

MARKETPLACE ASSISTER TOOLKIT

*Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 6—Review Eligibility***





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SOP 6— Review Eligibility Results

A. Introduction

As an assister, you can help consumers review their Marketplace eligibility determinations. Standard Operating Procedure (SOP) 6 provides guidance on how to assist consumers in understanding their eligibility determinations.

B. Procedures

1. Review Eligibility Results

To assist consumers with reviewing eligibility determinations, complete the following steps:

Step 1. Confirm with consumers that they have received an eligibility notice.

Step 2. Review the notices with consumers.

Step 3. Explain the eligibility results to consumers. Use Exhibit 1 to help consumers navigate the different sections of an eligibility notice.

Exhibit 1—Eligibility Results

Section of Eligibility Notice	Information Displayed
Eligibility Results	List of whether applicant(s) are eligible for purchasing coverage through the Marketplace (including, if applicable, a catastrophic plan), advance payments of the premium tax credit/cost-sharing reductions, a special enrollment period, and are or may be eligible for Medicaid/ Children's Health Insurance Program (CHIP). Explain the eligibility results, including information about each program, to the individual. This information will be unique for each household applicant.
Why don't I qualify for other programs?	Information about why the applicant(s) did not qualify for other programs (e.g. Medicaid). This information will not be the same for all consumers. Explain to consumers their bases of ineligibility and direct them to their appeal rights in the following sections.
What should I do next?	Instructions and key deadlines for submitting any necessary supporting documentation. This information will be unique for each household applicant.
When will coverage begin?	Information about coverage effective dates. This information will be unique for each household applicant. If determined eligible for Medicaid or CHIP, the Federally-facilitated Marketplace (FFM) notices may not provide information on when coverage will begin. In this case, explain to the individual that the Medicaid/CHIP agency will be sending a separate notice detailing the effective date for the coverage.



Section of Eligibility Notice	Information Displayed
What if information from my application changes during the year?	Information about the process and effect of reporting changes. Explain to those consumers that reporting changes is important as it will affect their coverage
What should I do if I think my eligibility results are wrong?	Instructions and important information to know about requesting an appeal of an eligibility determination. This information will be the same for all consumers.
More about getting Medicaid or CHIP	<p>Information about applying for Medicaid/CHIP if the Marketplace application found the applicant(s) ineligible for Medicaid/CHIP based on their income, but the applicant(s) thinks they have a family income close to the Medicaid income limit , or that they may qualify for other reasons. This information will be the same for all consumers that did not qualify for Medicaid/CHIP.</p> <p>Information about how applicant(s) may be eligible for Medicaid coverage for special health care needs in addition to their other coverage. This information will be the same for all consumers.</p>
For more help	Contact information for the Marketplace and, if applicable, state Medicaid/CHIP agencies. This information will be the same for all consumers.
Additional information	Information on tax credits, lowering out-of-pocket costs, Medicaid, and getting help in a language other than English. This information will be the same for all consumers.
Bar code page	Bar code should be included with copies of documentation if a consumer decides to mail supporting documents to the FFM. This bar code page will not be needed if the consumer (1) does not need to submit supporting documentation, or (2) decides to upload supporting documentation through HealthCare.gov.

Eligibility notices from the Marketplace will provide appeals information in case consumers believe their eligibility results are wrong. Consumers are able to request an appeal through the Marketplace Appeals Center within 90 days of receiving their eligibility results. The appeals information can be found on the eligibility notice. See Exhibit 2.



Exhibit 2—Appeals Information

Important Information About Appeals	Information on What and How a Consumer Can Appeal
Important information about appeals	Information about when, where, and how to appeal an eligibility decision
More information about the premium tax credit	Information about what premium tax credits are and how they work
More information about lower out-of-pocket costs	Information about cost-sharing, cost-sharing reductions, and how they work
More information about Medicaid and CHIP	Information about Medicaid and CHIP benefits
Getting help with the cost of special health care needs	Information about how applicant(s) may be eligible for Medicaid coverage for special health care needs in addition to their other coverage. This information will be the same for all consumers.
Coverage for immigrant families	Information on coverage options for immigrant families
Reporting changes	Information about types of changes consumers must report and where they can report the change
How to send more information	Information about how consumers can submit additional documents to support an appeal of their eligibility determination

Applicants who have a data-matching issue in their information will have a note in their eligibility notice and may receive an additional notice that: (1) additional supporting documentation is necessary, (2) that the indicated applicant(s) has to submit documentation to verify their eligibility, or (3) that this eligibility notice is not a final eligibility determination. You should help these applicant(s) with their data matching issue by helping them complete the steps listed on the eligibility notice, including providing additional supporting documentation. Until the data matching issue is resolved, this eligibility notice is not final and cannot be appealed. Consumers may enroll in coverage while they are resolving the data matching issue, but they typically have a period of time, between 90 and 95 days, to submit documentation before their coverage or help paying for coverage ends.

Proceed with Sections 1.1 through 1.4 to explain eligibility results.

1.1 Options to Lower Health Plan Costs

If consumers are eligible for advance payments of the premium tax credit and/or cost-sharing reductions, discuss how these two programs work. Refer to SOP-7 Lower Costs of Coverage for more information on these financial assistance options.

