

# MARKETPLACE ASSISTER TOOLKIT

## *Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces*

### **SOP 6—REVIEW ELIGIBILITY RESULTS**



Version 6.0 March 2021. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors 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. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.



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## SOP 6—Review Eligibility Results

### A. Introduction

This SOP provides guidance on how to assist consumers with reviewing and understanding their eligibility determinations and other information in their eligibility results.

After consumers apply for coverage or report life changes through the Federally-facilitated Marketplace (FFM) and submit their application online, the Healthcare.gov application will generally provide them with an “Eligibility results” screen as shown in Exhibit 1.

Exhibit 1 – HealthCare.gov Application: Eligibility Results Screenshot

**Eligibility results**

Results based on your application (ID 156715072) submitted on 11/01/2020. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

**Eligibility overview**

Marcus Brown	Eligible	To buy a Marketplace plan For a premium tax credit of up to \$163 each month for your tax household
Tia Brown		<b>Your eligibility is temporary:</b> By February 27, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

**Required action: View your eligibility notice**

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You must pick a plan by December 15. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

**Continue to enrollment**

You've submitted your application and viewed your results. Next, you'll choose a plan.

[CONTINUE TO ENROLLMENT](#)

This “Eligibility results” screen provides the consumer with:

- Their eligibility overview, including who is eligible or not for coverage, what they are eligible for, and whether they need to submit documents to confirm some information;

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- Their eligibility notice and the information contained therein, including their options for coverage, costs, deadlines, and next steps; and
- The deadline by which the consumer must choose a Marketplace plan, as applicable.

Before the application allows a consumer to proceed with enrolling in a Marketplace plan, they must first select the **View Eligibility Notice (PDF)** button to download and review their eligibility notice. Consumers who apply with a paper application or by phone will receive an eligibility notice and Application ID either by mail, in their HealthCare.gov account (if they have one), or by phone. If a consumer applied by phone or paper application and didn't receive a notice in the mail, they can contact the Marketplace Call Center to find out if their results are ready or begin a new application, either online or by phone.

## B. Procedures

### 1. Review Eligibility Results

To assist consumers with reviewing their eligibility determinations in their eligibility notice, complete the following steps.

- Step 1.** Confirm with consumers that they have received an eligibility notice. A sample eligibility notice is shown in Exhibit 2.



SOP 6—Review Eligibility Results

Exhibit 2 – Sample Eligibility Notice

Health Insurance Marketplace

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

Michelle Bordego  
121 Fire Street  
Wilmington, AZ 85001

Nov 09, 2020

Application Date: November 9, 2020  
2021 Application ID: 4893868

Eligibility notice: Take action to enroll & use your financial help

Household member(s)	Results	Next steps Important: You must submit documents. This notice includes deadlines and details.
Michelle Bordego, Thomas Bordego	<ul style="list-style-type: none"> <li>Eligible to buy a 2021 Marketplace plan, but we need more information from you.</li> <li>Eligible for advance payments of the premium tax credit to help pay for a Marketplace plan. You can use up to this much of the tax credit:               <ul style="list-style-type: none"> <li>\$526.00 each month, which is \$6,312.00 for the year, for your tax household.</li> </ul> </li> <li>This is based on the yearly household income of \$41,000.00—the amount that you put on your application, or that came from other recent information sources.</li> <li>Can choose a Silver plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions).</li> </ul>	<ul style="list-style-type: none"> <li>Choose a plan and pay your first month's premium.</li> <li>You must choose a Silver plan to get cost-sharing reductions, which provide extra savings on out-of-pocket costs.</li> <li>By February 7, 2021, send documents to confirm:               <ul style="list-style-type: none"> <li>your household income</li> </ul> </li> <li>By February 12, 2021, send documents to confirm:               <ul style="list-style-type: none"> <li>Michelle Bordego, Thomas Bordego's citizenship</li> </ul> </li> </ul>

If your "Results" say you're eligible for advance payments of the premium tax credit or cost-sharing reductions, it means that you don't appear to be eligible for Medicaid based on your application information. However, you could still be eligible for Medicaid if you have a disability or special health care needs that you didn't report on your application. To learn more, visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities) or call your state Medicaid agency to ask about rules for your state.

**Step 2.** Review with consumers their eligibility results and next steps.

The eligibility notice lists each household member on the application and eligibility results for each person seeking coverage. The types of results shown in the results section include the following categories.

**2.1 Eligible for Coverage Through the Marketplace With Financial Assistance**

If consumers applied for and are eligible for advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSRs), discuss with the consumer how these two programs work. Refer to [SOP 7—Lower Costs of Coverage](#) for more information on these financial assistance options.

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## 2.2 Eligible for Medicaid or CHIP

Depending on the state in which a consumer resides, if the consumer applies for a determination of eligibility for financial assistance, the Marketplace will either assess or determine consumers' eligibility for Medicaid or CHIP.

