

Complex Application Issues



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Module 1 - Course Introduction

Welcome

Course Introduction Welcome



Welcome to the course on Complex Application Issues!

In previous courses, you learned how to help consumers complete multiple tasks in the Federally-facilitated Marketplace (FFMs):

- Create a Marketplace account
- Understand the process of completing a Marketplace application in the FFMs to get eligibility results
- Interpret eligibility results for health coverage and insurance affordability programs

You also learned how to support various consumers with unique concerns.

This course expands on what you've learned by focusing on some more complex situations you may encounter.

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Course Goal

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This course will provide you with additional information on how to help consumers in individual market FFMs with more complex eligibility and enrollment issues not previously covered in-depth by other courses, including:

- Consumers in Mixed Immigration Status Households
- Consumers with Complex Income Situations
- Consumers in a Multi-tax Household
- Consumers with Complex Eligibility Cases
- Family Enrollment Issues



Topics:

By the end of this course, you'll understand:

- How to assist members of households with multiple immigration statuses
- How to assist members of multi-tax households and families enrolling in different qualified health plans (QHPs)
- How to help consumers with variable or unpredictable income
- How to help consumers report a life change

Note: All scenario names and situations are fictional. Any resemblance to actual persons, living or dead, is purely coincidental.

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Module 2 - Assisting Consumers in Mixed Immigration Status Households

Introduction

Assisting Consumers in Mixed Immigration Status Households Introduction

In a previous training course, you learned how to help lawfully present consumers and individuals who were seeking health coverage for themselves or applying on behalf of someone else. Sometimes, one or more members of the same family will be lawfully present, qualified non-citizens, or citizens of the U.S., while other members won't. A family like this is called a mixed immigration status household. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Working Effectively

Describe strategies for showing sensitivity and working effectively with mixed immigration status households



Eligibility and Coverage Options

Identify eligibility requirements and health coverage options for lawfully present and unlawfully present members of mixed immigration status households in the Marketplace—including Medicaid and the Children's Health Insurance Program (CHIP)



Documentation Requirements

Identify the eligibility and documentation requirements to enroll in health care coverage and verify immigrant status

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Identify the eligibility and documentation requirements to enroll in health care coverage and verify immigrant status

Immigrant Eligibility for Marketplace Coverage

Assisting Consumers in Mixed Immigration Status Households Immigrant Eligibility for Marketplace Coverage

To qualify for health coverage through a Marketplace, a consumer must be a U.S. citizen or national or be lawfully present in the U.S. and expect to remain so for the entire period for which coverage is sought. The Marketplaces consider an immigrant or other noncitizen "lawfully-present" if they:

- Have been admitted into the U.S. legally and are still present within the legally approved period, or
- Have permission from the United States Citizenship and Immigration Services (USCIS) to stay or live in the U.S., or
- Are "qualified non-citizens" without a five-year waiting period.

To qualify for health coverage through a Marketplace, a consumer must be a U.S. citizen or national or be lawfully present in the U.S. and expect to remain so for the entire period for which coverage is sought. The Marketplaces consider an immigrant or other noncitizen "lawfully-present" if they:

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- Are "qualified non-citizens" without a five-year waiting period.

Scenario: Matou and her Parents

Assisting Consumers in Mixed Immigration Status Households Scenario: Matou and her Parents



Let's look at an example of a mixed immigration status household seeking health coverage. Pierre and LaGrande aren't lawfully present in the U.S. They have a daughter, Matou, who was born in the U.S. and is a U.S. citizen.

Matou and her parents live in a state served by a Federally-facilitated Marketplace (FFM), and no one in the family is incarcerated. What are this family's coverage options?

[Marketplace coverage](#)

[Medicaid/CHIP](#)

Marketplace coverage

While Matou is eligible to purchase health coverage through the FFM, her parents aren't.

Keep in mind that those who aren't lawfully present can still apply for health coverage on behalf of their family member(s) who are in the U.S. legally without being asked to give a Social Security Number (SSN) or proof of immigration status. Parents like Pierre and LaGrande, who aren't lawfully present but have a child who is a U.S. citizen, can apply for coverage for that child.

You can refer to additional information about mixed immigration status households, including "A Quick Guide to Immigrant Eligibility for Affordable Care Act and Key Federal Means-tested Programs," in the Resources section. Also, review your state's guidance on lawfully present people. There might be health care services in your state offered to individuals who aren't lawfully present in the U.S. It's helpful to explore these other health care options.

Let's look at an example of a mixed immigration status household seeking health coverage. Pierre and LaGrande aren't lawfully present in the U.S. They have a daughter, Matou, who was born in the U.S. and is a U.S. citizen. Matou and her parents live in a state served by a Federally-facilitated Marketplace (FFM), and no one in the family is incarcerated. What are this family's coverage options?

Marketplace coverage

While Matou is eligible to purchase health coverage through the FFM, her parents aren't.

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Medicaid/CHIP

In a mixed immigration status household like Pierre and LaGrande's, the five-year waiting period for Medicaid eligibility won't apply to Matou because she's a U.S. citizen and, depending on the household's income, she may qualify for public coverage programs. Remember that eligibility will also depend on the state in which a consumer lives.

As for Pierre and LaGrande, because they're not lawfully present, they aren't eligible for full Medicaid benefits, but they may qualify for emergency medical assistance from Medicaid. If Pierre and LaGrande are granted refugee status or another qualified immigration status described earlier, they would meet the immigration eligibility requirements for full Medicaid. They would still need to meet other Medicaid requirements (including income and residency requirements) under the state's plan.

Applicants in Mixed Immigration Status Households

Assisting Consumers in Mixed Immigration Status Households Applicants in Mixed Immigration Status Households



As you help Pierre, LaGrande, and Matou, all questions about citizenship or immigration status that you ask Pierre and LaGrande when they're filling out the application for Matou should be in reference to Matou. For example, if a question on the application states, "Are you a U.S. citizen?" the question refers to Matou's citizenship and not that of her parents. The eligibility determination that Matou's parents receive from the FFM will only provide information about Matou's coverage options because she is the applicant.

A consumer's immigration status may be a sensitive topic. You should be mindful of this during your conversations with consumers. When you work with immigrant families, you can take steps to correctly identify the applicant(s) by asking whether the consumers are seeking health coverage for themselves or on behalf of someone else.

Correctly identifying the applicant(s) matters because asking unnecessary questions regarding the immigration status of non-applicant family or household members could violate Title VI of the Civil Rights Act or Section 1557 of the Affordable Care Act (ACA).

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Working With Mixed Immigration Status Households

Assisting Consumers in Mixed Immigration Status Households Working With Mixed Immigration Status Households

Some consumers who are immigrants may not:

- Know their immigration status or have correct information about their status.
- Know if they're eligible for coverage or have correct information about their eligibility.
- Have an SSN or a Green Card even when they're lawfully present.

When you assist households that include immigrants, you should:

The graphic consists of two rounded rectangular boxes. The top box has a blue header with the text 'Avoid Unnecessary Questions' and a light blue body with the text 'Avoid words like **undocumented**, **unauthorized**, or **illegal** and use words like **eligibility status**.' The bottom box has a green header with the text 'Identify Income' and a light blue body with the text 'Ask consumers who are immigrants applying for help paying for coverage about their income status before asking about their immigration status. Remind these consumers that their income may qualify them for programs that could lower their costs.'

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Identify Income

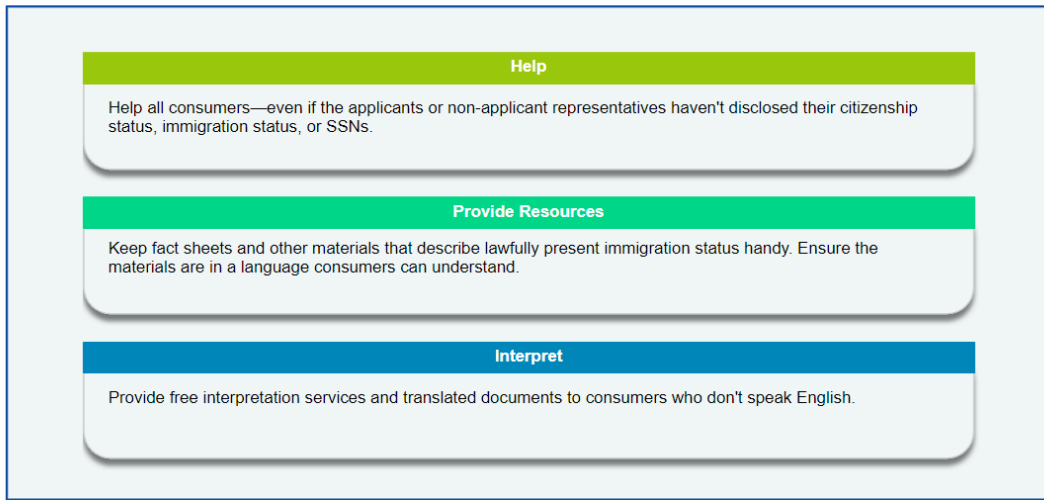
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Remind these consumers that their income may qualify them for programs that could lower their costs.

Tips to Effectively Serve Mixed Immigration Status Households

Assisting Consumers in Mixed Immigration Status Households Tips to Effectively Serve Mixed Immigration Status Households

When you work with mixed immigration status households, you should also:



When you work with mixed immigration status households, you should also:

Help

Help all consumers—even if the applicants or non-applicant representatives haven't disclosed their citizenship status, immigration status, or SSNs.

Provide Resources

Keep fact sheets and other materials that describe lawfully present immigration status handy. Ensure the materials are in a language consumers can understand.

Interpret

Provide free interpretation services and translated documents to consumers who don't speak English.

Knowledge Check

Assisting Consumers in Mixed Immigration Status Households Knowledge Check

Stop here for a quick Knowledge Check on helping mixed immigration status families.

Aakash and Nita aren't lawfully present in the U.S. They have a son, Bhaskar, who was born in the U.S. Which of the following statements are true about this family? Select the **two correct answers** and then select **Check Your Answer**.

- A. Bhaskar isn't a U.S. citizen because his parents aren't U.S. citizens.
- B. Aakash, Nita, and Bhaskar are an example of a mixed immigration status household.
- C. Aakash and Nita should provide you with the information about their immigration status so that you can help them apply for health coverage for Bhaskar.
- D. Aakash and Nita can apply for health coverage for Bhaskar, and all questions regarding citizenship status should be related only to Bhaskar.



✓ Check Your Answer

Aakash and Nita aren't lawfully present in the U.S. They have a son, Bhaskar, who was born in the U.S. What is statements could be true about Bhaskar's citizenship status?

Bhaskar is a U.S. citizen, and this is an example of a mixed immigration status household. You shouldn't ask Aakash or Nita questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Bhaskar. All questions regarding citizenship status should be related only to Bhaskar.

Scenario: Mixed Immigration Status Family

Assisting Consumers in Mixed Immigration Status Households Scenario: Mixed Immigration Status Family



The Kim family needs assistance finding coverage. Let's work through the application with them.

Kiyung Kim is an immigrant from South Korea. He is 34 years old, has been a Green Card holder for one year, and lives in Pennsylvania.
His wife, Esther Kim, has just arrived in the U.S. to live with her husband. She is 33 years old and has only been here for three months. The Kims want to understand what coverage the Marketplace has to offer.



The Kim family needs assistance finding coverage. Let's work through the application with them.

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Scenario: Meet the Kims

Assisting Consumers in Mixed Immigration Status Households Scenario: Meet the Kims

Good morning! What can I help you with today?



We would like to find out if we can get health coverage. I have been here for a year, but my wife has only been here for 3 months. We aren't sure whether we can get coverage.

Great! I am an assister and am certified to help with the Marketplace application and enrollment process. I will do my best to answer your questions. My role is to help you with the Marketplace application and to provide fair and impartial information.
Before we begin, I'll need you to complete our organization's consent form.



Coach: Good morning! What can I help you with today?

Consumer: We would like to find out if we can get health coverage. I have been here for a year, but my wife has only been here for 3 months. We aren't sure whether we can get coverage.

Coach: Great! I am an assister and am certified to help with the Marketplace application and enrollment process. I will do my best to answer your questions. My role is to help you with the Marketplace application and to provide fair and impartial information.

Before we begin, I'll need you to complete our organization's consent form.

Scenario: Kiyung's Tax Information

Assisting Consumers in Mixed Immigration Status Households
Scenario: Kiyung's Tax Information

So far, the Kims have completed the **Contact information** section of the Marketplace application and indicated which family members are applying for coverage. Now they must answer questions about their tax relationship within the household.

Kiyung and Esther plan on filing a joint tax return with no dependents for 2023 and answer the following application questions.

Tax relationships

Now, tell us about the household's federal income tax returns. We'll use this information to see who's eligible for savings, like premium tax credits.

Roger's tax relationships

Will Kiyung file a 2023 joint federal income tax return with Esther?

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

Yes

No

Will Kiyung and Esther claim any dependents on their 2023 federal tax return?