1.2 Medicaid/CHIP Eligibility

Depending on the state in which consumers reside, the Marketplace may either determine consumers' eligibility for Medicaid or CHIP, or make an initial assessment of eligibility for those programs and have the state make the final determination. In a state in which the Marketplace determines Medicaid/CHIP eligibility, the Marketplace's determination is considered final. In a state in which the Marketplace's finding regarding Medicaid/CHIP eligibility is an assessment, the Marketplace simply makes an initial assessment, but the state Medicaid or CHIP agency will make the final determination if the individual is eligible for Medicaid or CHIP. When the Marketplace assesses (as opposed to determines) consumers as eligible for Medicaid or CHIP, consumers' eligibility notices will indicate that the consumer "may be eligible" for Medicaid or CHIP and that the state agency will make the final determination on their eligibility. The eligibility results do not indicate whether the consumer lives in an



assessment state or a determination state. A list of assessment and determination states is available at [Medicaid and CHIP Marketplace Interactions](#).

On a Marketplace application, any applicant who meets their state's income, residency, immigration, and other requirements will be transferred to the state Medicaid or CHIP agency. In any state, if it appears a consumer may be eligible for Medicaid on another basis or if the consumer requests a full Medicaid eligibility determination, the Marketplace will transfer the consumer's application to the state agency for a final determination.

Transferring consumer information to the state Medicaid and CHIP Agency

There are several reasons the Marketplace may transfer a consumer's information to the state Medicaid or CHIP agency. For example, on a Marketplace application, any applicant who meets their state's income, residency, immigration status, and other requirements for Medicaid or CHIP will have their account and information transferred to the state Medicaid or CHIP agency. Also, if it appears a consumer may be eligible for Medicaid on another basis (such as through special health care needs or a disability), the Marketplace will transfer the consumer's application to the state agency for a determination on those basis. Consumers who live in a state where the Marketplace provides an eligibility determination can also request to send their application to the state agency; if they do so, the Marketplace will transfer their information to the state agency. In this scenario, the Marketplace may have told the consumer that they were not eligible for Medicaid and CHIP in the Eligibility Determination Notice. However, consumers can request a full determination from their state agency.

- **Assessed as Potentially Eligible:** If the consumer resides in a state in which the Marketplace provides an initial eligibility assessment for Medicaid or CHIP, and the Marketplace assesses a consumer potentially eligible for Medicaid or CHIP, the consumer's application is transferred to the state Medicaid or CHIP agency for a final eligibility determination. Individuals are not eligible for premium tax credits and cost sharing reductions when they are assessed as potentially eligible for Medicaid/CHIP and transferred to the state Medicaid/CHIP agency, unless the state determines the consumer ineligible for Medicaid/CHIP. If this happens, the state Medicaid agency will transfer the account back to the Marketplace and the consumer may then be eligible for premium tax credits and cost sharing reductions. It is important to remember that after the Marketplace's initial assessment, the consumer's determination of eligibility for coverage is not yet done. The state agency will provide a final decision on eligibility for Medicaid/CHIP in assessment states.
- **Determined Eligible:** If the consumer resides in a state in which the Marketplace provides a final eligibility determination for Medicaid or CHIP and the Marketplace determines that the consumer is eligible, the consumer's determination of eligibility for Medicaid/CHIP is complete. The consumer's application will be transferred to the state Medicaid or CHIP agency and the consumer will be enrolled in Medicaid or CHIP coverage. Consumers' state Medicaid/CHIP agency will notify them about next steps, including benefit and potential cost-sharing information. If an applicant appears to be eligible for Medicaid or CHIP but the Marketplace is unable to verify all information necessary to determine eligibility, the Marketplace transfers the consumer's application to the state Medicaid or CHIP agency to collect additional information and complete the final determination.

Things You Should Know

- Medicaid/CHIP eligibility is determined on an individual basis and might be available to children, but not their parents.

Exhibit 3 highlights the differences between an assessment and a determination of eligibility.

Review whether consumers are assessed potentially eligible or determined to be eligible for Medicaid or CHIP.

This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



Exhibit 3—Eligibility Assessment vs. Determination

Consumers Who are Assessed by the Marketplace as Potentially Eligible for Medicaid/CHIP	Consumers Who are Determined by the Marketplace to be Eligible for Medicaid/CHIP
<ul style="list-style-type: none"> • If the Marketplace assesses a consumer as potentially eligible for Medicaid/CHIP, it will transfer the account to the state Medicaid/CHIP agency for a final determination • The state Medicaid or CHIP agency will make a final Medicaid/CHIP eligibility determination. • Consumers' state Medicaid/CHIP agency may follow up with them to collect additional information. • Consumers' state Medicaid/CHIP agency will notify them about the results of the final determination and next steps. • If the state Medicaid or CHIP agency determines the consumer not eligible, the consumer's account will be transferred back to the Marketplace for a determination of advance payments of the premium tax credit (APTC)/cost-sharing reduction (CSR) eligibility. • In most states, Medicaid coverage will be effective back to the date of application; Medicaid coverage may be effective up to three months prior to the month of application in certain states if the consumer would have been eligible during that time and has unpaid bills for Medicaid-covered services. • Some states have different start dates for different types of Medicaid coverage and for CHIP. Check with your state Medicaid or CHIP agency to understand what the start dates are for different types of Medicaid and for CHIP. 	<ul style="list-style-type: none"> • If the Marketplace determines a consumer as eligible for Medicaid/CHIP, it will transfer the account to the Medicaid/CHIP agency for enrollment. • Consumers are enrolled directly in Medicaid or CHIP coverage in most cases. • Consumers' state Medicaid/CHIP agency will notify them about next steps, including benefit and potential cost-sharing information. • In most states, Medicaid coverage will be effective back to the date of application; Medicaid coverage may be effective up to three months prior to the month of application in certain states if the consumer would have been eligible during that time. • States have different start dates for CHIP. The state will notify the consumer about when CHIP coverage will begin.

