

Mastering the Marketplace Application and Helping Consumers Find the Right Plan

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

October 10, 2024

Disclaimer



The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to "Marketplace" in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

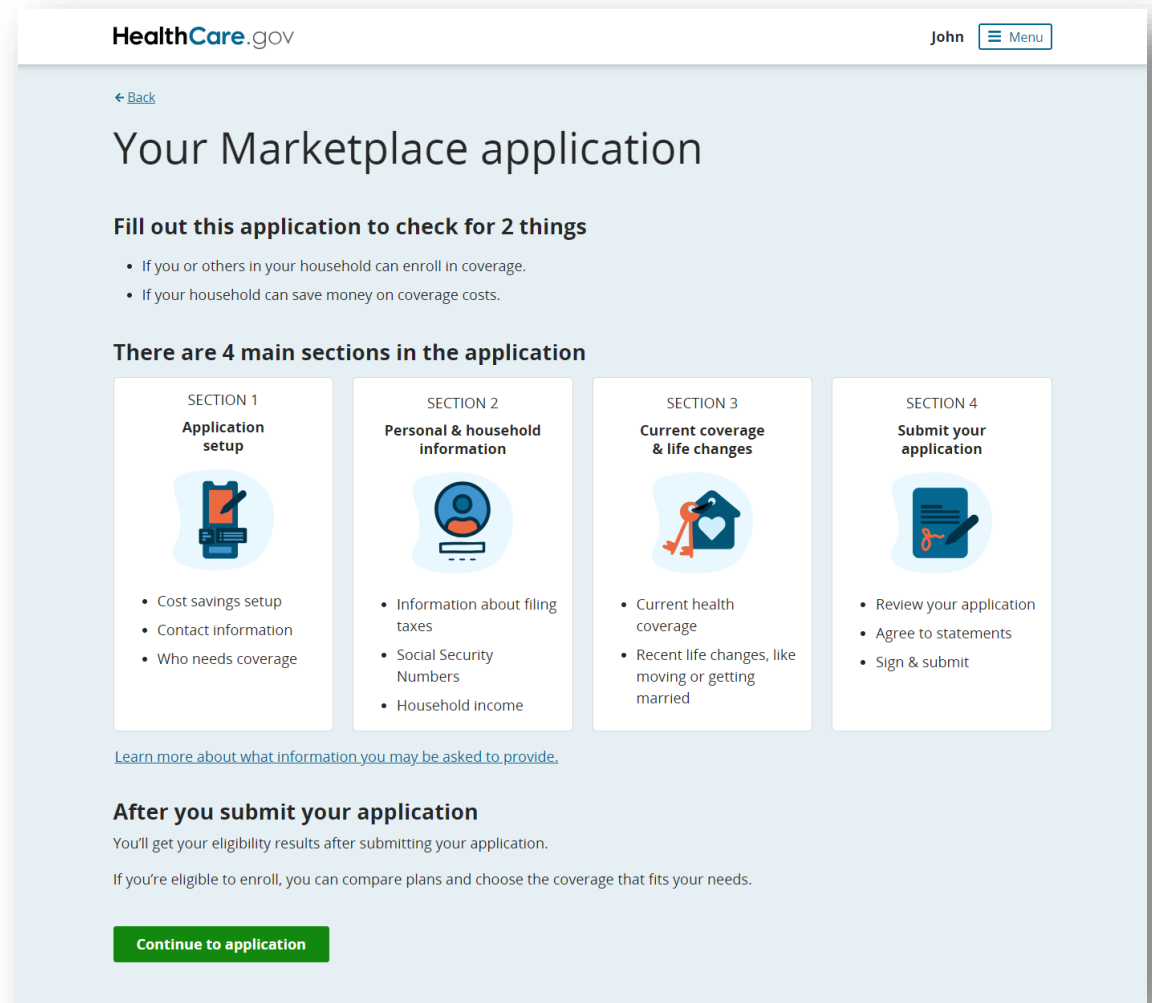
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HealthCare.gov Open Enrollment

Highlights on consumer application and shopping experience

Apply: Get Started

- » New start page to set expectations for the sections of information they'll be asked to help guide consumers through their next steps with hints along the way.
- » Consumers that start their application and need to pause and come back later are now able to see where they left off (which section) and jump back in on the last question they were on. Or they can choose to review information they already entered in an earlier section before continuing.



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Your Marketplace application

Fill out this application to check for 2 things

- If you or others in your household can enroll in coverage.
- If your household can save money on coverage costs.

There are 4 main sections in the application

SECTION 1 Application setup	SECTION 2 Personal & household information	SECTION 3 Current coverage & life changes	SECTION 4 Submit your application
<ul style="list-style-type: none">• Cost savings setup• Contact information• Who needs coverage	<ul style="list-style-type: none">• Information about filing taxes• Social Security Numbers• Household income	<ul style="list-style-type: none">• Current health coverage• Recent life changes, like moving or getting married	<ul style="list-style-type: none">• Review your application• Agree to statements• Sign & submit

[Learn more about what information you may be asked to provide.](#)

After you submit your application
You'll get your eligibility results after submitting your application.
If you're eligible to enroll, you can compare plans and choose the coverage that fits your needs.

[Continue to application](#)

Check for Savings



An official website of the United States government [Here's how you know](#) ▾

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Decide if you'd like to check for savings

You can set up your application to check if your household is eligible for lower costs on health coverage.
[Learn more about the types of savings we can check for.](#)

Tell us more about your household so we can see if you should check for savings.

- ✓ **Applying for coverage in West Virginia.**
[Change your state by returning to your account and starting a new application.](#)
- ✓ **How many people do you report on your tax return, including yourself?**
[Learn more about who to include, and how to answer if you don't file taxes.](#)
- ✓ **In 2025, what do you estimate your household's income range will be?**
[Learn more about how to estimate household income.](#)
 \$86,000 or less
 More than \$86,000
 I choose not to answer

Your household is likely to qualify for savings!

Your household is likely to qualify for savings!
We'll ask for more information as you fill out the application to make sure you're eligible, and to see how much you may be able to save.

Choose a savings option

- Check for all savings options. (Recommended)**
You'll see your results after you fill out and submit your application. If you're eligible to enroll, you can apply these savings to the plan you select.
- Continue without checking for savings options.**
You'll still fill out and submit your application. If you're eligible to enroll, you'll pay the full price of your health insurance premiums on the plan you select.

Consumer Contact Information and Communication Preferences



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Contact information

Email address

Phone number

Extension
Optional

Phone type

Mobile

Home

Work

[Add a second phone number](#)

Save & continue

Application ID: 4392267714

Preferred language

Selecting your preferred language helps the U.S. Department of Health and Human Services improve service to all people using the Marketplace. Providing this information won't affect eligibility options or costs.

[Learn more about preferred language](#)

Preferred written language

Preferred spoken language

Save & continue

Application ID: 4392267714

Contact preferences

How would you like to get notices about your application?

Email or text me when there's a new notice in my Marketplace account.

Send me paper notices in the mail.

How should we let you know when there's a new notice in your account?

Email me at johncarsonemail@example.com.

Text me.

Text STOP to cancel. Text HELP for help. Message frequency varies, but you may receive 1-3 reminder messages per week during Open Enrollment (Nov. 1 - Jan. 15). Message and data rates may apply.

Save & continue

Application ID: 4392267714

Agent/Broker Information



- » When helping consumers or filling out an application on their behalf through direct enrollment, provide your information.

Application help

Is a professional helping you complete your application?
If a family member or friend is helping you, select "No."
[Learn about professionals who may help with your application.](#)

Yes
 No

Which type of professional is helping you?
Select all that apply.

Navigator
 Certified application counselor
 Agent or Broker
 Other assister

Tell us about the Agent or Broker

First name

Middle initial
Optional

Last name

Suffix
Optional

National Producer Number (NPN)

Save & continue

Application ID: 4392267714

All Household Members Who Need Coverage



- » Add each household member who needs coverage and review to ensure everyone is added before continuing.

Who needs health coverage?

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

Needs coverage

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

✓ John [Edit](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 4392267714

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
[Learn more about why we're asking.](#)
 Female
 Male