If the consumer resides in a state in which the Marketplace provides an **initial eligibility assessment** for Medicaid or CHIP (known as an assessment state), and the Marketplace assesses a consumer as potentially eligible for Medicaid or CHIP, the Marketplace sends the consumer's application to the state Medicaid or CHIP agency via secure electronic transfer for a final eligibility determination. In this case, the consumer's eligibility notice will indicate that the consumer

“may be eligible” for Medicaid or CHIP and that the state agency will make the final determination of their eligibility. It is important to remember that after the Marketplace's initial assessment, the consumer's determination of eligibility for coverage is not yet done. In assessment states, the state agency will provide a final decision on eligibility for Medicaid/CHIP. Individuals are not eligible for APTC and CSRs to help pay for the cost of a Marketplace plan premium and covered services when they are assessed as potentially eligible for Medicaid that qualifies as minimum essential coverage (MEC) or CHIP, and their application is transferred to the state Medicaid or CHIP agency. If the state determines the consumer is ineligible for MEC Medicaid or CHIP, the state Medicaid or CHIP agency should transfer the application back to the Marketplace, and the consumer may then be eligible for APTC and CSRs. To find out if they're eligible for a Marketplace plan with financial assistance, the consumer will need to come back to the Marketplace, report a life change, and report that they were recently denied Medicaid or CHIP, as applicable.

### Things You Should Know

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

Consumers who live in an assessment state and are found by the Marketplace to be ineligible for Medicaid and CHIP may request a full determination from their state agency for Medicaid/CHIP on all bases, including on a non-modified adjusted gross income (MAGI) basis (for example, for people age 65 and older, people with a disability or in need of long-term care services), in which case the Marketplace will transfer the consumers' application to the state agency for these determinations.

If the consumer resides in a state in which the Marketplace provides a **final eligibility determination** for Medicaid or CHIP (known as a determination state), and the Marketplace determines that the consumer is eligible for Medicaid or CHIP, the consumer's determination of eligibility for Medicaid or CHIP is complete. The consumer's application is sent to the state Medicaid or CHIP agency via secure electronic transfer and the consumer is enrolled in Medicaid or CHIP coverage accordingly. A consumer's state Medicaid/CHIP agency will notify them about next steps, including benefit and potential cost-sharing information, and any documentation that needs to be submitted, such as proof of income.

Consumers who live in a determination state and are found by the Marketplace to be ineligible for Medicaid and CHIP may request a full determination from their state agency for Medicaid on a non-MAGI basis, in which case the Marketplace will transfer the consumers' application to the state agency for this determination.

In both assessment and determination states, if an applicant appears to the Marketplace to be eligible for Medicaid or CHIP but the Marketplace is unable to verify all information necessary, the Marketplace sends the consumer's application to the state Medicaid or CHIP agency via secure electronic transfer; the state agency will work to collect the necessary information and complete the final eligibility determination.

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For a consumer in any state, the Marketplace transfers the consumer's application to the state Medicaid or CHIP agency if the consumer:

- a. Appears to meet their state's income, residency, citizenship or immigration, and other requirements so the state can verify any additional information if needed and either enroll the consumer in Medicaid or CHIP or transfer them back to the Marketplace, as applicable.
- b. May be eligible for Medicaid on a non-MAGI basis (such as being age 65 or older or a person with a disability).
- c. Requests a full Medicaid/CHIP eligibility determination (to include on MAGI and/or non-MAGI bases, depending on the specific situation).

Exhibit 3 highlights the differences between an eligibility assessment and an eligibility determination at the Marketplace.





SOP 6—Review Eligibility Results

Exhibit 3 – Eligibility Assessment vs. Determination

Consumers Who are Assessed by the Marketplace as Potentially Eligible for Medicaid or CHIP	Consumers Who are Determined by the Marketplace as Eligible for Medicaid or CHIP
<ul style="list-style-type: none"> <li>• If the Marketplace assesses a consumer as potentially eligible for Medicaid or CHIP, it will transfer the account to the state Medicaid or CHIP agency via secure electronic transfer for a final determination of eligibility.</li> <li>• A consumer's state Medicaid or CHIP agency may follow up with them to collect additional information.</li> <li>• The state Medicaid or CHIP agency will make a final Medicaid or CHIP eligibility determination.</li> <li>• Consumers' state Medicaid or CHIP agency will notify them about the results of the final eligibility determination and any next steps.</li> <li>• If the state Medicaid or CHIP agency determines the consumer is not eligible for Medicaid or CHIP, the consumer's account should be transferred back to the Marketplace so the consumer can return to the Marketplace for a determination of eligibility for enrollment in a Marketplace plan with APTC and/or CSRs.</li> <li>• In most states, Medicaid is effective back to the date of application at the Marketplace; Medicaid 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 received Medicaid-covered services during that time.</li> <li>• Some states have different start dates for different types of Medicaid 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.</li> </ul>	<ul style="list-style-type: none"> <li>• If the Marketplace determines a consumer eligible for Medicaid or CHIP, it will transfer the account to the state Medicaid or CHIP agency via secure electronic transfer for enrollment.</li> <li>• A consumer's state Medicaid or CHIP agency will notify them about any next steps, including benefit and potential cost-sharing information.</li> <li>• In most cases, consumers are enrolled directly in Medicaid or CHIP.</li> <li>• In most states, Medicaid is effective back to the date of application at the Marketplace; Medicaid 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 received Medicaid-covered services during that time.</li> <li>• Some states have different start dates for different types of Medicaid 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.</li> </ul>

If consumers who are determined eligible for MEC Medicaid or CHIP indicate that they would rather enroll in a Marketplace plan, explain that they may do so. However, they are not eligible for APTC and CSRs to help pay for a Marketplace plan premium and covered services if they enroll in a plan through the Marketplace. Ensure that these consumers are aware of the cost associated with maintaining coverage through the Marketplace when a consumer is eligible for Medicaid or CHIP. Refer to Exhibit 4 when assisting consumers who are eligible for Medicaid or CHIP but want to enroll in a plan through the Marketplace and pay the full cost.