If consumers who are determined eligible for Medicaid or CHIP indicate that they would rather enroll in a qualified health plan (QHP), explain that they may do so; however, they will not be eligible for advance payments of the premium tax credit and/or cost-sharing reductions for enrollment in a QHP through the Marketplace. An individual cannot be enrolled in Medicaid/CHIP and remain eligible to received advance payments of the premium tax credit for Marketplace coverage.¹ Ensure that these consumers are aware of the cost associated with maintaining coverage through the Marketplace, when a consumer is eligible for Medicaid or

¹ See <https://marketplace.cms.gov/applications-and-forms/pdm-round-2-notice.pdf>.



CHIP. Use the following guidance when assisting consumers eligible for Medicaid or CHIP who want to enroll in a QHP through the Marketplace and pay the full cost:

- Scenario 1:** If everyone on an application is determined eligible for Medicaid/CHIP, they all want to enroll in a QHP through the Marketplace at full cost, and it is still during Open Enrollment or one or more people qualify for a special enrollment period (SEP), help the individual(s) start a new application and indicate they do not want help paying for health coverage. Then, help them proceed through the rest of the application.
- Scenario 2:** If everyone on an application is determined eligible for Medicaid/CHIP and one or more applicants (but not all applicants) want(s) to enroll in a QHP through the Marketplace at full cost, assist the application filer with removing that applicant(s) from the Medicaid/CHIP application. They will need to be added as a non-applicant(s) if they are part of the tax household. The application filer should submit the application and continue through the Enroll To Do List. If it is still during Open Enrollment or the applicant(s) interested in QHP coverage qualifies for a SEP, they will need to create a separate application for QHP coverage without financial assistance to enroll in a QHP through the Marketplace.

1.3 Ineligibility

The Marketplace may find consumers ineligible to purchase coverage through the Marketplace or for programs to lower costs of health coverage. For example, consumers may be determined ineligible for advance payments of the premium tax credit or cost-sharing reductions if they do not meet the household income criteria for these programs. Consumers may be able to get low-cost health care at a community health center. For more information, visit <http://findahealthcenter.hrsa.gov>.

1.4 Eligible for Coverage through the Marketplace without Financial Assistance

Consumers who are ineligible for advance payments of the premium tax credit, cost-sharing reductions, or Medicaid or CHIP may still enroll in QHPs through the Marketplace if they are qualified. These consumers will receive an eligibility determination stating the reason they are not eligible and/or the reason they were denied eligibility for advance payments of the premium tax credit.

C. Next Steps

1. If an applicant is found ineligible and thinks this is due to an error, discuss the following options:
 - Making an account update; see SOP-12 Update Account Profile.
 - Filing an eligibility appeal; see SOP-10 Request an Eligibility Appeal.
2. Requesting to continue their application with the state Medicaid and CHIP agency if the Marketplace provided an assessment of eligibility.
3. If an applicant is found eligible for advance payments of the premium tax credit or cost-sharing reductions, proceed to SOP-7 Lower Costs of Coverage.



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4. If an applicant is found eligible to purchase coverage through the Marketplace, proceed to SOP-8 Compare, Save, & Select Health Plans.
5. For more help answering consumers' specific questions, see Appendix A for [Frequently Asked Questions \(FAQs\) related to SOP-6 Review Eligibility Determination](#).



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on eligibility determinations received through the Individual Marketplace. For more information on this topic, see SOP-6 Review Eligibility Results.

FAQ 1. What if I did not receive my eligibility results?

- Answer: If you have an account, you should log in to your account and confirm that you have not received an electronic notice in your Message Center. If you are waiting for a paper notice, you may call the Marketplace Call Center to receive further assistance.

FAQ 2. If I think I am eligible for higher advance payments of the premium tax credit or cost-sharing reductions than I received, what can I do?

- Answer: You may file an appeal if you think you are eligible for a higher advance payment of the premium tax credit and/or cost-sharing reductions, or if you disagree with certain other eligibility determinations. If you are actually eligible for higher advanced payments of the premium tax credit you will receive credit for these when you file your taxes, even if you do not file an appeal. For more information on appeals, see [SOP-10 Request an Eligibility Appeal](#).

FAQ 3. How much do my assets matter in determining my eligibility for advance payments of the premium tax credit and cost-sharing reductions?

- Answer: The Marketplace does not consider your assets to determine your eligibility for advance payments of the premium tax credit and cost-sharing reductions.

FAQ 4. How much does my household income matter in determining my eligibility to enroll in a QHP through the Marketplace?

