

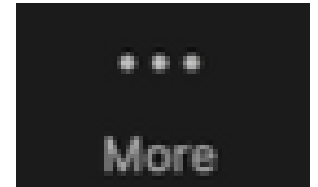


Tying It All Together

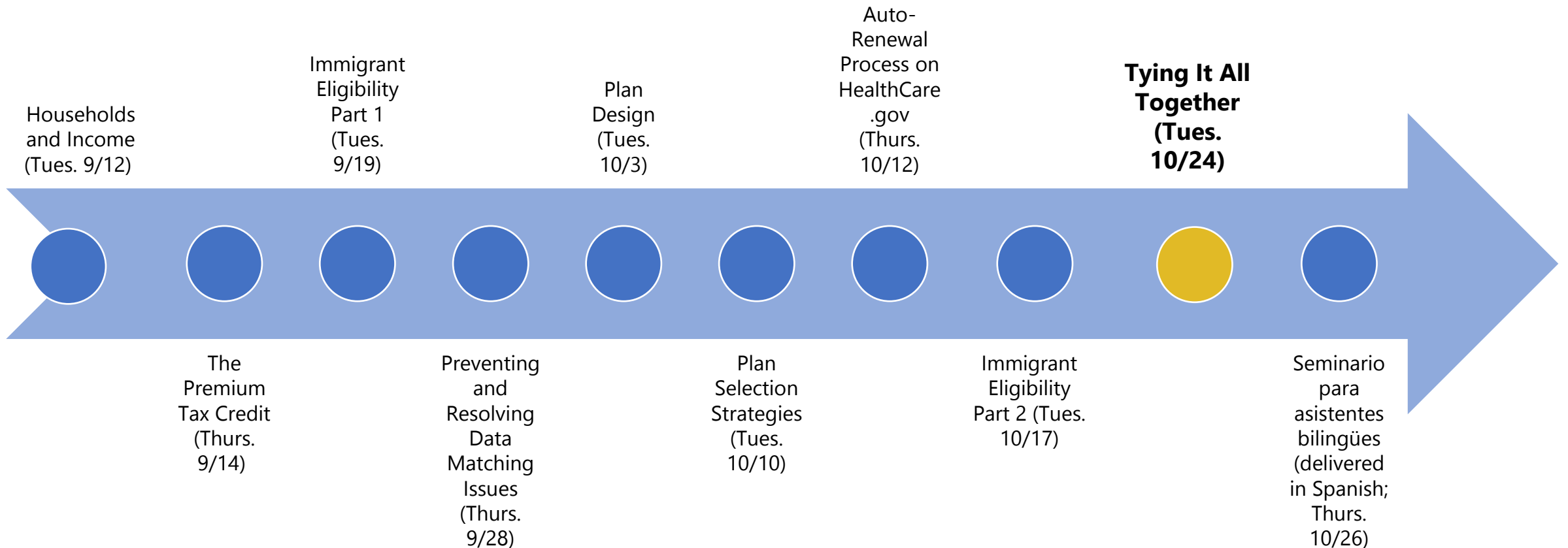
October 24, 2023

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.
- All participants are muted and in listen-only mode. If you'd like to ask a question:
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 - We will be monitoring questions and will pause for Q&A during the presentation.
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Fall Webinar Series



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Celebrating 10 Years of Coverage



Lisa Hart

Certified Application/ Insurance Counselor, Pratt Regional Medical Center (Kansas)

Years in Role: 9

"My philosophy: The individual doesn't care what you know, until they know you care about them and have their best interests at heart. I believe being an effective assister is providing information and education in a person-centered environment which includes active listening, kindness, respect, and patience. Being an assister is more than educating and helping fill out an application. It is meeting and accepting an individual where they are in their life journey, and addressing non-health insurance issues so they can focus on the purpose of their meeting with you."

Agenda

- Provide a summary of key concepts covered in this year's webinar series, as demonstrated through a series of scenarios

Scenario 1: The Sandoval Family



Sandoval Family

- Monica (age 40), Elena (age 43), and Isabel (age 12)
- Married and file taxes jointly
- No offers of coverage at work
- Currently enrolled in a Bronze plan with projected income of \$54,000 (234% FPL):
 - Monica: \$32,000
 - Elena: \$22,000



Focus Areas

Automatic redetermination & renewal

Changing plans

Updating income

Sandoval Family

They get a notice from HealthCare.gov about open enrollment, recommending that they update their household information. They don't.

2023 Application ID: 4393158526

Open Enrollment starts November 1: Confirm your coverage & financial help for 2024

It's time to review your Health Insurance Marketplace® coverage and costs for next year. Our records show that you may qualify for extra savings on out-of-pocket costs for 2024 coverage. The following people are currently enrolled in Marketplace coverage with financial help:

- Monica, Elena, and Isabel Sandoval

The Marketplace Open Enrollment Period is November 1, 2023 – January 15, 2024. Update your application and enroll in a plan by December 15, 2023 for your plan's coverage to start on January 1, 2024.

Your 2024 Marketplace coverage will start according to the date you select a plan:

If you enroll in a plan:	Coverage starts:
November 1 – December 15	January 1
December 16 – January 15	February 1

The Sandoval Family is Automatically Re-Enrolled in a Silver Plan

- In early December, they receive an eligibility determination notice from HealthCare.gov
- They have been automatically re-enrolled into a silver plan with cost-sharing reductions (CSR) under the same carrier as last year. This will only happen if there is a silver plan with:
 - The same provider network as last year's plan, AND
 - A lower or equivalent premium than last year's plan, after accounting for the advance premium tax credit (APTC)

We found a different health plan from your insurance company that will lower your out-of-pocket costs for 2024

Dear Monica:

Your household qualifies for extra savings to help pay for your Marketplace plan(s) based on the income you reported on your application. But you aren't getting these savings right now because you have a Bronze plan instead of a Silver plan.

