**Outbound Response Notice**

In this scenario, an individual applies for coverage through the Federally Facilitated Marketplace (FFM) and is transferred to the state Medicaid/Children’s Health Insurance Program (CHIP) agency because the Marketplace assessed that the individual is potentially eligible for Medicaid or CHIP based on one of these:

- Their application information about their household’s modified adjusted gross income (MAGI) or non-MAGI criteria
- Their request for a full Medicaid/CHIP eligibility determination

The state gets the transfer and sends an Outbound Response to inform the FFM that the individual doesn't qualify for Medicaid/CHIP based on MAGI. The FFM generates the Outbound Account Transfer notice to let the primary contact know that they need to take action so the FFM can redetermine their household’s eligibility for a qualified health plan (QHP), advance payments of the premium tax credit (APTC), and lower deductibles, copayments, and coinsurance (also called cost-sharing deductions or CSRs).

This notice will also be used if multiple individuals in a household apply together for coverage through the Marketplace, are transferred to the state, and the state determines them all to be ineligible for Medicaid/CHIP on the basis of MAGI.
ACTION NEEDED: Update and resubmit your 2019 Marketplace application

Information on your Marketplace application showed that someone in your household appeared to be eligible for [state Medicaid program] (Medicaid) or [state Children's Health Insurance Program] (CHIP). However, your state determined that the following people don’t qualify for these programs based on information that could include your household income and family size:

- [Name]

What to do now

Update and resubmit your Marketplace application. The Marketplace will check your information again to see if anyone on your application is eligible to buy a Marketplace plan and get help with costs. If we don’t hear from you, you won’t get health coverage through the Marketplace.

When you update your application, you may answer questions about Medicaid and CHIP eligibility. If you’ve had income or family size changes since you last applied, select answers indicating that no one lost or was denied coverage through [state Medicaid program] (Medicaid) or [state CHIP program] (CHIP), as applicable. This way, you’ll get the most accurate information about your household's current eligibility for coverage and help with costs. You may be eligible for Medicaid or CHIP now, even if you weren’t when you last applied.

How to resubmit your Marketplace application

If you have a Marketplace account and applied online

2. Select your name in the top right and select “My Applications & Coverage” from the drop-down menu.
3. Open your current Marketplace application under “Your existing applications.”
4. Select “Report a life change” from the menu on the left. Then select the “Report a Life Change” button.
5. Select “Report a change in my household’s income, size, address, or other information,” then continue to review your application and update your information, as needed.
6. Submit your completed Marketplace application.

If you don’t have a Marketplace account
Visit HealthCare.gov to create a new account and submit a new application.

You can also call the Marketplace Call Center or the enrollment organization that helped you with your application and tell them you got this notice. Be ready to share the application ID shown at the top of this notice.

After you resubmit your application, you’ll get an eligibility notice with more information about whether you and anyone in your household qualifies for a Special Enrollment Period, which allows you to enroll outside the annual Open Enrollment Period.

About special health care needs

If your first Marketplace application told us that you might have special health care needs, like needing help with daily living or having a disability, or if you requested a full Medicaid eligibility determination, your state may still be checking to see if you qualify to get more health services. When you review your information, don’t change your earlier answers, unless something changed since you last applied through the Marketplace.

Already enrolled in a Marketplace plan?

If you’re already enrolled in a Marketplace plan, your eligibility and coverage won’t change unless you have other changes, like a different household income, family size, citizenship, or immigration status. If this is the case, be sure to return to your application and report a life change.

Get more information

- Visit HealthCare.gov/help/updated-application, and look at this section: “What if I need to resubmit my application because of changes to my eligibility for state programs?”
- 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 an assister 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 through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio.
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.
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.

The Arabic (Arabic) العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو اتفاقيتك من خلال سوق التأمين الصحي. أبحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة لضمان إغلاق هذه المعلومات ومساعدة المشتركين. تأكد من أنك أتممت الاتصال بالرقم 2596-318-800 و انتظر عند سماع الافتتاحية. عندما يجيب الممثل، قم بกำหนด اللغة التي تحتاج و سجل جدول بالمواعيد والدفع بالترجمة.

The Chinese (Chinese) 中文 (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的相关信息。查阅本通知中需要的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电1-800-318-2596并听完全部录音。如有代表接听，请说明您所需的语种，届时将有译员与您联系。


The German (German) Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

The Gujarati (Gujarati) ગુજરાતી (Gujarati) આ સુસ્થતાના અંદારો અને આપી ફાયદાઓની મહત્તા સાથે, સમારોહના વિવિધ વિષયો સાથે સાંભળી શકીએ છીએ. આ સુસ્થતાના અંદારોની તાલીકા અને આપી ફાયદાઓની મહત્તા સાથે, સમારોહના વિવિધ વિષયો સાથે સાંભળી શકીએ છીએ. તમે સામાન્ય વિવિધ વિષયોની મહત્તા સાથે સાંભળી શકીએ છીએ અને સુસ્થતાના અંદારોની મહત્તા સાથે. તમે તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેમને તેને તેમને તેમને તેમને તેમને તેમને આપો.

The Italian (Italian) Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l’Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurne i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all’1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunicherà la lingua di cui ha bisogno e sarà collegato/a con un interprete.

The Japanese (Japanese) 日本語 (Japanese)この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報は無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。

January 2019
이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.