Eligibility Workshop

Navigating Complex Eligibility and Enrollment Scenarios

2023 Agent and Broker Summit

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

May 24, 2023

Disclaimer

The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. 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 document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to "Marketplace" in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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Agenda

01 Session Objectives

02 Marketplace Eligibility Scenarios

03 Agent/Broker Complex Case Referral Program

04 Live Question & Answer Session

Session Objectives

» Identify best practices for frequently encountered complex consumer scenarios.

» Learn how to work with consumers to resolve common pain points.

Case Scenario 1: Assessment for Medicaid Eligibility in the Marketplace

- Tiffany, her spouse, and two dependents go to the Marketplace to re-enroll in a 2024 Marketplace plan.
- In November 2023, Tiffany reports a change in household income during the Open Enrollment Period (OEP). Because of the change in the household income, the Marketplace assesses the dependents for Medicaid eligibility and transfers their application to the state Medicaid agency for review and final eligibility determination.
- In January 2024, Tiffany receives a notification from the state Medicaid agency that the dependents do not qualify for Medicaid.
- Tiffany then updates her Marketplace application and reports that the dependents were denied Medicaid. A new Eligibility Determination Notice (EDN) is generated, and all the household members are determined to be eligible for a Marketplace plan with financial assistance and a Special Enrollment Period (SEP).
- On January 20, Tiffany selects a family plan with the earliest available coverage effective date of February 1. The dependents are left with no coverage for the month of January 2024.

To ensure continuous coverage for the dependents, what action should Tiffany take?

Case Scenario 1: Best Practice

- Tiffany, her spouse, and two dependents go to the Marketplace to re-enroll in a 2024 Marketplace plan.
- In November 2023, Tiffany reports a change in household income during the Open Enrollment Period (OEP). Because of the change in the household income, the Marketplace assesses the dependents for Medicaid eligibility and transfers their application to the state Medicaid agency for review and final eligibility determination.
- In January 2024, Tiffany receives a notification from the state Medicaid agency that the dependents do not qualify for Medicaid.
- Tiffany then updates her Marketplace application and reports that the dependents were denied Medicaid. A new Eligibility Determination Notice (EDN) is generated, and all the household members are determined to be eligible for a Marketplace plan with financial assistance and a Special Enrollment Period (SEP).
- On January 20, Tiffany selects a family plan with the earliest available coverage effective date of February 1. The dependents are left with no coverage for the month of January 2024.

To ensure continuous coverage for the dependents, what action should Tiffany take?

Tiffany can call the Marketplace Call Center (1-800-318-2596) and request a retroactive start date to avoid a gap in coverage for the dependents.

Case Scenario 2: Transitioning from Marketplace to Medicare

- Darlene, the tax filer and primary subscriber, and her spouse, Donald, enrolled in a 2023 Marketplace plan with advance payments of the premium tax credit (APTC). Donald turned 65 in March 2023 and became eligible for Medicare effective March 1, 2023.
- Darlene is only 63 and may still be eligible for a 2023 Marketplace plan with APTC.

What should Darlene do to ensure she remains covered in the Marketplace?

Case Scenario 2: Best Practice

- Darlene, the tax filer and primary subscriber, and her spouse, Donald, enrolled in a 2023 Marketplace plan with advance payments of the premium tax credit (APTC). Donald turned 65 in March 2023 and became eligible for Medicare effective March 1, 2023.
- Darlene is only 63 and may still be eligible for a 2023 Marketplace plan with APTC.

What should Darlene do to ensure she remains covered in the Marketplace?

Darlene can remain covered in the Marketplace by updating their Marketplace application. You should call the Marketplace with Donald and Darlene to remove Donald from the application on the day Donald's Medicare coverage begins, to ensure his termination date is the day before and Darlene remains covered.

