to select the correct answer and click "Check Your Answer". Four options are listed:

- A. Henry is not eligible to enroll in a QHP because he is enrolled in VA coverage.
- B. Henry may be eligible to enroll in a QHP and he might be Medicaid eligible, but he won't be eligible for the premium tax credit because of his VA coverage.
- C. Henry is eligible to enroll in a QHP and to get the premium tax credit.
- D. Henry should enroll in a QHP to avoid paying the individual shared responsibility payment.

A "Check Your Answer" button is visible. At the bottom, a note says "Complete the Knowledge Check to enable NEXT button". Navigation buttons include "Menu", "Help", "Glossary", "Resources", "< BACK", and "NEXT >".

## Knowledge Check

Henry is a veteran of the United States (U.S.) Army who is enrolled in Veterans Affairs (VA) health coverage, and comes to see you with questions about the Marketplace. Henry doesn't know if he should apply for a qualified health plan (QHP) and whether it will affect his VA coverage.

### What should you tell Henry?

Select the correct answer.

- A. Henry is not eligible to enroll in a QHP because he is enrolled in VA coverage.
- B. Henry may be eligible to enroll in a QHP and he might be Medicaid eligible, but he won't be eligible for the premium tax credit because of his VA coverage.
- C. Henry is eligible to enroll in a QHP and to get the premium tax credit.
- D. Henry should enroll in a QHP to avoid paying the individual shared responsibility payment.

**Feedback:** The correct answer is B. Henry may be eligible to enroll in a QHP, but he won't be eligible for the premium tax credit if he is enrolled in VA coverage. He could be eligible for Medicaid. Whether he enrolls in a QHP or not, he won't have to pay the individual shared responsibility payment because his VA coverage qualifies as minimum essential coverage.

## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

Helping Homeless Consumers/Families

It's important to note that an address is a required component of the application process, and a consumer may not be eligible for health coverage in the Marketplace without one. Therefore, consumers who are homeless or don't have an address will need to provide one to complete a Marketplace application and get an eligibility determination. Homeless consumers can list the address of a shelter, friend, or relative within the state in which they are applying for coverage. A post office box (P.O. box) is also an acceptable mailing address.

Many consumers who are homeless may be eligible for Medicaid and other low-income services. If homeless consumers need additional help, you can direct them to the state Medicaid agency or other homeless service resources, like shelters and free community clinics.



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## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

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### Reporting Disability-Related Income

Another challenge you may encounter when helping consumers is completing the section of the Marketplace applications that asks each consumer or family to estimate annual household income. It's important to know and tell consumers about which items should be included and excluded in that estimation. You learned about this subject in the Marketplace Affordability and Assistance Programs course.

One area that is often misreported is disability-related income. You should ensure that consumers you help know the following when completing the application:

- DO include Social Security payments, including disability payments.
- DON'T include anticipated Social Security payments for applications that have not yet been approved.
- DON'T include Supplemental Security Income (SSI), Veterans' disability payments, or workers' compensation.



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The screenshot shows a knowledge check interface titled "Helping Consumers with Complex Eligibility Cases". The page header includes "Advanced Marketplace Issues", "Exit", and "Page 6 of 20". The main content area is titled "Knowledge Check" and contains the following text:  
Andrew is a consumer with a disability who has asked for your help applying for Marketplace coverage. He wants to know what kind of income he should report on his application.  
Which of the following types of income should you tell him to report?  
Select the correct answer and then click Check Your Answer.

Below this, there is a list of four options:

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

A "Check Your Answer" button is located at the bottom left of the main content area. At the bottom of the page, there are links for "Menu", "Help", "Glossary", and "Resources", along with navigation buttons for "BACK" and "NEXT". A note at the bottom states: "Complete the Knowledge Check to enable NEXT button".

## Knowledge Check

Andrew is a consumer with a disability who has asked for your help applying for Marketplace coverage. He wants to know what kind of income he should report on his application.

Which of the following types of income should you tell him to report?

Select the correct answer.

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

**Feedback:** The correct answer is A. Social Security disability payments are the only type of disability-related income that should be listed on a Marketplace application. Veterans' disability income payments, SSI payments, and workers' compensation payments should not be listed as income.

## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

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### Disability and Medicaid Eligibility

Federal law provides for both mandatory and optional Medicaid coverage for consumers with disabilities. In most states, consumers who get SSI automatically qualify for Medicaid coverage. However, some states use more restrictive [Medicaid eligibility criteria](#), which differ from state to state. In addition, for groups that aren't subject to determinations based on modified adjusted gross income (MAGI), the state may have specific income and resource rules. You should be generally familiar with the income, asset, and disability criteria for Medicaid eligibility for the state(s) where you help consumers. However, the rules are very complex and you shouldn't attempt to give advice to these consumers about whether or not they're eligible for Medicaid. They should be referred to the state Medicaid agency.

Consumers who don't receive SSI, but are seeking Medicaid coverage based on disability, must demonstrate that they have an impairment that prevents them from performing "substantial gainful activity" for at least one year. Once a disability determination is made, the consumer must then pass an [asset test](#) and meet specific income requirements in order to be considered for Medicaid eligibility.

The Marketplace application asks whether consumers or any of their family members have a disability, and the Marketplace uses this information to flag if the applicant should be referred to the state to have the state make a determination if the consumer is categorically eligible for Medicaid.

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

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to the state to have the state make a determination if the consumer is categorically eligible for Medicaid.

#### **More Information about State Medicaid Eligibility Based on Disability**

The states that don't grant Medicaid eligibility when a consumer gets SSI based on disability are currently Connecticut, Hawaii, Illinois, Minnesota, Missouri, New Hampshire, North Dakota, Ohio, Oklahoma, and Virginia.

#### **More Information about Substantial Gainful Activity**

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

If you earn more than a certain amount and are doing productive work, it is generally considered that you are engaging in substantial gainful activity. You would not be eligible for disability benefits.

#### **More Information about Asset Tests**

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

## Advanced Marketplace Issues

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### Disability and Medicaid Eligibility: Key Considerations

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

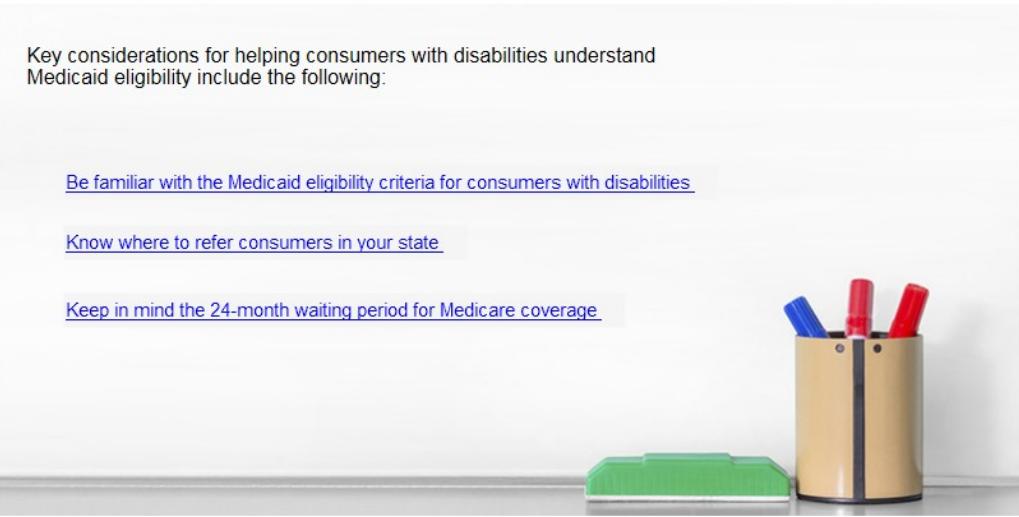
[Be familiar with the Medicaid eligibility criteria for consumers with disabilities](#)

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

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

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### Disability and Medicaid Eligibility: Key Considerations

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

**Be familiar with the Medicaid eligibility criteria for consumers with disabilities**

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

Medicaid programs have different eligibility requirements and disability standards, particularly for consumers who live in states that haven't expanded Medicaid eligibility under the Affordable Care Act.

**Know where to refer consumers in your state**

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

Keep in mind the 24-month waiting period for Medicare coverage

Generally, consumers who get SSDI benefits automatically transition to Medicare coverage after 24 months.