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Exhibit 4 – How to Assist Medicaid- or CHIP-Eligible Consumers Who Want to Enroll in a Marketplace plan

If everyone on an application is determined eligible for Medicaid or CHIP and:	Then:
<ul style="list-style-type: none"> <li>• They all want to enroll in a plan through the Marketplace at full cost</li> <li>AND</li> <li>• It is still during Open Enrollment or one or more people qualify for a Special Enrollment Period (SEP).</li> </ul>	<ul style="list-style-type: none"> <li>• Help the consumer(s) start a new application and indicate they do not want help paying for health coverage.</li> <li>• Help them proceed through the rest of the application.</li> </ul>
<ul style="list-style-type: none"> <li>• One or more applicants (but not all applicants) want(s) to enroll in a plan through the Marketplace at full cost</li> <li>AND</li> <li>• It is still during Open Enrollment or the applicant(s) interested in Marketplace plan coverage qualifies for an SEP.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist the current application filer with removing the applicant(s) who want to enroll in a <b>Marketplace plan at full cost</b> from the current application where help paying for coverage has been requested. They will need to be kept on the application as a non-applicant(s) if they are part of the tax household.</li> <li>• The application filer should submit the application and continue through the Enroll To-Do List.</li> <li>• They will need to create a separate application for the member who is eligible for Medicaid or CHIP to enroll in <b>Marketplace plan coverage at full cost</b>. They will need to use a separate HealthCare.gov account and indicate they do not want help paying for health coverage or contact the Marketplace Call Center to create the separate application.</li> <li>• If the consumer chooses to keep their full-cost Marketplace coverage, they should tell their state Medicaid or CHIP agency that they're still enrolled in Marketplace coverage. If they choose to stay enrolled in Marketplace coverage without financial help, they'll no longer be eligible for CHIP.</li> </ul>

2.3 Eligible for Coverage Through the Marketplace Without Financial Assistance

Consumers who are ineligible for APTC, CSRs, or Medicaid or CHIP may still be eligible to enroll in a plan through the Marketplace. These consumers will receive an eligibility determination stating the reason they are not eligible for Medicaid or CHIP or the reason they were denied eligibility for APTC and CSRs.

2.4 Reviewing Eligibility Next Steps

The Marketplace may find a consumer ineligible to purchase full-price coverage through the Marketplace because (1) the consumer is incarcerated, not pending disposition of charges; (2) the consumer does not attest that they are a U.S. citizen or lawfully present; or (3) the consumer permanently lives outside of the state for which they're applying for coverage. The Marketplace may also find consumers ineligible for insurance affordability programs to help lower costs of health coverage. For example, consumers may be determined ineligible for APTC or CSRs if they do not meet the household income criteria for these programs. As an alternative, consumers may be able to get low-cost health care at a community health center. For more information, visit [Findahealthcenter.HRSA.gov](http://Findahealthcenter.HRSA.gov).

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Review with consumers the other information in the eligibility notice. Use Exhibit 5 to help consumers navigate the different sections of an eligibility notice.

Exhibit 5 – Descriptions of Eligibility Notice Sections

Section of Eligibility Notice	Information
<b>Eligibility Results Table</b>	<ul style="list-style-type: none"> <li>• Whether applicant(s) is eligible for:               <ul style="list-style-type: none"> <li>○ Coverage through the Marketplace (including a Catastrophic plan, if applicable).</li> <li>○ APTC and CSRs.</li> <li>○ An SEP.</li> </ul> </li> <li>• Whether applicant(s) is or may be eligible for Medicaid and CHIP.</li> <li>• The next steps the applicants should take (e.g., choose a plan, wait to hear from Medicaid agency, or submit documentation to prove eligibility.)</li> </ul>
<b>Why don't I qualify for other programs?</b>	<ul style="list-style-type: none"> <li>• Information on why the applicant(s) did not qualify for other programs (e.g., Medicaid or APTC).</li> <li>• This information is not the same for all household applicants.</li> <li>• If an applicant(s) is ineligible for a program, an explanation on why that applicant(s) is ineligible.</li> </ul>
<b>What should I do next?</b>	<ul style="list-style-type: none"> <li>• Instructions and key deadlines for submitting necessary supporting documents.</li> <li>• This information is unique for each household applicant.</li> </ul>
<b>When will coverage begin?</b>	<ul style="list-style-type: none"> <li>• Information about coverage effective dates.</li> <li>• If an applicant is determined eligible for Medicaid or CHIP, FFM notices may not provide information on when coverage will begin. In this case, explain to the applicant(s) that the Medicaid or CHIP agency will send a separate notice with the effective date of coverage.</li> </ul>
<b>What if information from my application changes during the year?</b>	<ul style="list-style-type: none"> <li>• Information about the process and timeline for reporting changes.</li> <li>• Explain to those applicants that reporting changes is important since it may affect applicants' eligibility for health coverage and/or financial help.</li> <li>• This information is the same for all household applicants.</li> </ul>
<b>What should I do if I think my eligibility results are wrong?</b>	<ul style="list-style-type: none"> <li>• Important information to know about requesting an appeal of an eligibility determination and instructions on how an applicant(s) requests an appeal.</li> <li>• This information is the same for all household applicants.</li> <li>• For more information on Marketplace eligibility appeals, refer to <a href="#">SOP 10—Request a Marketplace Eligibility Appeal</a>.</li> </ul>