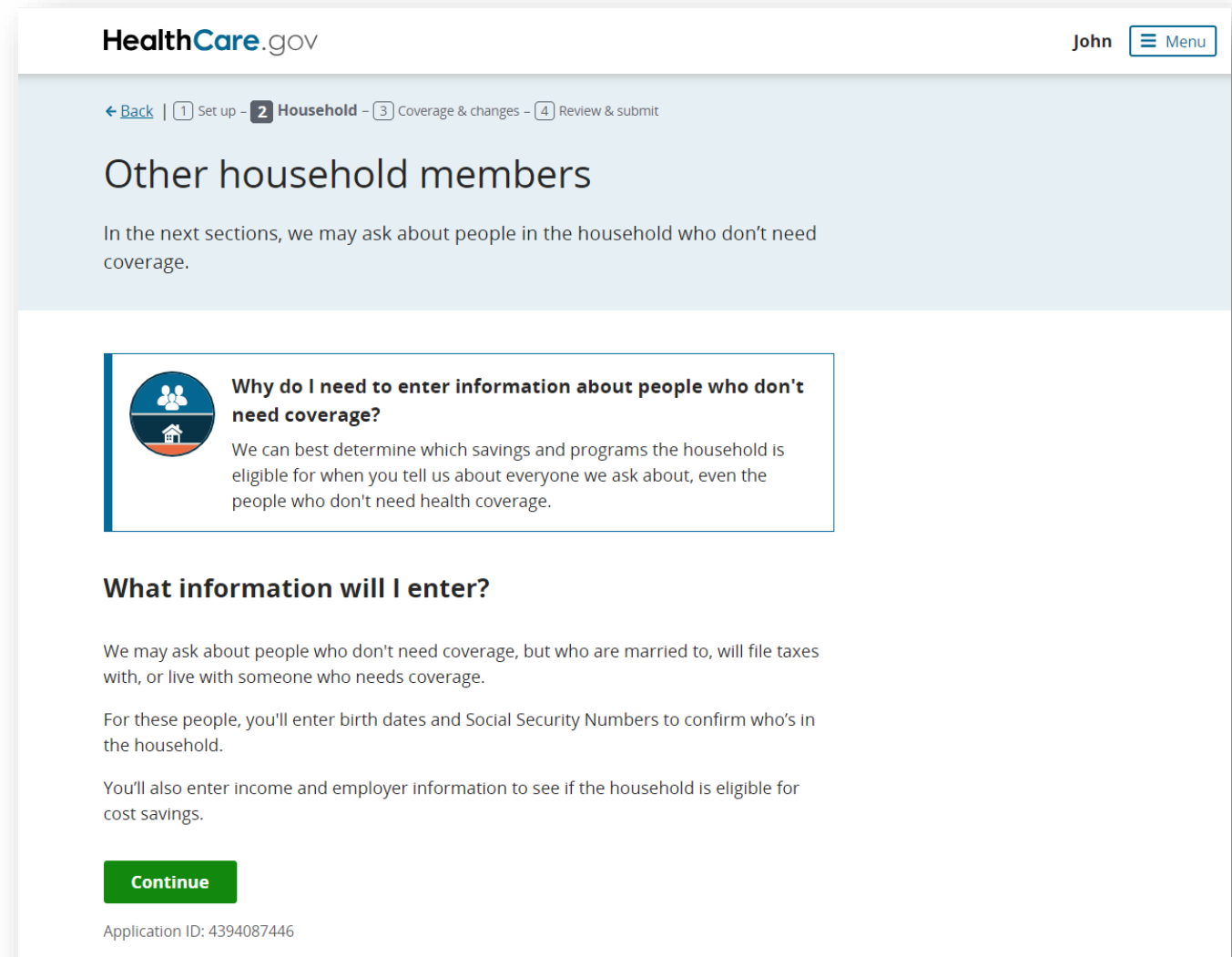
How is this person related to John?
This person is John's...

[Save & continue](#)

Application ID: 4392267714

Other Household Members

- » The Marketplace needs information for other household members who don't need coverage to help ensure consumers get accurate eligibility and helps the Marketplace find the best savings on coverage.
- » Consumers need to provide birth dates, social security numbers, income and other information about how household members are related (parents, children, etc.).




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Other household members

In the next sections, we may ask about people in the household who don't need coverage.



Why do I need to enter information about people who don't need coverage?

We can best determine which savings and programs the household is eligible for when you tell us about everyone we ask about, even the people who don't need health coverage.

What information will I enter?

We may ask about people who don't need coverage, but who are married to, will file taxes with, or live with someone who needs coverage.

For these people, you'll enter birth dates and Social Security Numbers to confirm who's in the household.

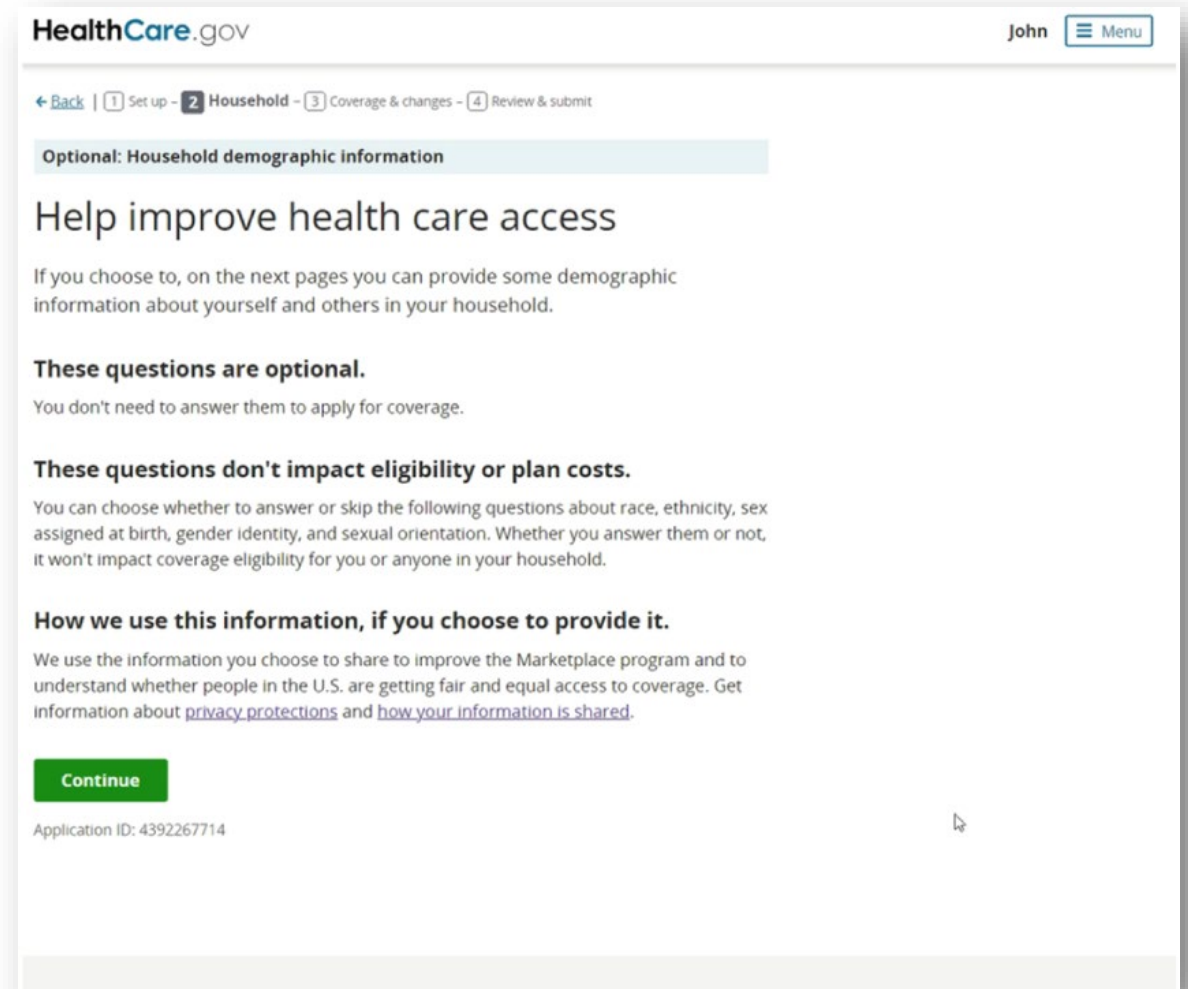
You'll also enter income and employer information to see if the household is eligible for cost savings.

[Continue](#)

Application ID: 4394087446

Optional Demographic Information

- » The Marketplace application asks **optional demographic questions** on race and ethnicity, sex assigned at birth, sexual orientation and gender identity.
- » The information helps the Marketplace focus on health equity and reducing health disparities in access to coverage and improves the Marketplace consumer experience by enabling consumers to attest in a way that better reflects and affirms their identities.
- » Questions are completely optional, consumers can choose to answer some, all, or skip providing information.



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Optional: Household demographic information

Help improve health care access

If you choose to, on the next pages you can provide some demographic information about yourself and others in your household.

These questions are optional.
You don't need to answer them to apply for coverage.

These questions don't impact eligibility or plan costs.
You can choose whether to answer or skip the following questions about race, ethnicity, sex assigned at birth, gender identity, and sexual orientation. Whether you answer them or not, it won't impact coverage eligibility for you or anyone in your household.

How we use this information, if you choose to provide it.
We use the information you choose to share to improve the Marketplace program and to understand whether people in the U.S. are getting fair and equal access to coverage. Get information about [privacy protections](#) and [how your information is shared](#).

[Continue](#)

Application ID: 4392267714

Optional Demographic Information (continued)



- » An individual's responses or decision to skip has no impact on their eligibility results, plan pricing, or plan costs.
- » The privacy of all information will be protected. At this time, any data received from the three optional sexual orientation and gender identity questions won't be shared with downstream systems or agencies, including issuers or state agencies such as Medicaid and Children's Health Insurance Program (CHIP).

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[Continue](#)

Application ID: 4392267714

Entering Social Security Numbers



- » Consumers that need health coverage are required to provide their Social Security Number (SSN). Consumers that don't have an SSN will be able to provide information on their eligible citizenship and immigration status in the next section.

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John's information

What's John's Social Security Number (SSN)?
Enter John's 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
[Learn more about entering SSNs.](#)

John doesn't have an SSN.

Does the name below match the name on John's Social Security card?

John Carson

Yes
 No

Save & continue

Application ID: 4394087446

Transitioning from Medicaid or CHIP



- » Consumers may be transitioning from Medicaid and CHIP coverage that recently ended or will end soon.
- » Even during Open Enrollment, consumers need to let the Marketplace if they had Medicaid or CHIP coverage and the date the coverage ends.
- » During November, if consumers just lost Medicaid and CHIP, they can fill out their 2025 application and enroll in a plan that starts January 1. If they need coverage for December, consumers should also complete a 2024 application and choose a plan.
- » Consumers that applied for Medicaid and CHIP but were found not eligible by the state (i.e. weren't enrolled and were referred to the Marketplace) can provide the date of the denial on a separate question later in the application.

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Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did anyone have West Virginia Medicaid or West Virginia Children's Health Insurance Program (WVCHIP) that recently ended or will end soon?

Select a person's name if one applies:

- Their coverage ended between 3/31/2023 and today
- Their coverage is going to end between today and 12/9/2024

John

Suzanne

None of these people

Save & continue

Application ID: 4395755607

Income



- » New section introduction to help consumers know what they may need and answer key questions.
- » **Current month's income** is asked first. This should include all sources of income the consumer receives this month. The application sums up all the values and provides a total to review before continuing.
- » Enter income based on what the consumer knows for their best estimate – for a job that could be entering income hourly, weekly, biweekly, monthly, etc. The application will calculate a monthly amount for review.