Some consumers with disabilities may wish to purchase health coverage through the Marketplace, including many who are within the 24-month waiting period before transitioning to Medicare coverage.

## Advanced Marketplace Issues

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Helping Consumers with Complex Eligibility Cases

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### Helping Consumers Who Get HIV/AIDS Assistance

You may meet with consumers who are living with HIV/AIDS and receiving health care services and assistance from the [Ryan White HIV/AIDS Program \(RWHAP\)](#). RWHAP funds may help consumers by covering the cost of premiums, deductibles, copayments, and coinsurance for their health insurance and medical/prescription drug benefits.

Consumers who are enrolled in QHPs and receiving services through the RWHAP may be eligible to have their QHP premiums paid by the RWHAP to the issuer(s) of their QHPs. If consumers are getting the premium tax credit, the RWHAP may pay for premium amounts that are not already covered by the tax credit. RWHAP funds may also be used to help consumers pay for copayments, deductibles, and coinsurance.

To best help these consumers, you should tell them to contact the RWHAP office where they are a client, or talk to their medical providers about RWHAP assistance with their QHP premium payments and any additional cost sharing they may have under their QHP. Consumers with HIV/AIDS may also be eligible for Medicaid or the Children's Health Insurance Program (CHIP).



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To best help these consumers, you should tell them to contact the RWHAP office where they are a client, or talk to their medical providers about RWHAP assistance with their QHP premium payments and any additional cost sharing they may have under their QHP. Consumers with HIV/AIDS may also be eligible for Medicaid or the Children's Health Insurance Program (CHIP).

#### More Information about Ryan White HIV/AIDS Program (RWHAP)

The RWHAP provides care and services for people with HIV who are uninsured or underinsured, serving as a payer of last resort. This means that RWHAP provides services and coverage that

are not already paid for after all other payment sources (public or private health insurance plans) have been accessed. The RWHAP provides federal funding to states, cities, and providers of HIV/AIDS coverage and treatment, not directly to consumers.

## Advanced Marketplace Issues

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### Special Considerations for American Indians and Alaska Natives

The Affordable Care Act provides special provisions, options, and exemptions for American Indians and Alaska Natives (AI/ANs). You should be able to explain to AI/ANs how these provisions affect them. Select Close and then select each image to learn more. Select each image and any link(s) within the text to learn more.

[Text Description of Image or Animation](#)

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### Special Considerations for American Indians and Alaska Natives

The Affordable Care Act provides special provisions, options, and exemptions for American Indians and Alaska Natives (AI/ANs). You should be able to explain to AI/ANs how these provisions affect them.

- American Indians and Alaska Natives (AI/ANs) are members of federally recognized tribes, including regional and village corporations that were established under the Alaska Native Claims Settlement Act (ANCSA) are referred to in this training as American Indians and Alaska Natives (AI/ANs).
- AI/ANs have special enrollment periods that allow them to enroll in health coverage at any time during the year, rather than only during the annual Open Enrollment period (November 1, 2016 – January 31, 2017). They're also eligible to change health plans once a month.
  - Consumers should be mindful of potential coverage gaps due to the effective dates of new plan selections. Consumers can select a later effective date if they want coverage to begin in a later month.
- Members of a federally recognized tribe may qualify for the premium tax credit and may have cost-sharing reductions from zero cost sharing to limited cost sharing, depending

upon their income. If AI/ANs are eligible for Medicaid or CHIP, they may be exempt from cost-sharing that other beneficiaries have to pay.

- AI/ANs with household incomes of 100% through 300% of the federal poverty level (FPL) (\$24,250 and \$74,750 for a family 4 ANs) (\$30,380 to \$91,140 for a family of 4 in Alaska for ANs) have no cost-sharing, regardless of the QHP they choose. This is called a zero cost sharing plan and is available for any Marketplace health plan that an AI/AN selects, regardless of the category of coverage. (Note that a consumer who is not an AI/AN must be enrolled in a plan from the Silver category to get cost-sharing reductions.)
- AI/ANs that do not qualify for zero cost sharing plans qualify for limited cost sharing when enrolled in a QHP. A limited cost sharing plan means there is no cost sharing for services from an I/T/U and no cost sharing for essential health benefits (EHB) that are referred under the Purchased/Referred Care Program and received through the QHP.