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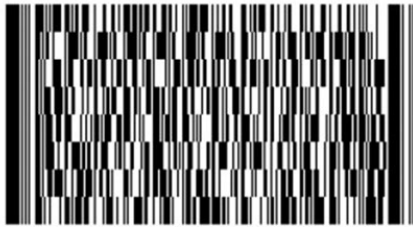
Section of Eligibility Notice	Information
<b>More about getting Medicaid or CHIP</b>	<ul style="list-style-type: none"><li>• Information on applying for Medicaid or CHIP if the Marketplace assessment found an applicant(s) ineligible for Medicaid or CHIP based on their income, but the applicant(s) thinks their household income is close to the Medicaid income limit or that they may qualify for other reasons.<ul style="list-style-type: none"><li>○ This information is the same for all household applicants who did not qualify for Medicaid or CHIP.</li></ul></li><li>• Information on how applicant(s) may be eligible for Medicaid coverage for special health care needs in addition to their other coverage.<ul style="list-style-type: none"><li>○ This information is the same for all household applicants.</li></ul></li></ul>
<b>For more help</b>	<ul style="list-style-type: none"><li>• Contact information for the Marketplace and, if applicable, state Medicaid and CHIP agencies.</li><li>• This information is the same for all household applicants.</li></ul>
<b>Additional Information</b>	<ul style="list-style-type: none"><li>• Information on premium tax credits, lowering out-of-pocket costs, Medicaid, and getting help in a language other than English.</li><li>• This information is the same for all household applicants.</li></ul>
<b>Bar code page</b>	<ul style="list-style-type: none"><li>• If an applicant needs to submit supporting documents, they can choose to:<ul style="list-style-type: none"><li>○ Mail copies of the supporting documents to the FFM. The applicant should include the barcode page shown in Exhibit 6.</li><li>○ Upload supporting documents online at HealthCare.gov. The applicant does not need to include the bar code page. For more information on helping consumers upload documents to their HealthCare.gov account, proceed to <a href="#">SOP 5—Apply for Health Coverage</a>.</li></ul></li></ul>

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## Exhibit 6 – Sample Eligibility Notice Bar Code Page

**Need to send documentation?** If your **Eligibility Results** say that you need to send more information, please also include a copy of this bar code page. This page helps the Marketplace make sure your documents can be easily associated with your application. For more information about choosing documents and uploading or mailing them to the Marketplace, see "8. How to send more information" in "Understanding Your Eligibility Results" included with this notice.



PA,137156851

Eligibility notices from the Marketplace will provide appeals information in case consumers believe their eligibility results are wrong. Consumers may request an appeal through the Marketplace Appeals Center within 90 days of receiving their eligibility results. For more information about appeals, refer to [SOP 10—Request an Eligibility Appeal](#).

Applicants who have a data matching issue (DMI) will have a note in their eligibility notice and may receive an additional notice stating that:

- Additional supporting documents are necessary,
- The indicated applicant(s) has to submit documents to verify their eligibility, or
- This eligibility notice is not a final eligibility determination.

You should assist applicants with DMIs in completing the steps listed on the eligibility notice, including providing additional supporting documents. Until the DMI is resolved, their eligibility notice is not final and cannot be appealed. Consumers may enroll in coverage while they are resolving a DMI, but they must typically submit documents within 90 or 95 days before their coverage or help paying for coverage ends.

## C. Next Steps

1. If an applicant is found ineligible and thinks this is due to an error, discuss the following options:

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- Making an account update (refer to [SOP 13—Update a Marketplace Account](#)).
  - Filing an eligibility appeal (refer to [SOP 10—Request a Marketplace Eligibility Appeal](#)).
  - Requesting to continue their application with the state Medicaid and CHIP agency if the Marketplace provided an assessment of ineligibility.
2. If an applicant is found eligible for APTC or CSRs, proceed to [SOP 7—Lower Costs of Coverage](#).
  3. If an applicant is found eligible to purchase coverage through the Marketplace, proceed to [SOP 8—Compare, Save, & Select Health Plans](#).
  4. For more help answering consumers' specific questions, refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#) for FAQs.

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## 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.

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

- Answer: If you have an account, you should log into 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 APTC or CSRs than I received, what can I do?

- Answer: You may file an appeal if you think you are eligible for a higher APTC amount or more CSRs or if you disagree with certain other eligibility determinations. If you are actually eligible for higher premium tax credits than you received as APTC, you will receive credit for these when you file your federal income taxes, even if you do not file an appeal. For more information on appeals, proceed to [SOP 10—Request a Marketplace Eligibility Appeal](#).

FAQ 3. How much do my assets matter in determining my eligibility for APTC and CSRs?

- Answer: The Marketplace does not consider your assets to determine your eligibility for APTC and CSRs.

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

- Answer: Your household income is not a factor in determining your eligibility to enroll in a plan without financial assistance through the Marketplace. If you decide to submit an application without requesting financial assistance, the Marketplace will not ask for your income. If you decide to apply for financial assistance, your household income is used to help determine your eligibility for APTC and CSRs as well as your eligibility for Medicaid and CHIP. For more information on assistance with the costs of coverage, proceed to [SOP 7—Lower Costs of Coverage](#).

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 APTC and CSRs. 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/CHIP agency may require an additional, different Medicaid application or ask for additional information.

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

- Answer: For most applicants, your assets (such as bank accounts, retirement savings, investments) won't matter in determining your eligibility for Medicaid and CHIP. There are still some people for whom assets may matter – specifically, individuals who are seeking Medicaid coverage because they are age 65 or over, a person with a disability, or 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.