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Select a person's name if one applies:

- Their coverage ended between 3/31/2023 and today
- Their coverage is going to end between today and 12/9/2024

John

Suzanne

None of these people

[Save & continue](#)

Application ID: 4395755607

Income (continued)



- » **Estimated 2025 annual income** for the coverage year. The application calculates an estimate for review based on monthly. If that looks right, the consumer can review and move forward. For consumers that have variable income or may have other income sources during the year (i.e. seasonal, gig work, self-employment), they'll be able to adjust the total estimate for 2025 by entering a better amount for the year.

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Medicaid or CHIP coverage ending

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Select a person's name if one applies:

- Their coverage ended between 3/31/2023 and today
- Their coverage is going to end between today and 12/9/2024

John

Suzanne

None of these people

Save & continue

Application ID: 4395755607

Enter Current Month Income Sources



John's income for this month (October 2024)

Enter each type of income John gets this month. If John won't get income this month, but gets it during other months in 2025, report that on the next page.

Add income for October **\$0.00**

[Learn more about types of income to include.](#)

Add income

Minus certain expenses **-\$0.00**

You can only subtract these expenses: Student loan interest, alimony, IRA contributions, or educator expenses.

Add expense

John's total for October **\$0.00**

⊕ What amount is used to determine eligibility?

When John's adjusted monthly income looks correct, select Save & continue.

Next, we'll estimate John's annual income for all of 2025.

Save & continue

Application ID: 4395755607

Add income for October

\$0.00

[Learn more about types of income to include.](#)

First, choose an income type. Next, enter the amount and any other information we need about this income.

Income type

Job (like salary, wages, commissions, or tips) ⌵

Note: If this person got a 1099, 1099-MISC, or 1099-NEC to file their taxes, or has been told they're an independent contractor, select "Self-employment" instead. If you're not sure, make your best guess or contact the company.

[Learn more about reporting job income.](#)

Employer name

Enter the name of the company or organization John works for.

Estimated income for October

Enter John's income before taxes are taken out. This is the amount listed as "federal taxable income" on a pay stub.

Get help estimating income

Add

Cancel

Enter Current Month Income Sources

(continued)



Add income for October

[Learn more about types of income](#)

First, choose an income type and enter the information we need about it.

Income type

Job (like salary, wages, commission, or tips)

Note: If this person got a 1099-MISC, 1099-NEC, or 1099-DIV, select "Other income" instead. If you're not sure, contact the company.

[Learn more about reporting income](#)

Employer name

Enter the name of the company for.

Retail Corner Store A

Estimated income for October

Enter John's income before taxes and the amount listed as "federal taxable income."

\$

[Get help estimating income](#)

Add **Cancel**

Estimate job income

[Close](#)

Amount

\$ 17.50

How often?

Hourly

Average hours per week for this month

30

Average income per week

\$525.00

Calculate

Calculated income this month

\$2,273.25

How is this number calculated?

Done **Clear**

Add income for October

\$2,273.25

[Learn more about types of income to include.](#)

\$2,273.25 Job: Retail Corner Store A [Edit](#) | [Remove](#)

Add more income

Minus certain expenses **-\$0.00**

You can only subtract these expenses: Student loan interest, alimony, IRA contributions, or educator expenses.

Add expense

John's total for October **\$2,273.25**

What amount is used to determine eligibility?

When John's adjusted monthly income looks correct, select Save & continue.

Next, we'll estimate John's annual income for all of 2025.

Save & continue

Application ID: 4395755607

Annual Income Estimate



John's estimated income for next year (2025)

We know income can be hard to predict. Make your best estimate for now and come back and update the amount if things change.

John's estimated income for 2025

Based on October's total income amount from the previous page (\$2,273.25 income - \$0.00 expenses):

$$\begin{array}{|c|} \hline \$2,273.25 \\ \hline \text{Total month} \\ \text{income} \\ \hline \end{array} \times \begin{array}{|c|} \hline 12 \\ \hline \text{months of} \\ \text{the year} \\ \hline \end{array} = \begin{array}{|c|} \hline \$27,279.00 \\ \hline \text{Calculated 2025} \\ \text{income} \\ \hline \end{array}$$

If their income changes throughout the year, this amount probably isn't right.

Is \$27,279.00 a good estimate for John's income for 2025?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

John's estimated income for 2025 **\$0.00**

Save & continue

Application ID: 4395755607

John's estimated income for next year (2025)

We know income can be hard to predict. Make your best estimate for now and come back and update the amount if things change.

John's estimated income for 2025

Based on October's total income amount from the previous page (\$2,273.25 income - \$0.00 expenses):

$$\begin{array}{|c|} \hline \$2,273.25 \\ \hline \text{Total month} \\ \text{income} \\ \hline \end{array} \times \begin{array}{|c|} \hline 12 \\ \hline \text{months of} \\ \text{the year} \\ \hline \end{array} = \begin{array}{|c|} \hline \$27,279.00 \\ \hline \text{Calculated 2025} \\ \text{income} \\ \hline \end{array}$$

If their income changes throughout the year, this amount probably isn't right.

Is \$27,279.00 a good estimate for John's income for 2025?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

John's estimated income for 2025 **\$27,279.00**



Remember, if John's monthly income OR estimated annual income for the year changes, come back and update your application. These changes may affect the savings and coverage options they qualify for.

Save & continue

Application ID: 4395755607

Annual Income Estimate (continued)

Is \$27,279.00 a good estimate for John's income for 2025?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

Is John's 2025 income hard to predict?

- Yes
- No

Enter your best estimate for next year's total income (minus certain expenses).

[See a list of income sources and expenses to include.](#)

\$

Update estimate



Need help estimating income?

If John's income changes throughout the year, or is hard to estimate.

Income calculator

If you roughly know John's monthly income, even if the amounts change.

Monthly estimator

John's estimated income for 2025 **\$0.00**

Save & continue

Is \$27,279.00 a good estimate for John's income for 2025?

[I'm not sure if this amount is correct.](#)

- Expected to be about this amount
- Amount will probably be different than this

Is John's 2025 income hard to predict?

- Yes
- No

Enter your best estimate for next year's total income (minus certain expenses).

[See a list of income sources and expenses to include.](#)

\$ 33,500

Update estimate



Need help estimating income?

If John's income changes throughout the year, or is hard to estimate.

Income calculator

If you roughly know John's monthly income, even if the amounts change.

Monthly estimator

John's estimated income for 2025 **\$33,500.00**



Remember, if John's monthly income OR estimated annual income for the year changes, come back and update your application. These changes may affect the savings and coverage options they qualify for.

Save & continue

Coverage and Life Events



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Current coverage

Are any of these people currently enrolled in health coverage?

Select a person's name only if they'll still have the same coverage they have now on or after 12/9/2024. Select all that apply.

[Learn more about types of health coverage and how to answer, even if a person is enrolled through the Marketplace.](#)

 John Suzanne None of these people

Save & continue

Application ID: 4395755607

Overview: What are HRAs?

Health Reimbursement Arrangements (HRAs)

Some employers offer health benefits called individual coverage Health Reimbursement Arrangements (ICHRA) or Qualified Small Employer HRAs (QSEHRAs) that aren't traditional job-based health plans. An employer chooses a dollar amount they'll make available for reimbursing health care expenses instead of offering a health plan.

[Learn more about HRAs.](#)

i Documents you may need

In this section we only need to know if anyone on your application has or is offered an individual coverage HRA.

If someone has an HRA, they will have a notice from the employer which will include:

- The HRA type, for example if it's an individual coverage HRA or a QSEHRA
- If the HRA is available to the employee only, or if other household members can sign up too
- The HRA's coverage dates and reimbursement amounts

What if my household has other kinds of healthcare offers through a job?

We'll ask about other types of health plans offered by an employer (called job-based health coverage) later in the application.

Continue

Next: Other coverage offers from a job

Job-based health coverage

Some employers may offer health insurance plans to employees. These plans may also be available to other family members, too.

i Information you may need

Details about a health plan's benefits and coverage from the employer, including:

- Premium costs
- Who in the household can enroll
- Whether any plans meet the minimum value standard
[Learn more about the minimum value standard.](#)

If you don't have this document, you can print or download the [Employer Coverage Tool](#) (PDF) and ask the employer to fill out their part.

It's ok if you need to pause to go find these documents. All your answers up to this point have been saved.

Continue

Coverage and Life Events (continued)



Overview: What's a Special Enrollment Period?

Special Enrollment Period eligibility

A Special Enrollment Period allows a person to enroll in new coverage or change plans outside the yearly Open Enrollment Period of November 1 - January 15.

Someone might be eligible if they've had certain life events.

[Learn more about qualifying for a Special Enrollment Period.](#)

Information or documents you may need

- HRA or QSEHRA offer notices
- A notice from an insurance company, employer, or state agency showing the date health coverage was or will be lost
- The dates anyone in the household moved, got married, took in a new dependent, was released from incarceration, or recently gained eligible immigration status

Continue

Recent coverage changes

Did any of these people lose qualifying health coverage between 8/11/2024 and 10/10/2024?

Select all that apply.

[Learn more about recent loss of coverage.](#)

- John
- Suzanne

None of these people

What was the last day of Suzanne's coverage?

For example: 9/30/2024

Month / Day / Year
 / /

Enter the name of the person
Optional

Save & continue

Life changes

Has John or Suzanne had any of these changes since 8/11/2024?

- Got married
- Gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order
- Moved
Don't select if they moved for vacation or medical treatment.
- Was released from incarceration (detention or jail)
- None of these changes

Save & continue

Interest in Receiving Information on Registering to Vote



- » Optional question: consumers that may be interested in receiving information about registering to vote.
- » Consumers that respond “yes” they’re interested will see additional information at the end of their application with a link to Vote.gov.
- » Consumers that skip the question, answer “no” or “prefer not to answer” won’t receive any follow up information.