- Answer: Your household income is not a factor in determining your eligibility to enroll in a QHP through the Marketplace. If you decide to apply with financial assistance, your household income is only used to help determine your eligibility for advance payments of the premium tax credit and cost-sharing reductions, as well as your eligibility for Medicaid and CHIP. If you decide to submit an application without requesting financial assistance, the Marketplace will not ask for your income.

FAQ 5. Is the Marketplace application different from the regular Medicaid application?

- Answer: In all states, you can use the Marketplace application to apply for Medicaid and CHIP, as well as for advance payments of the premium tax credit and cost-sharing reductions. In some states, and for some individuals whose eligibility is based on factors such as age, disability, or the need for long-term care services, the Medicaid agency may require an additional, different Medicaid application or ask for additional information.



FAQ 6. How much do my assets matter in determining my eligibility for Medicaid and CHIP?

- Answer: For most applicants, your assets won't matter in determining your eligibility for Medicaid and CHIP. There are still some people for whom assets do matter – specifically, individuals who are seeking Medicaid coverage because they are age 65 or over, disabled, or some individuals in need of long-term care services. The Marketplace will not ask you for information about assets, and your state Medicaid agency will let you know if this information is necessary.

FAQ 7. How much does my income matter in determining my eligibility for Medicaid and CHIP?

- Answer: Medicaid and CHIP eligibility standards consider household size and income, and the income standards vary by state and by population. In most states that have expanded Medicaid, the eligibility standard is approximately 138 percent of the federal poverty level for adults in Medicaid. Income eligibility levels are often higher for children and pregnant women in all states. There are other non-financial eligibility requirements for Medicaid and CHIP.

Note: See [Appendix C: Federal Poverty Guidelines](#) or visit local state [Medicaid Resources in Appendix D](#) to help consumers estimate if they are potentially eligible for Medicaid/CHIP. Please note that there are other non-financial eligibility requirements for Medicaid and CHIP.

FAQ 8. Can I find out if I qualify for Medicaid without completing the Marketplace application?

- Answer: Assisters may provide an estimate by referencing and factoring in consumers' household size and income. However, you can only find out for sure if you qualify for Medicaid by completing an application with the Marketplace or your state Medicaid agency. However, I can help you estimate if you are eligible for Medicaid.

Note: Assisters may provide an estimate by referencing [Appendix C: Federal Poverty Guidelines](#) and local state [Medicaid information available in Appendix D](#) and factoring in state Medicaid eligibility thresholds and consumers' household size and income.

FAQ 9. How do I contact my state Medicaid or CHIP agency?

- Answer: If your eligibility results refer you to your local state Medicaid or CHIP agency, specific contact information will be included in the notice.
- Note: Assisters can reference [Appendix D: State Medicaid & CHIP Program Information](#) for more information to share with consumers.

FAQ 10. What if I currently have Medicaid/CHIP, but would like a QHP instead?

- Answer: If you are eligible for Medicaid or CHIP but would rather purchase coverage through the Marketplace, you may be eligible to do so if it is still during Open Enrollment or you are eligible for a SEP. However, you won't qualify for the premium tax credit or cost-sharing reductions to help pay the costs for coverage through the Marketplace.

FAQ 11. How long does it take for my state Medicaid or CHIP agency to make a final eligibility determination? And how will the agency notify me?

- Answer: Determination periods vary from state to state. You should contact your local state Medicaid or CHIP agency for detailed information.



FAQ 12. Do I have to go to my state Medicaid or CHIP agency in person to receive assistance?

- Answer: No, you can contact your state Medicaid or CHIP agency in person, via phone or through the state's website to request assistance. Nearly all states also have electronic applications.



Appendix B: Acronyms & Definitions

The proceeding sections describe the commonly used acronyms and terms that appear throughout the Manual.

Frequently Used Acronyms

Exhibit 4—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIIO	Center for Consumer Information & Insurance Oversight
COBRA	Consolidated Omnibus Budget Reconciliation Act
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DHS	Department of Homeland Security
DMI	Data-matching Issue
EHB	Essential Health Benefits
FAQ	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
HDHP	High Deductible Health Plan
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
HSA	Health Savings Account
ID	Identification
IHS	Indian Health Service
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
QHP	Qualified Health Plan
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program
SHOP	Small Business Health Options Program
SOP	Standard Operating Procedure
SSI	Supplemental Security Income
SSN	Social Security Number

This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



Acronyms	Descriptions
VA	Veterans Affairs
VHA	Veterans Health Administration

Definitions

The following is a list of terms from HealthCare.gov, CCIIO, and the Affordable Care Act explained in plain language that you may reference to assist consumers.