#### **More Information about I/T/U**

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

#### **More Information about Purchased/Referred Care Program**

This program covers essential health care services not available in Indian Health Service and Tribal health care facilities or when the facilities cannot provide the services needed, including inpatient and outpatient care; routine emergency ambulatory care; transportation; and medical support services, including laboratory, pharmacy, nutrition, diagnostic imaging, and physical therapy.

- AI/ANs can apply for an exemption from the individual shared responsibility payment. They can access the exemption application form online and submit the exemption application at any time through the mail. They may also claim the exemption when they file their next federal income tax return.

AI/ANs can continue to get services from their Indian Health Service, Tribal or Urban Indian health care provider, even after they have enrolled in Medicaid, CHIP, or private insurance through the Marketplace.

## Advanced Marketplace Issues

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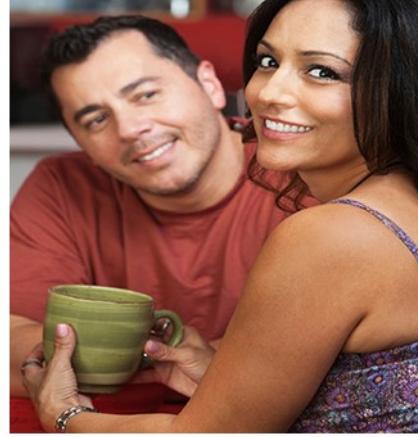
### Scenario Introduction

Atepa and Sitapu, a married AI/AN couple, come to you for help in enrolling in a health plan through the Marketplace.

**Sitapu:** Hello. My wife and I would like to shop for and enroll in a health plan, but we need help. We're both members of the Cherokee Indian Tribe and currently use services furnished directly by the Indian Health Service, or IHS. We want to know more about accessing additional services outside of the IHS. We also want to know if we qualify for any help paying for our premiums or other out-of-pocket costs.

**You:** Thanks for coming in, I'm happy to help. Let's discuss the enrollment process and the documentation you need to demonstrate your tribal membership.

The next pages will show you how to best help Atepa and Sitapu and other AI/ANs with the Marketplace application process.



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The next pages will show you how to best help Atepa and Sitapu and other AI/ANs with the Marketplace application process.

**Scenario: Verification of AI/AN Status**

The Marketplace requires documentation of membership in an Indian tribe or eligibility for services through an Indian health care provider for each person who is applying for health coverage and claiming AI/AN status. After receiving consent from Atepa and Sitapu to help them complete the Marketplace application, you begin to discuss their specific situation. You arrive at a screen that asks if Atepa and Sitapu have any documentation indicating membership in a federally recognized Indian tribe or that they are an American Indian born in Canada.

**You:** Did you bring any documentation of your tribal membership with you?

**Sitapu:** Yes. Here are our American Indian Cards.

He hands you two cards. Based on Sitapu's response, he should click the arrow on the Document Type drop-down list on the Resolve Inconsistencies screen inside the application and select "American Indian Card (I-872)."

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## Advanced Marketplace Issues

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Helping Consumers with Complex Eligibility Cases

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**Scenario: Verification of AI/AN Status (cont.)**

Help Sitapu review the identification cards he gave you to determine if they meet one of the allowable document types:

Document Type	Relevant Information
<b>Tribal Identification Card</b> <ul style="list-style-type: none"> <li>A Tribal Identification Card with a picture can be issued to any currently enrolled Tribal Member (no age requirements).</li> <li>A Tribal Identification Card registers a person as a member of a tribe.</li> <li>Members under the age of 18 will get a minor card to be replaced by an adult card at the age of 18.</li> </ul>	<ul style="list-style-type: none"> <li>Name</li> <li>Tribe name</li> </ul>
<b>Authentic Document Declaring Individual Tribal Membership</b> <ul style="list-style-type: none"> <li>Document comes from a Tribe and declares a person is a member of an Indian Tribe.</li> <li>Document is on Tribal stationary and must contain the Tribe's letterhead.</li> </ul>	<ul style="list-style-type: none"> <li>Name</li> <li>Tribe name</li> <li>Tribe letterhead</li> </ul>

Help Atepa and Sitapu prepare copies of their documentation for upload or mailing to the Marketplace.