To make sure you're getting the most savings available to you, we've matched you with a Silver plan for 2024. Because your household qualifies for extra savings, a Silver plan will help lower your out-of-pocket costs, like deductibles, copayments, and coinsurance. And you'll keep the same insurance company you have now.

The 2024 Silver plan for your household member(s) will be:

Household members	Current Bronze plan for 2023	New Silver plan for 2024	Insurance company
Monica Sandoval Elena Sandoval Isabel Sandoval	Elite Bronze	Ambetter Virtual Access Silver - Virtual PCP selection required	Ambetter from Buckeye Health Plan

Coverage in the new plan will start January 1. You'll get information about the new plan, including welcome information and a bill for the first month of coverage, from the insurance company.

You can still choose a different plan for 2024.

You can pick a different plan if you want, or your current plan, if it's available. Enroll in a different plan by **December 15** if you don't want us to automatically enroll you in the new plan listed above. Visit HealthCare.gov (or the certified enrollment partner website you used) if you'd like to compare available plans in your area and pick a new one.

The Sandoval Family is Automatically Re-Enrolled in a Silver Plan

- The Sandoval family does not take any action on HealthCare.gov. They are automatically re-enrolled in the new silver plan.
- They receive an enrollment confirmation from their insurance carrier and their first premium bill.
 - ! Note that it is a regular premium and not a “binder” payment. They must pay it, but their plan would go into a grace period, not be terminated, if they don’t. This is because they were already enrolled in the plan in 2023.

How is APTC/CSR Redetermined?

Information used to redetermine 2024 APTC and CSR:

- Updated federal poverty guidelines
- 2024 benchmark plan premium information
- Most recent income information available, adjusted to 2024 (maintaining FPL level)
 1. 2023 projected income
 2. If no 2023 projection, use 2022 tax data
 3. If neither of the above, use projected 2022 income

- The Sandoval family actively enrolled in 2023 and did not update their income for re-enrollment in 2024.
- HealthCare.gov will update their income by maintaining the FPL level of their 2023 projected income.

	2023 Projected Income	2024 Adjusted Income
FPL	234%	234%
Adjusted Income	\$54,000	\$58,172

For current FPL guidelines, see: [Yearly Guidelines & Thresholds | Coverage Year 2023](#)

For details on the auto-renewal process, see: [Auto-Renewal of Advance Premium Tax Credits on HealthCare.gov](#)

Switching Plans

- Isabel has epilepsy. On January 10, Monica realizes that Isabel's neurologist is not covered by the new plan.
- This plan doesn't work for them anymore, and they'd like to choose a different one.
- They must choose a new plan **by January 15** (the end of open enrollment).
- Assuming they paid their January premium, they had coverage in their old plan for the month of January.
- Their earliest coverage effective date for the new plan is **February 1**.
- They must pay a February binder payment.

Source: HealthCare.gov
2023 plans for
Columbus, OH 43209

Compare plans

	Ambetter Virtual Access Silver - Virtual PCP selection required	Easy pricing Anthem Silver Pathway X HMO 5800/40% Standard S05	Silver Simple- PCP Saver (Select) (\$3 Preferred Generic Drugs + \$0 Virtual Urgent Care Visits with Select Providers)
Quick tips	Review plan category fast facts Think about all costs, not just the premium Consider plans with easy pricing		
Highlights			
Estimated monthly premium	\$170.24 Including a \$812 tax credit Was \$982.24	\$19.17 Including a \$812 tax credit Was \$831.17	\$32.02 Including a \$812 tax credit Was \$844.02
Deductible	\$500 Individual total \$1,000 Family total (health & drug combined) Get details: Jump to costs for medical care and drugs	\$800 Individual total \$1,600 Family total (health & drug combined) Get details: Jump to costs for medical care and drugs	\$500 Individual total \$1,000 Family total (health & drug combined) More deductibles apply Get details: Jump to costs for medical care and drugs
Out-of-pocket maximum	\$2,800 Individual total \$5,600 Family total	\$3,000 Individual total \$6,000 Family total	\$3,000 Individual total \$6,000 Family total
Estimated total yearly costs	Add yearly cost	Add yearly cost	Add yearly cost
Plan metal level	Silver S Extra savings	Silver S Extra savings	Silver S Extra savings
Plan type	HMO	HMO	HMO
Plan ID	410470H0060005	292760H0920433	293410H0100025
Medical providers In-network	<p>✗ Jaclyn Maureen Laine D.O. Psychiatry & Neurology - Neurology</p> <p>✓ Central Ohio Primary Care Physicians, Inc. Internal Medicine In-network locations</p> Edit medical providers	<p>✓ Jaclyn Maureen Laine D.O. Psychiatry & Neurology - Neurology In-network locations</p> <p>✓ Central Ohio Primary Care Physicians, Inc. Internal Medicine In-network locations</p> Edit medical providers	<p>✗ Jaclyn Maureen Laine D.O. Psychiatry & Neurology - Neurology</p> <p>✗ Central Ohio Primary Care Physicians, Inc. Internal Medicine</p> Edit medical providers
Drugs covered/not covered	<p>Prescription drugs covered</p> <p>✓ Levetiracetam Levetiracetam 100 MG/ML Oral Solution</p> Edit prescription drugs	<p>Prescription drugs covered</p> <p>✓ Levetiracetam Levetiracetam 100 MG/ML Oral Solution</p> Edit prescription drugs	<p>i Oscar Health Insurance hasn't shared drug details with HealthCare.gov</p> <p>Unable to show details for 1 prescription drug</p> Edit prescription drugs

Reporting a Change in Income

In April, Elena shifts from full-time salaried to part-time hourly work
They return to HealthCare.gov to update their income

○ My plans & programs

○ My plan profile

○ Eligibility & appeals

○ Applications details

○ **Report a life change**

○ Communication preferences

○ Exemptions

○ Tax forms

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 North Carolina Medicaid or North Carolina Health Choice (NCHC) 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

Reporting a Change in Income

Estimate job income [Close](#)

Amount

How often?