List of Vocabulary in SOP:

Advance Payments of the Premium Tax Credit: (APTC) The Affordable Care Act provides a new tax credit to help consumers afford health coverage purchased through a Marketplace. Consumers can use advance payments of the premium tax credit to lower their monthly premium costs. If consumers qualify, they may choose how much in advance payments of the premium tax credit to apply to their premiums each month, up to a maximum amount. If the amount of advance payments of the premium tax credit consumers get for the year is less than the premium tax credit they're due based on their annual household income, they'll get the difference as a refundable credit when they file their federal income tax return. If their advance payments of the premium tax credit for the year are more than the amount of the premium tax credit for which they are eligible, they may be required to repay the excess advance payments with their tax return. (Reference: HealthCare.gov/glossary/advanced-premium-tax-credit)

Affordable Care Act: The comprehensive health care reform law enacted in March 2010. Congress passed the law in two parts. The President signed the Patient Protection and Affordable Care Act into law on March 23, 2010, which was amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. The name "Affordable Care Act" refers to the amended version of the law. (Reference: HealthCare.gov/glossary/affordable-care-act)

Agent: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in QHPs through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to agents to sell insurance in their respective jurisdictions. They may receive compensation from insurance companies with whom they have a contractual relationship to enroll consumers in a QHP or non-QHP. (Reference: Affordable Care Act §1312(e) and 45 CFR §155.20)

Applicant: With respect to a Marketplace for the individual market, an applicant is an individual seeking eligibility for him or herself through an application submitted to the Marketplace (or transmitted to the Marketplace by the state Medicaid or CHIP agency) except individuals seeking eligibility for an exemption from the individual shared responsibility payment. Applicants must be seeking eligibility for at least one of the following: enrollment in a QHP through the Marketplace (with or without advance payments of the premium tax credit and/or cost-sharing reductions) and enrollment in Medicaid or CHIP. (Reference: 45 CFR §155.20 and 42 CFR §435.4)

Benefits: The health care items or services covered under a health plan. The health plan's coverage documents define the covered benefits and excluded services. In Medicaid or CHIP, the state program rules define covered benefits and excluded services. (Reference: HealthCare.gov/glossary/benefits)

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Broker: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in a QHP through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to brokers to sell insurance in their respective jurisdictions. They may receive compensation from an insurance company with whom they have a contractual relationship to enroll consumers into a QHP or non-QHP. (Reference: Affordable Care Act § 1312(e) and 45 CFR §155.20)

Center for Consumer Information & Insurance Oversight (CCIIO): A part of the Department of Health & Human Services that helps to implement many provisions of the Affordable Care Act, the historic health reform bill that became law in March 2010. CCIIO oversees the implementation of the provisions related to private health insurance. (Reference: [CMS.gov/CCIIO](https://www.cms.gov/CCIIO))

Centers for Medicare & Medicaid Services (CMS): The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, as well as the Federally-facilitated Marketplaces. For more information, visit [CMS.gov](https://www.cms.gov). (Reference: [HealthCare.gov/glossary/centers-for-medicare-and-medicare-services](https://www.healthcare.gov/glossary/centers-for-medicare-and-medicare-services))

Certified Application Counselor (CAC): In an FFM, an individual (affiliated with an organization designated by CMS, as operator of the FFMs) who is trained and able to help consumers as they look for health coverage options through the Marketplace, including helping them complete eligibility and enrollment forms. Their services are free to consumers. (Reference: [HealthCare.gov/glossary/certified-applicant-counselor](https://www.healthcare.gov/glossary/certified-applicant-counselor))

Certified Application Counselor Designated Organization (CDO): In an FFM, an organization designated by CMS, as operator of the FFMs, to certify staff members or volunteers to act as certified application counselors. (Reference: 45 CFR §155.225)

Children's Health Insurance Program (CHIP): Program jointly funded by state governments and the federal government that provides health coverage to low-income children and, in some states, pregnant women in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. (Reference: [HealthCare.gov/glossary/childrens-health-insurance-program-chip](https://www.healthcare.gov/glossary/childrens-health-insurance-program-chip))

Cost-sharing Reduction: A discount that lowers the amount consumers have to pay out-of-pocket for deductibles, coinsurance, and copayments. Consumers also have a lower out-of-pocket maximum. Consumers are eligible for cost-sharing reductions if they get health insurance through a Marketplace, they meet household income requirements, and if they enroll in a health plan from the Silver plan category (See Health Plan Categories). Consumers may qualify for additional cost-sharing benefits if they are a member of a federally recognized tribe. (Reference: [HealthCare.gov/glossary/cost-sharing-reduction](https://www.healthcare.gov/glossary/cost-sharing-reduction))

Eligibility Appeal: In an Individual Marketplace, a request by an individual for a reevaluation of a Marketplace eligibility decision or an eligibility decision by a state Medicaid or CHIP agency. (Reference: [HealthCare.gov/can-i-appeal-a-marketplace-decision](https://www.healthcare.gov/can-i-appeal-a-marketplace-decision))

Federal Poverty Level (FPL): FPL represents a threshold level of household income used by the federal government to determine an individual's eligibility to participate in certain federal programs or qualify for advance payments of the premium tax credit or cost-sharing reduction in a Marketplace when enrolling in a QHP.

