

How to take action when you have both Marketplace & Medicaid/CHIP coverage

If you're eligible for Medicaid or the Children's Health Insurance Program (CHIP), you don't qualify to get help paying for your Marketplace plan. You may have gotten a notice about this in the mail or your Marketplace account.

You must either:

- End your enrollment in a Marketplace plan with financial help, **or**
- Update your application (to tell the Marketplace you're not enrolled in Medicaid or CHIP)

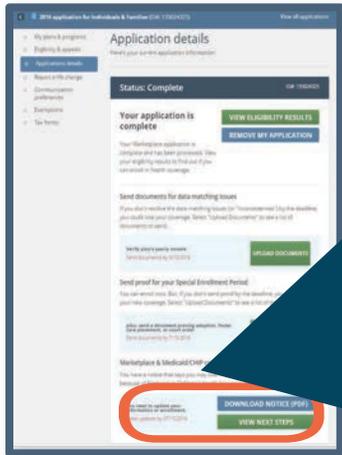
Follow these steps to find out which action(s) you'll need to take and how to do it.

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Log into your Marketplace account, if you haven't already.

1. Select the green "Start a new application or update an existing one" button.
2. Choose your current application under "Your existing applications."
3. Click "Application Details" from the left-hand menu.

Look at the “Marketplace & Medicaid/CHIP coverage” section for your deadline, then view next steps



Marketplace & Medicaid/CHIP coverage

You have a notice that says you may lose financial help for your Marketplace plan because of Medicaid or Children's Health Insurance Program (CHIP) enrollment.

You need to update your information or enrollment.
Make updates by 07/15/2016

DOWNLOAD NOTICE (PDF)

VIEW NEXT STEPS

IMPORTANT: Be sure to take action before this date.

You can download and review your notice here.

Select the "View Next Steps" button to learn what to do next.

Tell us who has Medicaid or CHIP coverage in your household



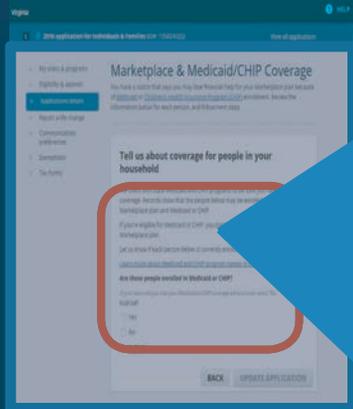
The image shows a screenshot of a web application interface. On the left is a sidebar menu with items like 'My plans & programs', 'Eligibility & appeals', 'Appeals & appeals', 'Report a life change', 'Communication preferences', 'Exemptions', and 'Tax forms'. The main content area is titled 'Marketplace & Medicaid/CHIP' and contains a section 'Tell us about coverage for your household'. A large blue arrow points from this section to a callout box on the right. The callout box has an orange border and contains the following text: 'Are these people enrolled in Medicaid or CHIP?' followed by a note: 'If your state told you that your Medicaid or CHIP coverage will end soon, select "No."' and the name 'kupi sah'. Below the name are two radio button options: 'Yes' and 'No'.

Answer "Yes" or "No" for each person to tell us if they're enrolled in Medicaid or CHIP.

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Determine if you need to end Marketplace coverage with financial help **OR** update your application



Are these people enrolled in Medicaid or CHIP?

If your state told you that your Medicaid or CHIP coverage will end soon, select "No."

kupi sah

Yes

No

Choose this option if you answered "Yes" for everyone listed in your notice and there is no one else on your application. You should end their Marketplace coverage now.

GO

Learn how to report a life change if you answered "No" for everyone listed, because they don't have Medicaid or CHIP.

GO

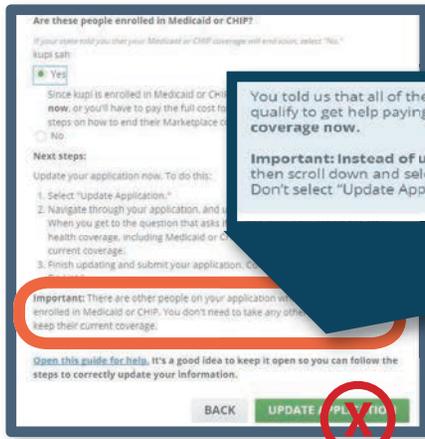
Choose this option if you answered "Yes" for some and "No" for others
or
there are people on your application you weren't asked about.