Average hours per week for this month

Average income per week
\$307.80

Calculated income this month
\$1,332.77

[⊕ How is this number calculated?](#)

Elena's prior income estimate will be displayed, and they can update it

Monthly income is used to make the Medicaid eligibility determination

Reporting a Change in Income

HealthCare.gov assumes that Elena's hourly wage applies for the full year – not the case

She'll use the tools provided to improve her income estimate

Elena's estimated income for this year (2023)

Make sure to include income Elena already got, as well as any they expect to earn in the rest of 2023.

Is \$15,993.29 a good estimate for Elena's Income for 2023?

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

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

Is Elena's 2023 Income hard to predict?

- Yes
- No

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

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

\$

Update estimate



Need help estimating income?

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

Income calculator

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

Monthly estimator

Reporting a Change in Income



Need help estimating income?

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

[Income calculator](#)

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

[Monthly estimator](#)

Calculate yearly income

Use this tool to help calculate each household member's yearly income.

i If income has changed or may be hard to estimate

We know some people's income and expenses may change throughout the year or be hard to estimate. Use this tool for help making the best estimate. If you or your household members' income changes after you submit an application, come back to the Marketplace and update your application. This will help make sure you're getting the right amount of savings.

Household member's name

Optional

Sandoval Family

Income

\$41,951.21

If this person gets this income at different times during the year, enter it as multiple income sources.

Job (like salary, wages, commissions, or tips) 1: \$22,000.00 yearly from 01/01/2024 - 12/31/2024 \$22,000.00

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

Job (like salary, wages, commissions, or tips) 2: \$32,000.00 yearly from 01/01/2024 - 03/31/2024 \$7,956.28

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

Job (like salary, wages, commissions, or tips) 3: \$1,332.77 monthly from 04/01/2024 - 12/31/2024 \$11,994.93

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

Reporting a Change in Income



Need help estimating income?

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

[Income calculator](#)

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

[Monthly estimator](#)

Estimate Elena's income

Enter Elena's expected income for each month of 2024. Don't worry if this isn't the exact total, we just need a close estimate.

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

January

\$ 2,700

February

\$ 2,700

March

\$ 2,700

April

\$ 1,300

May

\$ 1,300

June

\$ 1,300

July

\$ 1,300

August

\$ 1,300

September

\$ 1,300

October

\$ 1,300

November

\$ 1,300

December

\$ 1,300

[Save income estimate](#)

[Cancel](#)

Results of Eligibility Determination

- With lower monthly household income, Isabel now appears to be eligible for CHIP
- Her application will be transferred to the state's Medicaid/CHIP agency
- **If Isabel is found to be eligible for CHIP, her parents should cancel her marketplace coverage**

Eligibility overview

Monica Sandoval	Eligible	To buy a Marketplace plan
Elena Sandoval		For a premium tax credit of up to \$812 each month for your tax household
		For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans
Isabel Sandoval	May be eligible	For Children's Health Insurance Program (CHIP) You'll get a final decision from your state CHIP agency.

- If they don't, Isabel's dual enrollment in CHIP and the marketplace may be detected through Periodic Data Matching (PDM) conducted by the marketplace
- If this happens, the family will have 30 days after they are notified of the problem to change their plan or prove that Isabel is not dually enrolled
- If they don't respond, Isabel will stay on her parents' marketplace plan but will not be eligible for financial help. Because she has insurance, she will also no longer be eligible for CHIP. Monica and Elena will be responsible for the full cost of her share of the premium.

Results of Eligibility Determination

The EDN says that:

- Monica and Elena are eligible for APTC and CSR
- Isabel is likely eligible for CHIP
- They will not need to submit documents to verify their income
 - *Why?* Elena's income dropped by \$12,100 (38%), from \$32,000 to \$19,950
 - In 2024, an income data matching issue (DMI) will only be triggered if a person's income decreases by more than \$12,000 *and* is more than 50% lower than the previous year

Health Insurance Marketplace

[Notice date]

Application ID # XXXXXXXXXXXX
Application date: 04/28/24

Primary contact
Monica Sandoval
123 Elm St
Columbus, OH 43209

2024 Marketplace Eligibility Notice

Remember to update your application during the year with any changes.

Results

Premium tax credit available for this household \$812/month

Estimated 2024 income used to determine eligibility for financial help:
\$41,950 /year

	Monica	Elena	Isabel
Applied for coverage.	●	●	●
Eligible to enroll in a 2024 Marketplace plan. Enroll by [enrollment deadline].	●	●	●
Eligible to buy a Catastrophic plan, if available.			
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$812/month for this household.	●	●	
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	●	●	
May be eligible for the Children's Health Insurance Program based on your yearly income of \$41,950. We're sending this information to your state agency.			●

Scenario 2: The Wang/Li Family



Wang/Li Family

- Sharon Wang lives with her children, Lily and Russell Li
- Sharon shares custody of her children with Joe Li. Joe lives separately and claims Lily and Russell as dependents
- 2024 income projections:
 - Joe: \$84,000
 - Sharon: \$42,000
- Everyone lives in Missouri, which is a Medicaid expansion state



Focus Areas

Navigating loss of Medicaid coverage

Determining who is in the household

Determining income

Understanding eligibility for APTC and Medicaid/CHIP

Loss of Medicaid/CHIP

- In 2021, Sharon lost her job. She and her children enrolled in Medicaid. All their Medicaid mail goes to Sharon's house.
- In 2022, Sharon got a new job and her income increased.
 - Because Medicaid redeterminations were paused in 2022, Sharon and her children kept their Medicaid coverage.
- In April 2023, Missouri began redetermining eligibility for Medicaid and CHIP.
- The next time Sharon goes to the doctor, she realizes that she and her children no longer have insurance. They have lost Medicaid because they did not submit their renewal paperwork on time.
- Sharon goes to HealthCare.gov to see what coverage is available for her family.

