

Medicaid and CHIP Overview

This job aid provides information and guidance for Navigators and certified application counselors (collectively, assisters) on helping consumers learn about and apply for Medicaid and the Children’s Health Insurance Program (CHIP).

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Version 2.0 November 2023. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.

Overview

Medicaid and the Children's Health Insurance Program (CHIP) are state-administered health coverage programs funded by the Federal Government and the states that provide comprehensive coverage for over 93 million consumers.

- Medicaid is a state-administered health coverage program that provides free or low-cost health coverage to some low-income people, families and children, pregnant individuals, the elderly, and people with disabilities.
- CHIP is a state-administered health insurance program that provides health insurance coverage for low-income children (and, in some states, low-income pregnant individuals) whose household income is too high to qualify for Medicaid but too little to afford Marketplace coverage.
- States establish and administer their own Medicaid and CHIP programs and determine the type, amount, duration, and scope of services, within federal guidelines.
- Medicaid benefits for children under the age of 21 must include the full range of medically necessary services. Medicaid benefits for adults may vary but generally must be comprehensive in scope.
- CHIP must provide, at a minimum, well-baby and well-child care, dental coverage, behavioral health care, and vaccines.

Most Medicaid and CHIP coverage qualifies as minimum essential coverage (MEC). However, some forms of Medicaid that cover limited benefits aren't considered MEC. Some limited types of Medicaid only pay for certain services, such as family planning, emergency care, tuberculosis services, and coronavirus disease 2019 (COVID-19) testing and treatment. For more information on which Medicaid programs are considered MEC, visit [HealthCare.gov/medicaid-limited-benefits](https://www.healthcare.gov/medicaid-limited-benefits).

Consumers who are determined eligible for or are enrolled in coverage through Medicaid or CHIP that counts as MEC are ineligible for advance payments of the premium tax credit (APTC) for themselves and for income-based cost-sharing reductions (CSRs) to help pay for the cost of their Marketplace coverage. If they are enrolled in both Medicaid or CHIP and Marketplace coverage with APTC/CSRs, the consumer should visit [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan) or contact the Marketplace Call Center at 1-800-318-2596 for instructions on how to end their Marketplace coverage with APTC/CSRs.

Eligibility

Medicaid and CHIP eligibility depends on several factors, including:

- A consumer's income level;
 - Modified adjusted gross income (MAGI) is used to determine most consumers' financial eligibility for Medicaid and CHIP. MAGI is the consumer's adjusted gross income plus any non-taxable Social Security, tax-exempt interest, or untaxed foreign income they might have. For example, earned wages and unemployment benefits are counted in the MAGI calculation, but income from child support and student loans is not. There are some differences in the MAGI calculation for Medicaid/CHIP than for the Marketplace.
 - A consumer may be required to provide information or documentation to their state Medicaid or CHIP agency in order to verify their income. The state Medicaid or CHIP agency may not be able to make an eligibility determination until the consumer provides the requested information.
- The number of people in their household;
 - Household composition and family size are important to calculate MAGI and determine Medicaid and CHIP eligibility. Household size generally includes tax filers and tax dependents in the household, but sometimes different family members are included in a consumer's Medicaid and CHIP household size, such as when determining Medicaid and CHIP eligibility for someone who doesn't file a tax return and is not claimed as a tax dependent.
- The consumer's age, pregnancy status, and whether the consumer has a disability;
- The state in which they live; and
- Their U.S. citizenship, U.S. national status, or immigration status.

Applying for Medicaid and CHIP

Consumers can apply and receive eligibility results for Medicaid and CHIP in two main ways:

- Through their state's website.
 - Consumers can find their state Medicaid and CHIP program names at [HealthCare.gov/medicaid-chip-program-names](https://www.healthcare.gov/medicaid-chip-program-names) and in Appendix A. They can also choose their state in the drop-down menu at [HealthCare.gov/medicaid-chip](https://www.healthcare.gov/medicaid-chip), which will direct them to their state's Medicaid/CHIP agency website. They can apply through

the agency website to find out if they qualify for Medicaid or CHIP. Consumers can also apply by phone, mail, in person, or through other commonly available electronic means.

- If they qualify, Medicaid/CHIP coverage can begin immediately and may be effective retroactively.
- By filling out a Marketplace application.
 - After submitting a completed application for Marketplace coverage with financial assistance, the Marketplace will evaluate eligibility results for both Marketplace coverage with financial assistance and Medicaid or CHIP coverage. If anyone in the household is or may be eligible for Medicaid or CHIP or requests a full/non-MAGI determination of Medicaid/CHIP eligibility by the state Medicaid/CHIP agency, the Marketplace will send the consumer’s information to the state Medicaid or CHIP agency for a final eligibility determination and/or enrollment, as applicable.
 - The state Medicaid or CHIP agency will notify consumers about any next steps to finalize an eligibility determination and/or enroll in Medicaid or CHIP coverage, as applicable.

