



Transitions in Coverage Consumer Journey Map: Medicaid to Marketplace

Background

Consumers who are seeking health coverage face a variety of complex scenarios. Smooth transitions in coverage are crucial to avoid gaps in coverage and ensure that consumers can access the right health care program for them. As an agent or broker, you are responsible for only enrolling or directing consumers to the insurance affordability program they are eligible for. This resource can be used as a guide so you can help consumers who were denied, or lost Medicaid/Children's Health Insurance Program (CHIP) coverage, navigate the process of applying for and enrolling in Marketplace coverage.



A consumer was denied or lost Medicaid/CHIP coverage and has contacted you for assistance in applying for Marketplace coverage.

Understanding the difference between whether a consumer is **about to lose** or has **recently lost** Medicaid/CHIP coverage versus a consumer who was **denied** Medicaid/CHIP coverage is important to helping consumers correctly fill out the Medicaid/CHIP questions on the Marketplace application.

DENIED MEDICAID/CHIP COVERAGE:

Medicaid/CHIP denial refers to when a consumer **not currently enrolled** in Medicaid/CHIP coverage applies at the state Medicaid or CHIP agencies and the state agency denies the coverage application. If the state needs more information to determine Medicaid/CHIP eligibility, a request will be sent to the consumer.

Denial of coverage can happen for many reasons, including:

- Not responding to requests for additional information.
- The applicant does not meet eligibility requirements, such as those related to income, residency, or citizenship/immigration.

ABOUT TO LOSE OR RECENTLY LOST MEDICAID/CHIP COVERAGE:

Medicaid/CHIP loss refers to when a consumer who **is enrolled** in Medicaid/CHIP coverage loses or will soon lose coverage after being found ineligible following a state redetermination and the state assesses they might be eligible for Marketplace coverage. Applicants can lose coverage for many reasons, such as:

- Having a household income that exceeds Medicaid/CHIP eligibility criteria.
- Not returning a renewal form.
- Not responding to requests for additional information.

IMPORTANT REMINDERS

After determining whether the consumer has been denied or has lost Medicaid/CHIP coverage¹, be sure to keep the following reminders in mind before you start a Marketplace application:

If the consumer reports being recently denied Medicaid/CHIP coverage:

- You may ask to see a copy of their denial letter to ensure they are accurately attesting to the right coverage circumstances.²
- [Click here](#) for examples of sample notices the consumer may receive regarding Medicaid/CHIP denial.

Medicaid/CHIP denial notices will:

- Clearly state that the consumer's state has determined that the consumer **does not qualify** for Medicaid/CHIP health coverage.
- Contain an **explanation** of why the state decided that the consumer does not qualify.

Medicaid/CHIP denial notices may:

- Include a coverage determination date.
- Direct the consumer to apply for Marketplace coverage.

If the consumer reports having lost Medicaid/CHIP coverage or that their Medicaid/CHIP coverage will end soon:

- You may ask to see a copy of their termination notice from their state agency to ensure they are accurately attesting to the right coverage circumstances.
- The consumer may have lost Medicaid/CHIP coverage because they didn't submit the renewal form or provide requested information to their state Medicaid or CHIP agencies.
- They should return the completed form or supply the requested information to their state Medicaid or CHIP agencies as soon as possible. For more information, [please see this resource](#).
 - If an individual lost Medicaid/CHIP coverage in the last 90 days, returning the form or supplying the requested information means that they won't need to submit a new application to be considered for Medicaid/CHIP coverage.

If you or the consumer you're assisting believe the state Medicaid or CHIP agencies incorrectly determined the consumer to be ineligible for Medicaid/CHIP coverage:

- The consumer can file an appeal directly with the state. To find your state's contact information, see [this resource](#).



After confirming the consumer is accurately attesting to their Medicaid/CHIP status and **if they provide documented consent**, you can help the consumer fill out their Marketplace application. As a reminder, agents and brokers are required to provide accurate information to the Marketplace, and to document that the eligibility application information has been reviewed and confirmed to be accurate by the consumer prior to submitting the application.

¹ If an agent or broker incorrectly attests to a denial of Medicaid/CHIP, the consumer could lose their coverage, and the agent or broker could be in noncompliance with the Marketplace.

² Consumers who are eligible for or enrolled in Medicaid that counts as qualifying coverage are ineligible for Advance Payments of the Premium Tax Credit (APTC) and/or income-based Cost Sharing Reductions (CSRs) to help pay for their share of a Marketplace plan premium and covered services. If your consumer was denied Medicaid coverage, they could be eligible for APTC or CSRs. [Watch this video](#) to see how you can fill out the Marketplace application for consumers that are seeking financial assistance.

FILLING OUT THE MARKETPLACE APPLICATION

The Marketplace application questions can be answered based on the consumer's Medicaid/CHIP denial notice. Let's walk through the application with a consumer, John, as he encounters the Medicaid/CHIP questions:

1 The application will first ask John if he had Medicaid/CHIP coverage that recently ended or will soon end.³

Yes

If John reports having lost Medicaid/CHIP coverage or that his Medicaid/CHIP coverage will end soon, he should respond "Yes." He will also be asked to input the day that his coverage ended or is ending.