[Learn more about dependents.](#)

Yes

No

Save & continue

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Kiyung and Esther plan on filing a joint tax return with no dependents for 2023 and answer the following application questions.

Scenario: Verify Kiyung's Immigration Status

Assisting Consumers in Mixed Immigration Status Households Scenario: Verify Kiyung's Immigration Status



Let's review the citizenship and immigration application questions together.

Kiyung, since you and Esther aren't U.S. citizens or U.S. nationals, select **No** to answer the first question. A second question will appear asking which individual isn't a U.S. citizen or U.S. national. Select the check box next to your names and then select **Save & continue**.

Is every person applying for coverage a U.S. citizen or U.S. national?
[Learn more about being a U.S. citizen or U.S. national.](#)

Yes
 No

Which of these people aren't U.S. citizens or U.S. nationals?
Select all that apply. People who aren't U.S. citizens or U.S. nationals can still apply for coverage.

Kiyung
 Esther

[Save & continue](#)

Next, select **Yes** to indicate that you have eligible immigration status.

Does Kiyung have eligible immigration status?
[Learn more about eligible immigration status.](#)

Yes, Kiyung has eligible immigration status.
 I would like to continue through the application without answering this question. I understand that if I don't answer it, Kiyung won't be eligible for full Medicaid or Marketplace coverage and will be considered for only coverage of emergency services, including labor and delivery services.

Finally, select **Permanent Resident Card** from the list of document types that appears so you can enter your alien number and Green Card number.

HealthCare.gov Kiyung

Kiyung's immigration status

Does Kiyung have eligible immigration status?
[Learn more about eligible immigration status.](#)

Yes, Kiyung has eligible immigration status.
 I would like to continue through the application without answering this question. I understand that if I don't answer it, Kiyung won't be eligible for full Medicaid or Marketplace coverage and will be considered for only coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Kiyung's most current documentation and status.

Optional

Permanent Resident Card (Green Card) or Reentry Permit
I-551, Temporary I-551 stamp, I-327

Machine Readable Immigrant Visa with temporary I-551 language
I-556

Arrival/Departure Record
I-94, I-94A

Refugee Travel Document
I-571

Nonimmigrant Student or Exchange Visitor Status
I-20, DS-2019

Notice of Action
I-797

Other document or status

Unexpired foreign passport

None of these

[Clear your selection](#)

[Save & continue](#)

Let's review the citizenship and immigration application questions together.

Kiyung, since you and Esther aren't U.S. citizens or U.S. nationals, select **No** to answer the first question. A second question will appear asking which individual isn't a U.S. citizen or U.S. national. Select the check box next to your names and then select **Save & continue**.

Next, select **Yes** to indicate that you have eligible immigration status.


Finally, select **Permanent Resident Card** from the list of document types that appears so you can enter your alien number and Green Card number.

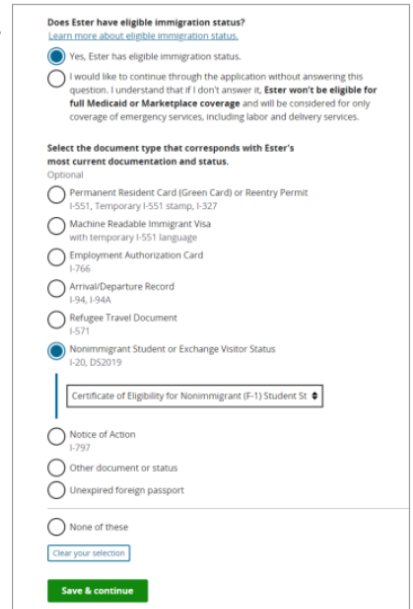
Scenario: Verify Esther's Immigration Status

Assisting Consumers in Mixed Immigration Status Households Scenario: Verify Esther's Immigration Status

Now Esther is completing her portion of the application. Esther states she is lawfully present and has a student visa.

To verify her immigrant status, Esther selects the drop-down arrow next to the **Nonimmigrant Student or Exchange Visitor Status** document type. She chooses **Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)** and enters the requested information from that document.

Select to zoom 



The screenshot shows a web form titled "Does Esther have eligible immigration status?". It includes a link to "Learn more about eligible immigration status." and two radio button options. The first option, "Yes, Esther has eligible immigration status.", is selected. The second option is "I would like to continue through the application without answering this question. I understand that if I don't answer it, Esther won't be eligible for full Medicaid or Marketplace coverage and will be considered for only coverage of emergency services, including labor and delivery services." Below this is a section titled "Select the document type that corresponds with Esther's most current documentation and status." with a sub-label "Optional". It lists several document types with radio buttons: "Permanent Resident Card (Green Card) or Reentry Permit I-551, Temporary I-551 stamp, I-327", "Machine Readable Immigrant Visa with temporary I-551 language", "Employment Authorization Card I-766", "Arrival/Departure Record I-94, I-94A", "Refugee Travel Document I-571", "Nonimmigrant Student or Exchange Visitor Status I-20, DS2019" (which is selected), "Certificate of Eligibility for Nonimmigrant (F-1) Student Status" (shown in a dropdown menu), "Notice of Action I-797", "Other document or status", and "Unexpired foreign passport". At the bottom, there is a "None of these" option, a "Clear your selection" button, and a green "Save & continue" button.

Now Esther is completing her portion of the application. Esther states she is lawfully present and has a student visa.

To verify her immigrant status, Esther selects the drop-down arrow next to the **Nonimmigrant Student or Exchange Visitor Status** document type. She chooses **Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)** and enters the requested information from that document.

Scenario: Immigration Statuses Verified

Assisting Consumers in Mixed Immigration Status Households
Scenario: Immigration Statuses Verified

At this point, Kiyung and Esther have verified their immigration status. Kiyung has only been in the U.S. for one year and Esther for three months. They aren't in an exempt immigration category and haven't met the five-year waiting period; therefore, they won't be eligible for Medicaid but might be eligible to purchase a qualified health plan (QHP) through the FFM.



At this point, Kiyung and Esther have verified their immigration status. Kiyung has only been in the U.S. for one year and Esther for three months. They aren't in an exempt immigration category and haven't met the five-year waiting period; therefore, they won't be eligible for Medicaid but might be eligible to purchase a qualified health plan (QHP) through the FFM.

Key Points

Assisting Consumers in Mixed Immigration Status Households Key Points



- Consumers who aren't lawfully present can still apply for health coverage for their family member(s) who are legally in the U.S. without being asked about their own immigration status.
 - The individual market FFM application asks consumers who aren't U.S. citizens or U.S. nationals to provide information from documents to verify their immigration status. You should be familiar with the most common types of documents consumers may be asked to provide and where to find relevant information on each document.
-
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Module 3 - Assisting Consumers with Complex Income Situations

Introduction

Assisting Consumers with Complex Income Situations Introduction

Reporting income on a Marketplace application can be tricky for consumers who:

- Have an unpredictable household income or are self-employed,
- Receive disability-related income, or
- Have no income.

By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Unpredictable or Inconsistent Household Income

Understand how to help consumers with unpredictable or inconsistent household income estimate their income



Other Coverage Options

Discuss other coverage options for consumers with no income



Change in Income

Describe the impact of changes in household income and explain how to report these changes

Reporting income on a Marketplace application can be tricky for consumers who:

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Understand how to help consumers with unpredictable or inconsistent household income estimate their income

Other Coverage Options

Discuss other coverage options for consumers with no income

Change in Income

Describe the impact of changes in household income and explain how to report these changes

Households with Unpredictable or Inconsistent Income

Assisting Consumers with Complex Income Situations Households with Unpredictable or Inconsistent Income

Some consumers may not have a consistent or predictable household income throughout the year. For example, consumers might do freelance work, run their own businesses, work on commission, or be seasonally employed.

These consumers may find it difficult to provide an accurate estimate of their annual household income. Here are some ways you can help these consumers approximate their household incomes.

If Consumers...	Then...	And
Have a copy of their last year's federal income tax return, they should look for the adjusted gross income they reported as a starting point.	<ul style="list-style-type: none"> Ask consumers to consider how their household income might change for the desired coverage year. They should add or subtract the amount by which they project their household income may change. They should be sure to subtract any self-employment expenses. 	<ul style="list-style-type: none"> This will give consumers a projection of their annual household income for the coverage year. The Federally-facilitated Marketplaces (FFMs) can use this projection to estimate how much help the consumer may be eligible for to lower their costs.
Really aren't sure what their household income will be later in the year.	They can project that it will stay the same as it is now.	They can log back into their Marketplace account to report a life change if/when their income changes.
Have a current monthly household income that qualifies them for Medicaid.	They may enroll in Medicaid if otherwise eligible.	<ul style="list-style-type: none"> They can report an increase in household income later in the year, if applicable. They can then enroll in a QHP with advance premium tax credits/cost-sharing reductions (APTC/CSRs), if eligible.

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Really aren't sure what their household income will be later in the year.	They can project that it will stay the same as it is now.	They can log back into their Marketplace account to report a life change if/when their income changes.
Have a current monthly household income that qualifies them for Medicaid.	They may enroll in Medicaid, if otherwise eligible.	<ul style="list-style-type: none"> They can report an increase in household income later in the year, if applicable. They can then enroll in a QHP with advance premium tax credits/cost-sharing reductions (APTC/CSRs), if eligible.

Impact of Income Changes on Financial Assistance

Assisting Consumers with Complex Income Situations Impact of Income Changes on Financial Assistance

Select to zoom 🔍

Inconsistent household incomes can affect the amount of premium tax credit (PTC) consumers are eligible for.

Consumers with household incomes that fluctuate throughout the year or from year to year can reduce the likelihood of having to pay back any APTC they received when they file their federal income tax returns by choosing to take:

- Less than the full amount of APTC calculated based on their projected household incomes.
- None of the credit in advance and apply for any PTC for which they qualify on their tax returns.

Regardless of whether consumers get APTC and CSRs, you should remind them that they must report any mid-year changes in household income, family size, or other eligibility criteria. These changes may result in a change in eligibility for coverage through the FFMs, for help paying for coverage, or for other coverage programs (e.g., Medicaid and Children's Health Insurance Program (CHIP)).

If consumers who get APTC and CSRs don't report mid-year changes, they may not receive the correct amount they are eligible for. Consumers who **don't** get APTC and CSRs may become [newly eligible](#).

Review the *Affordable Care Act Basics* 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.

Important: If you're enrolled in Mississippi Division of Medicaid or Mississippi Health Benefits coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage.](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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

After you report a change:

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

REPORT A LIFE CHANGE

Inconsistent household incomes can affect the amount of premium tax credit (PTC) consumers are eligible for.

Consumers with household incomes that fluctuate throughout the year or from year to year can reduce the likelihood of having to [pay back any APTC](#) they received when they file their federal income tax returns by choosing to take:

- Less than the full amount of APTC calculated based on their projected household incomes.
- None of the credit in advance and apply for any PTC for which they qualify on their tax returns.

Regardless of whether consumers get APTC and CSRs, you should remind them that they must report any mid-year changes in household income, family size, or other eligibility criteria. These changes may result in a change in eligibility for coverage through the FFMs, for help paying for coverage, or for other coverage programs (e.g., Medicaid and Children's Health Insurance Program (CHIP)).

If consumers who get APTC and CSRs don't report mid-year changes, they may not receive the correct amount they are eligible for. Consumers who **don't** get APTC and CSRs may become [newly eligible](#).

Review the *Affordable Care Act Basics* course for more information.

Newly Eligible

Consumers who report a mid-year change in household income that makes them eligible for APTCs/CSRs may qualify for a Special Enrollment Period (SEP) to enroll themselves and any dependents in a QHP with APTCs/CSRs. In addition, QHP enrollees who become newly eligible for CSRs and aren't already enrolled in a Silver plan may qualify for an SEP to enroll themselves and any dependents in a Silver plan to use their CSRs.

Inconsistent Income

Assisting Consumers with Complex Income Situations Inconsistent Income

Let's consider an example of some of the issues created by inconsistent household incomes.

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

- You should refer to the [Marketplace guidance for self-employed consumers](#) when you assist Ed.
- Remind him to account for any factors that might change his income this year as compared to last year.
- If Ed purchases coverage through the FFM for his family and is eligible for APTC, make sure he understands how the Marketplace calculates APTC eligibility and how fluctuations in household income can impact his family's eligibility.
- Explain to Ed that if his household income changes after enrolling, he can log into his Marketplace account and select **Report a Life Change** to update his income.



Let's consider an example of some of the issues created by inconsistent household incomes.

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

- You should refer to the [Marketplace guidance for self-employed consumers](#) when you assist Ed.
- Remind him to account for any factors that might change his income this year as compared to last year.
- If Ed purchases coverage through the FFM for his family and is eligible for APTC, make sure he understands how the Marketplace calculates APTC eligibility and how fluctuations in household income can impact his family's eligibility.
- Explain to Ed that if his household income changes after enrolling, he can log into his Marketplace account and select **Report a Life Change** to update his income.