Medicaid Adult Expansion

Under the Affordable Care Act (ACA), states have the opportunity to expand Medicaid to low-income adults under the age of 65 with income at or below 138 percent of the federal poverty level (FPL).ⁱ Exhibit 1 provides information on income eligibility for Medicaid for expansion states in the continental United States. Note: Consumers may still qualify for Medicaid even if their specific scenario is not demonstrated in Exhibit 1, as their eligibility depends on their specific circumstances.

Exhibit 1 - Income Thresholds for Medicaid Eligibility in the Medicaid Adult Group by Income and Household Size, 2023

Number of People in the Household	Income at or below 138% of the FPL ⁱⁱ
	If a consumer’s income is at or below 138% of the FPL and their state has expanded Medicaid coverage to the adult group, they may qualify for Medicaid.
1	\$20,120
2	\$27,214
3	\$34,307
4	\$41,400
5	\$48,493
6	\$55,586

*The figures in this table are annual income amounts; however, Medicaid eligibility is determined using current monthly income

Consumers in states that have not expanded Medicaid coverage to the adult group who have household income below 100 percent of the FPL (\$14,580 for a household of one, with an increase of \$5,140 for each additional person) may not qualify for either income-based Medicaid or financial assistance for a Marketplace plan. Assistors should help consumers in this situation understand that they may still qualify for Medicaid under their current state rules. For more information, refer to [Medicaid Coverage Gap](#) below.

Assistors should understand that consumers who are immigrants may be eligible for Medicaid. In general, immigrants must have a “qualified” immigration status to be eligible for Medicaid or CHIP, and many, including most lawful permanent residents or “green card” holders, must wait five years after obtaining qualified status before they may enroll. Some immigrants with qualified status, such as refugees and asylees, do not have to wait five years before enrolling. Some immigrants, such as parolees or those with temporary protected status, are lawfully present and may only qualify for coverage if they are a child or pregnant individual in a state that has elected to cover lawfully residing children or pregnant individuals.ⁱⁱⁱ Immigrants who do not have a qualified status and who are not eligible as a lawfully present child or pregnant individual in their state are generally only eligible for payment for services for treatment of an emergency medical condition.

Out-of-pocket Costs

Within limits, states can impose copayments, coinsurance, deductibles, and other similar charges on most Medicaid-covered benefits. All out-of-pocket charges are based on the specific state’s defined payment amount for that service. Out-of-pocket amounts vary depending on a Medicaid beneficiary’s income. Certain groups, including children, individuals receiving hospice care, and individuals residing in an institution, are exempt from cost-sharing. Refer to your state agency for details about Medicaid out-of-pocket costs. Cost-sharing can never exceed five percent of a household’s income. Exhibit 2 presents the maximum allowable out-of-pocket costs that beneficiaries at different income levels can expect to pay for certain Medicaid-covered services (unless the state is operating with a waiver of cost-sharing limitations granted by the Centers for Medicare & Medicaid Services). However, states have more flexibility around cost-sharing for higher-income children enrolled in CHIP.

Exhibit 2 – Maximum Allowable Medicaid Copayments Determined by Eligible Population’s Household Income

Services and Supplies	≤100% of the FPL	101-150% of the FPL	>150% of the FPL
Inpatient Hospital	\$92.00	10% of the cost the agency pays	20% of the cost the agency pays
Outpatient Services	\$4.95	10% of the cost the agency pays	20% of the cost the agency pays
Non-emergency use of the Emergency Department	\$9.85	\$9.85	No limit* *Must remain within the 5% aggregate family cap
Preferred Drugs	\$4.95	\$4.95	\$4.95
Non-preferred Drugs	\$9.85	\$9.85	20% of the cost the agency pays

Medicaid and CHIP and Marketplace Coverage

If consumers are determined eligible for Medicaid or CHIP, they are not eligible to receive APTC or CSRs through the Marketplace, even if they choose to decline Medicaid or CHIP coverage.

Consumers should immediately end Marketplace coverage with premium tax credits or other cost savings for anyone in their household who is determined eligible for or already enrolled in Medicaid or CHIP that counts as MEC. If dually enrolled consumers do not end their Marketplace coverage with financial assistance, they will have to pay full cost for that coverage. In accordance with guidance from the Internal Revenue Service (IRS), if a Marketplace makes a determination or assessment that an individual is ineligible for Medicaid or CHIP and eligible for APTC when the individual enrolls in Marketplace coverage, the individual is treated as not eligible for Medicaid or CHIP for purposes of the premium tax credit while they are enrolled in Marketplace coverage for that year.

Consumers with limited Medicaid coverage should consider filling out an application through the Health Insurance Marketplace^{®iv} to find out if they qualify for comprehensive coverage through Medicaid, CHIP, or a Marketplace insurance plan with savings based on their income. When consumers with limited Medicaid coverage fill out a Marketplace application, they should indicate that they want to find out if they can get help paying for coverage, and they should not check the box indicating they have Medicaid. Instead, if otherwise accurate, consumers should check “Other” to indicate that they have other limited benefit coverage or they don’t have other coverage at all. If otherwise eligible, most consumers with income that is at least 100 percent of the FPL can purchase a qualified health plan (QHP) through the Marketplace and be eligible for help lowering the costs of coverage.