Case Scenario 3: Gap in Health Coverage

- Kathy, a tax filer, actively enrolled in a 2023 Marketplace plan effective January 1. Kathy made her binder payment at the time of enrollment.
- In January 2023, Kathy received a notification from the issuer stating that they received a termination file from the Marketplace and her coverage will end as of January 31.
- The issuer also notified Kathy that they received a new enrollment in a different plan from the Marketplace with an effective date of March 1.
- However, Kathy did not contact the Marketplace Call Center or any Marketplace entity to terminate the plan she originally selected during the OEP for 2023. She also did not access her online account or make any changes after she enrolled in 2023 Marketplace coverage.
- Kathy now has a gap in coverage for the month of February. Kathy has a medical need and wants to pick up her prescription from a pharmacy.

What should Kathy do to ensure continuous Marketplace coverage with the desired plan?

Case Scenario 3: Best Practice

- Kathy, a tax filer, actively enrolled in a 2023 Marketplace plan effective January 1. Kathy made her binder payment at the time of enrollment.
- In January 2023, Kathy received a notification from the issuer stating that they received a termination file from the Marketplace and her coverage will end as of January 31.
- The issuer also notified Kathy that they received a new enrollment in a different plan from the Marketplace with an effective date of March 1.
- However, Kathy did not contact the Marketplace Call Center or any Marketplace entity to terminate the plan she originally selected during the OEP for 2023. She also did not access her online account or make any changes after she enrolled in 2023 Marketplace coverage.
- Kathy now has a gap in coverage for the month of February. Kathy has a medical need and wants to pick up her prescription from a pharmacy.

What should Kathy do to ensure continuous Marketplace coverage with the desired plan?

Kathy should contact the Marketplace Call Center to correct the effective date of her Marketplace coverage.

Case Scenario 4: Determining Eligibility of a Child with Divorced or Unmarried Parents

- Rachel applied for Marketplace coverage during the OEP for herself and her nine-year-old daughter, Emma.
- Rachel and Ross were married but are now divorced and live at two separate addresses. Rachel lives with Emma, but Ross is responsible for claiming Emma as a tax dependent on his tax return.
- Rachel attests she makes $2,000 monthly from a job, Ross makes $5,000 monthly, and Emma does not make any income.
- Because Ross claims Emma as a tax dependent and his income is above the Medicaid threshold for Emma in the state, you expected that Emma would be eligible to enroll in a qualified health plan (QHP) with APTC. However, Emma is assessed eligible for Medicaid.

Why is Emma eligible for Medicaid even though Ross' (her tax filer's) income should make her eligible to enroll in a QHP with APTC?

Case Scenario 4: Best Practice

- Rachel applied for Marketplace coverage during the OEP for herself and her nine-year-old daughter, Emma.
- Rachel and Ross were married but are now divorced and live at two separate addresses. Rachel lives with Emma, but Ross is responsible for claiming Emma as a tax dependent on his tax return.
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- Because Ross claims Emma as a tax dependent and his income is above the Medicaid threshold for Emma in the state, you expected that Emma would be eligible to enroll in a qualified health plan (QHP) with APTC. However, Emma is assessed eligible for Medicaid.

Why is Emma eligible for Medicaid even though Ross' (her tax filer's) income should make her eligible to enroll in a QHP with APTC?

Emma qualifies for a "non-filer exception" due to being claimed by a non-custodial parent. This means that her household for Medicaid purposes is based on who she lives with, instead of who claims her as a tax dependent. Because Rachel's income is only $2,000 per month, Emma qualifies for Medicaid in the state.

Case Scenario 5: Self Employed Applicants with Unpredictable Annual Income

- Marcus is a tax filer and applied for Marketplace coverage with financial assistance during the OEP. When he reached the income section of the application, he was unsure how to proceed because he is self employed and his income is unpredictable throughout the year.
- Marcus entered his expected income for the current month and proceeded to the next page, where the Marketplace asked if its estimate for his annual income was correct.
- Marcus indicated the estimate looked incorrect, then attested his income is unpredictable.
- After using the income estimate tool to enter estimates for his income for each month, Marcus entered his estimated annual income and continued through the application.
- After submitting the application, Marcus received an EDN which stated he was eligible to enroll in a Marketplace plan with APTC.
- Throughout the year, Marcus's income was higher than he estimated but he did not return to his Marketplace application to report the change. After filing his taxes the following year, Marcus learned he must repay a portion of his premium tax credit (PTC).