Determining Households

The application asks many questions about the family's relationships and living situation

How is Lily related to Sharon?

Lily is Sharon's...

How is Lily related to Russell?

Lily is Russell's...

- Child (including adopted child)
- Stepchild
- Child of domestic partner (including adopted & step children)
- Sibling (including half & stepsibling)
- Grandchild
- Niece or nephew
- Aunt or uncle
- First cousin
- Daughter-in-law or son-in-law
- Sister-in-law or brother-in-law
- Other relative (by blood or marriage)
- Unrelated (not by blood or marriage)

Tax Filing Requirement

Although Joe is not a member of Sharon's tax household, he should still be added to the application because he claims the kids as dependents



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.

Russell's tax relationships

Will Russell file a 2023 federal income tax return?

[Learn more about tax filing.](#)

- Yes
 No

Will someone else claim Russell as a dependent on their 2023 federal tax return?

- Yes
 No

Who will claim Russell on their 2023 federal tax return?

- Sharon
 Lily
 Joe [Edit](#)

[Add a person who will claim Russell](#)

Will Joe claim any other dependents on their 2023 federal tax return?

[Learn more about dependents.](#)

- Yes
 No

Who will Joe claim as a dependent on their 2023 federal tax return?

- Lily

Determining Households

To claim a PTC, an enrollee needs to file a tax return
For Medicaid, tax filing is not necessary

Joe usually claims the kids (Lily and Russell).
Does this seem right?

Sharon's tax relationships

Will Sharon file a 2023 federal income tax return?

[Learn more about tax filing.](#)

Yes

No

Will Sharon claim any dependents on their 2023 federal tax return?

[Learn more about dependents.](#)

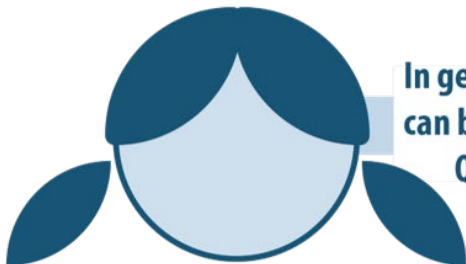
Yes

No

The kids live with Sharon for more than half the year. But there is an exception if there is a legal agreement, like a custody agreement, which states that the non-custodial parent will claim the kids.

Children

A child can include the tax filer's child, step child, adopted child, foster child, brother, sister, niece, nephew or grandchild



In general a child can be claimed as a Qualifying Child if she...



Is a U.S. citizen or resident (for tax purposes) of the U.S., Canada or Mexico



Lives with the tax filer for more than half the year



Is under 19 at the end of the year (or 24 if a full-time student or any age if disabled)



Doesn't provide more than half of her own support

Medicaid/CHIP Coverage Ending

The application asks whether anyone in the family recently lost Medicaid or CHIP. Sharon selects that she and the kids lost coverage.

Sharon's income and household size have not changed since they lost coverage.

Medicaid or CHIP coverage ending

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

Did anyone have MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP) 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 12/9/2023

- Sharon
- Russell
- Lily
- Joe

Recent household or income changes

Has the household income or size changed since Sharon, Russell, and Lily was/were found ineligible by the state?

- Yes
- No

Recent Medicaid or CHIP Denial

Next, the application asks whether anyone in the family was found not eligible for Medicaid or CHIP

Sharon should select **None of these people**

Recent Medicaid or CHIP denial

Were any of these people found not eligible for MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP) since 7/12/2023?

Select all that apply.

[Learn more about being found not eligible for Medicaid or CHIP.](#)

- Sharon
- Russell
- Lily

None of these people

Learn more about being found not eligible for Medicaid or CHIP

Close

Select a person's name if they:

- Were denied Medicaid or CHIP by the state since the date shown because their income is too high
- Were denied Medicaid or CHIP by the state because their state doesn't cover people with their household type (for example, some states don't cover adults who aren't taking care of children)
- Are a child denied CHIP coverage by the state since the date shown because they need to wait a month or more before starting CHIP coverage (called the CHIP waiting period)
- Had their Medicaid or CHIP coverage end since the date shown because a change in state rules makes them not eligible for Medicaid or CHIP

Don't select a person's name if they:

- Never applied for Medicaid or CHIP
- Were found not eligible for Medicaid or CHIP by the Marketplace, instead of the state Medicaid or CHIP agency
- Were denied or found no longer eligible for Medicaid or CHIP since the date shown but had changes in income or family size since the denial or loss of coverage (unless the denial was based on immigration status)
- Applied for Medicaid or CHIP with the state but haven't gotten a response
- Were denied Medicaid or CHIP coverage because they didn't turn in paperwork that the state asked for

Recent Medicaid or CHIP Denial

- When a state ends a person's Medicaid or CHIP, the state must send a termination letter that includes the reason the person was disenrolled from the program.
- If a client does not have their termination letter, or if the reason for termination is unclear, you can use their household size and income to determine whether it is likely that they were found to be ineligible for Medicaid.
- **It is very important to answer this question accurately.** If a person states that they were found "not eligible," the application will not automatically check to see if they are eligible for Medicaid or CHIP.