GO

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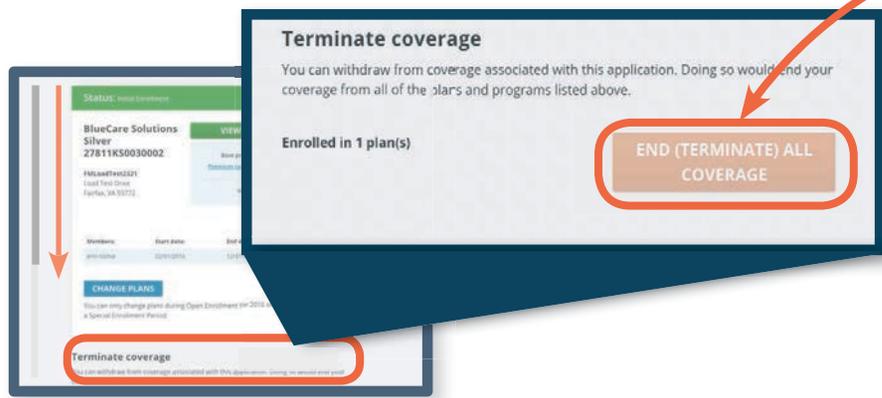
Choose this option if you answered "Yes" for everyone listed in your notice and there is no one else on your application - you should end their Marketplace coverage with financial help now.



You told us that all of these people are enrolled in Medicaid or CHIP. You don't qualify to get help paying for their Marketplace plan, so end their Marketplace coverage now.
Important: Instead of updating your application, go to **My Plans & Programs** then scroll down and select the button that says "End (Terminate) All Coverage." Don't select "Update Application" below.

Select "My Plans & Programs" to go to the page where you can end your coverage.

DON'T click the green "Update Application" button!

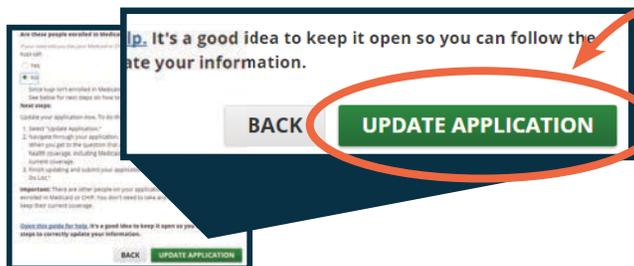


Click the "End (Terminate) All Coverage" button, then...

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Choose this option if you answered "No" for everybody listed in the notice - you should "report a life change" now.



Click the "UPDATE APPLICATION" button to go to your Marketplace application.

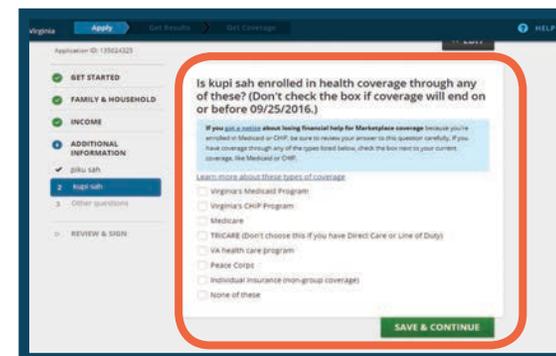
Update your information, as necessary, and click the "SAVE & CONTINUE" button for each page until you get to the page with health coverage questions. You may see one of these 2 screens. Answer the question for each person, then...



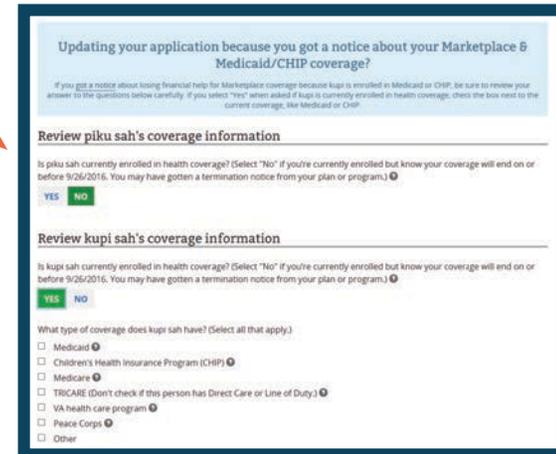
Click the "SAVE & CONTINUE" button.

IMPORTANT: You'll then need to go all the way through your application, complete your "To-Do List," and confirm your enrollment in a plan.

Screen 1



Screen 2



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Choose this option if you answered “Yes” for some and “No” for others or if there are people on your application you weren’t asked about.

Are these people enrolled in Medicaid or CHIP?
If your state told you that your Medicaid or CHIP coverage will end soon, select kupa sah

Yes

Since kupa is enrolled in Medicaid or CHIP, end their Marketplace now, or you'll have to pay the full cost for their coverage. See the steps on how to end their Marketplace coverage.

No

Next steps:
Update your application now. To do this:

1. Select "Update Application."
2. Navigate through your application, and update your information. When you get to the question that asks if anyone in your household has health coverage, including Medicaid or CHIP, check the box next to current coverage.
3. Finish updating and submit your application. Complete all steps on your "To-Do List."

Important: There are other people on your application who aren't enrolled in Medicaid or CHIP. You don't need to take any other action for them to keep their current coverage.

[Open this guide for help](#), it's a good idea to keep it open so you can follow the steps to correctly update your information.

on your "To-Do List."
follow the steps to correctly update your

Click the "UPDATE APPLICATION" button, then you'll be taken to your Marketplace application.

Update your 2016 application Application ID: 130678921

Because you've had a life change, like a change in household size or income, you need to update your application with the new information.