Why does Marcus have to repay his PTC? How could Marcus have avoided this?

Case Scenario 5: Best Practice

- Marcus is a tax filer and applied for Marketplace coverage with financial assistance during the OEP. When he reached the income section of the application, he was unsure how to proceed because he is self employed and his income is unpredictable throughout the year.
- Marcus entered his expected income for the current month and proceeded to the next page, where the Marketplace asked if its estimate for his annual income was correct.
- Marcus indicated the estimate looked incorrect, then attested his income is unpredictable.
- After using the income estimate tool to enter estimates for his income for each month, Marcus entered his estimated annual income and continued through the application.
- After submitting the application, Marcus received an EDN which stated he was eligible to enroll in a Marketplace plan with APTC.
- Throughout the year, Marcus's income was higher than he estimated but he did not return to his Marketplace application to report the change. After filing his taxes the following year, Marcus learned he must repay a portion of his premium tax credit (PTC).

Why does Marcus have to repay his PTC? How could Marcus have avoided this?

Marcus must repay PTC because his income for the year was higher than he estimated on his Marketplace application. Consumers should update their Marketplace application as soon as possible if their income changes to reduce the risk of needing to repay PTC.

Case Scenario 6: Offers of Employer Coverage that Extend to Some, but not all, Family Members

- Mohammad applied for Marketplace coverage with financial assistance during the OEP for himself, his wife, Leila, and their son, Amir.
- Mohammad attested he and Leila file taxes jointly and claim Amir as a dependent.
- Mohammad had an offer of coverage from his job, ABC Corp. ABC Corp's offer extended to Amir, but not to Leila. ABC Corp's offer of coverage met the minimum value standard and the self and family premiums were affordable.
- After submitting the application, Mohammad received an EDN stating he, Leila, and Amir were all eligible to enroll in a Marketplace plan, but only Leila was eligible for APTC.

Why didn't everyone receive the same eligibility results? What are this family's options for enrolling in health insurance coverage?

Case Scenario 6: Best Practice

Why didn't everyone receive the same eligibility results? What are this family's options for enrolling in health insurance coverage?

Consumers who have an offer of health coverage through a job, that meets the minimum value standard and is considered affordable, are not eligible for APTC or cost-sharing reductions (CSRs). The minimum value standard is an actuarial standard that means a plan is designed to cover at least 60% of the total cost of medical services for a standard population.

For 2023, employer coverage is considered "affordable" if the premiums the employee would have to pay do not exceed 9.12% of the employee's household income. When determining affordability for the employee themselves, the Marketplace looks at the premium for the self-only plan. When determining affordability for the employee's family members, like Amir in this scenario, the Marketplace looks at the premium for the plan that would cover all of the household members - in this case, the plan that would cover Mohammad and Amir, since the employer does not offer coverage to Leila.

Because Mohammad and Amir both have an offer of employer coverage that meets the minimum value standard and is affordable, they are not eligible for APTC.

This family has several options for enrolling in coverage. They can all enroll in Marketplace coverage, but only Leila's portion of the premium will be subsidized by APTC. Alternatively, Mohammad and Amir can enroll in Mohammad's employer's plan, and the family can resubmit their application with Mohammad and Amir as non-applicants so Leila can enroll in a Marketplace plan on her own.

Case Scenario 7: Mid-year Household Changes, such as Marriage

- Sofia and her spouse, Juan, are newlyweds and applied for Marketplace coverage without financial assistance on May 1.
- They did not attest to their recent marriage, which occurred on April 15, when filling out the application.
- After submitting the application, Sofia and Juan received an EDN which stated they were not eligible to enroll in a Marketplace plan because it was outside of the OEP, and they did not qualify for an SEP.
- On June 14, Sofia reported a change in circumstance in her application, attested she and Juan were married in the last 60 days, and provided their April 15 marriage date.
- Sofia attested she and Juan had coverage prior to their marriage.
- After submitting the updated application, Sofia and Juan received an EDN which stated they were eligible to enroll in a Marketplace plan with a recent marriage SEP. The notice stated they must enroll in a plan by June 15, which was 60 days after their marriage date.
- Sofia forgot to select and enroll in a plan by June 15 and was told she and Juan must now wait until the next OEP.