Medicaid and CHIP Enrollees and Special Enrollment Periods

There are several different Special Enrollment Period (SEP) types related to Medicaid and CHIP loss and denials:

- Consumers who lose Medicaid or CHIP coverage (including pregnancy-related coverage and medically needy coverage or aging out of CHIP coverage) can qualify for an SEP due to their loss of coverage. They can access this SEP by applying at the Marketplace and attesting to their loss of coverage. For more on the Medicaid Unwinding SEP, please see the section at the end of this document.
- Consumers may qualify for an SEP if they applied for coverage at the Marketplace or through their state Medicaid/CHIP agency during the Marketplace Open Enrollment Period (OEP) and the state Medicaid or CHIP agency determines them ineligible for Medicaid/CHIP after the OEP ended. They can access this SEP by submitting a HealthCare.gov application and attesting to their Medicaid/CHIP denial.

This SEP is also available to consumers who apply for coverage through the Marketplace after an SEP qualifying event, are assessed potentially eligible for Medicaid/CHIP, and are determined Medicaid/CHIP ineligible more than 60 days after their original SEP qualifying event.

- Consumers who have an estimated annual household income at or below 150% FPL in their state and aren't eligible for Medicaid/CHIP may be eligible for an SEP through December 31, 2025.
- Consumers may qualify for an SEP if they become newly eligible for help paying for Marketplace coverage because they moved to a different state and/or experienced a change in income and they were previously both of these:
 - Ineligible for Medicaid coverage because they lived in a state that hadn't expanded Medicaid.
 - Ineligible for help paying for coverage because their household income was below 100 percent of the FPL.

They can access this SEP by calling the Marketplace Call Center and explaining their situation. Once the Call Center confirms that they're APTC eligible, the consumer's application will be escalated to a review team that will determine their SEP eligibility. After a determination is made, the Marketplace will send a notification to the consumer via mail.

Consumers may visit [HealthCare.gov/screener](https://www.healthcare.gov/screener) and answer a few questions to find out if they may qualify for an SEP to enroll in or change plans. To receive a determination, consumers should submit an application on HealthCare.gov. Consumers may also call the Marketplace Call

Center at 1-800-318-2596 (TTY: 1-855-889-4325) to enroll by phone and verify their SEP eligibility. If consumers qualify for an SEP, they generally have 60 days after their SEP qualifying event to newly select or change their Marketplace coverage. Note: Consumers enrolling in Marketplace coverage for the first time may need to submit documents to prove they qualify for an SEP. For more information about SEPs, visit [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period). Consumers changing plans through an SEP may be limited to choosing a new plan from their current plan category. For more information, visit [HealthCare.gov/coverage-outside-open-enrollment/changing-plans](https://www.healthcare.gov/coverage-outside-open-enrollment/changing-plans).

Medicaid and CHIP for Pregnant Individuals

Medicaid pays for nearly half of all births in the United States. With Medicaid coverage, pregnant individuals have access to comprehensive health coverage, including pregnancy, labor, and delivery as well as postpartum care for at least 60 days after birth, regardless of any change in household income. Babies born to pregnant individuals who are receiving Medicaid on the date of delivery are automatically eligible for Medicaid (known as "deemed newborns"). Medicaid eligibility continues until the child's first birthday, and citizenship documentation is not required. Under CHIP, states can elect to cover pregnant individuals. Similar to Medicaid, "targeted low-income pregnant women" in CHIP can receive access to prenatal, delivery, postpartum services, and their infants are also automatically eligible as deemed newborns for either Medicaid or CHIP.

Most pregnant individuals who are receiving Medicaid or CHIP on the date their pregnancy ends continue their Medicaid coverage for a postpartum period that lasts for 60 days after the end of the pregnancy and through the end of the month in which the 60-day period ends. After the postpartum period ends, they may lose Medicaid or CHIP eligibility. The American Rescue Plan Act of 2021, enacted March 11, 2021, gives states the option to extend Medicaid and CHIP coverage for pregnant individuals beyond the required 60-day postpartum period through the end of the month in which a 12-month postpartum period ends. The Consolidated Appropriations Act 2023 (CAA, 2023), enacted on December 29, 2022, makes this state option permanent beginning January 1, 2024. As of July 2023, 35 states and the District of Columbia have extended postpartum eligibility to 12 months. Assistants should check with their state Medicaid/CHIP agency to learn both whether their state has plans to exercise this option and, if so, the state timeline for implementation.

If adopted for Medicaid, the extended postpartum coverage election applies automatically to a separate CHIP in the state for children who are pregnant and pregnant individuals, as applicable. This state option began on April 1, 2022.