Health Coverage: Consumers' legal entitlement to payment or reimbursement for their health care costs for covered services or items generally under a contract with a health insurance company, a group health plan

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offered in connection with employment, or a government program like Medicare, Medicaid, or CHIP. (Reference: [HealthCare.gov/glossary/health-coverage](https://www.healthcare.gov/glossary/health-coverage))

Health Insurance: A contract that requires a consumer's health insurer to pay some or all of the consumer's health care costs in exchange for a premium. (Reference: [HealthCare.gov/glossary/health-insurance](https://www.healthcare.gov/glossary/health-insurance))

Individual Marketplace: The Marketplace for individuals to purchase health insurance plans for themselves or their families other than through an employer-sponsored group health plan. (Reference: Affordable Care Act §1304(a)(2))

Marketplace: A marketplace for health insurance, also known as an "Exchange," operated by a governmental agency or non-profit entity that meets applicable government standards. A Marketplace makes QHPs available to qualified individuals and/or qualified employers. Generally, in CMS documents, this term is often used to refer both to Marketplaces serving the individual market for qualified individuals and to Small Business Health Options Program (SHOP) Marketplaces serving the small group market for qualified employers, and is often used regardless of whether a Marketplace is established and operated by a State or by HHS. However, in this document, the term Marketplace generally is used to refer only to the Federally-facilitated Marketplaces (FFMs), and frequently is used to refer only to the FFMs for the individual market. (Reference: 45 CFR §155.20)

Marketplace Service Area: The geographic area in which a Marketplace is certified to operate. (Reference: 45 CFR §155.20)

Medicaid: A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their programs, in which Medicaid can vary state by state and may have a different name in your state. (Reference: [HealthCare.gov/glossary/medicaid](https://www.healthcare.gov/glossary/medicaid))

Minimum Value: A health plan meets this standard if it is designed to pay at least 60% of the total allowed cost of benefits under the plan. Individuals eligible for minimum essential coverage, including employer-sponsored coverage that provides minimum value and that is affordable, are not eligible to receive a premium tax credit. (Reference: 45 CFR §156.145)

Navigator: An individual or organization that receives a grant from the Marketplace and that is trained and able to help consumers, including small employers and their employees, as they look for health coverage options through the Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. (Reference: [HealthCare.gov/glossary/navigator](https://www.healthcare.gov/glossary/navigator))

Non-Navigator Assistance Personnel: Individuals or organizations that are trained and able to provide help to consumers, including small employers and their employees, as they look for health coverage options through a Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. Also referred to as "in-person assisters." (Reference: [HealthCare.gov/glossary/in-person-assistance-personnel-program](https://www.healthcare.gov/glossary/in-person-assistance-personnel-program))

Open Enrollment Period: The period of time during which individuals who are eligible to enroll in a QHP can enroll in a plan through the Marketplace. For coverage starting in 2017, the individual market Open Enrollment period is November 1, 2016 – January 31, 2017. Individuals may also qualify for special enrollment periods if

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they experience certain qualifying events. Consumers can apply for Medicaid or CHIP at any time of the year. (Reference: [HealthCare.gov/glossary/open-enrollment-period](https://www.healthcare.gov/glossary/open-enrollment-period))

Out-of-pocket Costs: The expenses for health care services that insurance companies do not reimburse. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered. (Reference: [HealthCare.gov/glossary/out-of-pocket-costs](https://www.healthcare.gov/glossary/out-of-pocket-costs))

Qualified Health Plan (QHP): Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance MarketplaceSM, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. Each QHP is certified by the Marketplace through which the plan is offered. (Reference: [HealthCare.gov/glossary/qualified-health-plan](https://www.healthcare.gov/glossary/qualified-health-plan))

Special Enrollment Period (SEP): In the individual market, a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the annual individual market open enrollment period. For example, individuals who lose employer-sponsored health coverage, or who lose Medicaid coverage because of an increase in income, would be eligible for a SEP to enroll in a Marketplace plan, if they otherwise qualify. Other triggering events include marriage, divorce, and the birth or adoption of a child. (Reference: 45 CFR §155.20)



Appendix C: Federal Poverty Guidelines

Exhibit 5—2016 Annual Poverty Guidelines for All States (Except Hawaii and Alaska)

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250 %
1	11,880.00	14,256.00	15,800.40	16,038.00	17,820.00	20,790.00	21,978.00	23,760.00	29,700.00
2	16,020.00	19,224.00	21,306.60	21,627.00	24,030.00	28,035.00	29,637.00	32,040.00	40,050.00
3	20,160.00	24,192.00	26,812.80	27,216.00	30,240.00	35,280.00	37,296.00	40,320.00	50,400.00
4	24,300.00	29,160.00	32,319.00	32,805.00	36,450.00	42,525.00	44,955.00	48,600.00	60,750.00
5	28,440.00	34,128.00	37,825.20	38,394.00	42,660.00	49,770.00	52,614.00	56,880.00	71,100.00
6	32,580.00	39,096.00	43,331.40	43,983.00	48,870.00	57,015.00	60,273.00	65,160.00	81,450.00
7	36,730.00	44,076.00	48,850.90	49,585.50	55,095.00	64,277.50	67,950.50	73,460.00	91,825.00
8	40,890.00	49,068.00	54,383.70	55,201.50	61,335.00	71,557.50	75,646.50	81,780.00	102,225.00

*For family units with more than eight members, add \$4,160 for each additional family member.

