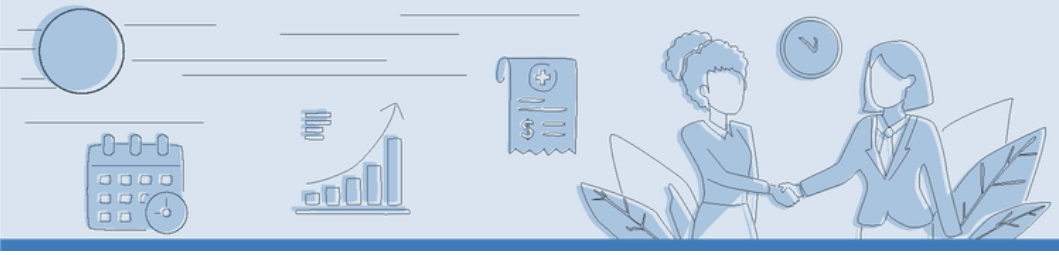

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Medicaid and Children's Health Insurance Program (CHIP) Coverage Data Matching Issue (DMI) Checklist

☐ **Step 1: Determine Current Medicaid/CHIP Coverage Status**

Prior to enrollment, determine whether any members of the household have Medicaid or CHIP coverage.

- If YES, proceed to Step 2.
- If NO, proceed to Step 3.

☐ **Step 2: Determine If Household Member with Medicaid/CHIP Coverage Has Minimum Essential Coverage (MEC)**

If any household members are enrolled in Medicaid/CHIP coverage, use the Healthcare.gov tool, "Find out if your Medicaid coverage counts as minimum essential coverage," to determine whether their coverage counts as MEC.

- If any household members have coverage that counts as MEC, explain that they are not eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) and will have to pay full price for Marketplace coverage.

☐ **Step 3: Complete the Application with All Household Information**

Include all household members on the application, even those not applying for coverage. Be sure to include:

- Correct names and dates of birth for all household members, and
- Social Security numbers (SSNs) (or immigration document information, if applicable) for each household member when possible.

☐ **Step 4: Indicate Coverage Status for Each Household Member**

For each household member, indicate:

- Whether they are seeking coverage,
- Whether they have other coverage, and
- Whether they recently lost or will soon lose Medicaid/CHIP coverage.

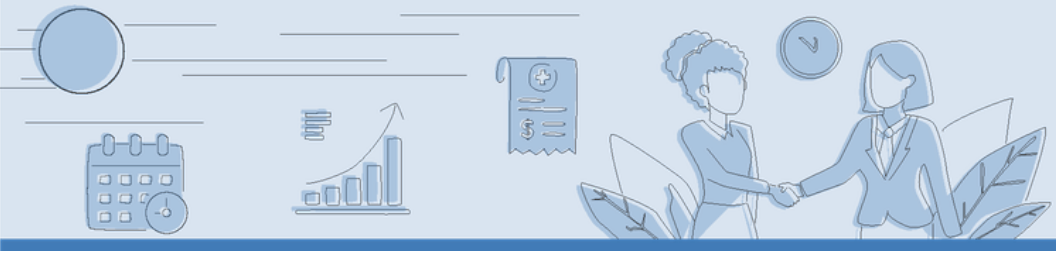
Important: For household members with Medicaid/CHIP coverage that counts as MEC, indicate they are not seeking coverage (unless they intend to pay for the Marketplace plan without financial assistance). For household members with Medicaid/CHIP coverage that recently ended or will end soon, provide the Medicaid/CHIP coverage end date.

☐ **Step 5: Review the Application for Accuracy & Submit**

☐ **Step 6: Check the Eligibility Determination Notice**

After submitting the application, check the Eligibility Determination Notice for a Medicaid/CHIP DMI.

- If no DMI is present, this checklist is complete.
- If a DMI is present, continue to Step 7. The Eligibility Determination Notice will say "By [x date], submit documents to confirm Medicaid or CHIP coverage status."
- If otherwise eligible, the consumer may be conditionally enrolled in a QHP with APTC/CSRs while the DMI is being resolved and will have a limited timeframe (e.g., 90 days) to submit documentation.



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Step 7: Create a Plan to Resolve the DMI (If Present)

If a Medicaid/CHIP DMI is present, the consumer may be temporarily enrolled in a Marketplace plan with APTC/CSRs (if otherwise eligible) but must resolve the DMI within the required timeframe to maintain that financial assistance. The Eligibility Determination Notice document provides instructions on how to submit proof that the consumer does not have Medicaid and CHIP that counts as MEC and what types of documents may be acceptable. Your plan should include the following action items:

- **Gather documents** that prove the consumer doesn't have Medicaid or CHIP coverage. Common acceptable documents include:

  a. Letter or statement from a Medicaid/CHIP agency showing the consumer is not enrolled in or eligible for Medicaid or CHIP,
  b. Letter or statement from a Medicaid agency showing the consumer is enrolled in a Medicaid program that is not considered qualifying health coverage, and
  c. Letter describing the consumer's recent health coverage, including:

  - The name of the Medicaid/CHIP program the consumer was enrolled in and when their coverage ender, **OR**
  - That the consumer was never enrolled in Medicaid/CHIP coverage, **OR**
  - The name of the Medicaid/CHIP program with limited benefits that would still allow them to enroll in the Marketplace with financial assistance.

See this resource, "How do I resolve a data matching issue?," for a full list of acceptable documents.

- **Prepare Documents for Submission** by writing the consumer's full legal name and application ID on each page of the document(s) so the Marketplace can easily match the submitted documents to the correct record.
- **Submit Documents** on behalf of the consumer or help them submit the documents themselves. Documents can be uploaded or mailed to the Marketplace.
- **Monitor DMI Status** to confirm whether the issue is resolved or if additional information is required.
- **Create a Backup Plan** in case the submitted documents are not sufficient to resolve the DMI.
- **Update the Application as Needed** if anyone in the consumer's household becomes eligible for or enrolls in Medicaid/CHIP coverage.

Note:

If the Medicaid/CHIP DMI is not resolved within the 90 days, the consumer will lose APTC and CSRs. You may work with the consumer to file an appeal if the consumer disagrees with their loss of coverage and/or financial assistance.