States may also elect to provide coverage to lawfully residing children and pregnant individuals under sections [1903\(v\)\(4\)\(A\)](#) and [2107\(e\)\(1\)\(N\) of the Social Security Act](#) and [SHO# 10-006](#). For a list of states providing Medicaid and CHIP coverage to lawfully residing children and/or

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

Medicaid Coverage Gap

In states that have not expanded Medicaid to the adult group, many adults with incomes below 100 percent of the FPL are in what is known as a coverage gap. Their incomes are too high to qualify for Medicaid under their state's current rules and too low to qualify for help paying for Marketplace coverage. Some consumers in the coverage gap include adults with no dependent children or parents of dependent children whose household income is above the state's threshold for parents but below 100 percent of the FPL. Consumers in the coverage gap may:

- Fill out a Marketplace application and indicate that they want to see if they're eligible for help paying for coverage. Each state has coverage options that could work for the consumer, particularly if they have children, are pregnant, or have a disability. Also, when they provide more detailed income information, they may qualify for help paying for Marketplace coverage.
- Purchase Catastrophic coverage, which is available for people under 30 and people of any age with a hardship exemption. Catastrophic plans usually have lower monthly premiums than comprehensive plans but only cover certain preventive services and worst-case scenarios, like serious accidents or illnesses. For more information, visit [HealthCare.gov/choose-a-plan/catastrophic-health-plans](https://www.HealthCare.gov/choose-a-plan/catastrophic-health-plans).
- Obtain health care services at federally qualified community health centers. These centers provide services on a sliding scale based on the individual's income. To find a community health center near the consumer, visit [HealthCare.gov/community-health-centers](https://www.HealthCare.gov/community-health-centers).
- Explore the availability of pharmaceutical assistance programs. Some pharmaceutical companies offer assistance programs that provide financial assistance or free products to low-income individuals for the drugs they manufacture. To help consumers find out if assistance is available for the medications they take, visit [Medicare.gov/pharmaceutical-assistance-program](https://www.Medicare.gov/pharmaceutical-assistance-program).
- Find out about other coverage options, including short-term, limited-duration insurance.
 - Short-term, limited-duration insurance (STLDI) plans are generally not required to comply with ACA provisions that apply to individual health coverage plans. STLDI plans may not include coverage of essential health benefits and might also have lifetime and/or annual dollar limits on health benefits. If STLDI coverage expires or a consumer loses eligibility for this coverage, they may have to wait until an OEP

to get other health insurance coverage. They will not be eligible for an SEP to get Marketplace coverage.

- For more resources, please refer to the Resources for the Uninsured webinar at [Marketplace.cms.gov/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf](https://www.Marketplace.cms.gov/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf) and the Health Coverage Options for the Uninsured fact sheet at [Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf](https://www.Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-for-uninsured.pdf).

Medically Needy Medicaid

States have the option to establish a “medically needy program” for individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups. Medically needy individuals can still become eligible for Medicaid by “spending down” the amount of income that is above their state's medically needy income standard.

- Individuals spend down by incurring expenses for medical and remedial care for which they do not have health insurance.
- Once an individual's incurred expenses exceed the difference between the individual's income and the state's medically needy income level (the “spend-down” amount), the person can be eligible for Medicaid.
- At the beginning of the budget period, an individual with income above the medically-need income level (MNIL) will not be eligible for Medicaid coverage. As soon as the individual has incurred sufficient medical expenses, such that, after subtracting incurred medical expenses, their income falls below the MNIL, they are eligible for coverage for the rest of the budget period.
- The Medicaid program then pays the cost of services that exceeds the expenses the individual had to incur to become eligible. CMS has outlined the process for determining whether a state's medically needy coverage is considered MEC here: [Medicaid.gov/medicaid/eligibility/minimum-essential-coverage/index.html](https://www.Medicaid.gov/medicaid/eligibility/minimum-essential-coverage/index.html).
 - Some consumers who have medically needy coverage that consists of a comprehensive state plan benefit and who do not have a spend-down requirement may qualify for an SEP to enroll in a QHP through the Marketplace if they lose their Medicaid medically needy coverage. The Medicaid coverage these particular individuals receive is considered MEC. These particular consumers should answer “yes” to the Marketplace application question that asks if they recently lost health coverage, and consumers should not attest to currently having Medicaid.

- Some states have elected to provide a less robust benefit to medically needy consumers, and this coverage is not considered MEC. These individuals can qualify for Marketplace coverage with APTC even though they also are eligible for Medicaid medically needy coverage. However, they will not qualify for an SEP for loss of Medicaid coverage if their medically needy coverage ends. Individuals who qualify as medically needy through a spenddown will also not qualify for an SEP.

A consumer does not have to accept medically needy Medicaid coverage and can instead elect to enroll in a QHP through the Marketplace with financial assistance, if otherwise eligible. These consumers should not attest that they have Medicaid on their Marketplace application.

Medicaid and CHIP Eligibility and Immigration Status

Qualified Non-citizens

Immigrants who are “qualified non-citizens” are generally eligible for Medicaid and CHIP coverage if they meet their state’s other eligibility requirements, such as income and residency rules.