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### Scenario: Verification of AI/AN Status (cont.)

Help Sitapu review the identification cards he gave you to determine if they meet one of the allowable document types:

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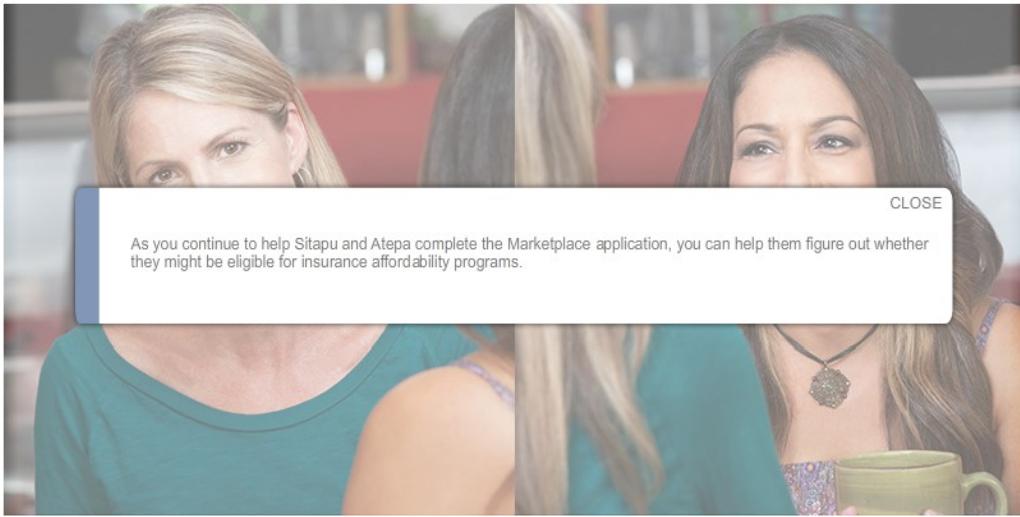
## Advanced Marketplace Issues

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### Scenario: AI/AN Eligibility for Cost-Sharing Reductions



As you continue to help Sitapu and Atepa complete the Marketplace application, you can help them figure out whether they might be eligible for insurance affordability programs.

CLOSE

[Text Description of Image or Animation](#)

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### Scenario: AI/AN Eligibility for Cost-Sharing Reductions

As you continue to help Sitapu and Atepa complete the Marketplace application, you can help them figure out whether they might be eligible for insurance affordability programs.

**You:** I would like to ask you for some information about your and Sitapu's ages, the size of your family, and how much money you earn or receive.

**Atepa:** I'm 38 years old, and Sitapu is 40. We have no children. We both work in the gift shop of a local historical museum, which gives us a combined annual income of approximately \$43,400. We have approximately \$6,000 in other income from the sale of Sitapu's artwork at weekend flea markets.

In general, income from Indian trust land, natural resources, and items of cultural significance are not counted for Marketplace, Medicaid, or CHIP eligibility, if the income is not reported on a federal income tax return. Based on this information, it might be helpful for you to ask some additional questions about Sitapu's artwork to estimate whether it could be considered to have cultural significance, and whether the couple should report the income from the sale of that artwork on their federal income tax return.

**You:** What kind of artwork does Sitapu create and sell?

**Atepa:** He paints local landscapes and sometimes portraits of people's pets. It's a fun hobby, and it brings in a little extra spending money, which we include in the income we report to the Internal Revenue Service.

In general, income from Indian trust land, natural resources, and items of cultural significance are not counted for Marketplace, Medicaid, or CHIP eligibility, if the income is not reported on a federal income tax return. Based on this information, it might be helpful for you to ask some additional questions about Sitapu's artwork to estimate whether it could be considered to have cultural significance, and whether the couple should report the income from the sale of that artwork on their federal income tax return.