There is a way to check for Medicaid eligibility after the application is submitted. If HealthCare.gov finds that one or more members of the household is ineligible for Medicaid, you can request that their information be sent to the state for a full Medicaid determination.

Full Medicaid determination

It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the MO HealthNet (Medicaid). Do any of these people want us to send their information to the MO HealthNet (Medicaid) so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?

- Sharon Wang
- Russell Li
- Joe Li
- Lily Li
- None of these people

SEND TO MEDICAID

Reporting Income

Everyone on the application is asked to provide information about their income

Sharon's income for this month (October 2023)

Enter each type of income Sharon gets this month. If Sharon won't get income this month, but gets it during other months in 2023, report that on the next page.

Add income for October **\$3,500.00**

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

\$3,500.00 Job: ABC Co [Edit](#) | [Remove](#)

Joe's income for this month (October 2023)

Enter each type of income Joe gets this month. If Joe won't get income this month, but gets it during other months in 2023, report that on the next page.

Add income for October **\$7,000.00**

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

\$7,000.00 Job: XYZ Co [Edit](#) | [Remove](#)

Employer-Sponsored Insurance (ESI)

Joe has an offer of self-only employer-sponsored insurance (ESI)

Sharon's job does not offer any insurance benefits.

Job-based health coverage

[Learn how to complete this section.](#)

Are any of these people offered health coverage through their own job?

[Learn more about health coverage that's offered through a job.](#)

Sharon

Joe

An employer plan meets minimum value if it has an **actuarial value greater than 60%**

How do I know if it meets minimum value?

It will be on the plan's Summary of Benefits and Coverage (SBC)

Coverage details

Does the plan offered by XYZ Co meet the minimum value standard?

Most job-based plans meet this standard, but if you're not sure, ask the employer to fill out their section of the Employer Coverage Tool.

[Learn more about the minimum value standard.](#)

[Print or download the Employer Coverage Tool \(PDF\).](#)

Yes

No

Employer-Sponsored Insurance (ESI)

Premium costs

Below, only enter the amount **Joe** would pay. Don't include any amount paid by XYZ Co.

[Learn more about entering premium amounts.](#)

Coverage for Joe only

How much would Joe pay for the lowest-cost plan just for themselves?

Joe's premium amount

\$ 216

How often?

Monthly

- ESI is “affordable” if the employee’s contribution for the lowest cost plan for **is less than 8.39%** of household income (in 2024)
- If the employer coverage is affordable, the employee cannot qualify for APTC
- Joe’s premium contribution to his ESI coverage is 3.1% of his household income – lower than the 8.39% threshold. **He is not eligible for APTC.**

Eligibility Overview

Results

- Sharon is eligible to enroll in a marketplace plan with APTC
 - Sharon qualifies for the Medicaid Unwinding SEP. In HealthCare.gov states, people who lose Medicaid/CHIP between March 31, 2023 and July 31, 2024 can enroll at any point during this period.
 - After July 31, 2024, people losing Medicaid/CHIP in HealthCare.gov states will have 60 days before and 90 days after their coverage ends to enroll in a marketplace plan,
- The kids may be eligible for CHIP
- Joe can enroll in self-only employer-sponsored coverage or purchase a marketplace plan **but without APTC or CSR**
- Sharon and Joe need to send documents to confirm eligibility

Eligibility overview

Sharon Wang	✔ Eligible	To buy a Marketplace plan For a premium tax credit of up to \$156 each month for your tax household Your eligibility is temporary: By January 8, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
Joe Li	✔ Eligible	To buy a Marketplace plan Your eligibility is temporary: By January 13, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
Russell Li Lily Wang	✔ May be eligible	For Children's Health Insurance Program (CHIP) You'll get a final decision from your state CHIP agency.
You can't enroll here because you told us that only some of the people on your application file taxes, or there's more than one tax household on your application. To select a plan call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).		

Understanding Medicaid/CHIP Eligibility

Joe's income is \$80,000 (320% FPL). Why are the kids eligible for CHIP?

- The application assesses eligibility for Medicaid before it assesses eligibility for the marketplace
- The children are Joe's tax dependents, but they fall under one of the exceptions to the Medicaid household/income rules — *kids claimed as a tax dependent by the non-custodial parent*
- Under Medicaid rules, Russell and Lily are part of Sharon's household. Their household income is \$42,000 (169% FPL)

	Counted in Household				HH Size for Medicaid
	Joe	Sharon	Russell	Lily	
Joe	✓				1
Sharon		✓	✓	✓	3
Russell		✓	✓	✓	3
Lily		✓	✓	✓	3

MEDICAID HH RULE
Tax Dependent
Exception: For a child
claimed as a tax dependent
by a non-custodial parent,
apply non-filer rules

If Under 19:

- ✓ Individual
- ✓ Siblings, parents, and children living with individual

Understanding Medicaid/CHIP Eligibility

For more information, see the *Health Reform: Beyond the Basics* [Reference Chart: Medicaid Household Rules](#)