Knowledge Check

Assisting Consumers with Complex Income Situations Knowledge Check

Marvin is a self-employed farmer. He and his family are eligible to enroll in a QHP with APTC through the Marketplace. He's worried about choosing APTC because his household income from the farm isn't predictable, and he especially wants to avoid owing money to the government when he files his federal income tax returns next year. How should you help Marvin? Select the **correct answer** and then select **Check Your Answer**.

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

✓ Check Your Answer



Marvin is a self-employed farmer. He and his family are eligible to enroll in a QHP with APTC through the Marketplace. He's worried about choosing APTC because his household income from the farm isn't predictable, and he especially wants to avoid owing money to the government when he files his federal income tax returns next year. How should you help Marvin?

If Marvin thinks he can afford to pay the full monthly QHP premiums without APTC, he can choose to receive the premium tax credit later when he files his tax return. By choosing this option, Marvin won't owe any money when he files his federal income tax return at tax time. Be sure Marvin and other consumers in a similar situation understand that they won't be getting monthly assistance with their premiums during the year and will have to pay the full amount of their monthly premiums.

Self-Employed Consumers

Assisting Consumers with Complex Income Situations Self-Employed Consumers



Rashida runs her own business, and her income often fluctuates from month to month. Rashida would like help estimating her annual household income so she can find out if she'll be eligible for help lowering her costs.

You can help Rashida review her tax return from last year and find the amount of adjusted gross income she reported. Then you can help her estimate her income for this year.

How do you expect your household income to differ this year from last year?



I don't really know. That's a bit difficult to estimate. I'm hoping to earn about eight percent more than I did last year.

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



Yes, I'm comfortable with that. What other information should I consider?

Continue

Rashida runs her own business, and her income often fluctuates from month to month. Rashida would like help estimating her annual household income so she can find out if she'll be eligible for help lowering her costs.

You can help Rashida review her tax return from last year and find the amount of adjusted gross income she reported. Then you can help her estimate her income for this year.

Coach: How do you expect your household income to differ this year from last year?

Consumer: I don't really know. That's a bit difficult to estimate. I'm hoping to earn about eight percent more than I did last year.

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

Consumer: Yes, I'm comfortable with that. What other information should I consider?

Coach: Will you have any business expenses next year?

Consumer: Definitely. Last year those expenses were about \$20,000, but I don't expect to spend quite that much this year. Let's say I'll have \$15,000 in business expenses this year.

Coach: Then you should use these numbers to estimate your income for next year.

Consumers With No Income

Assisting Consumers with Complex Income Situations 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's eligible for help lowering her costs.

I'd be glad to discuss some options with you. Have you applied for Medicaid since you don't have any household income?



Yes, but I wasn't eligible in my state because I'm not a parent or caretaker. I live in a state that hasn't expanded Medicaid.

Ok. Since you don't earn any income and are below the federal poverty level, you probably won't be eligible for programs to help lower your costs in a Marketplace. Since your state hasn't expanded Medicaid and you're under age 30, you may be able to purchase a Catastrophic health plan. Monthly premiums for Catastrophic health plans are lower than other types of insurance, but coverage is limited to major medical expenses and certain preventive services until you meet a high annual deductible.



Okay, I think my family can help me out financially, and a Catastrophic health plan sounds like it might be the right option. Thanks for your help!

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's eligible for help lowering her costs.

Coach: I'd be glad to discuss some options with you. Have you applied for Medicaid since you don't have any household income?

Consumer: Yes, but I wasn't eligible in my state because I'm not a parent or caretaker. I live in a state that hasn't expanded Medicaid.

Coach: Ok. Since you don't earn any income and are below the federal poverty level, you probably won't be eligible for programs to help lower your costs in a Marketplace. Since your state hasn't expanded Medicaid and you're under age 30, you may be able to purchase a Catastrophic health plan. Monthly premiums for Catastrophic health plans are lower than other types of insurance, but coverage is limited to major medical expenses and certain preventive services until you meet a high annual deductible.

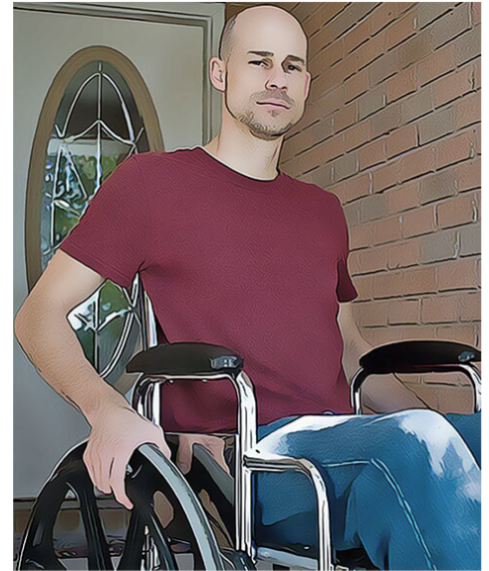
Consumer: Okay, I think my family can help me out financially, and a Catastrophic health plan sounds like it might be the right option. Thanks for your help!

Reporting Disability-related Income

Assisting Consumers with Complex Income Situations Reporting Disability-related Income

When estimating annual household income in a Marketplace application, one area that is often misreported is disability-related income. You should make sure consumers know the following when they complete an application:

Report This Income	Don't Report This Income
<p>Social Security</p> <p>Social Security income includes:</p> <ul style="list-style-type: none"> • Social Security Disability Insurances (SSDI) • Retirement income • Survivor's benefits <p>These forms of income are counted in the modified adjusted gross income (MAGI), even when not taxable.</p>	<p>Supplemental Security Income (SSI)</p> <p>SSI is separate from Social Security, even though they sound alike. It is designed to help persons who are aged, blind, or disabled or who are very low income and have limited assets. SSI isn't taxed and doesn't count towards MAGI.</p>



Note: Don't include anticipated Social Security payments for applications that haven't yet been approved.

When estimating annual household income in a Marketplace application, one area that is often misreported is disability-related income. You should make sure consumers know the following when they complete an application:

Report This Income	Don't Report This Income
<p>Social Security</p> <p>Social Security income includes:</p> <ul style="list-style-type: none"> • Social Security Disability Insurances (SSDI) • Retirement income • Survivor's benefits <p>These forms of income are counted in the modified adjusted gross income (MAGI), even when not taxable.</p>	<p>Supplemental Security Income (SSI)</p> <p>SSI is separate from Social Security, even though they sound alike. It is designed to help persons who are aged, blind, or disabled or who are very low income and have limited assets. SSI isn't taxed and doesn't count towards MAGI.</p>

Note: Don't include anticipated Social Security payments for applications that haven't yet been approved.

Knowledge Check

Assisting Consumers with Complex Income Situations Knowledge Check

Andrew, a consumer with a disability, has asked for your help applying for coverage in his state's FFM. He wants to know what kind of income he should report on his application. Which of the following types of income should he report? Select the **correct answer** and then select **Check Your Answer**.

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

✓ Check Your Answer



Andrew, a consumer with a disability, has asked for your help applying for coverage in his state's FFM. He wants to know what kind of income he should report on his application. Which of the following types of income should he report?

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 shouldn't be listed as income.

Key Points

Assisting Consumers with Complex Income Situations Key Points



- Consumers with inconsistent household incomes may need your assistance with estimating their annual incomes when applying for programs to help lower their costs.
- You should be able to explain to consumers who receive disability-related income which income to report on their Marketplace application.
- It's important for consumers who apply and qualify for APTC to report changes in income and household size to the Marketplace so they won't have to pay back excess APTC when they file federal income taxes.

- Consumers with inconsistent household incomes may need your assistance with estimating their annual incomes when applying for programs to help lower their costs.
- You should be able to explain to consumers who receive disability-related income which income to report on their Marketplace application.
- It's important for consumers who apply and qualify for APTC to report changes in income and household size to the Marketplace so they won't have to pay back excess APTC when they file federal income taxes.

Module 4 - Assisting Consumers in a Multi-tax Household

Introduction

Assisting Consumers in a Multi-tax Household Introduction

Multi-tax households might face challenges when creating an account and completing an application. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Multi-tax Household

Define a multi-tax household and list its qualifying criteria



Marketplace Application

Identify how to help members of a multi-tax household complete a Marketplace application



Changes in Household Size

Explain how to report any changes in household size

Multi-tax households might face challenges when creating an account and completing an application. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.

Multi-tax Household

Define a multi-tax household and list its qualifying criteria

Marketplace Application

Identify how to help members of a multi-tax household complete a Marketplace application

Changes in Household Size

Explain how to report any changes in household size

Key Terms

Assisting Consumers in a Multi-tax Household Key Terms

To identify multi-tax households, it's helpful to know the difference between a physical household and a tax household.

Physical Household	Tax Household	Multi-tax Household
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Ask consumers the following questions to determine whether they are in a multi-tax household:

Are you applying for help paying for coverage (if not, all physical household members can be on the same application regardless of their tax filing plans)?

Do you plan to file a federal income tax return?

If married, do you plan to file jointly with your spouse?

Will you claim any dependents?

Does anyone else in your physical household file taxes separately?



To identify multi-tax households, it's helpful to know the difference between a physical household and a tax household.

Physical Household

A physical household is a group of consumers (e.g., a family with spouses and dependents) who live together at the same address.

Tax Household

A "tax household" consists of the tax filer, their spouse, and any tax dependents. The Federally-facilitated Marketplace (FFM) considers any consumer in a physical household who files a separate federal income tax return from other members in the physical household to be their own tax household, even if they are a tax dependent of another tax filer.

Multi-tax Household

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

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

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

Members of Multi-tax Households

Assisting Consumers in a Multi-tax Household Members of Multi-tax Households

Due to current system limitations, members of the same physical household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage. Therefore, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They may also need to include income information for certain physical household members when they submit a Marketplace application, even if those members don't need or want coverage.

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

Members of the physical household who aren't also members of the tax household shouldn't apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate. The application will ask consumers to provide information about these non-applicant household members if needed.



Due to current system limitations, members of the same physical household may need to complete separate applications if they are in a multi-tax household and apply for help paying for coverage. Therefore, each tax household must create a Marketplace account to apply for programs to help lower their health coverage costs. They may also need to include income information for certain physical household members when they submit a Marketplace application, even if those members don't need or want coverage.

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Members of the physical household who aren't also members of the tax household shouldn't apply for coverage on the same application. They should be included on the application as non-applicants, if appropriate. The application will ask consumers to provide information about these non-applicant household members if needed.

Knowledge Check

Assisting Consumers in a Multi-tax Household 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** and then select **Check Your Answer**.

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

Check Your Answer



Adam comes to you for help with his Marketplace application. What should you ask Adam?

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 file tax returns separately. You shouldn't ask Adam about his health status because it's not relevant to whether he's in a multi-tax household.

Assisting Consumers in Multi-tax Households

Assisting Consumers in a Multi-tax Household Assisting Consumers in Multi-tax Households

Let's review some tips for assisting multi-tax households with the Marketplace application process. Select each item to learn more.

[Applying for Help Paying for Coverage](#)

[Number of Applications](#)

[Answering Questions About Other Individuals](#)

Answering questions about other individuals

Consumers in multi-tax households may need to answer questions about other family members who aren't on the same tax return. When you assist these consumers, it's helpful to make sure they have information for all family members in their household (like birth dates and household income), even if they aren't on the same tax return.

For adults who are applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even individuals who aren't applying for coverage themselves:

- All people who are on the same federal income tax return, including spouses and dependents
- Any spouse who lives with the consumer, even if they aren't on the same tax return
- Any children under 21, including stepchildren who live with them, even if they aren't on the same tax return

For children under 19 who are applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even if these individuals aren't applying for coverage themselves:

- All people who are on the same federal income tax return, including parents and siblings
- Any parent, including step-parents, who lives with them, even if they're not on the same tax return
- Any siblings (including step-siblings and half-siblings) who live with them, even if they're not on the same tax return.



Let's review some tips for assisting multi-tax households with the Marketplace application process. Select each item to learn more.

Applying for help paying for coverage

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

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

Number of Applications

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

Each tax household will submit only one application, which includes the tax/application filer, their spouse, as well as any tax dependents.

Answering questions about other individuals

Consumers in multi-tax households may need to answer questions about other family members who aren't on the same tax return. When you assist these consumers, it's helpful to make sure they have information for all family members in their household (like birth dates and household income), even if they aren't on the same tax return.

For adults who are applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even individuals who aren't applying for coverage themselves:

- All people who are on the same federal income tax return, including spouses and dependents
- Any spouse who lives with the consumer, even if they aren't on the same tax return
- Any children under 21, including stepchildren who live with them, even if they aren't on the same tax return

For children under 19 who are applying for help paying for coverage, the Marketplace application may ask for information about the following individuals, even if these individuals aren't applying for coverage themselves:

- All people who are on the same federal income tax return, including parents and siblings
- Any parent, including step-parents, who lives with them, even if they're not on the same tax return
- Any siblings (including step-siblings and half-siblings) who live with them, even if they're not on the same tax return.