The screenshot shows a training module titled "Advanced Marketplace Issues". The main heading is "Helping Consumers with Complex Eligibility Cases". The sub-section title is "Scenario: AI/AN Eligibility for Cost-Sharing Reductions (cont.)". The central image shows three women looking at a tablet screen. A callout box contains text about income thresholds and a note about 2016 guidelines. Navigation buttons at the bottom include "Text Description of Image or Animation", "Menu", "Help", "Glossary", "Resources", "CLOSE", "Click through the activity to enable the NEXT button", "< BACK", and "NEXT >".

[Text Description of Image or Animation](#)

After entering their estimated annual income (\$49,400) in the Marketplace application, Atepa and Sitapu learn that they qualify for limited cost sharing if they choose to enroll in a QHP. This is because their income is higher than 300% of the FPL for a household of two in 2016. 300% of the FPL for a household of 2 in 2016 is \$48,060 or less (300% of the FPL for a family of 2 is \$60,060 in Alaska).

Note that the 2016 guidelines have not been released as of the date of publication of this training, but will be available on the [HHS ASPE website](#).

Click through the activity to enable the NEXT button

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### Scenario: AI/AN Eligibility for Cost-Sharing Reductions (cont.)

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**You:** Based on what you told me about your income and your AI/AN status, you probably qualify for a limited cost sharing plan. This means that you won't pay for any costs out-of-pocket like deductibles, copays, or co-insurance when you get services from the IHS or for EHB that are referred through the Purchased/Referred Care Program. You must get a referral from that program to avoid cost sharing if you visit any provider that is not affiliated with the IHS, and you may pay cost sharing for any service from a non-IHS provider that is not an EHB.

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

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

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### Scenario: AI/AN Eligibility for Special Enrollment Period

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

**You:** Your AI/AN status qualifies you to enroll in health coverage through the Marketplace during any month, not just during the yearly Open Enrollment period, so there's no deadline for enrolling in a QHP. Once you select and enroll in a QHP, you can change your plan once per month throughout the year by using a special enrollment period.

However, when you select a plan or choose to change plans, the date you make a plan selection determines the date your new plan becomes effective. If you select and enroll in a new plan from the first to the 15th calendar day of the month, your coverage under the new plan will begin on the first day of the following month. If you select and enroll in a new plan from the 16th to the 31st calendar day of the month, your coverage begins on the first day of the second following month. For example, if you change plans on March 16th, your coverage becomes effective May 1st.

**Sitapu:** Thank you for your help today. We look forward to finishing our Marketplace application soon.



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## Advanced Marketplace Issues

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### Knowledge Check

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

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

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

A. You tell Takoda that he must wait until the beginning of the next Open Enrollment period to see if he can get health coverage through the Marketplace.

B. You tell Takoda that he isn't required to enroll in a Marketplace plan, but he may want to apply for health coverage through the Marketplace because, by enrolling in a qualified health plan, he may benefit from having greater access to services that may not be included with services provided by IHS.

C. You tell Takoda that, by providing documentation to verify his American Indian tribal membership, he can apply for and enroll in Marketplace health insurance at any time during the year.

D. You tell Takoda that, by providing documentation to verify his American Indian tribal membership, he can apply for an exemption from the individual shared responsibility payment, but he can only complete the application for this exemption when he files his next federal income tax return.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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### Knowledge Check

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- B. You tell Takoda that he isn't required to enroll in a Marketplace plan, but he may want to apply for health coverage through the Marketplace because, by enrolling in a qualified health plan, he may benefit from having greater access to services that may not be included with services provided by IHS.
- C. You tell Takoda that, by providing documentation to verify his American Indian tribal membership, he can apply for and enroll in Marketplace health insurance at any time during the year.

- D. You tell Takoda that, by providing documentation to verify his American Indian tribal membership, he can apply for an exemption from the individual shared responsibility payment, but he can only complete the application for this exemption when he files his next federal income tax return.

**Feedback:** The correct answers are B and C. Based on his American Indian tribal membership, Takoda can apply for health coverage through the Marketplace at any time during the year, and the Marketplace may provide him with greater access to providers and services, while allowing him to remain eligible to access health care services through the IHS the same way he does now. If Takoda chooses to apply for an exemption from the individual shared responsibility payment, he can do so at any time through the mail and can access the application form online or when he files his next federal income tax return.

## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

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### College Students and Multi-State Plans

Consumers who are college students have many options for enrolling in health coverage. As with other young adults, Marketplace issuers must allow students to enroll in or stay on their parents' private health coverage (if that coverage offers dependent coverage) until the day of their 26th birthday. (Medicaid has different rules.)

The consumer may also be eligible to buy a health plan through the Marketplace during the Open Enrollment period or during a special enrollment period instead.

A consumer may also qualify for help paying for Marketplace coverage or Medicaid based on income level. Student consumers under the age of 30 also have the option to purchase a catastrophic health plan. Catastrophic plans generally offer lower premiums and high deductibles; however, the premium tax credit can't be used to reduce premiums for such plans, and cost-sharing reductions are not available.

For consumers who attend a school that is physically located outside of the service area of the student's permanent address, it may be beneficial to consider a [Multi-State Plan \(MSP\)](#) to increase access to in-network coverage for both when the student is at school and in the area of his or her permanent address.



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**More Information about Multi-State Plans**

A Multi-State Plan is a private health insurance plan sold through the Marketplace under a contract between the U.S. Office of Personnel Management (OPM) and an insurance company. OPM is the federal agency that administers health insurance plans for federal employees, retirees, and their families.

Multi-State Plans must include essential health benefits, and generally must cover any additional benefits required by state law. Enrollees in Multi-State Plans are eligible for the same income-based savings as enrollees in other Marketplace plans.

Some Multi-State Plan options offer in-network care out of state, but not all do. Review the plan's materials and provider directory to see if providers outside the state or service area are included in the network. Services provided by health care providers outside of a plan's network usually cost more than services delivered by in-network providers.

The screenshot shows a knowledge check page titled "Helping Consumers with Complex Eligibility Cases". The page content is as follows:

**Knowledge Check**

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

**Which of the following is NOT an enrollment option that you would share with Jack?**

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

A. Ask Jack if he knows if his school offers a student health plan and whether or not it meets all of his coverage needs.

B. Inform him that if he is under the age of 26, he may be eligible to enroll in or stay covered under his parents' health plan, if his parents' plan has dependent coverage.

C. Tell Jack about his Marketplace options, such as applying for individual health coverage or purchasing a catastrophic plan.

D. Tell Jack that, because he is a student, he doesn't need health coverage and can visit the campus health services center if he needs care.

**Check Your Answer**

Complete the Knowledge Check to enable NEXT button

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## Knowledge Check

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Select the correct answer.

- A. Ask Jack if he knows if his school offers a student health plan and whether or not it meets all of his coverage needs.
- B. Inform him that if he is under the age of 26, he may be eligible to enroll in or stay covered under his parents' health plan, if his parents' plan has dependent coverage.
- C. Tell Jack about his Marketplace options, such as applying for individual health coverage or purchasing a catastrophic plan.
- D. Tell Jack that, because he is a student, he doesn't need health coverage and can visit the campus health services center if he needs care.

**Feedback:** The correct answer is D. You wouldn't tell Jack that he doesn't need coverage as a student. While student consumers may have access to student health centers, they still generally need to meet the requirement to maintain minimum essential coverage. Jack may meet this requirement by enrolling in his school's student health plan, getting health coverage under his parents' health plan, or purchasing individual health coverage for himself.

## Advanced Marketplace Issues

Helping Consumers with Complex Eligibility Cases

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**Key Points**

- You should be aware of the health coverage options for specific populations of consumers, including veterans who are eligible for VA health benefits, consumers living with HIV/AIDS, homeless consumers, and college students.
- When reporting disability-related income to the Marketplace for determining eligibility for programs to help lower costs, consumers must include Social Security payments and shouldn't include SSI, Veteran's disability payments, or workers' compensation.
- AI/ANs have special provisions, options, and exemptions under the Affordable Care Act, which include special enrollment periods, exemption from the individual shared responsibility payment, and specific income-based eligibility for cost-sharing reductions.

You've successfully completed this course.

Click **EXIT** to leave the course and take the Advanced Marketplace Issues 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.

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### Key Points

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## Advanced Marketplace Issues Resources

### **Who's Eligible to Use the Marketplace**

Information on consumer eligibility requirements for coverage through the Marketplace.

