

<u>Objective:</u> A resource to be used by states that rely on the Federally Facilitated Marketplace (FFM) to respond to questions from applicants and beneficiaries who have been determined ineligible for Medicaid/CHIP coverage and are being transferred to the FFM. State Medicaid/CHIP eligibility workers, call centers, and consumer assisters may use these questions to respond to consumer questions on next steps and considerations in completing an application with the FFM.

1. What is the Marketplace and what can I get there?

The Marketplace is a service where you can shop for and buy affordable private health insurance online, over the phone, or with in-person help. The Marketplace also provides financial help to people who qualify.

You can apply for health insurance and financial help at the Marketplace:

- Online at HealthCare.gov
- By phone at 1-800-318-2596 (TTY: 1-855-889-4325)
- With in-person help. Find someone to help you apply at: https://localhelp.healthcare.gov/.
- With a paper application that you can download at: https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf
- 2. I've been told I don't qualify for Medicaid or CHIP coverage but I might qualify for Marketplace health coverage. How do I apply for Marketplace health coverage?

If you applied with your state Medicaid or CHIP agency but they said you don't qualify for Medicaid or CHIP health coverage, you can apply for Marketplace coverage by:

- Starting a new application.
 - Online: Go to HealthCare.gov. You will need to:
 - Create a Marketplace user account if you don't have one.
 - Have the letter from the State Medicaid/CHIP agency with you to help answer questions.
 - Fill out the application. You will need to re-enter the information you gave to your State Medicaid/CHIP agency already.
 - Answer "yes" when asked if anyone has been found not eligible for Medicaid or the CHIP in the past 90 days.
 - <u>Phone</u>: Call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325) where a customer service representative will help you fill out the application. You will need to:



- Have the letter from the State Medicaid/CHIP agency with you to help answer questions.
- You will need to provide information you gave to your State Medicaid/CHIP agency already.
- Waiting for the letter from the Marketplace. Within a few weeks of being
 determined ineligible for Medicaid/CHIP coverage, a letter will be sent from
 the Marketplace telling you that an application has been started for you. The
 letter will tell you how to complete your application with them.

3. Why would I want to start a new application at the Marketplace without waiting for a letter from them?

The sooner you go to the Marketplace, the sooner your Marketplace coverage may begin.

Most people can get coverage only during a certain time each year called the Open Enrollment Period. This year's Open Enrollment Period runs from November 1, 2016 through January 31, 2017. If you qualify for Marketplace coverage and you want coverage to start by January 1, you must complete your application and enroll in a plan by December 15.

Some people can get Marketplace health coverage sooner in a Special Enrollment Period. They can do this if they had certain life changes such as getting married, having a baby, or losing Medicaid or other health coverage. They usually have up to 60 days after the date of the life change to apply for coverage. If they do not complete their application within 60 days, they have to wait until the next Open Enrollment Period. If you are close to the end of the Special Enrollment Period, you may want to start a new application at the Marketplace immediately.

4. If I go to the Marketplace now, what will I need to do?

You will need to start a new Marketplace application by doing the following:

- Create a Marketplace user account if you don't have one.
- Have the letter from the State Medicaid/CHIP agency with you to help answer questions.
- Fill out the application. You will need to re-enter the information you gave to your State Medicaid/CHIP agency already.
- Answer "yes" when asked if anyone has been found not eligible for Medicaid or the CHIP in the past 90 days.

5. When can I expect the letter from the Marketplace? What will it say?



It will vary by state, but you should receive a letter from the "Health Insurance Marketplace" within a few weeks. The letter from the Marketplace will tell you that an application has been started and how to complete your application. The letter will give you with an application ID number you should reference when you log in to HealthCare.gov or call the Marketplace. A sample Marketplace letter is available here: https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf.

6. I received a letter from the Marketplace but I can't find my Marketplace application on HealthCare.gov.

Be sure to use the same name and information from your State application. If you still can't find your Marketplace application, follow the instructions to start a new Marketplace account.

7. I already applied at the Marketplace and they told me I appear to be eligible for Medicaid/CHIP, but the Medicaid/CHIP agency just told me I'm not eligible. What do I do now?

Visit HealthCare.gov and update your most recent application and submit it to see what you qualify for.

8. What are my other options if it's outside the Open Enrollment Period and I know I don't qualify for a Special Enrollment Period?

You can apply for free or low-cost coverage through Medicaid and CHIP any time, all year. If you qualify, you can enroll immediately.

You can also get care at a nearby community health center. The health care law has expanded funding to community health centers, which provide primary care for millions of Americans. These centers provide services on a sliding scale based on your income. See how to get low-cost care in your community.

- 9. I've been told I don't qualify for either Medicaid or Marketplace health insurance. How can I get care?
 - You can get care at a nearby community health center. The health care law has
 expanded funding to community health centers, which provide primary care for millions
 of Americans. These centers provide services on a sliding scale based on your income.
 See how to get low-cost care in your community.



- If you don't have any coverage, you don't have to pay the fee. Under the law, most people must have health coverage or pay a fee. But you won't have to pay this fee if you live in a state that hasn't expanded Medicaid and you would have qualified if it had. This is called having an exemption from the fee. You can get an exemption when you apply for coverage in the Marketplace. Or you can apply for the exemption without having to fill out a Marketplace application.
- If your expected yearly income increases so it's between 100% and 400% of the federal poverty level, you become eligible for a Marketplace plan with advance payments of the premium tax credit. In this case, you may qualify for a Special Enrollment Period (SEP) that allows you to enroll in a Marketplace plan any time of year. You must contact the Marketplace Call Center within 60 days from the date your income changed to request this SEP. When you call, you'll need to attest that you:
 - Weren't eligible for Medicaid when you first applied because you live in a state that hasn't expanded Medicaid
 - Weren't eligible for a Marketplace plan with tax credits when you first applied because your income was too low
 - Had an increase in expected yearly income that now qualifies you for a Marketplace plan with tax credits