- John should input his last date of Medicaid/CHIP coverage as listed in his termination letter from his state Medicaid or CHIP agencies. If John is unsure of his last day of coverage, he should enter the last day of the month that he knows he had, or will have, coverage.⁴

No

If John did not already have Medicaid/CHIP coverage and was denied upon application, he should respond "No" to this question.

Did John have New Hampshire Medicaid or New Hampshire CHIP that recently ended or will end soon?

Select Yes if one applies:

- John's coverage ended between 2/19/2025 and today
- John's coverage is going to end between today and 7/19/2025

☒ Yes

☐ No

Enter the last day of John's coverage.

If you don't know it, enter the last day of the month that you know John had, or will have, coverage, for example: 5/31/2025. Most coverage ends on the last day of the month.

Month Day Year
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2 If John has lost Medicaid/CHIP coverage, the application will ask if his household income or size has changed since he received his coverage termination notice. He can select 'Yes' or 'No.'

*Note: This information determines whether John should be sent back to the state for a redetermination of Medicaid/CHIP eligibility, or if he should instead be evaluated for Marketplace coverage eligibility, including financial assistance such as APTC and CSRs. When a consumer answers "No" to this question, they are **not** evaluated for Medicaid/CHIP coverage and are evaluated only for Marketplace coverage with financial assistance.*

³ In some transitions between Medicaid and Marketplace, agents and brokers will need to assess CHIP coverage for dependents of consumers they are supporting. For more information regarding CHIP coverage, please visit this webpage.

⁴ Consumers should also reach out to their state Medicaid or CHIP agency directly, if they guess their last day of coverage incorrectly, there could be coverage implications (e.g., delayed coverage start date, financial status changes, etc.).

3 If John answered “No” to Question 1, attested to a coverage end date of more than 90 days ago, or answered “Yes” to Question 2, he will be asked if he applied for and was denied Medicaid/CHIP coverage within the last 90 days.

Yes

If in the preceding 90 days Jonathan was told by the state that he does not qualify for Medicaid/CHIP coverage, he should answer “Yes” to this question. This includes if John:

- Was denied Medicaid/CHIP coverage by the state in the last 90 days because his income is too high, or because his state doesn’t cover people with his circumstances (for example, some states don’t cover adults who aren’t taking care of children or are not the caretaker of a relative).
- Is a child denied CHIP coverage by the state in the last 90 days because he needs to wait a month or more before starting CHIP coverage (called the CHIP waiting period).
- Had his Medicaid/CHIP coverage end in the last 90 days because a change in state eligibility guidelines make him newly ineligible for Medicaid/CHIP.

No

John should answer “No” if he has not received an official denial of Medicaid/CHIP coverage from his state agency. This also includes if he:

- Never applied for Medicaid/CHIP coverage.
- Was found not eligible for Medicaid/CHIP coverage by the Marketplace, instead of the state Medicaid or CHIP agencies.
- Was denied or found no longer eligible for Medicaid/CHIP coverage in the last 90 days but had changes in income or family size since the denial or loss of coverage (unless the denial was based on immigration status).
- Applied for Medicaid/CHIP coverage with the state but has not received a response.
- Has not yet responded to (a) request(s) for additional information.

Was John found not eligible for New Hampshire Medicaid in New Hampshire CHIP since 2/19/2025?

[Learn more about being found not eligible for Medicaid or CHIP](#)

☒ Yes

☐ No

Enter the date on John’s denial letter.

If you don’t have it, give your best estimate.
For example: 5/20/2025

Month Day Year
 / /

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If John answers “Yes” to being denied Medicaid/CHIP coverage in the last 90 days, he will be asked to input the date on his denial letter. If John is unsure of his denial letter date, he should provide his best estimate.

5 If John has been denied Medicaid/CHIP coverage, the application will ask if he applied for health coverage during the most recent Open Enrollment Period (OEP).

Yes

If John answers "Yes," he will be preliminarily eligible for a Special Enrollment Period (SEP) due to his recent Medicaid/CHIP denial. For more information on SEPs, view [this resource](#) or visit [this webpage](#).

No

If John answers "No," the application will then display another question to determine SEP eligibility.

Did John apply for health coverage between 11/1/2024-1/15/2025?

☐ Yes

☐ No

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6 The application will then ask if John applied through the Health Insurance Marketplace after a qualifying life event (moving, marriage, birth of a child, loss of health coverage, release from incarceration, gaining a new immigration status, or gaining/becoming a dependent due to foster care placement, adoption, or court order).

Yes

If John answers "Yes," he will be eligible for a SEP due to his recent Medicaid/CHIP denial.

No

If John answers "No," he will be ineligible for a SEP.

Did John apply through the Health Insurance Marketplace after a qualifying life event?

Qualifying life changes include moving, marriage, birth, adoption, and loss of coverage.

[Learn more about qualifying life events.](#)

☐ Yes

☐ No

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