Exhibit 6—2016 Annual Poverty Guidelines for Alaska Only

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	14,840	17,808.00	19,737.20	20,034.00	22,260.00	25,970.00	27,454.00	29,680.00	37,100.00
2	20,020	24,024.00	26,626.60	27,027.00	30,030.00	35,035.00	37,037.00	40,040.00	50,050.00
3	25,200	30,240.00	33,516.00	34,020.00	37,800.00	44,100.00	46,620.00	50,400.00	63,000.00
4	30,380	36,456.00	40,405.40	41,013.00	45,570.00	53,165.00	56,203.00	60,760.00	75,950.00
5	35,560	42,672.00	47,294.80	48,006.00	53,340.00	62,230.00	65,786.00	71,120.00	88,900.00
6	40,740	48,888.00	54,184.20	54,999.00	61,110.00	71,295.00	75,369.00	81,480.00	101,850.00
7	45,920	55,104.00	61,073.60	61,992.00	68,880.00	80,360.00	84,952.00	91,840.00	114,800.00
8	51,120	61,344.00	67,989.60	69,012.00	76,680.00	89,460.00	94,572.00	102,240.00	127,800.00

*For family units with more than eight members, add \$5,200 for each additional family member.

Exhibit 7—2016 Annual Poverty Guidelines for Hawaii Only

Family Size	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	13,670	16,404.00	18,181.10	18,454.50	20,505.00	23,922.50	25,289.50	27,340.00	34,175.00
2	18,430	22,116.00	24,511.90	24,880.50	27,645.00	32,252.50	34,095.50	36,860.00	46,075.00
3	23,190	27,828.00	30,842.70	31,306.50	34,785.00	40,582.50	42,901.50	46,380.00	57,975.00
4	27,950	33,540.00	37,173.50	37,732.50	41,925.00	48,912.50	51,707.50	55,900.00	69,875.00
5	32,710	39,252.00	43,504.30	44,158.50	49,065.00	57,242.50	60,513.50	65,420.00	81,775.00
6	37,470	44,964.00	49,835.10	50,584.50	56,205.00	65,572.50	69,319.50	74,940.00	93,675.00
7	42,230	50,676.00	56,165.90	57,010.50	63,345.00	73,902.50	78,125.50	84,460.00	105,575.00
8	47,010	56,412.00	62,523.30	63,463.50	70,515.00	82,267.50	86,968.50	94,020.00	117,525.00

*For family units with more than eight family members, add \$4,780 for each additional family member.

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Appendix D: State Medicaid & CHIP Program Information

While implementation of the Affordable Care Act brings with it the coordination of state Medicaid and CHIP programs with the Health Insurance Marketplaces, states must still have a single state agency to administer or supervise the administration of the Medicaid program. As an assister, you may be confronted with questions from consumers about specific Medicaid or CHIP eligibility requirements in their states. You may also encounter consumers who have been determined eligible for Medicaid or CHIP by the Marketplace and require assistance with enrollment. In these cases, you may reference Exhibit 8 for links to Medicaid and CHIP programs. Please refer consumers to these websites and agencies to help them find the information and assistance they need.

Exhibit 8—State Medicaid & CHIP Program Contact Information

State	CHIP Program Name	CHIP Program Website	Medicaid Program Website
Alabama	ALL Kids	http://www.adph.org/allkids	http://www.medicareid.alabama.gov
Alaska	Denali KidCare	http://dhss.alaska.gov/dhcs/Pages/denalikidcare/default.aspx	http://dhss.alaska.gov/dpa/pages/medicaid
Arizona	Arizona Health Care Cost Containment System (AHCCCS) KidsCare	https://www.azahcccs.gov/Member/GetCovered/Categories/KidsCare.html	http://www.azahcccs.gov
Arkansas	ARKids First!	http://www.arkidsfirst.com	https://www.medicareid.state.ar.us
California	Medi-Cal	http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx	http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx
Colorado	Health First Colorado	https://www.colorado.gov/hcpf/child-health-plan-plus	https://www.colorado.gov/pacific/hcpf/colorado-medicareid
Connecticut	HUSKY Health	http://www.huskyhealth.com/hh/site/default.asp	http://www.huskyhealth.com/hh/site/default.asp
Delaware	Delaware Healthy Children Program	http://www.dhss.delaware.gov/dss/dhcp.html	http://www.dmap.state.de.us
District of Columbia	DC Healthy Families	http://dhcf.dc.gov/service/dc-healthy-families	http://dhcf.dc.gov/service/dc-healthy-families
Florida	Florida KidCare	http://www.floridakidcare.org	http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicareid www.fdhc.state.fl.us/Medicareid/index.shtml
Georgia	PeachCare for Kids	http://www.peachcare.org	http://dch.georgia.gov/medicareid
Hawaii	My Medical Benefits	http://humanservices.hawaii.gov/mqgd/	http://humanservices.hawaii.gov/mqgd/
Idaho	Idaho Health Plan for Children	http://www.healthandwelfare.idaho.gov/	http://healthandwelfare.idaho.gov/Medicareid/Medicareid/tabid/123/Default.aspx