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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 eligibility group. In most states that have expanded Medicaid to low-income adults, the eligibility standard for the adult group is effectively 138 percent of the federal poverty level. Income eligibility levels are often higher for children and are higher for pregnant women in most states. There are other non-financial eligibility requirements for Medicaid and CHIP.

Note: Refer to [Appendix B: Federal Poverty Guidelines](#) to help consumers estimate if they are potentially eligible for Medicaid or CHIP and [Appendix C: State Medicaid & CHIP Information](#) to help consumers find the link to their state's Medicaid or CHIP agency. 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: You can only definitively find out if you qualify for Medicaid or CHIP by completing an application with the Marketplace or your state Medicaid/CHIP agency. An assister can help you estimate if you are eligible for Medicaid or CHIP.

Note: Assisters may provide an estimate of income-based eligibility by referencing [Appendix B: Federal Poverty Guidelines](#) and factoring in state-specific Medicaid/CHIP 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 state Medicaid or CHIP agency, specific contact information is included in the notice.

Note: Refer to [Appendix C: State Medicaid & CHIP Information](#) for links to states' Medicaid and CHIP agencies to share with consumers.

FAQ 10. What if I currently have Medicaid or CHIP that counts as minimum essential coverage (MEC; also known as “qualifying coverage”), but would like a Marketplace plan instead?

- Answer: If you are eligible for MEC Medicaid or CHIP (i.e., Medicaid or CHIP that counts as qualifying coverage) but would rather purchase coverage through the Marketplace, you may be eligible to do so if you submit your application during Open Enrollment or if you are eligible for an SEP outside of the Open Enrollment Period. However, you won't qualify for APTC or income-based CSRs to help pay the costs of coverage through the Marketplace. If you choose to keep full-cost Marketplace coverage, you should tell your state Medicaid or CHIP agency that you prefer to enroll in Marketplace coverage. If you choose to stay enrolled in Marketplace coverage without financial help, you'll no longer be eligible CHIP, but you could still be eligible for Medicaid.

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: Generally, states have between 45-90 days to make a final eligibility determination based on the type of coverage the individual may be eligible for. Once the state makes a final determination regarding Medicaid or CHIP eligibility, the state will contact you to notify you of their decision. You may also contact your state Medicaid or CHIP agency for detailed

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information or questions you may have about your application. Note: Refer to [Appendix C: State Medicaid & CHIP Information](#) for links to states' Medicaid and CHIP agencies to share with consumers.

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, by phone, or through the agency's website to request assistance. All states also have electronic applications. Note: Refer to [Appendix C: State Medicaid & CHIP Information](#) for links to states' Medicaid and CHIP agencies to share with consumers.



## Appendix B: Federal Poverty Guidelines

Exhibit 7 – 2021 Annual Poverty Guidelines for All States (Except Hawaii and Alaska)

Family Size	100%	125%	133%	138%	150%	175%	185%	200%	250%	300%	350%	400%
1	\$12,880	16,100	17,130	17,774	19,320	22,540	23,828	25,760	32,200	38,640	45,080	51,520
2	\$17,420	21,775	23,169	24,040	26,130	30,485	32,227	34,840	43,550	52,260	60,970	69,680
3	\$21,960	27,450	29,207	30,305	32,940	38,430	40,626	43,920	54,900	65,880	76,860	88,840
4	\$26,500	33,125	35,245	36,570	39,750	46,375	49,025	53,000	66,250	79,500	92,750	106,000
5	\$31,040	38,800	41,283	42,835	46,560	54,320	57,424	62,080	77,600	93,120	108,640	124,160
6	\$35,580	44,475	47,321	49,100	53,370	62,265	65,823	71,160	88,950	106,740	124,530	142,320
7	\$40,120	50,150	53,360	55,366	60,180	70,210	74,222	80,240	100,300	120,360	140,420	160,480
8	\$44,660	55,825	59,398	61,631	66,990	78,155	82,621	89,320	111,650	133,980	156,310	178,640

*\*For family units with more than eight members, add \$4,540 for each additional family member.*

Exhibit 8 – 2021 Annual Poverty Guidelines for Alaska Only

Family Size	100%	125%	133%	138%	150%	175%	185%	200%	250%	300%	350%	400%
1	\$16,090	20,113	21,400	22,204	24,135	28,158	29,767	32,180	40,225	48,270	56,315	64,360
2	\$21,770	27,213	28,954	30,043	32,655	38,098	40,275	43,540	54,425	65,310	76,195	87,080
3	\$27,450	34,313	36,509	37,881	41,175	48,038	50,783	54,900	68,625	82,350	96,075	109,800
4	\$33,130	41,413	44,063	45,719	49,695	57,978	61,291	66,260	82,825	99,390	115,955	132,520
5	\$38,810	48,513	51,617	53,558	58,215	67,918	71,799	77,620	97,025	116,430	135,835	155,240
6	\$44,490	55,613	59,172	61,396	66,735	77,858	82,307	88,980	111,225	133,470	155,715	177,960
7	\$50,170	62,713	66,726	69,235	75,255	87,798	92,815	100,340	125,425	150,510	175,595	200,680
8	\$55,850	68,813	74,281	77,073	83,775	97,738	103,323	111,700	139,625	167,550	195,475	223,400

*\*For family units with more than eight members, add \$5,680 for each additional family member.*