Optional: Get information on how to register to vote

Voter registration

Resources are available if you're interested, but your eligibility for health coverage isn't linked in any way to being registered to vote.

If you're already registered to vote, [keep your information up-to-date.](#)

Would you like information on registering to vote?
Optional

Yes

No

Prefer not to answer

Review, Sign, and Submit



- » All application information, in one place before submitting. Edit features will take the consumer back to the information to make updates.
- » Ensure contact information for the consumer is accurate so they'll receive follow up communications from the Marketplace or their Medicaid/CHIP agency about their coverage.
- » Confirm social security numbers or immigration status information is included and accurate for each person.
- » Review income again and make sure current month and annual estimate look right for each person.
- » Check information about other coverage and recent life changes.
- » When everything is accurate, continue to review agreement and attestations.
- » Sign and submit the application, attesting to the accuracy of the all information.

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Review your application

Review your savings set up

Savings set up [Edit](#)
Check for savings options

Review your contact information

Full name [Edit](#)
John Carson

Mailing address [Edit](#)
3400 University Ave
Morgantown, WV 26504-5101

Email address [Edit](#)
PCI2-2023-9@hcgov-mail-checker.appspotmail.com

Phone number(s) [Edit](#)
Home: 3015551234

Preferred written language [Edit](#)
English

Preferred spoken language [Edit](#)
English

Preferred method of getting notices [Edit](#)
Email: PCI2-2023-9@hcgov-mail-checker.appspotmail.com

Updated Agreements: Reconciling Prior Year Tax Credits



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Read & agree to these statements

If you disagree with any of the statements or "attestations," you may be asked to provide additional information. In some cases, you must agree with the statement to continue your Marketplace application.

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

[Learn more about letting us use your income data.](#)

I agree.

I disagree.

If you got the premium tax credit in 2022 and 2023, did you file a tax return with IRS Form 8962 to reconcile those payments for at least one of those years?

Optional. Check the box below if all of these apply to you:

- You used the premium tax credit to lower your monthly payment for Marketplace plan coverage.
- The tax filer(s) on your application filed a federal income tax return with "IRS Form 8962 Premium Tax Credit" for at least one of the years they used the premium tax credit. For example, in 2023, you used the premium tax credit and you (or your spouse or parent) also filed a 2023 tax return.
- The tax filer(s) submitted [IRS Form 8962](#) with the 2023 tax return.

[Learn more about reconciling premium tax credits.](#)

Yes, I got premium tax credits in 2022 and 2023, and I filed a tax return with Form 8962 for at least one of those years.

If anyone on your application is enrolled in Marketplace coverage and is also found to have Medicare coverage, the Marketplace will end their Marketplace plan coverage. They will get a notice before the Marketplace terminates their coverage in

Learn more about reconciling premium tax credits [Close](#)

If you use advance payments of the premium tax credit (APTC) to reduce your Marketplace premiums, you must file a tax return to report these payments, even if you don't usually file taxes. When you (and the tax filers on your application) file your federal income tax returns, you must "reconcile" any premium tax credits that you used during the year.

- "Reconciling" means comparing the amount of premium tax credit you used with the amount of credit you actually qualify for based on your final income.
- You pay any difference, or get it as a credit, when you pay your federal income taxes for the coverage year.

Check the box if you got the premium tax credit for the past 2 years AND you included IRS Form 8962 in your tax return to reconcile those credits for at least one of those years.

Don't check the box if you haven't filed IRS Form 8962 for at least one of the years you got the premium tax credit.

[Get more information on reconciling tax credits.](#)

Still need help?

If you have questions, you can get in-person help by [finding someone local](#), or calling the Marketplace Call Center at [1-800-318-2596](tel:1-800-318-2596) (TTY: [1-855-889-4325](tel:1-855-889-4325)).

Sign Application and Review Eligibility Results Summary



Sign & submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement.

John Carson, type your full name below to sign electronically.

Sign & submit

Almost there

You've submitted your application. Select "Go to eligibility results" to find out what programs and savings you and other household members may qualify for.

Go to eligibility results

Application ID: 4395755607

Voter registration

Earlier you told us you'd like information on how to register to vote. You can go to [Vote.gov](https://www.vote.gov) for more information, registration deadlines, and resources for your state.

That link will open in a new tab or window, so you can still return here and select "Go to eligibility results".

Eligibility results

Results based on your application (ID 4395755607) submitted on 10/10/2024. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

John Carson	✔ Eligible	To buy a Marketplace plan
Suzanne Carson		For a premium tax credit of up to \$3600 each month for your tax household
		For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

VIEW ELIGIBILITY NOTICE (PDF)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

CONTINUE TO ENROLLMENT

Eligibility Results



- » Eligibility notice provides information on coverage for Marketplace plans, Medicaid, and CHIP for each person, eligibility for tax credits and the amount, and the availability of extra savings on Silver plans.
- » Key dates for enrolling in coverage.
- » Important actions and follow up information the Marketplace needs with dates and deadlines. Check to see if the consumer may need to upload or send in documents for income, citizenship or other information. Taking next steps by the deadlines are critical, otherwise the consumer may lose financial help or Marketplace coverage later.
- » Notice includes an eligibility guide after results with information to help understand the notice, and how to take next steps.

Health Insurance Marketplace November 15, 2024

Application ID # 4395755607 Application date: November 15, 2024 Primary contact John Carson 40 High St Ste. 101 Morgantown, WV 26505	<h2 style="margin: 0;">2025</h2> <h3 style="margin: 0;">Marketplace Eligibility Notice</h3> <p style="font-size: small; margin: 0;">Remember to update your application during the year with any changes.</p>
---	---

Results

Premium tax credit available for this household: \$3,600/month	Estimated 2025 income used to determine eligibility for financial help: \$36,279/year	
	John Carson	Suzanne Carson
Applied for coverage.	●	●
Eligible to enroll in a Marketplace plan until January 15, 2025 .	●	●
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$3,600/month for this household.	●	●
Eligible for extra savings (cost-sharing reductions). Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	●	●

ACTION: Next steps

By December 15, 2024 , choose a Marketplace plan for coverage to start January 1. See Eligibility Guide , page 4.	●	●
Choose a Silver plan to get extra savings. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.	●	●
Take steps to make sure you get the right amount of financial help. See Eligibility Guide , page 6.	●	●
You can appeal your eligibility results now. See Eligibility Guide , page 8.	●	●

See next pages to learn why you may not have qualified for other programs.
To learn when and how you can appeal, see **Eligibility Guide**, page 8.
Questions about results or next steps? See the **Eligibility Guide** included with this notice.

For more help HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 LocalHelp.HealthCare.gov (for help in your area)	West Virginia Medicaid: 1-877-716-1212 TTY: 711	West Virginia Children's Health Insurance Program (WVCHIP): 1-877-982-2447 TTY: 711
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Enrollment Experience Highlights

Enrollment: Getting Started



- » Consumers currently enrolled in 2024 coverage see specific information for renewing their 2025 coverage.
- » Key dates for when coverage can start based on when they select a plan. During Open Enrollment, consumers will see the December 15th deadline for enrolling with coverage starting January 1st, and the final Open Enrollment deadline of January 15th for coverage that'll start February 1st. Consumers that have a Special Enrollment Period will see dates specific to their enrollment window.
- » Provides an overview of steps to complete enrollment from deciding how much of their tax credits they want to use to lower premiums, providing preferences around estimates for total costs for the year, doctors and prescriptions they want to see which plans cover, comparing health plans, comparing dental plans, and confirming their final plan selections.

HealthCare.gov

Renew or change your 2025 coverage

You can now select a 2025 plan: your 2024 plan, a similar plan you've been offered, or a different plan. You must complete enrollment even if you want to keep the same plan for 2025. To enroll, complete all required steps below. You can make changes to any completed steps by selecting "View steps" from any page. If you don't finish now, you can return later.

For coverage to start on:	Confirm your plan by:
January 1, 2025	December 15, 2024
February 1, 2025	January 15, 2025

- 1 Decide how much tax credit to use to lower your premium** Start
- 2 Report tobacco use**
- 3 Tell us about your health care needs**
Answer a few quick questions. For each plan, you'll:
 - Get an estimate of your total health care costs for the year
 - Find out if your providers and prescription drugs are covered
- 4 Choose health plans**
Shop, compare, and choose health plans.
- 5 Choose dental plans**
Choose who should enroll in a separate dental plan.
- 6 Confirm your plan choices & enroll**
Check your choices one final time, sign the application, and finish your enrollment.

Choosing the Amount of Tax Credit to Use

Use your tax credit to lower your monthly premium

You qualify for a premium tax credit of \$3,600 a month. You can decide how much of this amount you want to use to save on your monthly premium.

You can lower your monthly premium up to
\$3,600 per month

The amount is based on:



Expected yearly income



Where you live



Tax household size

If any of these things change over the year, the tax credit amount you qualify for can change. For example, if your income goes up during the year, you'll likely qualify for a lower tax credit. If you take more tax credit than you're eligible for, you may have to pay money back when you file your federal taxes at the end of the year.

If your income or household changes, it's very important to update your Marketplace application as soon as possible to avoid paying money back on your federal taxes.

If you choose not to use any of your tax credit, you'll claim the full amount on your federal taxes.

How much of your \$3,600 monthly tax credit do you want to use to lower your premium?

- ALL** of the tax credit each month.
Good choice if you're pretty sure your final 2025 income will be about the same as your estimate.
- SOME** of the tax credit each month.
Good choice if it's likely your final 2025 income will be higher than your estimate.
- NONE** of the tax credit each month.
Good choice if you don't want to risk having to pay money back on your federal taxes if anything changes.

How much of your \$3,600 monthly tax credit do you want to use to lower your premium?

- ALL** of the tax credit each month.
Good choice if you're pretty sure your final 2025 income will be about the same as your estimate.

Your monthly premium will be reduced by \$3,600

We'll apply all of your tax credit to your monthly premium. You'll receive none of your tax credit when you file federal taxes.