Scenario: Multi-tax Household Applying for QHP Coverage

Assisting Consumers in a Multi-tax Household Scenario: Multi-tax Household Applying for QHP Coverage

Olivia and Kara demonstrate one type of multi-tax household. Consider how these consumers should apply for qualified health plan (QHP) coverage.

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

You should help Olivia and Kara file two Marketplace applications:

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

Olivia and Kara demonstrate one type of multi-tax household. Consider how these consumers should apply for qualified health plan (QHP) coverage.

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

You should help Olivia and Kara file two Marketplace applications:

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

Knowledge Check

Assisting Consumers in a Multi-tax Household 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 ask for your help to apply for health coverage and programs to help lower their costs through the Marketplace. How should you help them? Select the **correct answer** and then select **Check Your Answer**.

- A. Help them submit one application with Mary as the application filer and Julian as applying for coverage.
- B. Help them submit one application with Julian as the application filer and Mary as applying for coverage.
- C. Help them submit two applications: one for Mary as the application filer/applying for coverage (providing information about Julian since he is under 21 and lives with Mary) and another for Julian as the application filer/applying for coverage (providing information about Mary since she's a parent he lives with and he's applying for help paying for coverage).
- D. Help them submit two applications: one for Mary as the application filer and with Julian as applying for coverage and another for Julian as the application filer and with Mary as applying for coverage.

✓ Check Your Answer



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 ask for your help to apply for health coverage and programs to help lower their costs through the Marketplace. How should you help them?

Because Mary and Julian qualify as two separate tax households, you should help them submit two applications. Two applications means one application per tax household, which in this situation means one per person. The first application will list Mary as the application filer who is applying for coverage and will list Julian as a non-applicant since he is under 21 and lives with Mary. The second application will list Julian as the application filer who is applying for coverage and will list Mary as a non-applicant since she's a parent he lives with and is applying for help paying for coverage.

Domestic Partners

Assisting Consumers in a Multi-tax Household Domestic Partners

Domestic partners are another example of a multi-tax household. Their situation is more complex than married couples when filling out Marketplace applications in the FFMs.

For tax-filing purposes, the Internal Revenue Service (IRS) defines registered domestic partnerships, civil unions, or other similar formal relationships as relationships with individuals of the same sex and opposite sex that aren't marriages under state law. Registered domestic partners may not file a federal income tax return using a married filing separately or jointly filing status.

This table provides some helpful tips for assisting domestic partners with applying for coverage at HealthCare.gov.

If...	Then...
The couple has no children together and neither is the tax dependent of the other	Each domestic partner must file a separate application because the partners aren't married and can't file a joint tax return. They don't need to include each other on their separate applications as non-applicants since they don't have children together.
The couple has children together, and the children qualify as tax dependents	Each domestic partner must file a separate application since they are separate tax filers, and only one tax filer can include the children the partners have together as tax dependents on their application. They must also include their partner as a non-applicant.
If the couple has no children together, but lives together and one or both partners has their own child or children who qualify as tax dependents.	Each domestic partner must file a separate application but must include their partner's child or children as non-applicants.
One person in the domestic partnership is claimed as a dependent by the other person	They can apply for coverage on the same application since they are one tax household.

Domestic partners are another example of a multi-tax household. Their situation is more complex than married couples when filling out Marketplace applications in the FFMs.

For tax-filing purposes, the Internal Revenue Service (IRS) defines registered domestic partnerships, civil unions, or other similar formal relationships as relationships with individuals of the same sex and opposite sex that aren't marriages under state law. Registered domestic partners may not file a federal income tax return using a married filing separately or jointly filing status.

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The couple has children together, and the children qualify as tax dependents	Each domestic partner must file a separate application since they are separate tax filers, and only one tax filer can include the children the partners have together as tax dependents on their application. They must also include their partner as a non-applicant.
If the couple has no children together, but lives together and one or both partners has their own child or children who qualify as tax dependents.	Each domestic partner must file a separate application but must include their partner's child or children as non-applicants.
One person in the domestic partnership is claimed as a dependent by the other person	They can apply for coverage on the same application since they are one tax household.

Scenario: Domestic Partners Applying for Marketplace Coverage

Assisting Consumers in a Multi-tax Household Scenario: Domestic Partners Applying for Marketplace Coverage



Ok, now let's help a multi-tax household complete an application.

Lindsey and Roger are domestic partners. They are applying for coverage for themselves and two children: Amanda (Lindsey's daughter), who is 17 years old, and Peter (Roger's son), who is also 17. Lindsey, Roger, Amanda, and Peter all live together.

Lindsey and Roger aren't allowed to file a joint tax return because they aren't legally married and neither is the tax dependent of the other. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (i.e., advanced premium tax credits (APTC) or cost-sharing reductions (CSRs)), they must complete separate applications in an FFM.



Ok, now let's help a multi-tax household complete an application.

Lindsey and Roger are domestic partners. They are applying for coverage for themselves and two children: Amanda (Lindsey's daughter), who is 17 years old, and Peter (Roger's son), who is also 17. Lindsey, Roger, Amanda, and Peter all live together.

Lindsey and Roger aren't allowed to file a joint tax return because they aren't legally married and neither is the tax dependent of the other. Instead, they are considered a multi-tax household. If they want to apply for help paying for coverage (i.e., advanced premium tax credits (APTC) or cost-sharing reductions (CSRs)), they must complete separate applications in an FFM.

Scenario: How Many Applications are Needed?

Assisting Consumers in a Multi-tax Household Scenario: How Many Applications are Needed?



This household needs to submit two applications:

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

Remember, only one tax filer can claim a given tax dependent. Since Lindsey claims Amanda as a dependent, Roger can't claim her; conversely, Lindsey can't claim Peter as a tax dependent because Roger claims him. However, since both children are under 21 and living with both Roger and Lindsey, Roger must include Amanda and Lindsey must include Peter on their applications as non-applicants.

Let's review the steps Roger would follow to fill out his application so you can better understand how consumers should file multi-tax household applications. Lindsey should follow the same basic steps for filling out her application as well.

After Roger completes the beginning of his application (e.g., privacy attestation and contact information), the application asks who is applying for health coverage.

By default, Roger's name automatically appears under the "Needs coverage" section with a green checkmark next to it. How can Roger add his son, Peter, to his application?

On this screen, Roger should select **Add a person who needs coverage**. This will allow Roger to apply for coverage for himself and Peter.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Roger

Edit

Add a person who needs coverage

Save & continue

This household needs to submit two applications:

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

Remember, only one tax filer can claim a given tax dependent. Since Lindsey claims Amanda as a dependent, Roger can't claim her; conversely, Lindsey can't claim Peter as a tax dependent because Roger claims him. However, since both children are under 21 and living with both Roger and Lindsey, Roger must include Amanda and Lindsey must include Peter on their applications as non-applicants.

Let's review the steps Roger would follow to fill out his application so you can better understand how consumers should file multi-tax household applications. Lindsey should follow the same basic steps for filling out her application as well.

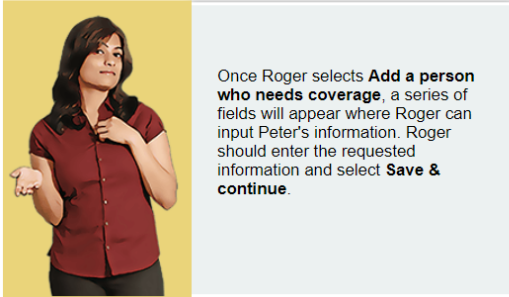
After Roger completes the beginning of his application (e.g., privacy attestation and contact information), the application asks who is applying for health coverage.

By default, Roger's name automatically appears under the "Needs coverage" section with a green checkmark next to it. How can Roger add his son, Peter, to his application?

On this screen, Roger should select **Add a person who needs coverage**. This will allow Roger to apply for coverage for himself and Peter.

Scenario: Add a Person Who Needs Coverage

Assisting Consumers in a Multi-tax Household
Scenario: Add a Person Who Needs Coverage



Add a person who needs health coverage

First name

Middle name
Optional

Last name

Suffix
Optional

Date of birth
For example: 3/4/2018
Month / Day / Year
 / /

Sex
 Female
 Male

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

Save & continue

Once Roger selects **Add a person who needs coverage**, a series of fields will appear where Roger can input Peter's information. Roger should enter the requested information and select **Save & continue**.

Scenario: Confirm New Person Added

Assisting Consumers in a Multi-tax Household
Scenario: Confirm New Person Added



Now Roger and Peter are both listed on the application as applying for coverage. At this point, there is no association between Roger and Peter's application and the tax household consisting of Lindsey and Amanda Smith. Roger will need to add Amanda's information in the next section.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Roger

[Edit](#)

✓ Peter

[Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Now Roger and Peter are both listed on the application as applying for coverage. At this point, there is no association between Roger and Peter's application and the tax household consisting of Lindsey and Amanda Smith. Roger will need to add Amanda's information in the next section.

Scenario: Adding Amanda to the Application

Assisting Consumers in a Multi-tax Household Scenario: Adding Amanda to the Application

Since Roger is a caregiver for his domestic partner's daughter Amanda (e.g., provides transportation, food, and clothes), and since Amanda lives with Roger and is under age 21, he needs to add her as non-applicant to his application. He should select **Add a person who needs coverage** to provide her information here.

Roger must specify his and Peter's relationship to Amanda by selecting the correct option from a drop-down menu. Roger should select **Child of domestic partner (including adopted & step-children)** and **Roger is Amanda's guardian** to describe his relationship with Amanda. Since there is no option to indicate Peter and Amanda's relationship, Roger should select **Unrelated** and **None of these relationships**.

Roger should select **Save & continue** to add Amanda to his application.

The Marketplace will initially add Amanda as an applicant who needs coverage. To indicate Amanda is a non-applicant on Roger's household application, he should select the **Edit** button next to Amanda's name. The question "Does Amanda need coverage?" should appear at the top of the screen. Roger should select **No**, then **Save & continue**. Amanda is now included as a non-applicant.

Select to zoom 🔍

Who needs health coverage?
Learn more about who not to include.

Needs coverage
Learn more about adding or removing someone.

- Roger [Edit](#)
- Peter [Edit](#) [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Select to zoom 🔍

Add a person who needs health coverage

First name

Middle name
Optional

Last name

Suffix
Optional

Date of birth
For example: 3/4/2018
Month Day Year

Sex
 Female
 Male

How is Amanda related to Roger?
Amanda is Roger's...

Choose the statement that best describes the legal relationship between Roger and Amanda.
Optional.
[Learn more about legal relationships.](#)

How is Amanda related to Peter?
Amanda is Peter's...

Choose the statement that best describes the legal relationship between Peter and Amanda.
Optional.
[Learn more about legal relationships.](#)

[Save & continue](#)

Select to zoom 🔍

Who needs health coverage?
Learn more about who not to include.

Needs coverage
Learn more about adding or removing someone.

- Roger [Edit](#)
- Peter [Edit](#) [Remove](#)
- Amanda [Edit](#) [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Select to zoom 🔍

Edit Amanda's information

Does Amanda need coverage?
 Yes
 No

First name

Middle name
Optional

Since Roger is a caregiver for his domestic partner's daughter Amanda (e.g., provides transportation, food, and clothes), and since Amanda lives with Roger and is under age 21, he needs to add her as non-applicant to his application. He should select **Add a person who needs coverage** to provide her information here.

Roger must specify his and Peter's relationship to Amanda by selecting the correct option from a drop-down menu. Roger should select **Child of domestic partner (including adopted & step-children)** and **Roger is Amanda's guardian** to describe his relationship with Amanda. Since there is no option to indicate Peter and Amanda's relationship, Roger should select **Unrelated** and **None of these relationships**.

Roger should select **Save & continue** to add Amanda to his application.

The Marketplace will initially add Amanda as an applicant who needs coverage. To indicate Amanda is a non-applicant on Roger's household application, he should select the **Edit** button next to Amanda's name. The question "Does Amanda need coverage?" should appear at the top of the screen. Roger should select **No**, then **Save & continue**. Amanda is now included as a non-applicant.

Scenario: Questions About the Household

Assisting Consumers in a Multi-tax Household Scenario: Questions About the Household

The next series of questions asks Roger to include other relevant details about his household. This is where consumers in multi-tax households can add details about other tax filers and their dependents.

Roger should select the correct responses to these questions based on Roger and Lindsey's household and tax situation:

- Roger and Lindsey are domestic partners, but they aren't married.
- Roger and Lindsey aren't married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2023.
- Roger will claim his son, Peter, as a dependent on his tax return.
- Lindsey will claim her daughter, Amanda, as a dependent on her tax return.

Now Roger must indicate whether everyone lives together at the same address. Some applicants can get more help paying for coverage if they live with and care for children under age 21—even if they don't claim those children as dependents on their federal income tax returns, and regardless of whether they are applying for help paying for coverage.

Roger should select **Yes**.