Exhibit 9 – 2021 Annual Poverty Guidelines for Hawaii Only

Family Size	100%	125%	133%	138%	150%	175%	185%	200%	250%	300%	350%	400%
1	\$14,820	18,525	19,711	20,452	22,230	25,935	27,417	29,640	37,050	44,460	51,870	59,280
2	\$20,040	25,050	26,653	27,655	30,060	35,070	37,074	40,080	50,100	60,120	70,140	80,160
3	\$25,260	31,575	33,596	34,859	37,890	44,205	46,731	50,520	63,150	75,780	88,410	101,040
4	\$30,480	38,100	40,538	42,062	45,720	53,340	56,388	60,960	76,200	91,440	106,680	121,920
5	\$35,700	44,625	47,481	49,266	53,550	62,475	66,045	71,400	89,250	107,100	124,950	142,800
6	\$40,920	51,150	54,424	56,470	61,380	71,610	75,702	81,840	102,300	122,760	143,220	163,680
7	\$46,140	57,675	61,366	63,673	69,210	80,745	85,359	92,280	115,350	138,420	161,490	184,560
8	\$51,360	64,200	68,309	70,877	77,040	89,880	95,016	102,720	128,400	154,080	179,760	205,440

*\*For family units with more than eight family members, add \$5,220 for each additional family member.*

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## Appendix C: State Medicaid & CHIP Information

The Patient Protection and Affordable Care Act coordinates state Medicaid and CHIP programs with the Health Insurance Marketplaces. Each state must still have a single state agency to administer or supervise the administration of the Medicaid program. As an assister, consumers may ask you questions regarding 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 10 for links to state Medicaid and CHIP programs. Please refer consumers to these websites and agencies to help them find the information and assistance they need.

Exhibit 10 – Medicaid & CHIP Program Contact Information by State

State	Medicaid Program Name	CHIP Program Name	CHIP Program Website	Medicaid Program Website
Alabama	Alabama Medicaid Agency	ALL Kids	<a href="http://Adph.org/allkids">Adph.org/allkids</a>	<a href="http://Medicaid.alabama.gov">Medicaid.alabama.gov</a>
Alaska	Alaska Medicaid	Denali KidCare	<a href="http://Dhss.alaska.gov/dhcs/Pages/denalikidcare">Dhss.alaska.gov/dhcs/Pages/denalikidcare</a>	<a href="http://Dhss.alaska.gov/dpa/pages/medicaid">Dhss.alaska.gov/dpa/pages/medicaid</a>
Arizona	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (AHCCCS) KidsCare	<a href="http://Azahcccs.gov/Members/GetCovered/Categories/KidsCare">Azahcccs.gov/Members/GetCovered/Categories/KidsCare</a>	<a href="http://Azahcccs.gov">Azahcccs.gov</a>
Arkansas	Arkansas Medicaid	ARKids First!	<a href="http://Arkidsfirst.com">Arkidsfirst.com</a>	<a href="http://Medicaid.mmis.arkansas.gov">Medicaid.mmis.arkansas.gov</a>
California	Medi-Cal	Medi-Cal	<a href="http://Dhcs.ca.gov/services/chdp">Dhcs.ca.gov/services/chdp</a>	<a href="http://Dhcs.ca.gov/services/medi-cal">Dhcs.ca.gov/services/medi-cal</a>
Colorado	Colorado Medicaid	Health First Colorado	<a href="http://Colorado.gov/hcpf/chil d-health-plan-plus">Colorado.gov/hcpf/chil d-health-plan-plus</a>	<a href="http://Colorado.gov/pacific/hcpf/ colorado-medicaid">Colorado.gov/pacific/hcpf/ colorado-medicaid</a>
Connecticut	Connecticut Medicaid	HUSKY Health	<a href="http://Ct.gov/hh">Ct.gov/hh</a>	<a href="http://Ct.gov/hh">Ct.gov/hh</a>
Delaware	Delaware Medical Assistance Program	Delaware Healthy Children Program	<a href="http://Dhss.delaware.gov/dss/dhcp">Dhss.delaware.gov/dss/dhcp</a>	<a href="http://Dhss.delaware.gov/dhss/dmma/medicaid">Dhss.delaware.gov/dhss/dmma/medicaid</a>
District of Columbia	DC Medical Assistance Administration	DC Healthy Families	<a href="http://Dhcf.dc.gov/service/dc-healthy-families">Dhcf.dc.gov/service/dc-healthy-families</a>	<a href="http://Dhcf.dc.gov/service/dc-healthy-families">Dhcf.dc.gov/service/dc-healthy-families</a>
Florida	Florida Medicaid	Florida KidCare	<a href="http://Floridakidcare.org">Floridakidcare.org</a>	<a href="http://Myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid">Myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid</a>
Georgia	Georgia Medical Assistance	PeachCare for Kids	<a href="http://Peachcare.org">Peachcare.org</a>	<a href="http://Medicaid.georgia.gov">Medicaid.georgia.gov</a>