If an individual is a:		
Tax Filer Not Claimed as a Dependent	Tax Dependent	Non-Filer / Non-Dependent
<p>Individual's household is:</p> <ul style="list-style-type: none"> ▪ Tax filer plus: <ul style="list-style-type: none"> → Spouse → All persons whom tax filer expects to claim as a dependent 	<p>Individual's household is:</p> <ul style="list-style-type: none"> ▪ Household of the tax filer claiming individual as a dependent <p>EXCEPTIONS (apply the rules for non-filers)</p> <ul style="list-style-type: none"> ▪ Tax dependents not a child of the taxpayer ▪ Individuals under 19* living with both parents not expected to file a joint return ▪ Individuals under 19* claimed as tax dependent by non-custodial parents 	<p>For individuals age 19 and above, household is:</p> <ul style="list-style-type: none"> ▪ Individual plus: <ul style="list-style-type: none"> → Spouse (if living with the individual) → Children under age 19* (if living with the individual) <p>For individuals under age 19*, household is:</p> <ul style="list-style-type: none"> ▪ Individual plus: <ul style="list-style-type: none"> → Siblings under 19 → Parents (including step-parents) → Children living with the individual
<p>*States can extend the age limit to include individuals under 21 who are full-time students</p>		
<p>Notes:</p> <ul style="list-style-type: none"> ▷ For married couples filing jointly, each spouse is considered a tax filer. ▷ Married couples living together are always in each other's household regardless of how they file. ▷ When determining the household of a pregnant person, they are counted as themselves plus the number of children they are expecting. When determining the household for individuals whose household includes a pregnant person (but the applicant themselves is not pregnant), states can count the pregnant person as 1, 2, or one plus the number of children the pregnant person is expecting. ▷ MAGI household and income rules do not apply to seniors eligible for Medicaid or people eligible for Medicaid due to a disability. 		

Q&A Break



Scenario 3: The Bailey Family



Bailey Family

- Mike (age 42), Lauren (age 37), Jadrian (8), and Samara (6)
- 2024 Projected household income = \$61,500 (205% FPL)
- Mike is enrolled in COBRA continuation coverage
- Lauren is enrolled in ACA marketplace coverage
- Jadrian (7) and Samara (5) were enrolled in Medicaid, but were recently terminated



Focus Areas

COBRA-marketplace interactions

ESI-marketplace interactions

Marketplace coverage renewal

Medicaid unwinding

APTC repayment safe harbor

Mike



- Laid off earlier in 2023, and enrolled in COBRA to maintain the same doctors he had been seeing
- Starting a new job in December that offers employer-sponsored insurance (ESI)
- What are Mike's options?

1. Keep COBRA
 - His employer contributions will run out next summer
 - Even with those, it is expensive at \$600/month
2. Enroll in ESI
 - Monthly premiums for the lowest-cost, self-only plan are \$525/month (10.2% of the household's income)
3. Marketplace coverage (But will Mike qualify for APTC/CSR?)
 - ✓ Income > 100% FPL
 - ✓ Eligible filing status (married filing jointly)
 - ✗ Ineligible for other MEC

Does Mike's offer of ESI prevent him from getting APTC?

Mike's ESI offer is an eligible plan and meets minimum value requirements, but premiums cost >8.39% of Mike's household income, so it is not considered affordable.

Mike is eligible for APTC and CSR.

Lauren



- Declined Mike's COBRA offer when Mike enrolled earlier this year
- Enrolled in an ACA marketplace plan with APTC instead
- Has heard her enrollment will automatically continue in 2024
- Is currently enrolled in a bronze level plan, but qualifies for a silver level plan with CSRs for 2024
- What are Lauren's options?

Things to remember:

- Lauren had a 60-day loss of MEC special enrollment period when Mike lost his job and ESI
- She was not planning to return to the marketplace during Open Enrollment, but now the Bailey's will have to update their application to add Mike to marketplace coverage

1. Spousal coverage through Mike's ESI

- Premiums for family coverage are \$900/month (~18% of the household's income); >8.39% so not considered affordable

2. Marketplace coverage

- 2024 projected household income = \$61,500 (205% FPL)
- Lauren and Mike qualify for APTC and CSRs
- Lauren may want to switch to a silver level plan to lower her out of pocket costs

Jadrian and Samara



- Have been enrolled in Medicaid since they were born, but were recently terminated
- Mike and Lauren don't understand why
- What are Jadrian and Samara's options?

Things to remember:

- Medicaid eligibility is based on *monthly* income
- Still, the Bailey's monthly income was never higher than 205% FPL in 2023
- Jadrian and Samara may have been procedurally terminated during Medicaid unwinding
- They are likely still eligible

1. Get Medicaid coverage reinstated

- The Baileys have 90 days from the date Jadrian and Samara lost coverage to send in their renewal form and get their Medicaid coverage reinstated

2. Reapply for Medicaid if it has been >90 days

- They can reapply for Medicaid immediately if it has been >90 days since their coverage was terminated

Bailey Family Resolution

- 2024 coverage
- Mike and Lauren enroll in a marketplace plan with APTC and CSR
- They log into Lauren's account and "Report a Life Change" to add Mike to the account
- They work with their state Medicaid agency separately to get Jadrian's and Samara's coverage reinstated



When they are updating their application, Mike and Lauren should answer "none of these people" when asked about Jadrian and Samara's coverage. Their Medicaid enrollment was terminated because their paperwork was not submitted on time, not because they were determined to be ineligible.

Recent Medicaid or CHIP denial

Were any of these people found not eligible for SoonerCare (Medicaid) since 7/24/2023?

Select all that apply.

[Learn more about being found not eligible for Medicaid or CHIP.](#)

- Jadrian
- Samara

None of these people

What if
Jadrian and
Samara
were
enrolled in
marketplace
coverage
with APTC
for a portion
of 2023?

Would the Baileys have to pay back any APTC they got for Jadrian and Samara during months they were actually still eligible for Medicaid?

- ✘ No. Once a person has been determined eligible for APTC, they are treated as ineligible for Medicaid/CHIP for purposes of PTC eligibility for the remainder of the year.
 - A person should still end their APTC immediately if they learn that they're also enrolled in Medicaid.
 - The marketplace may eventually detect the dual enrollment through periodic data matching (PDM) and may terminate APTC (and CSR) after giving the person time to respond/prove otherwise. If the person doesn't act, their APTC will be canceled, but not their marketplace coverage, leaving the person on the hook for full-cost premiums after APTC is terminated.