- SOME** of the tax credit each month.
Good choice if it's likely your final 2025 income will be higher than your estimate.
- NONE** of the tax credit each month.
Good choice if you don't want to risk having to pay money back on your federal taxes if anything changes.

Important: If things change – like you get a raise, gain or lose a dependent, or work more or less hours, update your Marketplace application right away.

Save & continue

Estimate of Total Health Care Costs When Comparing Plans



Get an estimate of your total health care costs for the year

Estimated total yearly costs for each plan are based on "medium" use of medical services to give you an idea of how much you'll probably pay for health care per year with each plan.

If you think you'll use more or less medical services than the average person, you can change to "high" or "low" use to get a customized estimate.

[Learn more about total yearly costs & level of care.](#)

i This estimate won't change your premiums or cost sharing, or limit how many services you can use

Select the level of care John Carson expects to use this year.

Choose the level closest to what you expect. It's OK if you end up using more or less.

- Expect low use
 - Few doctor visits
 - Occasional prescription drugs
 - No hospital visit expected
- Expect medium use (selected by default)
 - Regular doctor visits
 - Regular prescription drugs
 - Hospital visit unlikely
- Expect high use
 - Frequent doctor visits
 - Frequent prescription drugs
 - At least one hospital visit likely

Next person

Skip

Doctors and Prescription Drug Needs



Step 3 of 6: Tell us about your health care needs [View steps](#)

See if your doctors, facilities & drugs are covered

Enter your doctors, facilities, and prescription drugs. You'll see if they're covered in the plan's network when you review plans and prices.

What do you want to search for?

- Doctors & facilities
- Prescription drugs

Continue

Skip

Add your doctors & facilities

See if your doctor or health care facility is covered by the Marketplace plan.

Enter the name of your doctor or health care facility.

Don't include titles like Dr., Mr., Ms., or Mrs.

Smith

Search



Can't find your doctor?

Try typing more letters in the name of your doctor or facility to find a closer match. ⓘ

Add your drugs

See if your prescription drug is covered by the Marketplace plan.

Enter the name of the prescription drug you use regularly.

LIPITOR

Search

Showing results for LIPITOR

Lipitor

atorvastatin 40 MG Oral Tablet [Lipitor]

Add

Lipitor

atorvastatin 20 MG Oral Tablet [Lipitor]

Add

Lipitor

atorvastatin 10 MG Oral Tablet [Lipitor]

Add

Lipitor

atorvastatin 80 MG Oral Tablet [Lipitor]

Add

Dr. Richard Lee Smith II M.D.

Internal Medicine - Cardiovascular Disease

Choose How People Want to Be Grouped for Plan Selections



Step 4 of 6: Choose health plans [View steps](#)

Health plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.

[Why change groups?](#)

- To get started with current groups: select **View plans** for a group to get started.
- To change groups: select **Change groups**, make the changes, then **View plans** for the new groups.

You'll select a plan for each group one at a time.

Group: 1

John Carson (Age 63)
Suzanne Carson (Age 54)

View plans


Change groups

Helping Consumers with Extra Savings Eligibility (Cost Sharing Reductions)



Pick extra savings ✕ [Close](#)

You qualify for extra savings when you get care. You'll save money with lower deductibles and copayments / coinsurance. You must **pick a Silver plan to get the extra savings.**

Extra Savings		
Bronze 53 Plans You'll pay more when you get care. Your deductible will be high. \$29 Average premium per month	 Silver 55 Plans Silver with extra savings may save you the most when you get care. Your deductible will be low. \$78 Average premium per month	Gold 29 Plans You'll pay low costs when you get care. Your deductible will be low. But, Silver with extra savings may save you more money. \$151 Average premium per month

Important: You must pick a Silver plan to get extra savings.

Plan Results

Pick a health plan

Viewing plans for this group

- John Carson (Age 63)
- Suzanne Carson (Age 54)

with an estimated effective date of 01/01/2025

Filters [Add filters](#)

Sort

34 plans (no filters added) [No saved plans](#)

Highmark Blue Cross Blue Shield West Virginia
[my Blue Access WV PPO Extra Savings Silver 0](#)
 \$ Extra savings | Silver | PPO | Plan ID: 31274WV0560003 | Rating: New plan - Not rated

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$175.54 /month Including a \$3,274.00 tax credit was \$3,449.54	\$2,994 Family total Based on your predicted use of medical services Edit yearly cost	\$0 Family total Health: \$0 Drug: \$0 Extra deductible for some services	\$6,300 Family total

You pay

Primary care	\$15 per visit from day 1
Specialist care	\$15 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	\$275
Outpatient mental health	\$15 per visit from day 1
Generic drugs	No charge

Plan features

✗ Adult Dental	✗ Kelly Smith Aprn	✓ Atorvastatin
✓ Child Dental	✓ Dr. Richard Lee Smith II M.D.	Edit prescription drugs

[View plan details](#) for full list of benefits, limits, and exclusions.

34 total plans


- 7 Bronze
- 13 Silver \$ Extra savings
- 12 Gold
- 2 Platinum

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

Extra Savings

You qualify for extra savings on out-of-pocket costs.

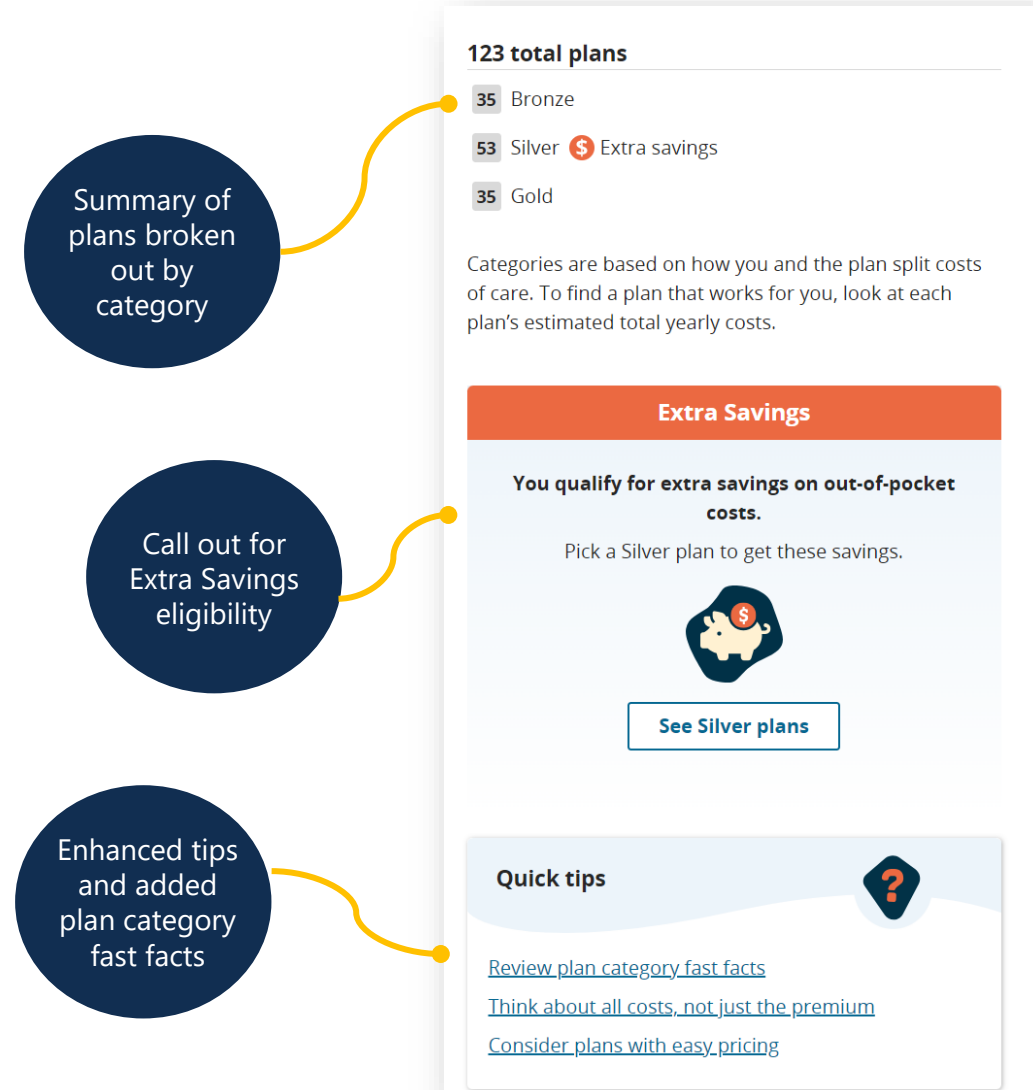
Pick a Silver plan to get these savings.




[See Silver plans](#)

Helping with Choice Overload and Improving Decision Support

- » High level framing information on the results page about the categories of plans available, helpful information and reminders on the right side of the plan list.
- » Provide information that helps consumers think about ways to narrow their plans based on individual needs and consider all costs inclusive of premiums and their anticipated care needs.
- » Fast facts about plans shown before seeing results which includes dynamic version highlighting extra savings (cost sharing reductions) for Silver plans.
- » Additional hints and tips along the way to help consumers find the plan that's a best fit for them.



123 total plans


- 35 Bronze
- 53 Silver  Extra savings
- 35 Gold

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.


Extra Savings

You qualify for extra savings on out-of-pocket costs.

Pick a Silver plan to get these savings.



[See Silver plans](#)

Quick tips 

- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

Plan Information



- » Within the plan results list, plan summaries are designed to **reduce choice overload** and **cognitive burden**.
 - Basic plan info at top (name, tags, type, rating).
 - Grouping key costs together under “you pay” to help clarify cost details.
 - Urgent care and outpatient mental health have been added in cost summary.
 - Clarify benefits available with just a copay without needing to meet their deductible “from day 1” (primary care, specialist, urgent care, outpatient mental health).