In order to enroll in full Medicaid benefits or CHIP coverage, many qualified non-citizens, such as many lawful permanent residents (LPRs, or “green card holders”), have a five-year waiting period.^v This means they must wait five years after receiving “qualified” immigration status before they can be eligible for full Medicaid benefits and CHIP coverage, if they otherwise meet all of the eligibility requirements in the state.^{vi} Qualified non-citizens who have not met the five-year waiting period or do not have satisfactory immigration status are only eligible for payment for service for the treatment of an emergency medical condition under Medicaid, if they otherwise meet all of the other eligibility requirements in the state. There are exceptions. For example, refugees and asylees don’t have to wait five years to receive full Medicaid or CHIP, and may be eligible for Refugee Medical Assistance (for more on that, visit [Acf.hhs.gov/orr/programs/refugees/cma](https://www.acf.hhs.gov/orr/programs/refugees/cma)).^{vii}

Exhibit 3 lists some Medicaid- and CHIP- eligible qualified non-citizens who do and do not have a five-year waiting period. For more information, visit [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.healthcare.gov/immigrants/lawfully-present-immigrants) and [Macpac.gov/subtopic/noncitizens](https://www.macpac.gov/subtopic/noncitizens).

Exhibit 3 - Qualified Non-citizens Eligible for Medicaid and CHIP

Qualified Non-citizens With Five-year Waiting Period Requirement	Qualified Non-citizens Without Five-year Waiting Period Requirement
<ul style="list-style-type: none"> ▪ Lawful Permanent Residents (LPR/Green Card Holder) ▪ Paroled into the U.S. for at least one year ▪ Conditional entrant granted before 1980 ▪ Battered non-citizens, spouses, children, or parents ▪ Individuals with a pending application for a victim of trafficking visa 	<ul style="list-style-type: none"> ▪ Refugees ▪ Asylees ▪ COFA migrants^{viii} ▪ Deportation is being withheld ▪ Cuban and Haitian entrants ▪ Amerasians ▪ Active-duty military servicemembers, veterans, and their spouses and dependent children ▪ Victims of trafficking and the individual's spouse, child, sibling, or parent ▪ LPRs who adjust from refugee, asylee, or some other exempt qualified non-citizen status

Lawfully Residing Children and Pregnant Individuals

Under Section 214 of the Children’s Health Insurance Program Reauthorization Act of 2009, (an option commonly referred to as the “CHIPRA 214 option”), states have the option to cover all lawfully residing children under age 21 (under age 19 for CHIP) and/or pregnant individuals in Medicaid or CHIP, including during the five-year waiting period. A child or pregnant individual is lawfully residing for the purposes of Medicaid or CHIP eligibility if they’re [lawfully present](#) and otherwise eligible for Medicaid or CHIP in the state of application. To find out if a particular state has this option in place, visit [Medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing](https://www.Medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing).

Emergency Care

Medicaid provides payment for services for treatment of an emergency medical condition for people who meet all Medicaid eligibility criteria in the state (such as income and state residency) but are ineligible for full Medicaid benefits because they don’t have a satisfactory immigration status.

Immigration Status and Marketplace Savings

Lawfully present immigrants who have an estimated household income less than 100 percent of the FPL and are not eligible for Medicaid due to their immigration status may be eligible for APTC and CSRs for QHPs through the Marketplace if they meet all other eligibility requirements. They may attest to their Medicaid denial on the Marketplace application, which will help the Marketplace determine whether they are eligible for APTC and CSRs to help with the costs of Marketplace coverage and covered services.

By answering the question, “Was [Person’s name] found not eligible for [state Medicaid program name] or [state CHIP program name] based on their immigration status since [current year minus five years]?” as applicable, consumers can enroll in Marketplace coverage with financial assistance if they are otherwise eligible. More information about lawfully present immigrants’ eligibility for Medicaid and other coverage options is available at [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.healthcare.gov/immigrants/lawfully-present-immigrants).

Tips for Enrolling Consumers in Medicaid or CHIP

Consumers can apply for and, if found eligible, enroll in Medicaid or CHIP at any time during the year using the streamlined Marketplace application available at HealthCare.gov. The following tips will help ensure that consumers receive accurate eligibility determinations and are able to enroll in Medicaid, CHIP, or Marketplace coverage for which they are eligible.