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State	CHIP Program Name	CHIP Program Website	Medicaid Program Website
Illinois	All Kids	https://www.illinois.gov/hfs/Medicaid/Programs/AllKids	http://www2.illinois.gov/hfs/Pages/default.aspx
Indiana	Hoosier Healthwise Package C	http://member.indianamedicaid.com/programs--benefits/medicaid-programs/hoosier-healthwise/hhw-covered-services-.aspx	http://member.indianamedicaid.com/programs--benefits/medicaid-programs/hoosier-healthwise/hhw-covered-services-.aspx
Iowa	Hawk-I	http://www.hawk-i.org	http://dhs.iowa.gov/ime/about
Kansas	KanCare CHIP	http://www.kdheks.gov/hcf/Medicaid/about.html	http://www.kdheks.gov/hcf/Medicaid/about.html
Kentucky	KCHIP	http://kidshealth.ky.gov/en/kchip/	http://www.chfs.ky.gov/dms
Louisiana	LaCHIP	http://www.lachip.org	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Maine	MaineCare	http://www.maine.gov/dhhs/ofi/services/cubcare/Getting%20an%20Application.htm	http://www.maine.gov/dhhs/oms/
Maryland	Maryland Children's Health Connection Program (MCHP)	https://www.marylandhealthconnection.gov/	https://www.marylandhealthconnection.gov/
Massachusetts	MassHealth	http://www.mass.gov/eohhs/gov/departments/masshealth/	http://www.mass.gov/eohhs/gov/departments/masshealth/
Michigan	MICHild	http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_493_1---,00.html	http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860---,00.html
Minnesota	Medical Assistance (MA)	http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Mississippi	Mississippi Health Benefits CHIP	https://medicaid.ms.gov/programs/childrens-health-insurance-program-chip/	http://www.medicaid.ms.gov
Missouri	MO HealthNet for Kids	http://www.dss.mo.gov/mhk/index.htm	http://www.dss.mo.gov/mhd
Montana	Healthy Montana Kids	http://www.dphhs.mt.gov/hmk	http://dphhs.mt.gov/montanahealthcareprograms/welcome/memberservices
Nebraska	Nebraska CHIP	http://dhhs.ne.gov/medicaid/Pages/med_CHIP.aspx	http://dhhs.ne.gov/medicaid/Pages/med_index.aspx
Nevada	Nevada Check Up	https://www.nevadahealthlink.com/individuals-families/medicaidnevada-check-up/	https://www.medicaid.nv.gov
New Hampshire	Expanded Children's Medicaid	http://www.dhhs.nh.gov/dfa/medicaid/children.htm	http://www.dhhs.nh.gov/ombp/medicaid/

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State	CHIP Program Name	CHIP Program Website	Medicaid Program Website
New Jersey	NJ Family Care	http://www.njfamilycare.org	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
New Mexico	Centennial Care	http://www.hsd.state.nm.us/LookingforAssistance/centennial-care-overview.aspx	http://www.hsd.state.nm.us/LookingforAssistance/centennial-care-overview.aspx
New York	Child Health Plus	https://www.health.ny.gov/health_care/medicaid/	http://www.health.ny.gov/health_care/medicaid
North Carolina	NC Health Choice for Children	https://dma.ncdhhs.gov/medicaid	https://dma.ncdhhs.gov/medicaid
North Dakota	Healthy Steps	https://www.nd.gov/dhs/services/medicalserv/chip/	http://www.nd.gov/dhs/services/medicalserv/medicaid
Ohio	Healthy Start	http://www.medicare.ohio.gov/FOROHIOANS/Programs/ChildrenFamiliesandWomen.aspx	http://medicaid.ohio.gov
Oklahoma	SoonerCare	http://www.okhca.org/individuals.aspx?id=52&menu=114&parts=116017453	http://www.okhca.org/individuals.aspx?id=52&menu=114&parts=116017453
Oregon	Oregon Health Plan	http://www.oregon.gov/oha/healthplan/pages/index.aspx	http://www.oregon.gov/oha/healthplan/pages/index.aspx
Pennsylvania	Pennsylvania CHIP	http://www.chipcoverspakids.com	http://www.dhs.pa.gov/citizens/healthcaremedicalassistance/#.VvQ9Xrz5d90
Rhode Island	HealthSourceRI	http://www.dhs.ri.gov	http://www.dhs.ri.gov
South Carolina	Partners for Healthy Children	https://www.scdhhs.gov/eligibility-groups/partners-healthy-children-phc	https://www.scdhhs.gov
South Dakota	South Dakota CHIP	https://dss.sd.gov/medicaid/generalinfo/medicalprograms.aspx	http://dss.sd.gov/medicaid/
Tennessee	Cover Kids	http://www.tn.gov/coverkids/section/cover-kids	http://www.tn.gov/tenncare
Texas	Texas CHIP	http://www.chipmedicaid.org	http://www.hhsc.state.tx.us/medicaid
Utah	Utah CHIP	http://www.health.utah.gov/chip	http://health.utah.gov/medicaid/provhtml/general_info.html
Vermont	Dr. Dynasaur	http://info.healthconnect.vermont.gov/Medicaid	http://www.greenmountaincare.org
Virginia	Family Access to Medical Insurance (FAMIS)	http://www.famis.org	http://www.dss.virginia.gov/benefit/medical_assistance/
Washington	Apple Health	http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage	http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage

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State	CHIP Program Name	CHIP Program Website	Medicaid Program Website
West Virginia	West Virginia CHIP	http://www.chip.wv.gov	http://www.dhhr.wv.gov/bms/Pages/default.aspx
Wisconsin	BadgerCare Plus	https://www.dhs.wisconsin.gov/badgercareplus/index.htm	https://www.dhs.wisconsin.gov/badgercareplus/index.htm
Wyoming	Kid Care CHIP	http://health.wyo.gov/healthcarefin/chip	https://wyequalitycare.acs-inc.com/

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