CareSource
[CareSource Marketplace Silver 2](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 50328WV0010023 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$40.84 /month <small>Including a \$3,274.00 tax credit was \$3,314.84</small>	\$3,041 <small>Family total Based on your predicted use of medical services Edit yearly cost</small>	\$1,400 <small>Family total (health & drug combined)</small>	\$6,000 <small>Family total</small>

You pay

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Plan features	Find covered providers & drugs
✗ Adult Dental	✓ Kelly Smith Aprn
✓ Child Dental	✓ Dr. Richard Lee Smith II M.D.
	Edit doctors & facilities
	✓ Atorvastatin
	Edit prescription drugs

[Enroll](#) [Go to plan details](#) [Saved](#) [Compare](#)

Plan Information (continued)



- » In addition, plans results are **sorted by estimated total yearly costs first**, rather than by premium to help consumers understand how much they may spend across the year in each plan inclusive of premiums and costs for care, taking into account deductibles and copays/coinsurance.
- » Considering plans based on annual estimated costs has been shown to help consumers find a plan that is more cost effective for their individual needs inclusive of care. Estimates are set to medium level of use by default - consumers can customize for low/medium/high.

CareSource
[CareSource Marketplace Silver 2](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 50328WV0010023 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$40.84 /month <small>Including a \$3,274.00 tax credit was \$3,314.84</small>	\$3,041 <small>Family total Based on your predicted use of medical services</small> Edit yearly cost	\$1,400 <small>Family total (health & drug combined)</small>	\$6,000 <small>Family total</small>

You pay

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Plan features	Find covered providers & drugs
✗ Adult Dental	✓ Kelly Smith Aprn
✓ Child Dental	✓ Dr. Richard Lee Smith II M.D.
	Edit doctors & facilities
	✓ Atorvastatin
	Edit prescription drugs

[Enroll](#) [Go to plan details](#) [Saved](#) [Compare](#)

Extra Savings on Silver Plans Reminder



- » HealthCare.gov has hints and filters to help consumers eligible for extra savings consider Silver plans when shopping for coverage. Reminder alert displays when consumers start the check out process with a non-Silver plan, and they could miss out on the extra savings they're eligible for if they enroll in a Silver plan.

Want to save more?
You can save money on out-of-pocket costs, like deductibles and copays — but only with a Silver plan.

Choose an option

Save more on care—explore Silver plans for extra savings (recommended)
Save money on deductibles and copays when you get care.

Continue with this plan
You'll pay more for your share of costs.

Continue

Want to save more?
You can save money on out-of-pocket costs, like deductibles and copays-- but only with a Silver plan.

Choose an option

Save more on care—explore Silver plans for extra savings (recommended)
Save money on deductibles and copays when you get care.

Continue with this plan
You'll pay more for your share of costs.

⚠ Are you sure? You're missing out on extra savings.

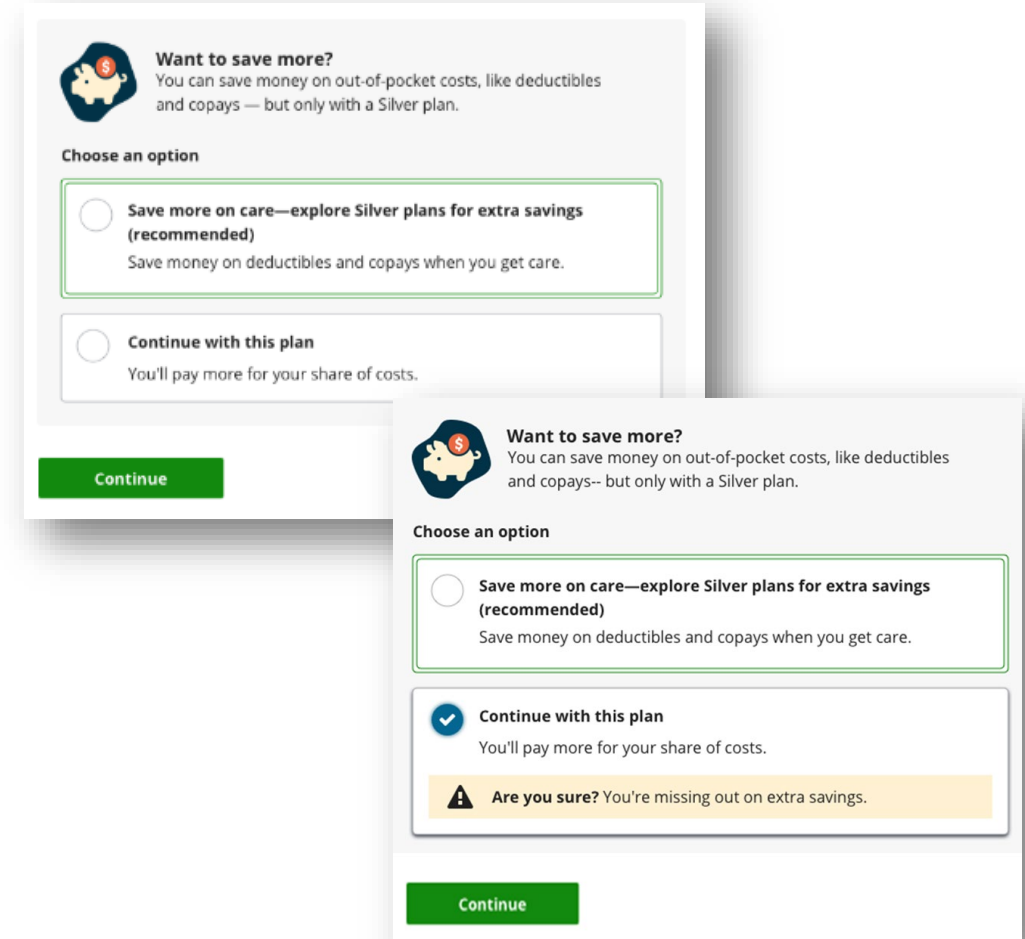
Continue

Extra Savings on Silver Plans Reminder

(continued)



- » Two options presented for consumers to choose their next step:
 - Reminds the consumers that they could save even more with a Silver plan, which is recommended to lower their cost of care during the year.
 - Consumers are prompted to (a) take another look at Silver plans or (b) actively confirm they want to keep the selected plan.
 - If consumers opts to take another look, a filter for Silver plans will automatically be applied so they can immediately look at their options.
 - If a consumer chooses to continue with a non-Silver plan, they get a final message saying what they risk passing up.



Confirming Health Plans and Deciding on Dental



Step 6 of 6: Confirm your plan choices & enroll [View steps](#)

Review your health plan choices

Review your plan choices below and decide if you want a separate dental plan.

Health plan for John Carson and Suzanne Carson

[Change](#)

CareSource

[CareSource Marketplace Silver 2](#)

Extra savings | Easy pricing | Silver | HMO | Plan ID: 50328WV0010023

Premium

\$40.84 /month

Including a \$3,274.00 tax credit
was \$3,314.84

Plan features

- ✗ Adult Dental
- ✓ Child Dental

⚠ John Carson and Suzanne Carson won't have dental coverage with the selected health plan.

Are you interested in a separate dental plan?

You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

Yes, continue to dental plan selection.

No, complete health plan enrollment.

[Continue](#)

Confirm Final Selections and Review Agreements



Confirm your plan choices

You've chosen the plans below. If everything is correct, **confirm plan choices** to continue.

Health plan for John Carson and Suzanne Carson

[Change](#)

CareSource

[CareSource Marketplace Silver 2](#)

Extra savings | Easy pricing | Silver | HMO | Plan ID: 50328WV0010023

Premium

\$40.84 /month

Including a \$3,274.00 tax credit was \$3,314.84

Plan features

- ✗ Adult Dental
- ✓ Child Dental

Dental plan for John Carson and Suzanne Carson

Delta Dental PPO

[Delta Dental PPO Basic Plan for Families](#)

PPO | National provider network | Plan ID: 76526WV0010006

Premium

\$21.48 /month

✓ Guaranteed Rate

Plan features

- ✓ Adult Dental
- ✓ Child Dental

[Continue](#)

Read & agree with this statement to continue

I understand that I'm **not eligible for a premium tax credit** if I'm found eligible for **other qualifying health coverage**, like Medicaid, the Children's Health Insurance Program or a job-based health plan.

I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace to end my Marketplace coverage and premium tax credit. If I do the person who files taxes in my household may need to pay back my premium tax credit.

Agree and confirm

- I agree with the above statement
- I disagree with the statement above.

[Continue](#)

Read these statements & agree to continue

These statements apply to:

John Carson
Suzanne Carson

I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- I must file a federal income tax return for the 2024 tax year.
- If I'm married at the end of 2024, I must file a joint income tax return with my spouse.

I also expect that:

- No one else will be able to claim me as a dependent on their 2024 federal income tax return.
- I'll claim as a dependent on my 2024 federal income tax return all individuals listed on this application as my dependent, who are enrolled in coverage through this Marketplace, and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.

If any of the above changes:

- I understand that it may impact my ability to get the premium tax credit.
- I also understand that when I file my 2024 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional premium tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

Agree to continue

I agree with the above statements

Tax filer's signature (full name)

Pay Premiums and Important Reminders



HealthCare.gov John Menu

You're almost done

You must pay your first premium by your plan's start date for coverage to start.
[Read these important reminders](#) if you've already paid or want to pay later.

Health plan for John Carson, Suzanne Carson

CareSource Marketplace Silver 2 Plan ID: 50328WV0010023 To avoid cancellation, you must pay your first month's premium by the estimated effective date of 11/01/2024. (Contact plan if you're in a Special Enrollment Period.) Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .	\$40.84 Amount due Pay for health plan now
---	--

Dental plan for John Carson, Suzanne Carson

FMLoadTest2489 Delta Dental PPO Basic Plan for Families Plan ID: 76526WV0010006 To avoid cancellation, you must pay your first month's premium by the estimated effective date of 11/01/2024. (Contact plan if you're in a Special Enrollment Period.) Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .	\$21.48 Amount due Pay for dental plan now
--	--

If you've already paid or want to pay later, [continue to read some important reminders about your coverage.](#)

[Read important reminders](#)

HealthCare.gov John Menu

[← Back](#)

Important coverage reminders

To activate your new coverage and be fully enrolled, you must pay your first premium by your plan's due date.