Lindsey won't be included on Roger's application, even as a non-applicant, because she isn't Peter's parent nor Roger's tax dependent. Only Amanda will be included as a non-applicant on Roger's application. However, if Roger and Lindsey had their own children together, Lindsey would be on Roger's application as a non-applicant because she would be the parent of Roger's children.

Lindsey will follow the same basic steps as Roger for her own application. Lindsey's **tax household** includes Lindsey and Amanda (her dependent). She will also include Peter as a non-applicant because he is under 21 and Lindsey lives with and takes care of him. She won't list Roger as a non-applicant since Roger isn't Amanda's parent nor Lindsey's tax dependent.

The screenshot shows a web form with two main sections. The first section, 'Marital status', has a link 'Learn more about marital status.' and asks 'What's Roger's marital status?' with radio buttons for 'Single' (selected) and 'Married'. A 'Save & continue' button is at the bottom. The second section, 'Roger's tax relationships', has a link 'Learn more about tax filing.' and asks 'Will Roger file a 2022 federal income tax return?' with radio buttons for 'Yes' (selected) and 'No'. Below that, it asks 'Will Roger claim any dependents on their 2022 federal tax return?' with radio buttons for 'Yes' (selected) and 'No'. Under 'Yes', there are checkboxes for 'Peter' (checked) and 'Amanda'. An 'Add a dependent' button is below. At the bottom of the section is a 'Save & continue' button. A third section, 'Where does everyone live?', has a link 'Learn more about dependents.' and asks 'Who will Roger claim as a dependent on their 2022 federal tax return?'. Below that, it asks 'Do all of these people live together at this address?' and lists 'Roger', 'Peter', and 'Amanda' with a street address: '34 Clarence Blvd # A, Wilmington, DE 19805-4130'. Radio buttons for 'Yes' (selected) and 'No' are at the bottom, along with a 'Save & continue' button.

The next series of questions asks Roger to include other relevant details about his household. This is where consumers in multi-tax households can add details about other tax filers and their dependents.

Roger should select the correct responses to these questions based on Roger and Lindsey's household and tax situation:

- Roger and Lindsey are domestic partners, but they aren't married.
- Roger and Lindsey aren't married to anyone else.
- Roger and Lindsey will each file a separate tax return for 2023.
- Roger will claim his son, Peter, as a dependent on his tax return.
- Lindsey will claim her daughter, Amanda, as a dependent on her tax return.

Now Roger must indicate whether everyone lives together at the same address. Some applicants can get more help paying for coverage if they live with and care for children under age 21—even if they don't claim those children as dependents on their federal income tax returns, and regardless of whether they are applying for help paying for coverage.

Roger should select **Yes**.

Lindsey won't be included on Roger's application, even as a non-applicant, because she isn't Peter's parent nor Roger's tax dependent. Only Amanda will be included as a non-applicant on Roger's application. However, if Roger and Lindsey had their own children together, Lindsey would be on Roger's application as a non-applicant because she would be the parent of Roger's children.

Lindsey will follow the same basic steps as Roger for her own application. Lindsey's **tax household** includes Lindsey and Amanda (her dependent). She will also include Peter as a non-applicant because he is under 21 and Lindsey lives with and takes care of him. She won't list Roger as a non-applicant since Roger isn't Amanda's parent nor Lindsey's tax dependent.

Key Points

Assisting Consumers in a Multi-tax Household Key Points



- You should be able to assist consumers in multi-tax households with completing and submitting separate Marketplace applications.
- It's important for consumers who apply and qualify for APTC to report changes in income and household size to the Marketplace so they won't have to pay back excess APTC when they file federal income taxes.

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Module 5 - Helping Families Enroll

Introduction

Helping Families Enroll Introduction

This module provides guidance on special situations you may encounter when helping families apply for individual market Federally-facilitated Marketplace (FFM) coverage. It builds on what you've already learned regarding Marketplace eligibility and enrollment. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Different Qualified Health Plans (QHPs)

Assist members of a family enrolling in different QHPs through the FFM



Eligibility & Enrollment Differences

Explain eligibility and enrollment differences to a family whose members qualify for different programs



Victims of Domestic Abuse

Identify premium tax credit (PTC) and cost-sharing reduction (CSR) eligibility for consumers who are victims of domestic abuse



Special Enrollment Periods (SEPs) and SEP Verification

Describe SEPs for certain consumers with dependents and SEP verification rules for consumers with existing Marketplace coverage

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Families That Enroll in Different QHPs

Helping Families Enroll Families That Enroll in Different QHPs



As you've learned, members of the same family may want to enroll in different QHPs based on the differences in costs, benefits packages, or provider networks offered.

You can help members of a family who want to apply together and then help them enroll into different QHPs once they're determined eligible.

A family may qualify for advanced premium tax credits (APTC), and members of that family may select more than one QHP. The FFMs will allocate any APTC to each plan according to Marketplace rules.

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Scenario: Enrolling in Different QHPs

Helping Families Enroll Scenario: Enrolling in Different QHPs

Let's review the steps a family would follow to enroll two family members on one application in different QHPs.

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#)
[Step 5](#) [Step 6](#) [Step 7](#) [Step 8](#)

Step 1

After consumers submit a Marketplace application and receive an eligibility determination notice, complete the first three tasks of the "You're eligible to enroll in Marketplace coverage" screen.

The screenshot shows the HealthCare.gov website interface. At the top, it says "HealthCare.gov" and "Johnny Menu". The main heading is "You're eligible to enroll in Marketplace coverage". Below this, it states "You have a Special Enrollment Period because of a life change." A blue box contains the text: "Choose a plan by December 31, 2022 to get coverage. Select your health plan and complete the steps below by December 31, 2022." Below this is a table with two columns: "For coverage to start on:" and "Confirm your plan by:". The first row shows "January 1, 2023" and "December 31, 2022". Below the table are three numbered steps: 1. "Decide how much tax credit to use to lower your premium" with a green "Start" button; 2. "Report tobacco use"; 3. "See if plans cover your doctors, hospitals & prescription drugs". At the bottom of step 3, there is a small text: "Enter your doctors and hospitals to see if they're in the plan's network, and drugs to".

Let's review the steps a family would follow to enroll two family members on one application in different QHPs. Use the scroll bar to the right to view all the steps.

STEP 1: After consumers submit a Marketplace application and receive an eligibility determination notice, complete the first three tasks of the "You're eligible to enroll in Marketplace coverage" screen.

STEP 2: On the "Choose Health Plans" task (task 4), select the **Start** button.

STEP 3: Separate the initial enrollment group into self-only groups by selecting **Change Groups**.

STEP 4: Select **Move to New Group** from the drop-down list next to a consumer. The screen will then display Group 1 in the drop-down list. Select the **Save** button.

STEP 5: The consumers are now in separate groups. Proceed to "Plan Compare" by selecting the **View Plans** button next to each consumer.

STEP 6: The person(s) in Group 1 will select and review their health plan, followed by the person(s) in Group 2.

STEP 7: Each person will select and enroll in separate dental coverage, if desired (optional).

STEP 8: Review and confirm selections.

Knowledge Check

Helping Families Enroll Knowledge Check

You're meeting with a married couple and their two children who have started a Marketplace application as a single household. Their eligibility determination notice says they are eligible for APTC and you're discussing their QHP options. Which one of the following is **NOT** an accurate statement for you to share with this family? Select the **correct answer** and then select **Check Your Answer**.

- A. Each family member can determine which QHP best meets their needs and enroll in a different QHP from other family members.
- B. You can help the family complete a Marketplace application online and help each family member enroll in their own separate QHP.
- C. The family must select and enroll in the same QHP; therefore, you must help them select the plan that best meets the collective needs of the family.
- D. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

Check Your Answer



You're meeting with a married couple and their two children who have started a Marketplace application as a single household. Their eligibility determination notice says they are eligible for APTC, and you're discussing their QHP options.

Family members may determine which QHP best meets their individual needs and can select and enroll in a different QHP from other family members. You may assist the family in completing the online Marketplace application and selecting the QHPs that they wish to enroll in for health coverage. If members of the family select more than one QHP, the Marketplace will allocate any APTC to each plan.

Scenario: Families That Qualify for Different Programs

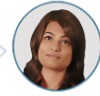
Helping Families Enroll

Scenario: Families That Qualify for Different Programs



A consumer named Kim brought in her eligibility determination notice. It states that her son Johnny's information has been transferred to the state Children's Health Insurance program (CHIP) agency to process Johnny's enrollment in CHIP. Here's how you could work with Kim to make sure Johnny is enrolled in the coverage of her choice.

Your son, Johnny, is eligible for CHIP, which is run by your state. CHIP provides low-cost health coverage to children in some families that earn too much money to qualify for Medicaid. Since you and your husband earn too much money to qualify for Medicaid, you'll be covered by the QHPs you enroll in through the Marketplace. Your notice also indicates that you and your husband are eligible for a premium tax credit.



Thanks for explaining that. However, I'd like Johnny to enroll in the same QHP that I do so I only have to deal with that health plan.

That's understandable. You and Johnny can enroll in a QHP together, but Johnny won't be eligible for a premium tax credit since he's eligible for CHIP. You should also be aware that CHIP provides comprehensive benefits designed specifically for children and may have lower cost-sharing amounts than a QHP.



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

A consumer named Kim brought in her eligibility determination notice. It states that her son Johnny's information has been transferred to the state Children's Health Insurance program (CHIP) agency to process Johnny's enrollment in CHIP. Here's how you could work with Kim to make sure Johnny is enrolled in the coverage of her choice.

Coach: Your son, Johnny, is eligible for CHIP, which is run by your state. CHIP provides low-cost health coverage to children in some families that earn too much money to qualify for Medicaid. Since you and your husband earn too much money to qualify for Medicaid, you'll be covered by the QHPs you enroll in through the Marketplace. Your notice also indicates that you and your husband are eligible for a premium tax credit.

Consumer: Thanks for explaining that. However, I'd like Johnny to enroll in the same QHP that I do so I only have to deal with that health plan.

Coach: That's understandable. You and Johnny can enroll in a QHP together, but Johnny won't be eligible for a premium tax credit since he's eligible for CHIP. You should also be aware that CHIP provides comprehensive benefits designed specifically for children and may have lower cost sharing amounts than a QHP.

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

Other Coverage Options for Children

Depending on the state and the consumer's circumstances, there may be some additional options for setting up health coverage for children.

- Note that there is an exception to the rule that CHIP-eligible children aren't eligible for getting help paying for health coverage through the FFMs.
 - If a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible for help paying for health coverage through the FFM during the waiting period, if otherwise eligible. Once the waiting period ends and the child can enroll in CHIP, the child will become ineligible for APTC and CSRs.
- In this scenario, there is also an additional option for getting child health coverage through the FFM. Kim could create a separate user account for Johnny and submit an individual application on his behalf. After receiving the eligibility determination for Johnny as an individual consumer, Kim could then evaluate and choose what she considers to be the best option for his health coverage.
 - If she chooses to enroll Johnny in a QHP, however, he wouldn't be eligible for APTC and CSRs to help pay for his plan.

Depending on the state and the consumer's circumstances, there may be some additional options for setting up health coverage for children.

Note that there is an exception to the rule that CHIP-eligible children aren't eligible for getting help paying for health coverage through the FFMs. If a child lives in a state that has a waiting period for enrolling in CHIP, the child will be eligible for help paying for health coverage through the FFM during the waiting period, if otherwise eligible. Once the waiting period ends and the child can enroll in CHIP, the child will become ineligible for APTC and CSRs.

In this scenario, there is also an additional option for getting child health coverage through the FFM. Kim could create a separate user account for Johnny and submit an individual application on his behalf. After receiving the eligibility determination for Johnny as an individual consumer, Kim could then evaluate and choose what she considers to be the best option for his health coverage. If she chooses to enroll Johnny in a QHP, however, he wouldn't be eligible for APTC and CSRs to help pay for his plan.

Knowledge Check

Helping Families Enroll Knowledge Check

Trina qualifies for APTC and CSRs through her state's FFM and enrolls in a QHP. Trina's daughter, Annabelle, is determined eligible for CHIP.

What are Trina's options for Annabelle's health coverage? Select the **correct answer** and then select **Check Your Answer**.

- A. Trina can enroll Annabelle in her QHP, and Trina and Annabelle can continue to get APTC and CSRs.
- B. Trina can enroll Annabelle in her QHP, but Annabelle won't be able to get APTC and CSRs unless Trina and Annabelle live in a state that has a waiting period for CHIP coverage. However, Annabelle's APTC and CSR eligibility will end when Annabelle meets the waiting period requirements for CHIP and is then considered CHIP-eligible.
- C. Trina can only enroll Annabelle in CHIP, and Trina won't be able to get APTC and CSRs for her own QHP coverage.
- D. Trina can't enroll Annabelle in any QHP.



✓ Check Your Answer

Trina qualifies for APTC and CSRs through her state's FFM and enrolls in a QHP. Trina's daughter, Annabelle, is determined eligible for CHIP. What are Trina's options for Annabelle's health coverage?

