Inbound Account Transfer Notice

When we send this notice: When a state Medicaid or Children’s Health Insurance Program (CHIP) agency sends the consumer’s application information to the Marketplace via a secure, electronic account transfer for one of these reasons:

- The consumer (or someone in their household) was enrolled in Medicaid or CHIP, but recently lost that coverage.
- The consumer (or someone in their household) applied directly through the state Medicaid or CHIP agency, and the state found at least one household member ineligible for Medicaid or CHIP.

What this notice tells the consumer: They (or other members of their household) may be eligible to buy a Marketplace plan and get help with costs. It encourages the consumer to complete and submit a new or updated Marketplace application, and describes the steps they need to take. The notice also tells the consumer that they’ll get eligibility results right away explaining:

- If they (or others in their household) qualify for health coverage through the Marketplace.
- Any financial help that might be available to help lower their costs.
- Other actions they may need to take to confirm their information.
- Enrollment deadlines, including information about Special Enrollment Periods.
Act now to create or update your 2022 application for Marketplace coverage

Your state told us that the following household member(s) recently lost, will soon lose, or were denied coverage through Delaware Medicaid or Delaware Healthy Children Program (CHIP):

   Susan Griffith  
   Sam Griffith

However, people in your household, including those listed above, may now be able to buy a health plan through the Health Insurance Marketplace®, and get help paying for it.

What should I do next?

Submit a new or updated Marketplace application right away to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. For help with these steps, visit HealthCare.gov/medicaid-chip/transfer-to-marketplace.

1. Visit HealthCare.gov and select “Log in” to log into your Marketplace account. If you don’t already have a Marketplace account, you can create one.

2. Start a new application, or update your existing one.
   • To start a new application, choose your state and then click “Start my application.”
   • If you have an existing application, click “Go to my applications & coverage,” and choose the one you want to update under “Your existing applications.”

3. Be sure your application includes:
   • Your state’s recent decision about Medicaid and CHIP coverage.
   • Current household information, like income and size.

4. Answer the Medicaid/CHIP and household questions based on your situation:
   • If you or someone in your household recently lost (or will soon lose) Medicaid or CHIP:
     o Answer “Yes” to the question that asks if the person’s Medicaid or CHIP coverage has ended or
will end soon.

- Enter the last day of the person's Medicaid or CHIP coverage. If you don't know the exact date, enter your best guess.

- Answer the question that asks if your household income or size recently changed.
  - Answer “Yes” if you've had a change in household income or size since the state told the person that they lost or will soon lose Medicaid or CHIP coverage. (We'll check again to find out if that person may be eligible for Medicaid or CHIP.)
  - Answer “No” if nothing has changed.

- If you or others in your household recently applied for Medicaid or CHIP and were denied (Note: this means the household member(s) didn't already have Medicaid or CHIP coverage when they applied):

  For each person in your household, answer the question that asks if the state found the person ineligible for Medicaid or CHIP in the past 90 days.

  - Answer “Yes” if both of the following conditions apply. Then enter the date of the person's Medicaid or CHIP denial letter. If you don't know the exact date, enter your best guess.
    - Your state denied the person's Medicaid or CHIP application in the past 90 days.
    - There haven't been changes to your household income or size, or to the person's citizenship or immigration status since your state denied the person's Medicaid or CHIP application.
  - Answer “No” if either of the following conditions apply:
    - Your state denied the person's Medicaid or CHIP application more than 90 days ago.
    - There have been changes in your household income or size, or to the person's citizenship or immigration status since the state denied the person's Medicaid or CHIP application.

If you answer “No”, we'll check again to find out if that person may be eligible for Medicaid or CHIP.

5. Submit your completed application. You can also call the Marketplace Call Center to complete and submit a Marketplace application at 1-800-318-2596 (TTY: 1-855-889-4325).

6. Review your results, then enroll in a Marketplace plan if eligible.

What happens after I submit my Marketplace application?

You'll get eligibility results right away telling you if you or anyone in your household qualifies for health coverage through the Marketplace. You should review your notice, which may also include:

- Information about getting help with your costs
- Other actions you may need to take to confirm your information
- Enrollment deadlines

Your eligibility results will also tell you if you or anyone in your household qualifies for a Special Enrollment Period, which means you can enroll outside the Open Enrollment Period, or get an earlier coverage start date, if you're eligible.
After reviewing your results, if you’re eligible for Marketplace coverage, you can compare options and enroll in a Marketplace plan that best meets your needs.

**What if someone in my household is already enrolled in a Marketplace plan?**

For anyone who’s already enrolled in a Marketplace plan, be sure to update your existing application with any life changes that happened since you last applied for Marketplace coverage (like household changes in income, family size, citizenship, or immigration status). Reporting these updates will ensure that each family member is re-evaluated for Medicaid or CHIP coverage or financial assistance for Marketplace coverage based on your household’s current information.

**For more help**

- Visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with someone in your area who can help you. Information is available at LocalHelp.HealthCare.gov.
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

*Privacy Disclosure*: The Health Insurance Marketplace® protects the privacy and security of the personally identifiable information (PII) that you have provided (see HealthCare.gov/privacy/). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

*Nondiscrimination*: The Health Insurance Marketplace® doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you’ve been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/ 200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.
This Notice Has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace®. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you’ll be connected with an interpreter.

January 2022
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