- \$ Pay your bill**
To ensure your coverage (or changes) start on time, make sure you pay your first premium. Some plans offer online payment and others you can call or wait for a bill in the mail. You can always see a summary of your coverage under [My Plans & Programs](#).
- Submit documents by deadline (if required)**
If your eligibility notice said you have to send in documents, you must send the correct documents to us by the deadline in the notice. If you don't, you may lose your coverage or any financial help you're getting. Visit [Application Details](#) for a list of required documents and deadlines.
- HSA Set up your Health Savings Account (HSA) if you enrolled in an HSA-eligible plan**
If you chose an HSA-eligible plan, you'll need to set up a Health Savings Account with your insurance company or a financial institution. You'll set aside money in this account and use it to pay for qualified health care expenses. To see if your plan is HSA-eligible, [review your plan's benefits on My Plans & Programs](#).
Get started: [Find an HSA Financial Institution](#)
- Report any income or household changes to the Marketplace**
If your income, household, or health coverage status change during the year, report these changes to the Marketplace as soon as possible. Log into your account, open your current application, and make any updates. If you don't report changes, you may wind up with the wrong coverage or having to pay back any financial help you no longer qualify for.

[Visit My Plans & Programs to view a summary of your coverage.](#)

Marketplace Requirements and Best Practices

Documenting Consumer Consent Requirement



Consent Documentation Requirements

- » Agents, brokers, and web-brokers are required to document the receipt of consent from the consumer or their authorized representative.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent, broker, web-broker, or agency being granted consent;
 - A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these FAQs here: <https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Documenting Application Review Requirement



Review Documentation Requirements

- » Agents, brokers, and web-brokers are required to document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - The date the information was reviewed;
 - The name of the consumer or their authorized representative;
 - An explanation of the attestations at the end of the eligibility application; and
 - The name of the assisting agent, broker, or web-broker.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**
- » **It is a violation of the Marketplace agreements to provide incorrect consumer information, including addresses and ZIP codes, on the eligibility application.** When assisting consumers whose residential county crosses ZIP codes, you must always select the country and ZIP code that matches the consumer's street address.

Silver vs. Bronze Plan Selection

- » It is important to help consumers consider all plan options and enroll them in the coverage and plan that best meets their needs.
- » Consumers may be eligible for:
 - » Medicaid or CHIP
 - » Advanced Payments of the Premium Tax Credit (APTC)
 - » Cost-sharing Reductions (CSRs)
 - If a consumer qualifies for CSRs based on income, the consumer generally must enroll in a Silver plan to get the extra savings.
- » Silver plans generally are the better option for most CSR-eligible consumers due to their **lower total costs**, more **generous cost-sharing**, and extra APTC that can make Silver plans as **affordable as Bronze plans**.
- » Consumers should be reminded that they are more likely to **experience higher cost sharing when they seek care if they have a Bronze plan** compared to a plan at a higher metal level.



Citizenship and Immigration DMI Checklist



- Gather documentation needed for the consumer's application, e.g. social security number, ~~and~~ or current immigration document type and number(s), as applicable.
- If the consumer has an SSN, you must enter it on the application.
- If the consumer is a U.S. citizen by birth or naturalization or a U.S. national, select 'yes' for citizenship status.
- If the consumer is not a U.S. citizen or U.S. national, select "no" for citizenship status.
- If the consumer has an eligible immigration status* for Marketplace coverage, select "yes" for immigration status.
- Review the consumer's current immigration document to determine the document type and relevant numbers. Visit U.S. Citizenship and Immigration Services Commonly Used Immigration Documents at <https://www.uscis.gov/save/commonly-used-immigration-documents> for help locating the document numbers.
- Select the type of document from the options.
- Enter as much information from the consumer's immigration document as possible, including immigration document numbers, and expiration date.

*For a list of eligible immigration statuses for Marketplace coverage, see this resource: <https://www.healthcare.gov/immigrants/immigration-status/>

Citizenship/Immigration Data Matching Issue (DMI) Reminders



Preventing Citizenship/Immigration DMIs

- » Agents and brokers* must enter all required information on the eligibility application, **including Social Security numbers (SSNs)** for all consumers who have them, because:
 - It is required by federal regulations if the consumer has an SSN.
 - It reduces the risk of the consumer losing coverage or financial assistance.
 - It helps to ensure the agent or broker does not lose commissions.
- » Additionally, when working with noncitizen consumer, agents and brokers should enter as much information as possible on the eligibility application regarding the consumer's immigration document information.
 - Examples of document types consumers may have include I-551s, I-94s, I-327s, I-571s, among others.
 - Consumers who are asked to provide immigration documents in the eligibility determination notice should submit these documents promptly to help avoid losing coverage.
- » Consumers who do not include their SSN or submit applicable documents to verify their citizenship or immigration status **are at risk of losing their eligibility for Marketplace coverage.**

***NOTE:** Here and throughout, references to "agents and brokers" also include web-brokers.

For more information on these requirements or how to resolve DMIs,, view this webinar here: <https://www.cms.gov/files/document/data-matching-issues-dmi.pdf> and this video: <https://www.youtube.com/watch?v=HnPkoyPjjwQ>.

Requirements for Including Consumers' SSNs on Marketplace Applications



- » Starting in October 2024, agents and brokers assisting consumers with enrolling in Marketplace coverage using a DE or EDE platform will be **blocked from submitting an application without including a valid SSN** for consumers who are over 90 days old.
- » In December 2024, CMS will make additional updates to **allow agents and brokers to submit applications through a Classic DE or EDE platform for noncitizen consumers who don't have SSNs**, as long as the agent or broker can include verifiable immigration document information on the application.
- » These changes aim to reduce the high volume of DMIs generated, which can cause consumers to lose coverage and eligibility for financial assistance.
- » Non-citizen consumers without SSNs are **still eligible for Marketplace coverage**, if otherwise eligible, and may apply for coverage through the Marketplace before the December 2024 system updates are made by:
 - Submitting an application through a consumer pathway, such as HealthCare.gov; or
 - Calling the Marketplace Call Center.

For more information on SSN requirements, see these FAQs: <https://www.agentbrokerfaq.cms.gov/s/global-search/social%20security%20number>

Duplicate Applications

- » When assisting a consumer with an application using an approved Classic DE or EDE website, agents and brokers must search to see if the consumer has an existing application with the Marketplace.
- » If the consumer has an existing application, the agent or broker must **update the existing application** rather than create a new application.
- » If the consumer has one, **CMS recommends searching by their SSN** as the most effective method of locating a consumer's application.
- » Consumers with duplicate applications face a heightened risk of **losing their coverage and/or tax credits**.
- » If searching by SSN is not successful and the consumer's name is used to further search for an existing application:
 - Include their middle name (if applicable);
 - Avoid typos by double checking the spelling with them;
 - If they have multiple last names, attempt different combinations if the first one fails.



Duplicate Applications (continued)

- » Sometimes, an agent or broker will create a new application for a consumer who is already enrolled, instead of trying to update the consumer's existing application (and enrollment).
- » Generally, when CMS identifies enrollments created from duplicate applications, the **original enrollment is terminated, and the new enrollment is maintained.**
- » However, for the subset of duplicate applications created in an attempt to change the agent or broker associated with the consumer, CMS will run a weekly process to **cancel the new enrollment, preserving the original enrollment.**
 - » This new process is designed to prevent agents and brokers from making unauthorized changes to a consumer's existing application and enrollment.



Medicaid/CHIP Marketplace Application Questions Reminders



- » Agents and brokers play a critical role in connecting consumers transitioning from Medicaid/CHIP coverage to other forms of coverage.
- » Informing consumers how to accurately complete the Medicaid/CHIP coverage questions on the Marketplace application will help ensure they transition smoothly and get the coverage they need.
- » Understanding the difference between whether a consumer is **about to lose or has recently lost** Medicaid/CHIP coverage versus a consumer who was **denied** Medicaid/CHIP coverage is important to helping consumers correctly fill out the Medicaid/CHIP questions on the Marketplace application.



Medicaid/CHIP Marketplace Application Questions Reminders (continued)



- » **Agents and brokers must never check a Medicaid denial attestation box if the state has not yet made a determination.**
 - Doing so may cause some Medicaid-eligible consumers to be incorrectly enrolled in Marketplace coverage and lose access to more affordable health care coverage.
 - Agents and brokers may request Medicaid denial documentation from the consumer prior to checking the Medicaid denial attestation box.



It is critical for consumers, agents, and brokers to answer these questions accurately to help ensure consumers are evaluated for the appropriate coverage and SEPs, as applicable.

Medicaid/CHIP Marketplace Application Questions (continued)



How should a consumer answer the Medicaid/CHIP coverage questions on the Marketplace application?

- » The application will first ask consumers if anyone applying had Medicaid/CHIP coverage that **recently ended or will soon end**.
 - Consumers who did not already have Medicaid/CHIP and were denied upon application should respond **“No”** to this question.
- » If anyone applying for coverage answers “Yes,” they will be asked to input the last day of coverage that ended or is ending.
 - Consumers should input their last date of Medicaid/CHIP coverage as listed in their termination letter from their state Medicaid or CHIP agency.
 - Consumers unsure of their last day of coverage should provide their best estimate.

The screenshot shows a HealthCare.gov application page for a user named Carol. The page title is "Medicaid or CHIP coverage ending" with a link to "Learn more about Medicaid and Children's Health Insurance (CHIP) programs." The question asks: "Did Carol have North Carolina Medicaid (Medicaid) or North Carolina Medicaid (CHIP) that recently ended or will end soon?" with instructions to "Select Yes if one applies:" and two radio button options: "Yes" (selected) and "No". Below the question, two bullet points list coverage end dates: "Carol's coverage ended between 3/31/2023 and today" and "Carol's coverage is going to end between today and 4/30/2024". A section titled "Enter the last day of Carol's coverage." provides instructions and an example date (3/31/2024). It includes input fields for Month, Day, and Year, with a "Save & continue" button at the bottom.