What could Sofia have done to ensure she had enough time to choose and enroll in a Marketplace plan?

Case Scenario 7: Best Practice

- Sofia and her spouse, Juan, are newlyweds and applied for Marketplace coverage without financial assistance on May 1.
- They did not attest to their recent marriage, which occurred on April 15, when filling out the application.
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- After submitting the updated application, Sofia and Juan received an EDN which stated they were eligible to enroll in a Marketplace plan with a recent marriage SEP. The notice stated they must enroll in a plan by June 15, which was 60 days after their marriage date.
- Sofia forgot to select and enroll in a plan by June 15 and was told she and Juan must now wait until the next OEP.

What could Sofia have done to ensure she had enough time to choose and enroll in a Marketplace plan?

To ensure continuous coverage, applicants with prior coverage attesting to a recent marriage are given 60 days from the marriage date to choose a plan and enroll in coverage. Sofia and Juan could have attested to their marriage on the May 1 application, which would have allowed enough time for them to enroll by the June 15 deadline.

Case Scenario 8: Dependents Who Have Income

- Amari, his spouse, Lara, and their 16-year-old daughter, Alicia, applied for Marketplace coverage with financial assistance during the OEP.
- Amari entered that he and Lara file taxes together and claim Alicia as a dependent.
- When he reached the income section, Amari attests to not receiving any income, Lara makes $4,500 monthly from a job, and Alicia makes $500 monthly from self-employment. Based on this, you calculate that the family's household income is $60,000, or 260% of the federal poverty level (FPL).
- After submitting the application, Amari, Lara, and Alicia receive an EDN stating they are eligible to enroll in a Marketplace plan with APTC and CSRs.

Why is Amari's family eligible for CSRs when Lara and Alicia's combined income is $60,000 and is higher than the 250% FPL requirement for CSR eligibility?

Case Scenario 8: Best Practice

- Amari, his spouse, Lara, and their 16-year-old daughter, Alicia, applied for Marketplace coverage with financial assistance during the OEP.
- Amari entered that he and Lara file taxes together and claim Alicia as a dependent.
- When he reached the income section, Amari attests to not receiving any income, Lara makes $4,500 monthly from a job, and Alicia makes $500 monthly from self-employment. Based on this, you calculate that the family's household income is $60,000, or 260% of the federal poverty level (FPL).
- After submitting the application, Amari, Lara, and Alicia receive an EDN stating they are eligible to enroll in a Marketplace plan with APTC and CSRs.

Why is Amari's family eligible for CSRs when Lara and Alicia's combined income is $60,000 and is higher than the 250% FPL requirement for CSR eligibility?

Because Alicia is a tax dependent, her income only counts towards the household's income if it surpasses a certain threshold ($12,950 for 2023). Without Alicia's income included, the household's income is only $54,000, which is about 235% of the FPL. Consumers should always enter all dependents' income on their Marketplace applications - the application will calculate whether it needs to be included when determining eligibility.

Case Scenario 9: Eligibility for Non-Citizens with Income Below 100% FPL

- Rahul, a tax filer who is not a U.S. citizen, applied for Marketplace coverage during the OEP in a state that expanded Medicaid to provide eligibility for adults with incomes at or under 133% of the FPL.
- Rahul attested he had an eligible immigration status and provided his Social Security Number. He attested that he had a Permanent Resident Card, also called an I-551 or "green card," and provided his Alien number and card number.
- In the application, Rahul indicated that he had previously been found ineligible for Medicaid due to his immigration status, which had not changed. Rahul also attested that he has not yet had his immigration status for 5 years. Rahul's income is 55% of the FPL.
- After submitting the application, Rahul received an EDN stating he was eligible to enroll in a Marketplace plan with APTC and CSRs.