Trina can enroll Annabelle in the same QHP she has selected and receive APTC and CSRs if they live in a state that has a waiting period for CHIP. This way, Annabelle will receive financial assistance for purchasing QHP coverage in a Marketplace until she is eligible for CHIP.

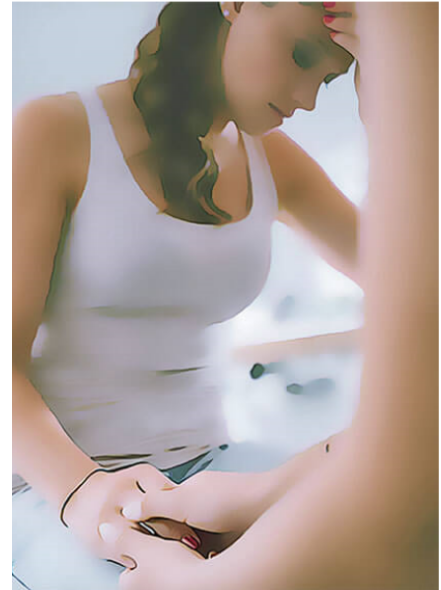
Victims of Domestic Violence

Helping Families Enroll Victims of Domestic Violence

You may encounter married consumers who are victims of domestic abuse. Usually, legally married consumers are required to file joint income tax returns with their spouse to receive help paying for coverage. However, it can be dangerous and traumatic for victims of domestic abuse to get in contact with their spouse to file a joint tax return—particularly if they have a restraining order against the spouse.

If you encounter a consumer who lives apart from a spouse and is unable to file a joint income tax return as a result of domestic abuse, you can help the consumer get help paying for health coverage on a separate application.

Starting a new application that lists an individual as not married allows the individual to get help paying for coverage if they are otherwise eligible for such help. The consumer won't face any penalty for listing their marital status as **not married** on the application. You'll then help the consumer complete the enrollment process by selecting a plan.



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Starting a new application that lists an individual as not married allows the individual to get help paying for coverage if they are otherwise eligible for such help. The consumer won't face any penalty for listing their marital status as **not married** on the application. You'll then help the consumer complete the enrollment process by selecting a plan.

Knowledge Check

Helping Families Enroll Knowledge Check

You're helping Maila apply for health coverage, and she thinks she qualifies for financial help based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse.

Which scenario best describes how you should help Maila enroll in health coverage? Select the **correct answer** and then select **Check Your Answer**.

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

 [Check Your Answer](#)



You're helping Maila apply for health coverage, and she thinks she qualifies for financial help based on her household income. However, she doesn't have access to her tax return because she's a victim of domestic abuse and lives apart from her spouse. How should you help Maila enroll in health coverage?

You should reassure Maila that, despite not having access to her joint tax return, she'll be able to apply for and potentially receive help paying for coverage by listing her marital status as **not married**. Victims of domestic abuse won't face any penalty for representing that they aren't married on their applications.

Scenario: Removing a Covered Person From an Application

Helping Families Enroll

Scenario: Removing a Covered Person From an Application



Now, let's help Maria and Juan update their application.

Maria and Juan are enrolled in a QHP through their state's FFM; however, Juan just got a new job that offers employer-sponsored coverage. Although Maria and Juan are married, Juan's employer doesn't offer spousal coverage.

In this situation, Juan needs to terminate his QHP coverage through the FFM to enroll in employer-sponsored coverage, but Maria needs to remain enrolled in the QHP. They've come to you for help.

Let's review how you can help Juan remove himself from the application and terminate his coverage in the FFM. Juan will need to be added back onto the Marketplace application as a non-applicant so Maria can remain enrolled.



Now, let's help Maria and Juan update their application.

Maria and Juan are enrolled in a QHP through their state's FFM; however, Juan just got a new job that offers employer-sponsored coverage. Although Maria and Juan are married, Juan's employer doesn't offer spousal coverage.

In this situation, Juan needs to terminate his QHP coverage through the FFM to enroll in employer-sponsored coverage, but Maria needs to remain enrolled in the QHP. They've come to you for help.

Let's review how you can help Juan remove himself from the application and terminate his coverage in the FFM. Juan will need to be added back onto the Marketplace application as a non-applicant so Maria can remain enrolled.

Report a Life Change

Helping Families Enroll Report a Life Change

Maria and Juan should open their existing application and report a life change:

- From the "My Applications & Coverage" screen, select Maria and Juan's most recent application under the "Your existing applications" section.
- Select the **Report a life change** option from the menu on the left.
- Review the "What kind of changes should I report?" section and select the **Report a Life Change** button.

Select to zoom

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Mississippi Division of Medicaid or Mississippi Health Benefits coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage.](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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

After you report a change:

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

REPORT A LIFE CHANGE

Maria and Juan should open their existing application and report a life change:

- From the "My Applications & Coverage" screen, select Maria and Juan's most recent application under the "Your existing applications" section.
- Select the **Report a life change** option from the menu on the left.
- Review the "What kind of changes should I report?" section and select the **Report a Life Change** button.

Type of Life Change

Helping Families Enroll Type of Life Change



Here, Maria and Juan should select the **Report a change in my household's income, size, address, or other information** radio button and continue to their application.

Maria and Juan should proceed through the following sections of the application:

- Contact information
- Help applying for coverage
- Help paying for coverage

Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

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

Choose an option below to continue

- Report a change in my household's income, size, address, or other information
- Change the way we send information to you, like by email or paper copies
- Report a move to a new state

CANCEL

CONTINUE

Here, Maria and Juan should select the **Report a change in my household's income, size, address, or other information** radio button and continue to their application.

Maria and Juan should proceed through the following sections of the application:

- Contact information
- Help applying for coverage
- Help paying for coverage

Remove an Applicant

Helping Families Enroll
Remove an Applicant



Now Maria and Juan should navigate to the "Who needs health coverage?" screen. This is where they will indicate who the coverage changes apply to.

Next to Juan's name, they can select the **Remove** option to remove him from the application.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Maria

[Edit](#)

✓ Juan

[Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

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Next to Juan's name, they can select the **Remove** option to remove him from the application.

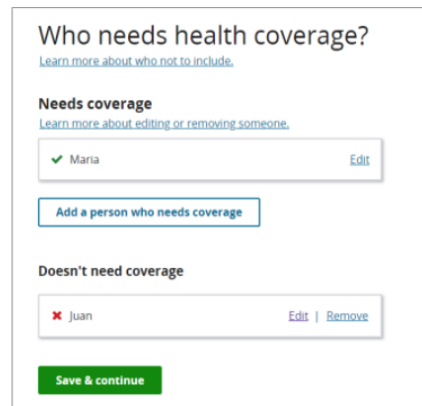
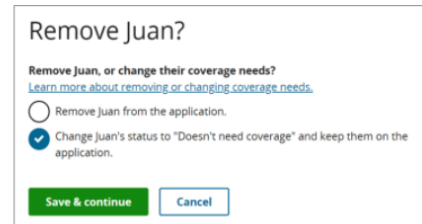
Add Juan as a Non-Applicant

Helping Families Enroll Add Juan as a Non-Applicant

The application will ask whether Maria and Juan want to remove Juan from the application or change his status to a non-applicant and keep him on the application. In this situation, they should select the button next to "Change Juan's status to "Doesn't need coverage" and keep them on the application" since he is married to Maria and part of Maria's tax household. Once they select **Save & continue**, Juan should be listed as a non-applicant who isn't applying for coverage.

If Juan's new coverage doesn't start the day the Ortegas are meeting with you, advise them to contact Juan's new plan and find out his effective date to avoid a gap in coverage. To terminate coverage, Juan can:

- Log into his Marketplace account under "My plans and programs",
- Select **END (TERMINATE) ALL COVERAGE**, and
- Select **END COVERAGE** to continue.



The application will ask whether Maria and Juan want to remove Juan from the application or change his status to a non-applicant and keep him on the application. In this situation, they should select the button next to "Change Juan's status to "Doesn't need coverage" and keep them on the application" since he is married to Maria and part of Maria's tax household. Once they select **Save & continue**, Juan should be listed as a non-applicant who isn't applying for coverage.

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- Log into his Marketplace account under "My plans and programs",
- Select **END (TERMINATE) ALL COVERAGE**, and
- Select **END COVERAGE** to continue.

Confirm the Change to the Application

Helping Families Enroll
Confirm the Change to the Application

Once Maria and Juan submit an updated application, you can help them review their new eligibility results and identify whether Maria is eligible for an SEP, a different premium tax credit amount, or both.

If consumers are eligible for an SEP, they can compare plans and enroll in a new plan. If they are eligible for a different tax credit, they can update their tax credit usage on the "Enroll To-Do List" screen.

Consumers who are eligible to change to a different QHP during an SEP may be limited in the type of QHP they can choose.

Once Maria and Juan submit an updated application, you can help them review their new eligibility results and identify whether Maria is eligible for an SEP, a different premium tax credit amount, or both.

If consumers are eligible for an SEP, they can compare plans and enroll in a new plan. If they are eligible for a different tax credit, they can update their tax credit usage on the "Enroll To-Do List" screen.

Consumers who are eligible to change to a different QHP during an SEP may be limited in the type of QHP they can choose.

Removing a Non-Applicant



Due to life changes like death or divorce, one consumer may need to remove another from an application. Consumers can directly remove people listed as non-applicants from their applications.

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Chris [Edit](#)

[Add a person who needs coverage](#)

Doesn't need coverage

✗ Christina [Edit](#) | [Remove](#)

[Save & continue](#)

Due to life changes like death or divorce, one consumer may need to remove another from an application. Consumers can directly remove people listed as non-applicants from their applications.

Report a Life Change

Helping Families Enroll Report a Life Change

What should a consumer do to remove a non-applicant from the application?

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#) [Step 5](#) [Step 6](#)

Step 1:

Select the **Report a life change** button on the consumer's current application.

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Mississippi Division of Medicaid or Mississippi Health Benefits coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage.](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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

After you report a change:

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

1 **REPORT A LIFE CHANGE**

What should a consumer do to remove a non-applicant from the application?

Step 1: Select the **Report a life change** button on the consumer's current application.

Step 2: Select the Report a change in my household's income, size, address, or other information radio button.

Step 3: Select Continue.

Step 4: Navigate to the "Who needs health coverage screen?" and select **Remove** next to the name of the person the consumer wants to remove from the application (the non-applicant).

Step 5: On the confirmation screen, select the option to confirm the removal of the consumer from the application.

Step 6: Select the Save & continue button.

SEPs for Dependents and Enrollees Who Claim Them

Helping Families Enroll SEPs for Dependents and Enrollees who Claim Them

New or existing dependents and the consumers who claim them may qualify for an SEP together. Here's a quick overview of SEPs for these consumers.

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

- Be added to a consumer's existing QHP, or
- Enroll in a separate QHP at any metal level.

If an enrollee is prohibited from enrolling a dependent in their existing QHP, both the enrollee and dependent can:

- Change to another QHP within the same health plan category, or if no such QHP is available,
- Enroll into a QHP one metal level higher or lower than the enrollee's existing QHP.

These rules also apply to dependents on an existing Marketplace application if they become eligible for an SEP at a later date.



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SEP Verification

Helping Families Enroll SEP Verification

Consumers are no longer required to submit supporting documents to confirm SEP eligibility for gaining or becoming a new dependent due to marriage, adoption, placement for adoption, placement in foster care, or through a child support order or other court order; permanent move; or Medicaid/CHIP denial. However, new consumers applying for an SEP due to loss of qualifying health coverage will continue to be required to submit supporting documents.

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



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Key Points

Helping Families Enroll Key Points



- You can assist families who wish to select and enroll in different QHPs to best meet their individual needs.
- Parents may enroll their CHIP-eligible children in a QHP through an FFM, but the children won't be eligible for APTC or CSRs if they are eligible for CHIP. However, if a child lives in a state that has a waiting period for enrolling in CHIP, the child may be eligible APTC or CSRs during the waiting period only.
- Victims of domestic abuse who won't file a joint tax return should select **not married** as their marital status on a Marketplace application. If eligible, these consumers may get help paying for health coverage through the FFMs without having to file a joint tax return.
- To qualify for an SEP due to loss of qualifying coverage, consumers must submit supporting documents to show that they had qualifying health coverage for one or more of the 60 days before the date they lost or will lose coverage.

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Module 6 - Assisting Consumers With Complex Eligibility Issues

Introduction

Assisting Consumers with Complex Eligibility Issues Introduction

This module provides guidance on how to help consumers with other complex issues that aren't covered in other courses. These issues may present unique situations related to eligibility or enrollment in the individual market Federally-facilitated Marketplaces (FFMs). It builds on what you've already learned regarding Marketplace eligibility and enrollment. By the end of this module, you should be able to understand the following concepts and accomplish the tasks below them.