- Instruct consumers to provide accurate income information and inform them that the Marketplace will check trusted data sources to verify their application data.
 - Depending on their state’s rules and other factors, consumers will receive either an eligibility determination or assessment notice from the Marketplace. Consumers who are potentially eligible for Medicaid or CHIP may need to provide documents to their state Medicaid or CHIP agency to verify application. Their state Medicaid or CHIP agency will inform them of what information to provide and other important details, as applicable. The state Medicaid or CHIP agency may not be able to make an eligibility determination until the consumer provides the requested information.
 - If the Marketplace cannot verify a consumer’s information and the applicant appears potentially eligible for Marketplace coverage (with or without APTC and/or CSRs), the Marketplace will generate a data matching issue, and the consumer will have 90 days to resolve the inconsistency.
- Help all members of a potentially mixed eligibility household who are seeking coverage to apply for and enroll in coverage, as applicable. Different members of a household may be eligible for different forms of health coverage. For example, an applicant may be eligible for financial assistance through the Marketplace, the applicant’s child may be eligible for CHIP, and the applicant’s spouse may be eligible for Medicaid due to disability.
- Explain to consumers how to file an appeal (sometimes referred to as a “fair hearing”) for a Medicaid or CHIP eligibility denial. Appeal requests can be filed with the state Medicaid agency or the Marketplace Appeals Entity (if the state in which the consumer resides has delegated authority to the Marketplace Appeals Entity for appeals). Detailed information

about how to file an appeal and the options the consumer has regarding who will make an appeal determination is included in the eligibility determination notice.

- If the state agency decides someone in a consumer's household isn't eligible for Medicaid or CHIP, the consumer will get a notice from the state agency explaining this. In most cases, the state will send the consumer's information to the Marketplace. The Marketplace will send a notice to the consumer explaining how to submit an application for a private insurance plan and help paying for it.

Scenario

Medicaid Eligibility and Coverage Options in a Non-expansion State

- Michael is a 29-year-old U.S. citizen who earns \$11,000 per year. He lives in a state that has not expanded Medicaid. He worries that a QHP through the Marketplace will be too expensive, and he wants to better understand his coverage options. When assisting Michael to find health coverage options, consider the following:
 - Michael should submit a Marketplace application to determine his eligibility and indicate on his application that he wants to find out if he can get help paying for coverage. Household size, disability status, and other factors could make a difference in his eligibility for Medicaid, even if his state has not expanded Medicaid to low-income, non-elderly adults.
 - Based on his income, Michael is not eligible for Medicaid under the adult group (sometimes called the Medicaid expansion group) because his state has not expanded Medicaid. If his state had expanded Medicaid, he would be income eligible under the adult group. Because Michael earns less than 100 percent of the FPL (\$14,580 per year for a household size of one) and is a U.S. citizen, he does not qualify for financial assistance to help with the costs of Marketplace coverage.
 - Michael can receive health services at a federally qualified community health center or the emergency room if he needs care in a hospital.
 - Michael can purchase Catastrophic coverage without applying for a hardship exemption since he is under 30 years old.

Medicaid Unwinding: Ending of the Continuous Enrollment Condition

Since the onset of the COVID-19 public health emergency (PHE), states have made policy, programmatic, and systems changes to respond effectively to the COVID-19 pandemic. As one

of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under the Families First Coronavirus Response Act (FFCRA), states were required to pause most redeterminations and maintain enrollment of nearly all individuals enrolled in Medicaid (and in some cases CHIP coverage), starting in March 2020; this provision is commonly referred to as the “continuous enrollment condition”. Per the CAA, 2023, the continuous enrollment condition ended on March 31, 2023. With the end of this condition, states are required to resume regular eligibility and enrollment operations, including renewals and coverage terminations. This process is referred to as “Medicaid unwinding.” States have a 12-month period to initiate renewals for all enrollees in Medicaid, CHIP, and the Basic Health Program (BHP) and must complete renewals for this group within 14 months. In some states, renewals began as early as February 1, 2023 with the first terminations effective on April 1.

CMS views Medicaid unwinding as two phases:

Phase 1: Prepare for the renewal process and educate Medicaid and CHIP beneficiaries about the upcoming changes.

Phase 2: Ensure Medicaid and CHIP beneficiaries take the necessary steps to renew coverage or/and transition to other coverage if they’re determined by their state Medicaid/CHIP agency to no longer be eligible for Medicaid or CHIP.

Navigator grantees and certified application counselor designated organizations (CDOs) will maintain a physical and virtual presence in communities across the FFM to provide direct unwinding support to help consumers with:

- Enrolling in coverage,
- Understanding health coverage and connecting to primary care and preventive services (Coverage to Care, or C2C), and
- Post-enrollment activities.

Assisters have an important role during the unwinding process.

As states resume normal operations during unwinding, they will be sending consumer notices, renewal packets, and requests for additional information. States may have had limited contact with enrollees over the past three years, particularly in states that have not been conducting renewals. As a result, enrollee contact information on file with states may be outdated. Consumers should ensure that the state Medicaid/CHIP agency has their current contact information (e.g., address, email, phone number); without updated contact information, renewals and state notices may not reach consumers, leading to inappropriate coverage loss.

Some individuals enrolled in Medicaid, CHIP, and BHP may be confused about what they must do and the timeline required to take specific actions.

Assisters can refer to the unwinding [Communications Toolkit](#) to learn how to help Medicaid and CHIP enrollees prepare for the upcoming renewal process, along with several other unwinding resources (also available in [Spanish](#)).

Consumers who lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, will be eligible for a 60-day SEP beginning the day they submit or update a Marketplace application. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.