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State	Medicaid Program Name	CHIP Program Name	CHIP Program Website	Medicaid Program Website
Hawaii	Hawaii Medicaid	My Medical Benefits	<a href="http://Humanservices.hawaii.gov">Humanservices.hawaii.gov</a>	<a href="http://Humanservices.hawaii.gov/mqd">Humanservices.hawaii.gov/mqd</a>
Idaho	Idaho Medicaid Program	Idaho Health Plan for Children	<a href="http://Healthandwelfare.idaho.gov">Healthandwelfare.idaho.gov</a>	<a href="http://Healthandwelfare.idaho.gov/Medical/Medicaid">Healthandwelfare.idaho.gov/Medical/Medicaid</a>
Illinois	Illinois Medical Assistance	All Kids	<a href="http://Illinois.gov/hfs/MedicalPrograms/AllKids">Illinois.gov/hfs/MedicalPrograms/AllKids</a>	<a href="http://Illinois.gov/hfs">Illinois.gov/hfs</a>
Indiana	Indiana Medicaid	Hoosier Healthwise	<a href="http://In.gov/medicaid/members">In.gov/medicaid/members</a>	<a href="http://Medicaid/members">Medicaid/members</a>
Iowa	Iowa Medical Assistance	Hawk-I	<a href="http://Dhs.iowa.gov/hawki">Dhs.iowa.gov/hawki</a>	<a href="http://Dhs.iowa.gov/iahealthlink">Dhs.iowa.gov/iahealthlink</a>
Kansas	Healthwave	KanCare CHIP	<a href="http://Kdheks.gov/hcf/Medicaid/eligibility_guidelines">Kdheks.gov/hcf/Medicaid/eligibility_guidelines</a>	<a href="http://Kdheks.gov/hcf/Medicaid/eligibility_guidelines">Kdheks.gov/hcf/Medicaid/eligibility_guidelines</a>
Kentucky	Kentucky Medicaid	KCHIP	<a href="http://Kidshealth.ky.gov">Kidshealth.ky.gov</a>	<a href="http://Chfs.ky.gov/agencies">Chfs.ky.gov/agencies</a>
Louisiana	Louisiana Medicaid	LaCHIP	<a href="http://Ldh.la.gov">Ldh.la.gov</a>	<a href="http://Ldh.la.gov">Ldh.la.gov</a>
Maine	MaineCare	Cub Care	<a href="http://Maine.gov/dhhs/oms/mainecare-options/children">Maine.gov/dhhs/oms/mainecare-options/children</a>	<a href="http://Maine.gov/dhhs/mainecare">Maine.gov/dhhs/mainecare</a>
Maryland	Maryland Medicaid Program	Maryland Children's Health Connection Program (MCHP)	<a href="http://Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits">Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits</a>	<a href="http://Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits">Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits</a>
Massachusetts	MassHealth	MassHealth	<a href="http://Mass.gov/topics/masshealth">Mass.gov/topics/masshealth</a>	<a href="http://Mass.gov/topics/masshealth">Mass.gov/topics/masshealth</a>
Michigan	Michigan Medicaid	MiChild	<a href="http://Michigan.gov/mdhhs">Michigan.gov/mdhhs</a>	<a href="http://Michigan.gov/mdhhs">Michigan.gov/mdhhs</a>
Minnesota	Minnesota Medical Assistance	Medical Assistance (MA)	<a href="http://Insurekidsnow.gov/coverage/mn">Insurekidsnow.gov/coverage/mn</a>	<a href="http://Mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare">Mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare</a>
Mississippi	Mississippi Medicaid	Mississippi Health Benefits CHIP	<a href="http://Insurekidsnow.gov/coverage/ms">Insurekidsnow.gov/coverage/ms</a>	<a href="http://Medicaid.ms.gov">Medicaid.ms.gov</a>
Missouri	MO HealthNet	MO HealthNet for Kids	<a href="http://Mydss.mo.gov/healthcare/mohealthnet-for-kids">Mydss.mo.gov/healthcare/mohealthnet-for-kids</a>	<a href="http://Mydss.mo.gov/healthcare">Mydss.mo.gov/healthcare</a>
Montana	Montana Medicaid	Healthy Montana Kids	<a href="http://Dphhs.mt.gov">Dphhs.mt.gov</a>	<a href="http://Dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices">Dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices</a>
Nebraska	Nebraska Medicaid	Nebraska CHIP	<a href="http://Dhhs.ne.gov/Pages/Medicaid-Eligibility">Dhhs.ne.gov/Pages/Medicaid-Eligibility</a>	<a href="http://Dhhs.ne.gov/Pages/Medicaid-and-Long-Term-Care">Dhhs.ne.gov/Pages/Medicaid-and-Long-Term-Care</a>
Nevada	Nevada Medicaid	Nevada Check Up	<a href="http://Nevadahealthlink.com/start-here/about-the-aca/medicaid">Nevadahealthlink.com/start-here/about-the-aca/medicaid</a>	<a href="https://www.nevadahealthlink.com/start-here/about-the-aca/medicaid/">https://www.nevadahealthlink.com/start-here/about-the-aca/medicaid/</a>