Scenario 4: Schmidt Family



The Schmidts



- Gary (64) and Bonnie (64) Schmidt are currently enrolled in marketplace coverage with APTC and CSR
- Their combined household income is \$35,000
- They are wondering what their coverage options will be when they both turn 65 next year.

Focus Areas

Transitioning from the marketplace to Medicare
Eligibility for marketplace and APTC at age 65+
Periodic Data Matching

Marketplace and APTC/CSR Eligibility Criteria

Marketplace eligibility criteria	Gary	Bonnie
Must be a U.S. citizen or have a status considered “lawfully present”*	✓	✓
Cannot be incarcerated (except if pending disposition of charges)	✓	✓
Must be a resident of the marketplace service area	✓	✓

APTC/CSR eligibility criteria	Gary	Bonnie
Income at least 100% FPL	✓	✓
Eligible tax-filing status	✓	✓
Ineligible for other Minimum Essential Coverage (MEC)	?	?

* For a list of immigration statuses considered “lawfully present,” see HealthCare.gov:
www.healthcare.gov/immigrants/immigration-status

Is Medicare MEC?

*See Beyond the Basics'
Minimum Essential
Coverage Reference
Chart*

MEC	Not MEC
Premium-free Medicare Part A (hospital insurance) and Part B (medical insurance)	Medicare Part B only
Premium-free Medicare Part A only	Voluntary Medicare (person pays a premium for Part A and may or may not be enrolled in Part B)
Medicare Part C ("Medicare Advantage")	

Gary



- Gary turns 65 on June 10, 2024
- He will be eligible for premium-free Medicare Part A

- Gary qualifies for automatic enrollment in Medicare Part A
- Gary will get a Medicare card in the mail in March, three months before his 65th birthday
- His Medicare coverage will begin on the first day of the month he turns 65 – so, June 1, 2024
- Gary will no longer be eligible for APTC/CSR as of June 1, 2024

Bonnie



- Bonnie turns 65 on September 3, 2024
- She will be eligible for premium-free Medicare Part A

- Bonnie **does not** qualify for automatic enrollment in Medicare Part A; she must actively enroll
- Her Medicare initial enrollment period (IEP) begins three months before her birthday, in June, and ends three months after her birthday, in December
- Medicare effective dates
 - If she enrolls between June-August: September 1
 - If she enrolls during September-December: the month after she signs up
- If she does not enroll during her IEP, she would have to wait for the Medicare General Enrollment Period (January – March 2025) to enroll and may face late enrollment penalties
- Bonnie will no longer be eligible for APTC/CSR as of the first day of the month that her Medicare coverage begins or the first day of the fourth month after she turns 65 (January 1, 2025)
- She decides to enroll in Medicare with coverage starting September 1, 2024

Marketplace and APTC/CSR Eligibility Criteria

Marketplace eligibility criteria	Gary	Bonnie
Must be a U.S. citizen or have a status considered "lawfully present"*	✓	✓
Cannot be incarcerated (except if pending disposition of charges)	✓	✓
Must be a resident of the marketplace service area	✓	✓


APTC/CSR eligibility criteria	Gary	Bonnie
Income at least 100% FPL	✓	✓
Eligible tax-filing status	✓	✓
Ineligible for other Minimum Essential Coverage (MEC)	Only until May 31, 2024	Only until August 31, 2024

* For a list of immigration statuses considered "lawfully present," see HealthCare.gov: www.healthcare.gov/immigrants/immigration-status 0

Gary and Bonnie's Coverage Transitions

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
------	------	-------	-------	-----	------	------	------	-------	------	------	------

Both enrolled in marketplace with APTC/CSR




Call the marketplace call center May 31 to terminate Gary's marketplace enrollment effective June 1 **and** change the household contact to Bonnie

Gary transitions to Medicare June 1

Bonnie stays enrolled in marketplace coverage with APTC/CSR

Bonnie transitions to Medicare Sept. 1



Terminate Bonnie's marketplace enrollment effective Sept. 1 (can do on the marketplace website)

Simultaneous Marketplace + Medicare Enrollment

People can allow the marketplace to end their coverage automatically if Periodic Data Matching shows they're eligible for other public coverage (including Medicare)

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

- I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.
- I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

Periodic Data Matching Notice (Medicare)

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[hh_contact_first_name] [hh_contact_last_name] [todays_date]
[hh_contact_street_name_1]
[special_address_2_line]
[hh_contact_city_name], [hh_contact_state_code] [hh_contact_zip_plus_4_code]

Warning: Members of your household may lose financial help for their Marketplace health plan coverage.

Application Date: [application_submission_date]
[coverage_year] Application ID: [application_identifier]

Dear [hh_contact_first_name]:

Our records show that the people listed below may have a Marketplace health plan with financial help and also have Medicare Part A (Hospital Insurance) or Medicare Advantage (Part C):

- [application_member_names]
- [application_member_names]

Take action by [PDM end date]

You need to update your Marketplace application for the people listed above. You can choose to end their Marketplace coverage, keep their Marketplace coverage (and only end their financial help), or tell us if they don't have Medicare.

If you don't take action by [PDM end date], we'll end financial help for the people listed above.

The people listed may choose to have a Marketplace plan without financial help and pay the full cost for their share of the Marketplace plan premium and covered services, if eligible. Marketplace coverage will continue for anyone listed above and we'll re-check their eligibility for the premium tax credit and other cost savings.

Marketplace coverage doesn't end automatically when Medicare Part A or Part C coverage starts. Most people don't keep Marketplace coverage once they qualify for Medicare because:

- When you have Part A or Part C, you don't qualify for financial help with the cost of a Marketplace plan. This means that you'll pay the full price for Marketplace coverage.
- If you keep getting financial help after your Medicare coverage starts, you may have to pay back all or some of the premium tax credit you used when you file your federal income tax return.
- Marketplace coverage duplicates Medicare. It doesn't help lower your share of costs for Medicare-covered services.