To ensure continuity of coverage, consumers should complete a Marketplace application as soon as they receive a determination of ineligibility from their state Medicaid agency. To receive the SEP, consumers must:

1. Submit a new application or update an existing application between March 31, 2023, and July 31, 2024, and answer “yes” to the application question asking if their Medicaid or CHIP coverage recently ended or will soon end, and
2. Attest to a Medicaid or CHIP coverage loss between March 31, 2023, and July 31, 2024. Consumers will then have 60 days to select a new plan for Marketplace coverage.

Additional Resources

For more information visit:

[Medicaid.gov](https://www.Medicaid.gov)

[InsureKidsNow.gov](https://www.InsureKidsNow.gov)

HealthCare.gov: [HealthCare.gov/medicaid-chip/getting-medicaid-chip/](https://www.HealthCare.gov/medicaid-chip/getting-medicaid-chip/)

[Medicaid](#) and [CHIP](#) Eligibility



Appendix A: State Medicaid & CHIP Information

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Program Website
Alabama	Alabama Medicaid	Medicaid.alabama.gov	ALL Kids	Adph.org/allkids
Alaska	Alaska Medicaid	Dhss.alaska.gov/dpa/pages/medicaid	Denali KidCare	Denali KidCare (alaska.gov)
Arizona	Arizona Health Care Cost Containment System (AHCCCS)	Azahcccs.gov	KidsCare	Azahcccs.gov/Member/s/GetCovered/Categories/KidsCare
Arkansas	Arkansas Medicaid	Humanservices.arkansas.gov/divisions-shared-services/medical-services/	ARKids First!	Arkidsfirst.com
California	Medi-Cal	Dhcs.ca.gov/services/medi-cal	Medi-Cal	Dhcs.ca.gov/services/medi-cal
Colorado	Health First Colorado	Colorado.gov/pacific/hcpf/colorado-medicaid	Child Health Plan Plus (CHP+)	Colorado.gov/hcpf/child-health-plan-plus
Connecticut	HUSKY Health For Connecticut Children and Adults	Ct.gov/hh	HUSKY Health For Connecticut Children and Adults	Ct.gov/hh
Delaware	Delaware Medicaid	Dhss.delaware.gov/dhss/dmma/medicaid	Delaware Healthy Children Program	Dhss.delaware.gov/dhss/dmma/dhcpfaq.html
District of Columbia	DC Medicaid	Dhcf.dc.gov/service/dc-healthy-families	DC Healthy Families	Dhcf.dc.gov/service/dc-healthy-families
Florida	Florida Medicaid	Myflfamilies.com/medicaid	Florida KidCare	Floridakidcare.org
Georgia	Georgia Medical Assistance	Medicaid.georgia.gov	PeachCare for Kids	Peachcare.org
Hawaii	Hawaii Medicaid	Medquest.hawaii.gov/	Hawaii CHIP	Mybenefits.hawaii.gov/main/healthcare-for-children/

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Program Website
Idaho	Idaho Medicaid Program	Healthandwelfare.idaho.gov/Medical/Medicaid	Idaho CHIP	Healthandwelfare.idaho.gov/services-programs/medicaid-health/childrens-health-insurance-program-chip
Illinois	Illinois Medical Assistance	Illinois.gov/hfs	All Kids	Illinois.gov/hfs/MedicalPrograms/AllKids
Indiana	Indiana Medicaid	Medicaid/members	Hoosier Healthwise	In.gov/medicaid/members
Iowa	Iowa Medicaid	Dhs.iowa.gov/ime/about	Healthy and Well Kids in Iowa (Hawki)	Dhs.iowa.gov/hawki
Kansas	KanCare	Kancare.ks.gov/home	KanCare CHIP	Sehp.healthbenefitsprogram.ks.gov/benefits/premium-assistance-programs/childrens-health-insurance-program
Kentucky	Kentucky Medicaid	Chfs.ky.gov/agencies	Kentucky Children's Health Insurance Program (KCHIP)	Kidshealth.ky.gov
Louisiana	Louisiana Medicaid	Ldh.la.gov	LaCHIP	Ldh.la.gov
Maine	MaineCare	Maine.gov/dhhs/mainecare	Cub Care	Maine.gov/dhhs/oms/mainecare-options/children
Maryland	Maryland Medicaid Program	Health.maryland.gov/mmcp/pages/home.aspx	Maryland Children's Health Connection Program (MCHP)	Health.maryland.gov/mmcp/chp/pages/home.aspx
Massachusetts	MassHealth	Mass.gov/topics/masshealth	MassHealth	Mass.gov/topics/masshealth
Michigan	Michigan Medicaid	Michigan.gov/mdhhs/assistance-programs/medicaid	MIChild	Michigan.gov/mdhhs