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<b>New Hampshire</b>	New Hampshire Medicaid	Expanded Children's Medicaid	<a href="http://Dhhs.nh.gov/dfa/medical/children">Dhhs.nh.gov/dfa/medical/children</a>	<a href="http://Dhhs.nh.gov/ombp/medicaid">Dhhs.nh.gov/ombp/medicaid</a>
<b>New Jersey</b>	New Jersey Medicaid	NJ Family Care	<a href="http://Njfamilycare.org">Njfamilycare.org</a>	<a href="http://State.nj.us/humanservices/dmahs/clients/medicaid">State.nj.us/humanservices/dmahs/clients/medicaid</a>
<b>New Mexico</b>	New Mexico Medicaid	Centennial Care	<a href="http://Hsd.state.nm.us/LookingForAssistance/centennial-care-overview">Hsd.state.nm.us/LookingForAssistance/centennial-care-overview</a>	<a href="http://Hsd.state.nm.us/LookingForAssistance/centennial-care-overview">Hsd.state.nm.us/LookingForAssistance/centennial-care-overview</a>
<b>New York</b>	New York Medicaid	Child Health Plus	<a href="http://Health.ny.gov/health_care/child_health_plus">Health.ny.gov/health_care/child_health_plus</a>	<a href="http://Health.ny.gov/health_care/medicaid">Health.ny.gov/health_care/medicaid</a>
<b>North Carolina</b>	North Carolina Medicaid	NC Health Choice for Children	<a href="http://Medicaid.ncdhhs.gov/medicaid">Medicaid.ncdhhs.gov/medicaid</a>	<a href="http://Medicaid.ncdhhs.gov/medicaid">Medicaid.ncdhhs.gov/medicaid</a>
<b>North Dakota</b>	North Dakota Medicaid	Healthy Steps	<a href="http://Nd.gov/dhs/services/medicalserv/chip">Nd.gov/dhs/services/medicalserv/chip</a>	<a href="http://Nd.gov/dhs/services/medicalserv/medicaid">Nd.gov/dhs/services/medicalserv/medicaid</a>
<b>Ohio</b>	Ohio Medicaid	Healthy Start	<a href="http://Medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women">Medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women</a>	<a href="http://Medicaid.ohio.gov">Medicaid.ohio.gov</a>
<b>Oklahoma</b>	SoonerCare	SoonerCare	<a href="http://Okdhs.org/services/health/Pages/soonercare">Okdhs.org/services/health/Pages/soonercare</a>	<a href="http://Okdhs.org/services/health/Pages/soonercare">Okdhs.org/services/health/Pages/soonercare</a>
<b>Oregon</b>	Oregon Health Plan	Oregon Health Plan	<a href="http://Oregon.gov/oha/HSD/OHP">Oregon.gov/oha/HSD/OHP</a>	<a href="http://Oregon.gov/oha/HSD/OHP">Oregon.gov/oha/HSD/OHP</a>
<b>Pennsylvania</b>	Pennsylvania Medical Assistance	Pennsylvania CHIP	<a href="http://Chipcoverspakids.com">Chipcoverspakids.com</a>	<a href="http://Dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance">Dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance</a>
<b>Rhode Island</b>	Rhode Island Medicaid	RiteCare	<a href="http://Eohhs.ri.gov/Consumer/FamilieswithChildren/RiteCare">Eohhs.ri.gov/Consumer/FamilieswithChildren/RiteCare</a>	<a href="http://Healthyrhode.ri.gov">Healthyrhode.ri.gov</a>
<b>South Carolina</b>	Healthy Connections	Partners for Healthy Children	<a href="http://Scdhhs.gov/eligibility-groups/partners-healthy-children-phc">Scdhhs.gov/eligibility-groups/partners-healthy-children-phc</a>	<a href="http://Scdhhs.gov/Getting-Started">Scdhhs.gov/Getting-Started</a>
<b>South Dakota</b>	South Dakota Medicaid	South Dakota CHIP	<a href="http://Dss.sd.gov/medicaid">Dss.sd.gov/medicaid</a>	<a href="http://Dss.sd.gov/medicaid">Dss.sd.gov/medicaid</a>
<b>Tennessee</b>	TennCare	Cover Kids	<a href="http://Tn.gov/content/tn/coverkids/coverkids">Tn.gov/content/tn/coverkids/coverkids</a>	<a href="http://Tn.gov/tenncare">Tn.gov/tenncare</a>
<b>Texas</b>	Texas Medicaid	Texas CHIP	<a href="https://hhs.texas.gov/services/health/medicaid-chip">https://hhs.texas.gov/services/health/medicaid-chip</a>	<a href="https://hhs.texas.gov/services/health/medicaid-chip">https://hhs.texas.gov/services/health/medicaid-chip</a>
<b>Utah</b>	Utah Medicaid	Utah CHIP	<a href="http://Chip.health.utah.gov">Chip.health.utah.gov</a>	<a href="http://Medicaid.utah.gov">Medicaid.utah.gov</a>
<b>Vermont</b>	Green Mountain Care	Dr. Dynasaur	<a href="http://Info.healthconnect.vermont.gov/Medicaid">Info.healthconnect.vermont.gov/Medicaid</a>	<a href="http://Info.healthconnect.vermont.gov/Medicaid">Info.healthconnect.vermont.gov/Medicaid</a>

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<b>Virginia</b>	Virginia Medical Assistance Program	Family Access to Medical Insurance (FAMIS)	<a href="http://Coverva.org/famis">Coverva.org/famis</a>	<a href="http://Commonhelp.virginia.gov">Commonhelp.virginia.gov</a>
<b>Washington</b>	Medicaid State Plan	Apple Health	<a href="http://Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage">Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage</a>	<a href="http://Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage">Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage</a>
<b>West Virginia</b>	Mountain Health Choices	West Virginia CHIP	<a href="http://Chip.wv.gov">Chip.wv.gov</a>	<a href="http://Dhr.wv.gov/bms">Dhr.wv.gov/bms</a>
<b>Wisconsin</b>	Wisconsin Medicaid	BadgerCare Plus	<a href="http://Dhs.wisconsin.gov/badgercareplus">Dhs.wisconsin.gov/badgercareplus</a>	<a href="http://Dhs.wisconsin.gov/badgercareplus">Dhs.wisconsin.gov/badgercareplus</a>
<b>Wyoming</b>	EqualityCare	Kid Care CHIP	<a href="https://health.wyo.gov/healthcarefin/apply/">https://health.wyo.gov/healthcarefin/apply/</a>	<a href="http://Health.wyo.gov/healthcarefin/apply">Health.wyo.gov/healthcarefin/apply</a>

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