This example shows screenshots from HealthCare.gov, but approved EDE partners websites will offer a similar experience, as these websites use the same questions as HealthCare.gov.

Medicaid/CHIP Marketplace Application Questions (continued)



- » If a consumer has lost Medicaid/CHIP coverage, the application will ask if the consumer's household income or size has changed since they received their coverage termination notice.
 - The application uses this information to evaluate whether the consumer should be sent back to the state for a redetermination of Medicaid/CHIP eligibility, or if the consumer should instead be evaluated for Marketplace coverage eligibility, including financial assistance such as APTC and CSRs.

The screenshot shows the HealthCare.gov website interface. At the top, the logo 'HealthCare.gov' is visible. Below it is a progress bar with four steps: '1 Set up', '2 Household', '3 Coverage & changes', and '4 Review & submit'. The current step is '2 Household'. The main heading of the page is 'Recent household or income changes'. The question asks: 'Has the household income or size changed since Kamari was/were found ineligible by the state?'. There are two radio button options: 'Yes' (which is selected) and 'No'. At the bottom of the form is a green button labeled 'Save & continue'.

This example shows screenshots from HealthCare.gov, but approved EDE partner websites will offer a similar experience, as these websites use the same questions as HealthCare.gov.

Medicaid/CHIP Marketplace Application Questions (continued)



- » For consumers who answered “**No**” to having Medicaid/CHIP coverage that recently ended or will end soon, the application will ask if they recently applied for and **were denied Medicaid/CHIP coverage**.
 - Consumers who applied for Medicaid/CHIP coverage and received a denial notice in the preceding 90 days by the state indicating that they don’t qualify for Medicaid/CHIP coverage should answer “Yes” to this question.
 - **Consumers should answer “No” if they have not received official denial of Medicaid/CHIP coverage from their state agency.**

HealthCare.gov Carol Menu

[← Back](#) | [1 Set up](#) - [2 Household](#) - [3 Coverage & changes](#) - [4 Review & submit](#)

Recent Medicaid or CHIP denial

Was Carol found not eligible for North Carolina Medicaid (Medicaid) or North Carolina Medicaid (CHIP) since 12/2/2023?
[Learn more about being found not eligible for Medicaid or CHIP.](#)

Yes
 No

Enter the date on Carol's denial letter.
If you don't have it, give your best estimate.
For example: 3/1/2024

Month / Day / Year
 / /

[Save & continue](#)

This example shows screenshots from HealthCare.gov, but approved EDE partner websites will offer a similar experience, as these websites use the same questions as HealthCare.gov.

For more information, consult this companion resource: <https://www.cms.gov/files/document/faqs-companion-resource.pdf>.

Upcoming Changes to Failure to File and Reconcile Operations



- » Within the next few weeks, the Marketplace will begin sending notices to consumers identified as being in a Failure to Reconcile (FTR) status.



FTR occurs when consumers who have Marketplace coverage with advance payments of the premium tax credit (APTC) don't file their federal income tax return and reconcile their APTC.

- » Consumers who have an FTR status will receive Marketplace notices warning them to file their federal income tax return and reconcile past APTC immediately, and to attest on their application during OE to having filed and reconciled if they have done so.
 - Consumers who are not their household tax filer should contact their tax filer to ensure their APTC has been reconciled using IRS Form 8962.
- » Consumers with a two-tax year FTR status who don't update their applications to attest to filing and reconciling their APTC and who get automatically re-enrolled in coverage for the new plan year **will have their APTC removed effective January 1st of the new plan year.**

Upcoming Changes to Failure to File and Reconcile Operations (continued)



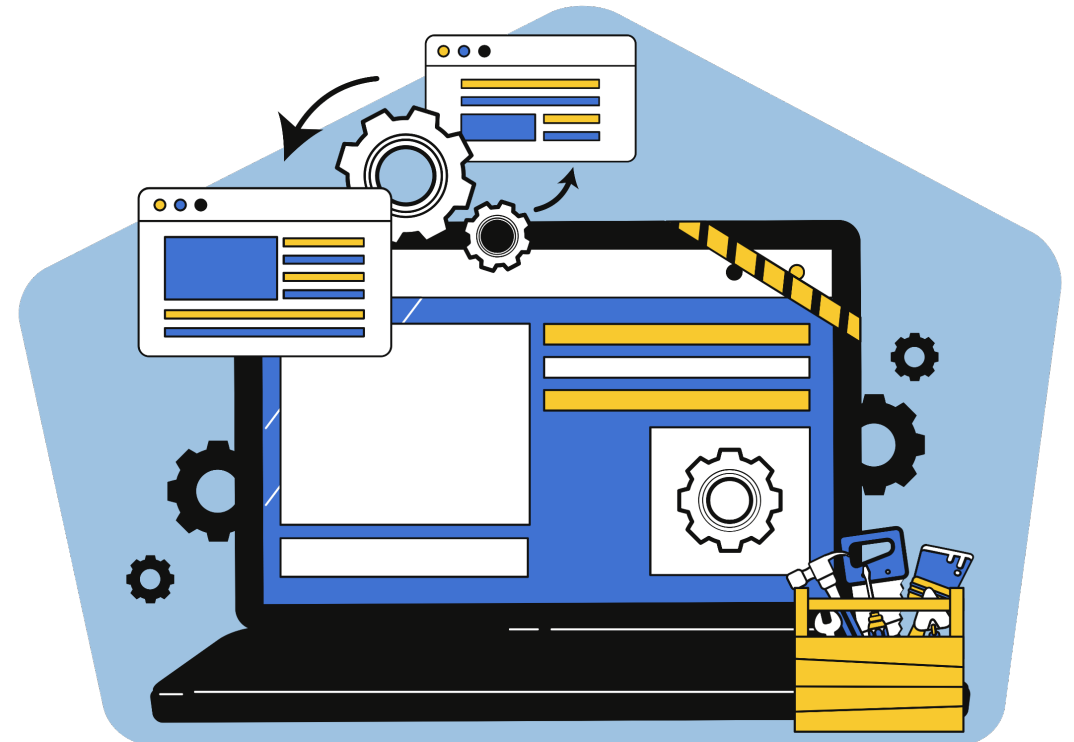
- » Consumers are encouraged to file and reconcile immediately upon receiving notice that they have an FTR status.
- » Consumers who have either a one-tax year or two-tax year FTR status may contact you:
 - For help understanding the notices;
 - For information on how to file and reconcile their APTC;
 - You may direct them to the following IRS page: <https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>
 - For help choosing a new plan or re-enrolling in Marketplace with a qualifying Special Enrollment Period after filing and reconciling APTC; or
 - For help with filing an appeal if they believe their APTC was ended erroneously.

For more information on these changes, view this FAQ here: <https://www.cms.gov/files/document/failure-file-and-reconcile-faq.pdf>

2025 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows



- » Every year, CMS establishes scheduled maintenance windows for HealthCare.gov.
- » Like other IT systems, these scheduled maintenance windows are how we update and improve our systems to run optimally and are the normal course of business.
- » **Consumer access to HealthCare.gov will be limited while systems are updated.**
- » Maintenance will only occur when deemed necessary to provide consumers with a better shopping experience. The purpose in scheduling these times is to **minimize any consumer disruption.**
- » Similar to the last several years, in order to allow agents, brokers, assisters, and states to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period.



2025 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows (continued)



- » It is important to note that **these times are the maximum windows for scheduled maintenance activities** that require limiting or restricting consumer access to HealthCare.gov.
- » Consistent with past years, **CMS anticipates the actual maintenance periods may be shorter.**
- » As with all IT systems, there is a possibility that unscheduled work will be needed, in which case CMS will use existing channels to notify stakeholders.
- » Potential maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period are:
 - **Friday, November 1, 2024** — early morning to make final preparations ahead of the start of the Open Enrollment period.
 - **Sundays, November 3, November 17, December 8, and December 22** — midnight to 7 a.m.



NOTE: Classic DE and EDE partner websites will be impacted if maintenance occurs during the maintenance window. The Marketplace Call Center may be impacted, as well, depending on the maintenance being performed.

Proposed 2026 Payment Notice

Proposed 2026 Payment Notice



- » On Friday, October 4, 2024, CMS issued the proposed "Notice of Benefit and Payment Parameters" for the 2026 plan year (or **proposed 2026 Payment Notice**) that proposes standards for the Health Insurance Marketplaces, as well as for health insurance issuers, brokers, and agents who connect millions of consumers to ACA coverage.
- » The rule proposes additional safeguards, beginning in 2025, to **protect consumers from fraudulent changes to their health care coverage**, as well as options to ensure the integrity of the Federally Facilitated Marketplace (FFM). Additionally, if finalized as proposed, the rule would make it easier for consumers to understand their costs and enroll in coverage through HealthCare.gov beginning in plan year 2026.
- » The rule includes several proposals that may impact agents and brokers.
- » The rule is expected to be published on the Federal Register for comments on Thursday, October 10. **The comment deadline for the proposed Payment Notice is Tuesday, November 12, 2024.**
- » Additionally, HHS has released the proposed Letter to Issuers for review and comment. Please note **the earlier comment deadline for the HHS Proposed Letter to Issuers is Monday, November 4.**

To view the proposed 2026 Payment Notice, visit the Federal Register here: <https://www.federalregister.gov/public-inspection/2024-23103/patient-protection-and-affordable-care-act-notice-of-benefit-and-payment-parameters-for-2026-and>.

A fact sheet is available here: <https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2026-proposed-rule>.

To view the proposed Letter to Issuers, visit here: <https://www.cms.gov/files/document/2026-draft-letter-issuers-federally-facilitated-exchanges.pdf>



Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success throughout the year!