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Program Website
Minnesota	Minnesota Medicaid	MN.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/	Minnesota Medicaid	MN.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/
Mississippi	Mississippi Medicaid	Medicaid.ms.gov	Mississippi CHIP	Medicaid.ms.gov/programs/childrens-health-insurance-program-chip/
Missouri	MO HealthNet	Mydss.mo.gov/healthcare	MO HealthNet for Kids	Mydss.mo.gov/healthcare
Montana	Montana Medicaid	Dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices	Healthy Montana Kids	Dphhs.mt.gov
Nebraska	Nebraska Medicaid	Dhhs.ne.gov/Pages/Medicaid-Eligibility	Nebraska CHIP	Dhhs.ne.gov/Pages/Medicaid-Eligibility
Nevada	Nevada Medicaid	Nevadahealthlink.com/start-here/about-the-aca/medicaid/	Nevada Check Up	Dwss.nv.gov/Medical/NCUMAIN/
New Hampshire	New Hampshire Medicaid	Dhhs.nh.gov/ombp/medicaid	Children's Medicaid	Dhhs.nh.gov/programs-services/medicaid/nh-medicaid-medical-assistance-eligibility/nh-medicaid-medical
New Jersey	New Jersey FamilyCare	Njfamilycare.org	New Jersey FamilyCare	Njfamilycare.org
New Mexico	Centennial Care	Hsd.state.nm.us/LookingForAssistance/centennial-care-overview	New MexiKids	New MexiKids Benefits.gov
New York	New York Medicaid	Health.ny.gov/health_care/medicaid	Child Health Plus	Health.ny.gov/health_care/child_health_plus
North Carolina	North Carolina Medicaid	Medicaid.ncdhhs.gov/medicaid	NC Health Choice for Children	Medicaid.ncdhhs.gov/medicaid
North Dakota	North Dakota Medicaid	Nd.gov/dhs/services/medicalserv/medicaid	North Dakota CHIP	Nd.gov/dhs/services/medicalserv/chip

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Program Website
Ohio	Ohio Medicaid	Medicaid.ohio.gov	Healthy Start	Medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women
Oklahoma	SoonerCare	Okdhs.org/services/health/Pages/soonercare	SoonerCare	Okdhs.org/services/health/Pages/soonercare
Oregon	Oregon Health Plan	Oregon.gov/oha/HSD/OHP	Oregon State Children's Health Insurance Program (SCHIP)	Oregon State Children's Health Insurance Program (SCHIP) Benefits.gov
Pennsylvania	Pennsylvania Medical Assistance	Dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance	Pennsylvania CHIP	DHS.pa.gov/CHIP/Pages/CHIP.aspx
Rhode Island	Rhode Island Medicaid	Eohhs.ri.gov/consumer/adults/medicaid-adults	RiteCare	Eohhs.ri.gov/Consumer/FamilieswithChildren/RiteCare
South Carolina	Healthy Connections	Scdhhs.gov/Getting-Started	Partners for Healthy Children	Scdhhs.gov/eligibility-groups/partners-healthy-children-phc
South Dakota	South Dakota Medicaid	Dss.sd.gov/medicaid	South Dakota CHIP	Dss.sd.gov/medicaid
Tennessee	TennCare	Tn.gov/tenncare	CoverKids	Tn.gov/content/tn/coverkids/coverkids
Texas	Texas Medicaid	HHS.texas.gov/services/health/medicaid-chip	Texas CHIP	HHS.texas.gov/services/health/medicaid-chip
Utah	Utah Medicaid	Medicaid.utah.gov	Utah CHIP	Chip.health.utah.gov
Vermont	Vermont Medicaid	Dvha.vermont.gov/members/medicaid	Dr. Dynasaur	Dvha.vermont.gov/members/dr-dynasaur
Virginia	Virginia Medicaid	Coverva.org/en/our-programs	Family Access to Medical Insurance Security Plan (FAMIS)	Coverva.org/famis

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Program Website
Washington	Apple Health (Medicaid)	Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage	Apple Health for Kids	HCA.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/children
West Virginia	West Virginia Medicaid	Dhhr.wv.gov/bms	West Virginia CHIP	Chip.wv.gov
Wisconsin	BadgerCare Plus	Dhs.wisconsin.gov/badgercareplus	BadgerCare Plus	Dhs.wisconsin.gov/badgercareplus
Wyoming	Wyoming Medicaid	Health.wyo.gov/healthcarefin/apply	Kid Care CHIP	Health.wyo.gov/healthcarefin/cchip

ⁱ As of July 2023, 40 states and the District of Columbia have implemented this option.

ⁱⁱ These amounts are 2023 guidelines, and poverty guidelines and income amounts are different for Alaska and Hawaii. For more information, visit Aspe.HHS.gov/poverty-guidelines

ⁱⁱⁱ Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals

^{iv} Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

^v 8 U.S.C. § 1613

^{vi} 8 U.S.C. § 1613; 42 C.F.R. § 435.406

^{vii} 8 U.S.C. 1612(b)

^{viii} The COFA Medicaid extension due to this Consolidated Appropriations Act, 2021 does not extend to separate CHIP programs. States that have elected the CHIPRA 214 option to cover lawfully residing pregnant women and children in CHIP may continue to cover eligible COFA migrants under that provision