People who receive a PDM notice have 30 days to return to marketplace to:

- End APTC/CSR
- Terminate marketplace enrollment
- Provide written documentation that they are not enrolled in both programs; or
- Change their response to the "automatically end coverage" question

What About People Who Miss the IEP to Enroll in Medicare?

Because Bonnie was already enrolled in a marketplace plan, she could keep marketplace coverage in 2024 instead of transitioning to Medicare, but she would lose APTC/CSR as of the first day of the fourth month after she turns 65, and she would face penalties if she later enrolled in Medicare.

Marketplace with APTC/CSR	Marketplace without APTC/CSR	Premium Medicare (2024 prices)
Benchmark silver plan (example ZIP code 33101): \$56.92/month after applying \$1,037 PTC	Same silver plan: \$1,093.92/month	Part A: \$0 Part B: \$175/month Total: \$175/month

- Part A late enrollment penalty: 10% for twice the number of years the person delayed signing up after turning 65
- Part B late enrollment penalty: 10% for each full 12-month period the person delays signing up after turning 65
- Bonnie might qualify for Medicare savings program that would lower the cost of her Medicare premiums

See [Frequently Asked Questions Regarding Medicare and the Marketplace](#) (CMS) for more information.

What About People Who Don't Qualify for Premium-Free Medicare?

If Bonnie was single (same annual income, \$35,000) and had to pay a premium for Medicare Part A (for example, if she did not have sufficient work history to qualify for premium-free Part A), she could keep marketplace coverage with APTC/CSR but would lose APTC/CSR and face penalties if she later enrolled in Medicare.

Marketplace with APTC/CSR	Premium Medicare (2024 prices)
Benchmark silver plan (example ZIP code 33101): \$1,093.92/month minus her \$960/month APTC →	Part A: \$505/month (or \$278/month if paid Medicare taxes for 30-39 quarters) Part B: \$175/month
Total: \$133.92/month	Total: \$680/month

- Part A late enrollment penalty: 10% for twice the number of years the person delayed signing up after turning 65
- Part B late enrollment penalty: 10% for each full 12-month period the person delays signing up after turning 65
- Bonnie might qualify for Medicare savings program that would lower the cost of her Medicare premiums

See [Frequently Asked Questions Regarding Medicare and the Marketplace](#) (CMS) for more information.

State Health Insurance Assistance Programs

Every state has a SHIP that provides free, unbiased help with Medicare-related issues.



Navigating Medicare

1-877-839-2675

<https://www.shiphelp.org/>

Q&A



Contact

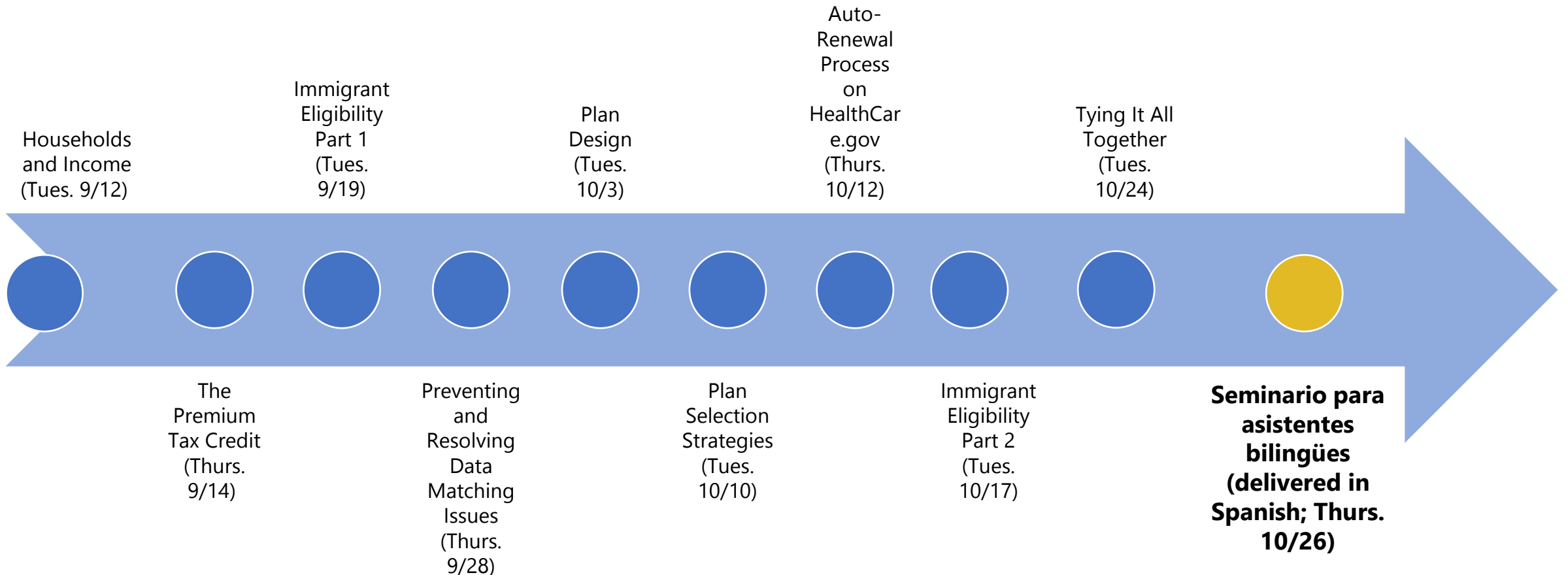
Claire Heyison, cheyison@cbpp.org

Jennifer Sullivan, jsullivan@cbpp.org

General inquiries: beyondthebasics@cbpp.org

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