Medicaid Eligibility

Describe how Medicaid eligibility affects Marketplace coverage



Other Consumer Populations

Explain health coverage options to specific populations of consumers, including veterans that are eligible for Veterans Affairs (VA) health benefits, consumers living with HIV/AIDS, and college students

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Disability and Medicaid Eligibility: Key Considerations

Assisting Consumers with Complex Eligibility Issues Disability and Medicaid Eligibility: Key Considerations

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

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

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

[Remember to explain the 24-month waiting period for Medicare coverage based on disability](#)

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 to low-income adults under the Affordable Care Act (ACA).

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Medicaid programs have different eligibility requirements and disability standards, particularly for consumers who live in states that haven't expanded Medicaid eligibility to low-income adults under the Affordable Care Act (ACA).

Know where to refer consumers in your state

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

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

Generally, consumers who get SSDI benefits are automatically enrolled in Medicare coverage after receiving SSDI for 24 months and may be able to get Medicaid coverage while they wait.

Consumers with disabilities who are turned down for Medicaid during the 24-month waiting period may wish to purchase Marketplace coverage and may qualify for lower costs until Medicare coverage starts.

Disability/Blindness and Medicaid Eligibility

Assisting Consumers with Complex Eligibility Issues Disability/Blindness and Medicaid Eligibility

Federal law provides both mandatory and optional Medicaid coverage for consumers who have blindness or disabilities. Whether they receive Supplemental Security Income (SSI) may affect such consumers' eligibility for Medicaid.

[Consumers Who Receive SSI](#)

[Consumers Who Don't Receive SSI](#)

Consumers Who Receive SSI

- In most states, consumers who receive SSI automatically qualify for Medicaid coverage. However, some states use more restrictive [Medicaid eligibility criteria](#), which differ from state to state.
- State-specific income and resource rules may apply for consumers who aren't subject to determinations based on modified adjusted gross income (MAGI). You should be generally familiar with the income, asset, and disability criteria for Medicaid eligibility for the state(s) where you help consumers. However, the rules are very complex, and you shouldn't attempt to give advice to these consumers about whether or not they're eligible for Medicaid. Refer these consumers to their state Medicaid agency.

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Consumers Who Don't Receive SSI

- Consumers who don't receive SSI but are seeking Medicaid coverage based on a disability must demonstrate that they have an impairment that prevents them from performing a "substantial gainful activity" that is expected to result in death; or lasts or can be expected to last at least one year. Once a disability determination is made, consumers must pass an asset test and meet specific income requirements to be considered for Medicaid eligibility.
- Consumers who don't receive SSI but are seeking Medicaid eligibility based on blindness don't have to demonstrate that their impairment prevents them from performing substantial gainful activity; however, there is a medical standard that states must apply to evaluate whether such individuals have a visual impairment that satisfies categorical eligibility criteria.
- The Marketplace application in the FFMs asks whether consumers or any of their family members have a disability. The FFMs use this information to indicate if the applicant should be referred to the state to have the state determine if the consumer is categorically eligible for Medicaid.

State Medicaid Eligibility Criteria for SSI recipients

In most states and Washington, D.C., receipt of SSI due to a disability or blindness is an automatic basis of Medicaid eligibility. There are currently eight states that don't automatically grant Medicaid eligibility when a

consumer receives SSI (but apply stricter standards): Connecticut, Hawaii, Illinois, Minnesota, Missouri, New Hampshire, North Dakota, and Virginia.

Substantial Gainful Activity

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

A consumer who earns more than a certain amount and is doing productive work is generally considered to be engaging in SGA. This consumer wouldn't be eligible for disability benefits.

Asset Test

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

Knowledge Check

Assisting Consumers with Complex Eligibility Issues Knowledge Check

All consumers with a disability who receive SSI benefits automatically qualify for Medicaid in all states. Select the **correct answer** and then select **Check Your Answer**.

- A. True
- B. False

✓ Check Your Answer



All consumers with a disability who receive SSI benefits automatically qualify for Medicaid in all states.

In most states, consumers who receive SSI automatically qualify for Medicaid coverage. However, some states use more restrictive Medicaid eligibility criteria, which differ from state to state.

Dual Medicaid/CHIP and Marketplace Coverage

Assisting Consumers with Complex Eligibility Issues Dual Medicaid/CHIP and Marketplace Coverage

Consumers who are enrolled in Marketplace coverage with advanced premium tax credits/cost-sharing reductions (APTC/CSRs) and are waiting for a final determination of Medicaid/Children's Health Insurance Program (CHIP) eligibility from their state shouldn't end their Marketplace coverage.

Consumers determined eligible for Medicaid/CHIP

Consumers enrolled in Marketplace coverage with financial assistance need to update their FFM application if they are later determined eligible for Medicaid or CHIP that counts as minimum essential coverage (MEC). A consumer in this scenario is no longer eligible for APTC and CSRs. The consumer should immediately end their APTCs and CSRs for anyone in their household who is determined eligible for or already enrolled in MEC Medicaid or CHIP. If they still want a Marketplace plan after they're found eligible for MEC Medicaid or CHIP, they will have to pay full price for their share of the Marketplace plan. If a consumer opts to do this, they should notify their state Medicaid or CHIP agency of their Marketplace enrollment. Consumers who are enrolled in FFM coverage with APTC and CSRs and MEC Medicaid or CHIP may receive a notice from the FFM asking them to verify their coverage and update their application. Consumers who don't take any action will lose any APTC and CSRs that they currently receive.

More information on when and how to end a Marketplace plan with APTCs and CSRs is available at [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan).

For applications referred to the state for final eligibility determinations, states have up to 90 days to process disability-related applications and up to 45 days for all other applications. If consumers have a waiting period before their children can get CHIP coverage, they will be notified by their state.

In addition to the eligibility determination notice (EDN) that the FFM sends consumers, consumers in both assessment and determination states will be sent a notice from the State Medicaid Agency (SMA) with information about Medicaid/CHIP eligibility/coverage and any next steps, as applicable. Consumers should contact their SMA directly with any questions about Medicaid/CHIP coverage.

Consumers determined ineligible for Medicaid/CHIP

Consumers whose application information is transferred by the FFM to the SMA and are ultimately determined ineligible for this coverage by the state should return to the FFM as soon as possible to update (including to report their recent Medicaid/CHIP denial) and submit their application for FFM coverage with financial assistance. If they aren't already enrolled in Marketplace coverage, they won't be able to enroll until Open Enrollment starts, unless they qualify for a special enrollment period (SEP).

If a consumer disagrees with an assessment state's eligibility determination, the consumer may have the right to appeal the determination through the SMA. Consumers in determination states who disagree with a determination of ineligibility can appeal through the SMA or the FFM.



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Medicaid or CHIP and Marketplace Applicants on Same Application

Assisting Consumers with Complex Eligibility Issues Medicaid or CHIP and Marketplace Applicants on Same Application

If only **some** consumers on an application become eligible for Medicaid or CHIP, they must report a life change and follow the steps below to indicate they are now non-applicants.

Select each step for more information.

[Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#) [Step 5](#)

Step 1:
Select the **Report a Life Change** button.

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

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

Important: If you're enrolled in Delaware Medicaid or Delaware's Healthy Children Program (CHIP) coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage.

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits.
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out.
- Someone needs new coverage.
- Someone is getting new coverage, like from a job.
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed.
- You want to change your preference on how we send information to you.
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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.

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1 **REPORT A LIFE CHANGE**

If only **some** consumers on an application become eligible for Medicaid or CHIP, they must report a life change and follow the steps below to indicate they are now non-applicants.

Step 1: Select the Report a Life Change button.

Step 2: Select the button next to Report a change in my household's income, size, address, or other information.

Step 3: Select the **Continue** button.

Step 4: Navigate to the "Who needs health coverage?" screen and select **Edit** next to the family member that became eligible for Medicaid or CHIP.

Step 5: Select **No** to indicate the household member who no longer needs coverage through the Marketplace. Consumers should confirm these choices and answer any additional questions as necessary. Select **Save & continue**.

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

Medicaid/CHIP Eligibility Redeterminations

Assisting Consumers with Complex Eligibility Issues Medicaid/CHIP Ineligibility

Remember that Medicaid and CHIP eligibility can be based on several factors. Consumers who were once eligible for Medicaid or CHIP may become ineligible based on their circumstances, and vice versa.

Consumers who are enrolled in Medicaid/CHIP should report any changes in circumstances (e.g., household size or income) to their state agency. When the state agency has information that a Medicaid/CHIP enrollee's circumstance has changed, it will redetermine eligibility for Medicaid/CHIP to determine whether the consumer remains eligible. This includes determining eligibility for all Medicaid eligibility categories before determining a consumer ineligible. If the state determines that the consumer is no longer eligible for Medicaid or CHIP, the state will notify the consumer and send the consumer's information to the FFM. As soon as the consumer learns from the state that their Medicaid/CHIP coverage is ending, they should update and submit their existing FFM application (if they have previously applied at the FFM), or complete and submit a new application. When filling out their FFM application, consumers should report their recent or upcoming loss of Medicaid/CHIP, as applicable. Updating/completing and submitting an FFM application will enable the consumer to find out if they are eligible for Marketplace coverage with financial assistance and an SEP to enroll in coverage.

Additional Information

Since the start of the COVID-19 Public Health Emergency (PHE), state Medicaid agencies made changes with respect to eligibility, including changes to qualify for the temporary Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA). As a condition of receiving the FFCRA temporary FMAP increase, state Medicaid agencies had to maintain continuous enrollment for most Medicaid beneficiaries who were enrolled as of or after March 18, 2020. Under the Consolidated Appropriations Act of 2023, expiration of the Medicaid continuous enrollment condition and receipt of the temporary FMAP increase are no longer linked to the end of the COVID-19 PHE. The continuous enrollment condition ended on March 31, 2023 (and the FFCRA's temporary FMAP increase will be slowly reduced and phased down starting April 1, 2023, and will end on December 31, 2023).

The March 31, 2023, end of the continuous enrollment condition means that state programs are returning to normal eligibility and enrollment operations, including processing Medicaid terminations for enrollees who are determined no longer eligible; this return to normal operations is known as Medicaid unwinding.

States will have up to 12 months to start, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition on March 31, 2023. Beginning April 1, 2023, states claiming the temporary FMAP increase under the FFCRA will be able to terminate enrollment for ineligible individuals enrolled in Medicaid, following a redetermination.

During unwinding, some consumers will lose their Medicaid or CHIP coverage and need to transition to other health insurance, such as coverage through the Marketplace. Assistors should help facilitate continuity of coverage for impacted consumers as they transition from Medicaid or CHIP to Marketplace coverage.

Remember that Medicaid and CHIP eligibility can be based on several factors. Consumers who were once eligible for Medicaid or CHIP may become ineligible based on their circumstances, and vice versa.

Consumers who are enrolled in Medicaid/CHIP should report any changes in circumstances (e.g., household size or income) to their state agency. When the state agency has information that a Medicaid/CHIP enrollee's circumstance has changed, it will redetermine eligibility for Medicaid/CHIP to determine whether the consumer remains eligible. This includes determining eligibility for all Medicaid eligibility categories before determining a consumer ineligible. If the state determines that the consumer is no longer eligible for Medicaid or CHIP, the state will notify the consumer and send the consumer's information to the FFM. As soon as the consumer learns from the state that their Medicaid/CHIP coverage is ending, they should update and submit their existing FFM application (if they have previously applied at the FFM), or complete and submit a new application. When filling out their FFM application, consumers should report their recent or upcoming loss of Medicaid/CHIP, as applicable. Updating/completing and submitting an FFM application will enable the consumer to find out if they are eligible for Marketplace coverage with financial assistance and an SEP to enroll in coverage.

Additional Information

Since the start of the COVID-19 Public Health Emergency (PHE), state Medicaid agencies made changes with respect to eligibility, including changes to qualify for the temporary Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA). As a condition of receiving the FFCRA temporary FMAP increase, state Medicaid agencies had to maintain continuous enrollment for most Medicaid beneficiaries who were enrolled as of or after March 18, 2020. Under the Consolidated Appropriations Act of 2023, expiration of the Medicaid continuous enrollment condition and receipt of the temporary FMAP increase are no longer linked to the end of the COVID-19 PHE. The continuous enrollment condition ended on March 31, 2023 (and the FFCRA's temporary FMAP increase will be slowly reduced and phased down starting April 1, 2023, and will end on December 31, 2023).

The March 31, 2023, end of the continuous enrollment condition means that state programs are returning to normal eligibility and enrollment operations, including processing Medicaid terminations for enrollees who are determined no longer eligible; this return to normal operations is known as Medicaid unwinding.

States will have up to 12 months to start, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition on March 31, 2023. Beginning April 1, 2023, states claiming the temporary FMAP increase under the FFCRA will be able to terminate enrollment for ineligible individuals enrolled in Medicaid, following a redetermination.

During unwinding, some consumers will lose their Medicaid or CHIP coverage and need to transition to other health insurance, such as coverage through the Marketplace. Assisters should help facilitate continuity of coverage for impacted consumers as they transition from Medicaid or CHIP to Marketplace coverage.