Why isn't Rahul eligible for Medicaid? Why is he eligible for APTC and CSRs even though his income is below 100% of the FPL? What changes could make Rahul eligible for Medicaid in the future?

Case Scenario 9: Best Practice

- Rahul, a tax filer who is not a U.S. citizen, applied for Marketplace coverage during the OEP in a state that expanded Medicaid to provide eligibility for adults with incomes at or under 133% of the FPL.
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- In the application, Rahul indicated that he had previously been found ineligible for Medicaid due to his immigration status, which had not changed. Rahul also attested that he has not yet had his immigration status for 5 years. Rahul's income is 55% of the FPL.
- After submitting the application, Rahul received an EDN stating he was eligible to enroll in a Marketplace plan with APTC and CSRs.

Why isn't Rahul eligible for Medicaid? Why is he eligible for APTC and CSRs even though his income is below 100% of the FPL? What changes could make Rahul eligible for Medicaid in the future?

- **Noncitizens who are ineligible for Medicaid due to their immigration status are eligible for APTC even if their income is below 100% of the FPL.**
- **Noncitizens with certain immigration statuses must have had their status for at least five years before they can qualify for Medicaid. This generally applies to lawful permanent residents, also called LPRs or "green card holders."**
- **Once Rahul has had his immigration status for five years, he may qualify for Medicaid in his state if he meets other eligibility requirements.**

Case Scenario 10: Family Members Who Live in Different States

- Jacob, his spouse, Molly, and his 20-year-old daughter, Lilly, applied for Marketplace coverage with financial assistance during the OEP.
- Jacob and Molly file taxes together and claim Lilly as a dependent.
- Jacob and Molly live together.
- Lilly’s home address is in a different state than Jacob and Molly’s.
- Lilly is not living outside the application state temporarily.

What are this family's options for enrolling in health insurance coverage?

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Case Scenario 10: Best Practice

- Jacob, his spouse, Molly, and his 20-year-old daughter, Lilly, applied for Marketplace coverage with financial assistance during the OEP.
- Jacob and Molly file taxes together and claim Lilly as a dependent.
- Jacob and Molly live together.
- Lilly’s home address is in a different state than Jacob and Molly’s.
- Lilly is not living outside the application state temporarily.

What are this family's options for enrolling in health insurance coverage?

✓ **Because Lilly is a tax dependent of Jacob and Molly, she can either enroll in a plan with Jacob and Molly that is offered in her parent's state of residence, or Lilly can complete a separate application for coverage in her state of residence.**

Dedicated Agent/Broker Support Available for Complex Consumer Cases

- Complex, consumer-specific cases are instances when a consumer has submitted an eligibility application for coverage and/or has enrolled in coverage and requires assistance in making a change.
- **In this situation, agents and brokers must first attempt to resolve the case by contacting the Marketplace Consumer Call Center or the EDE partner (if applicable).**
- If an agent or broker is unsuccessful in resolving the case with the Marketplace Call Center or EDE partner (if applicable) and still needs assistance, they can contact the FFM Agent/Broker Email Help Desk (FFMProducer-AssisterHelpDesk@cms.hhs.gov) and provide the following information:
  - The full name, email address, and phone number of the agent or broker assisting the consumer
  - The consumer's Marketplace application ID
  - Whether the case is medically urgent (and if so, when a response is needed)
  - A summary of the case and what is being requested
  - The state in which the consumer resides
  - Indicate that you have already called the Marketplace Call Center or EDE partner and provide the date of the call
- The Help Desk will refer the information provided to representatives from our Complex Case Help Center (CCHC) so they can respond to your issue. A member of the CCHC team will contact you via phone for additional information or to communicate the outcome of the case.

Agent and Broker Resources

- **Agent and Broker General Resources:** https://regtap.cms.gov/reg_librarye.php?i=4182
- **Agent and Broker Help Desk Information:** https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf
- **Agent and Broker FAQs:** https://www.agentbrokerfaq.cms.gov/s/

Closing

Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!

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Break
3:45 PM – 4:00 PM ET

Closing Remarks

4:00 PM – 4:30 PM ET