<https://www.healthcare.gov/quick-guide/eligibility/>

### **Changing from the Marketplace to Medicare**

Information for consumers transitioning from coverage through a Marketplace plan to coverage through Medicare.

<https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>

### **IRS Publication 5120: Your Credit, Your Choice – Get it Now or Get it Later**

Official IRS guidance on the premium tax credit and consumer choice to either take payments of the credits in advance or during tax filing at the end of the year.

<http://www.irs.gov/pub/irs-pdf/p5120.pdf>

### **Medicaid in Your State**

Information on Medicaid expansion and coverage of pregnant women and children by state.

<https://www.insurekidsnow.gov/state/index.html>

### **HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE)**

Official website for the HHS/APSE which provides resources on federal poverty level guidelines, research, and measurements.

<http://aspe.hhs.gov/poverty/index.cfm>

### **Title II of the Social Security Act Work Quarter Requirements**

Official SSA guidance on quarters of coverage, used to determine eligibility for certain federal and state programs.

<https://secure.ssa.gov/poms.nsf/lnx/0500502135>

### **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)**

Official CMS guidance on the implementation of CHIPRA.

<http://www.cms.gov/smdl/downloads/SHO10006.pdf>

### **Seven-year Limit on Eligibility for Certain Noncitizens**

Information on eligibility for SSI for lawfully residing noncitizens.

<http://www.socialsecurity.gov/pubs/11051-sup.html#a0=3>

**Immigrant Families and the Marketplaces**

Information for immigrant or mixed immigration status families seeking coverage through the Marketplaces.

<https://www.healthcare.gov/immigrants/coverage/>

**Assister Training Webinar on Helping Families that Include Immigrants**

A webinar that provides detailed Assister training on helping immigrant or mixed immigration status families determine eligibility, apply for and enroll in coverage through the Marketplaces.

<http://www.healthreformbeyondthebasics.org/cbpp-webinar-navigating-the-application-process-for-families-that-include-immigrants/>

**Clarification of Existing Practices Related to Certain Health Care Information**

Official U.S. Immigration and Customs Enforcement (ICE) guidance on complying with existing practices when collecting information needed to determine the eligibility of noncitizens for health coverage through the Marketplaces and other federal programs.

<http://www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf>

**CMS Webinar “Processing Applications: Multi-tax Households” (January 17, 2014)**

A webinar that explains the Marketplace application process for consumers in multi-tax households.

<https://marketplace.cms.gov/technical-assistance-resources/best-practices-for-assisting-consumers.pdf>

**Consumers Union Fact Sheet “Reporting Your Income When Buying Health Insurance on Your State's Marketplace”**

A fact sheet that provides best practices for consumers reporting their income on a Marketplace application

[http://consumersunion.org/wp-content/uploads/2014/01/Reporting\\_your\\_income\\_2014.pdf](http://consumersunion.org/wp-content/uploads/2014/01/Reporting_your_income_2014.pdf)

**Changes in Circumstances Can Affect Your Premium Tax Credit**

Resource that explains the importance of accurately reporting and updating Marketplace information for consumers who choose to take advance payments of the premium tax credit.

<http://www.irs.gov/uac/Newsroom/Changes-in-Circumstances-can-Affect-your-Premium-Tax-Credit>

**Cost-sharing Charges in Marketplace Health Insurance Plans Part II: Answers to Frequently Asked Questions**

FAQ on cost-sharing reductions available through the Marketplaces.

<http://www.healthreformbeyondthebasics.org/?s=cost+sharing+reductions>

**Important Dates for Small Employers**

An outline of important dates and deadlines for small employers interested in offering coverage through the SHOP Marketplace.

<https://www.healthcare.gov/quick-guide/dates-and-deadlines/>

**The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid**

Information on consumer options and issues in states that did not expand Medicaid.

<http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>

**Questions and Answers on the Premium Tax Credit**

Q&A resource geared toward consumers interested in learning more about the premium tax credit.

<http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-the-Premium-Tax-Credit>

**FAQs: Additional Factors that May Impact Immigrant Eligibility for Health Coverage**

A resource where consumers can create a Marketplace account and access information about health coverage and the Health Insurance Marketplace<sup>SM</sup>.

<https://www.healthcare.gov/>