Helping Veterans With Their Health Care Coverage

Assisting Consumers with Complex Eligibility Issues Helping Veterans With Their Health Care Coverage

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

VA coverage meets the requirements for MEC.

Veterans' eligibility for a PTC through the FFMs depends on whether they are enrolled in VA coverage.

- If veterans are eligible for VA health coverage but aren't enrolled, they can enroll in a QHP in an FFM and receive a PTC, depending on their household income.
- If veterans are enrolled in VA health coverage, they may choose also to enroll in a QHP in an FFM. However, they wouldn't be eligible for a PTC.
- Veterans who are eligible for and enrolled in VA health coverage can still be found eligible for Medicaid. This would depend on if their eligibility is based on their income and other factors in their state's rules. Medicaid might be able to pay for services that their VA health coverage doesn't cover.



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

VA coverage meets the requirements for MEC.

Veterans' eligibility for a premium tax credit (PTC) through the FFMs depends on whether they are enrolled in VA coverage.

- If veterans are eligible for VA health coverage but aren't enrolled, they can enroll in a qualified health plan (QHP) in an FFM and receive a PTC, depending on their household income.
- If veterans are enrolled in VA health coverage, they may choose also to enroll in a QHP in an FFM. However, they wouldn't be eligible for a PTC.
- Veterans who are eligible for and enrolled in VA health coverage can still be found eligible for Medicaid. This would depend on if their eligibility is based on their income and other factors in their state's rules. Medicaid might be able to pay for services that their VA health coverage doesn't cover.

Knowledge Check

Assisting Consumers with Complex Eligibility Issues Knowledge Check

Henry is an Army veteran who is enrolled in VA health coverage. He comes to meet you with questions about the Marketplace in his state. Henry doesn't know if he should apply for a QHP and whether it will affect his VA coverage.

What should you tell Henry? Select the **correct answer** and then select **Check Your Answer**.

- A. Henry isn't eligible to enroll in a QHP because he is enrolled in VA coverage.
- B. Henry may be eligible to enroll in a QHP, and he might be Medicaid-eligible. He won't be eligible for the premium tax credit because he is enrolled in VA coverage.
- C. Henry is eligible to enroll in a QHP and to get the premium tax credit.
- D. Henry isn't eligible to enroll in a QHP because he is eligible for VA coverage.

✓ Check Your Answer



Henry is an Army veteran who is enrolled in VA health coverage. He comes to meet you with questions about the Marketplace in his state. Henry doesn't know if he should apply for a QHP and whether it will affect his VA coverage. What should you tell Henry?

Henry may be eligible to enroll in a QHP, but he won't be eligible for the premium tax credit because he is enrolled in VA coverage. He could be eligible for Medicaid.

College Students

Assisting Consumers with Complex Eligibility Issues College Students

Consumers who are college students have several options for enrolling in health coverage. Select each item to learn more.

[Parents' Private Health Coverage](#)

[Purchase Health Coverage/Medicaid](#)

[Catastrophic Health Coverage](#)

Parents' Private Health Coverage

As with other young adults, Marketplace issuers must allow students to enroll in or stay on their parents' private health coverage (if dependent coverage is offered) until they turn 26.

- If a young adult is covered by a parent's job-based plan, their coverage usually ends when they turn 26. But they should check with the employer plan. Some states and plans have different rules.
- If a young adult is on a parent's Marketplace plan, they can remain covered through December 31 of the year they turn 26.

However, Medicaid has different rules.



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However, Medicaid has different rules.

Purchase Health Coverage/Medicaid

The consumer may also be eligible to buy a health plan through an FFM during the Open Enrollment Period (OEP) or during an SEP instead. The FFM has an annual OEP each year. For 2024, the OEP is November 1, 2023, through January 15, 2024. A consumer may qualify for help paying for Marketplace coverage or for Medicaid/CHIP based on income level.

Catastrophic Health Coverage

Student consumers under the age of 30 also have the option to purchase a Catastrophic health plan. Catastrophic plans generally offer lower premiums and high deductibles. APTC can't be used to reduce premiums for such plans and CSRs aren't available.

Knowledge Check

Assisting Consumers with Complex Eligibility Issues Knowledge Check

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

Which of the following is **NOT** an enrollment option that you would share with Jack? Select the **correct answer** and then select **Check Your Answer**.

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

Check Your Answer



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What would you tell Jack is an enrollment option for him?

You wouldn't tell Jack that he doesn't need coverage as a student. While student consumers may have access to student health centers, they still generally need to meet the requirement to maintain minimum essential coverage. Jack may meet this requirement by enrolling in his school's student health plan if it has been recognized by the Department of Health and Human Services (HHS) as minimum essential coverage, getting health coverage under his parents' health plan, or purchasing individual health coverage for himself.

Consumers Who Receive HIV/AIDS Assistance

Assisting Consumers with Complex Eligibility Issues Consumers Who Get HIV/AIDS Assistance

Other health care resources are available to some consumers living with HIV or AIDS. This can affect how these consumers receive Marketplace benefits.

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

Consumers who receive services through the RWHAP while they're enrolled in a QHP may be eligible to have their QHP premiums paid directly to the issuer by the RWHAP. If these consumers get PTC, the RWHAP may pay for premium amounts that aren't already covered by the tax credit. RWHAP funds may also be used to help pay copayments, deductibles, and coinsurance under their QHP.

To best help these consumers, instruct them to contact their RWHAP office. Consumers can also ask their medical providers about RWHAP assistance with their QHP premium payments and any additional cost sharing they may have under their QHPs.

Consumers living with HIV/AIDS may also be eligible for Medicaid or CHIP.

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Consumers living with HIV/AIDS may also be eligible for Medicaid or CHIP.

Ryan White HIV/AIDS Program (RWHAP)

The RWHAP provides care and services for people with HIV who are uninsured or underinsured, serving as a payer of last resort. This means that RWHAP provides services and coverage that aren't already paid for after all other payment sources (public or private health insurance plans) have been accessed. The RWHAP provides federal funding to states, cities, and providers of HIV/AIDS coverage and treatment but not directly to consumers.

Key Points

Assisting Consumers with Complex Eligibility Issues Key Points



- You should be aware of health coverage options for specific populations of consumers, including veterans who are eligible for VA health benefits, individuals living with HIV/AIDS, and college students.
- When applying for programs to help lower costs, consumers who report disability-related income to the FFMs must include Social Security payments and shouldn't include SSI, veterans' disability payments, or workers' compensation.
- Some states have specific income, asset, and disability criteria when determining Medicaid eligibility. Consumers in these states should contact their state Medicaid agency.

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Conclusion

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Congratulations!
You've finished the learning portion of this course.

Select the link to take the [Complex Application Issues exam](#), or you can close the course and return to the exam later.

Congratulations! You've finished the learning portion of this course. You can return to the web-based training to take the Complex Application Issues exam or you can close this document and return to the exam later. If you choose to take the exam, the code to access this exam is: 154911.

Resources

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

Module 2 Resources

More information about working with immigrant consumer populations and the unique issues they may face is available at the [Marketplace.cms.gov](https://www.marketplace.cms.gov) website.

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

Health Coverage Options for Immigrants: [Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-immigrants.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/health-coverage-options-immigrants.pdf)

How to Resolve Data Matching Issues: [Marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf)

Tips for Submitting Supporting Documents to the Health Insurance Marketplace: [HHS.gov/guidance/document/slides-tips-submitting-supporting-documents-health-insurance-marketplace](https://www.hhs.gov/guidance/document/slides-tips-submitting-supporting-documents-health-insurance-marketplace)

Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant People: [Medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing/index.html](https://www.medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing/index.html)

Marketplace Verification of Citizenship and Immigration Status: [Marketplace.cms.gov/technical-assistance-resources/marketplace-verification-immigration-status.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/marketplace-verification-immigration-status.pdf)

Verifying your identity: ID proofing in the Marketplace: [Marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf](https://www.marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf)

Assister Guide to the immigration Section of the Online Marketplace Application: [Marketplace.cms.gov/technical-assistance-resources/assister-guide-to-immigration-section.PDF](https://www.marketplace.cms.gov/technical-assistance-resources/assister-guide-to-immigration-section.PDF)

Refugees and the Affordable Care Act: [ACF.hhs.gov/sites/default/files/documents/orr/fact_sheet_refugees_and_the_affordable_care_act_508_8_27_13b_508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/orr/fact_sheet_refugees_and_the_affordable_care_act_508_8_27_13b_508.pdf)

Tools and toolkits: [Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html](https://www.marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html)

Multimedia resources: [Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html](https://www.marketplace.cms.gov/outreach-and-education/images-and-multimedia.html)

Module 3 Resources

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

Taxes & the Health Insurance Marketplace: Overview for Marketplace Assisters: [Marketplace.cms.gov/technical-assistance-resources/tax-overview-for-assisters.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/tax-overview-for-assisters.pdf)

Application Spotlight: Family and Household Composition Section: [Marketplace.cms.gov/technical-assistance-resources/family-household-composition-section.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/family-household-composition-section.pdf)

Tax Information: [Marketplace.cms.gov/technical-assistance-resources/tax-information.html](https://www.marketplace.cms.gov/technical-assistance-resources/tax-information.html)

Report Life Changes When You Have Marketplace Coverage: [Marketplace.cms.gov/outreach-and-education/report-life-changes.pdf](https://www.marketplace.cms.gov/outreach-and-education/report-life-changes.pdf)

My Tax Checklist: [Marketplace.cms.gov/outreach-and-education/my-tax-checklist.pdf](https://www.marketplace.cms.gov/outreach-and-education/my-tax-checklist.pdf)

What to include as income: [HealthCare.gov/income-and-household-information/income/](https://www.healthcare.gov/income-and-household-information/income/)

How Health Coverage Affects Your Taxes: [Marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf](https://www.marketplace.cms.gov/outreach-and-education/health-coverage-affects-taxes.pdf)

Income Resource Chart: [Marketplace.cms.gov/technical-assistance-resources/income-resource-chart.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/income-resource-chart.pdf)

The Assister's Roadmap to Resources: [Marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf)

Module 4 Resources

Complex Case Scenarios: Preventing Gaps in Health Care Coverage Mini-Series: [Marketplace.cms.gov/technical-assistance-resources/transitioning-from-medicaid.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/transitioning-from-medicaid.pdf)

Consumer Options for Terminating Plans and Reporting Changes: [Marketplace.cms.gov/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf)

Tools & toolkits: [Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html](https://www.marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html)

Multimedia: [Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html](https://www.marketplace.cms.gov/outreach-and-education/images-and-multimedia.html)

Module 5 Resources

Understanding the Health Coverage Needs of People with Disabilities: [Nationaldisabilitynavigator.org/wp-content/uploads/presentations/2015-12-04_NDNRC_CMS.pdf](https://www.nationaldisabilitynavigator.org/wp-content/uploads/presentations/2015-12-04_NDNRC_CMS.pdf)

Information for American Indians and Alaska Natives Applying for Coverage [Marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf)

Assisting American Indian and Alaska Native Consumers: [Marketplace.cms.gov/technical-assistance-resources/assisting-american-indian-alaska-native-consumers.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/assisting-american-indian-alaska-native-consumers.pdf)

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

Ryan White HIV/AIDS Program and the Evolving Health Care Landscape: [Ryanwhite.hrsa.gov/hiv-care/landscape](https://www.ryanwhite.hrsa.gov/hiv-care/landscape)

Fact Sheet: Topics to Consider When Helping People Living with HIV to Enroll in Health Care Coverage: [Careacttarget.org/sites/default/files/file-upload/resources/ACE_Enrollment_Fact_Sheet.pdf](https://www.careacttarget.org/sites/default/files/file-upload/resources/ACE_Enrollment_Fact_Sheet.pdf)

Enrollment Resources for Ryan White HIV/AIDS Program Clients: [Targethiv.org/library/topics/enrollment-resources-consumers](https://www.targethiv.org/library/topics/enrollment-resources-consumers)

Working with Consumers with Disabilities: [Marketplace.cms.gov/technical-assistance-resources/training-materials/consumers-with-disabilities.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/training-materials/consumers-with-disabilities.pdf)

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

Serving Special Populations: Serving Consumers with Disabilities: [Marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf)

Veterans Health Administration: Veterans "Deep Dive" Presentation for Assisters: [Marketplace.cms.gov/technical-assistance-resources/veterans-deep-dive.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/veterans-deep-dive.pdf)

Training for navigators, agents, brokers, and other assisters: [Marketplace.cms.gov/technical-assistance-resources/training-materials/training.html](https://www.marketplace.cms.gov/technical-assistance-resources/training-materials/training.html)

Tools & toolkits: [Marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html](https://www.marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html)

Multimedia: [Marketplace.cms.gov/outreach-and-education/images-and-multimedia.html](https://www.marketplace.cms.gov/outreach-and-education/images-and-multimedia.html)