See below for the information we have about the people on your application. Then, check the box next to the type of change you need to make. You can check more than one box.

Full Name	Date of birth	Social Security Number (SSN)	Relationship	Sex	Applying
John Carson	06/19/1961	XXX-XX-1506	Self	Male	Yes
Suzanne Carson	01/05/1952	XXX-XX-1507	Spouse	Female	Yes
Anna Carson	01/18/1995	XXX-XX-1508	Child	Female	Yes

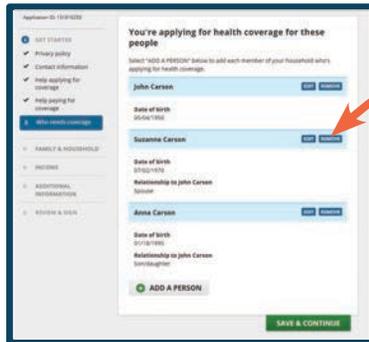
Update a person's information or add a new person
 Remove a person
 Update income or other information

For anyone who's eligible for or enrolled in Medicaid or CHIP, select "Remove a person." Then click "UPDATE MY APPLICATION."

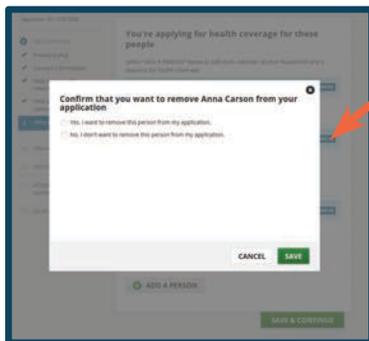
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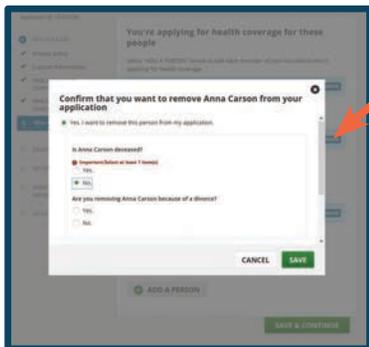
Choose this option if you answered “Yes” for some and “No” for others or if there are people on your application you weren’t asked about. (Continued)

A screenshot of a web application interface for health coverage. The title is "You're applying for health coverage for these people". Below the title, there's a list of people: John Carson, Suzanne Carson, and Anna Carson. Each name has a "REMOVE" button next to it. Below the list, there's an "ADD A PERSON" button. At the bottom right, there's a "SAVE & CONTINUE" button. The left sidebar shows navigation options like "GET STARTED", "PERSONAL INFORMATION", "FAMILY & HOUSEHOLD", "INCOME", "ADDITIONAL INFORMATION", and "REVIEW & SIGN".

Click through the application until you get to the "Who needs coverage" question. For anyone with Medicaid or CHIP, click "REMOVE."

A screenshot of a confirmation dialog box. The title is "Confirm that you want to remove Anna Carson from your application". The dialog contains two radio button options: "Yes, I want to remove this person from my application." (which is selected) and "No, I don't want to remove this person from my application." At the bottom, there are "CANCEL" and "SAVE" buttons.

Answer questions and confirm the removals, then click "SAVE & CONTINUE."

A screenshot of a confirmation dialog box, similar to the previous one, but with an additional question: "Is Anna Carson deceased?" with a "Yes" radio button selected. Below that, there's another question: "Are you removing Anna Carson because of a divorce?" with "Yes" and "No" radio buttons. At the bottom, there are "CANCEL" and "SAVE" buttons.

You'll then be asked if you're removing this person due to death or divorce. Answer "No."

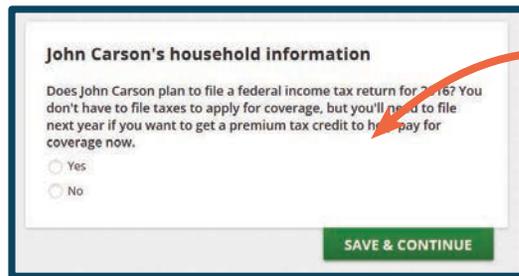
Click through your Marketplace application, updating information as necessary.

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Choose this option if you answered “Yes” for some and “No” for others or if there are people on your application you weren’t asked about. (Continued)

What to do if you removed people that are still in your tax household:



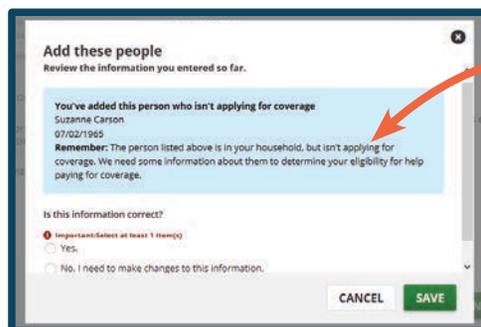
John Carson's household information

Does John Carson plan to file a federal income tax return for 2016? You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.

Yes
 No

SAVE & CONTINUE

If you removed a spouse or a dependent, you'll need to add them back into your application, so your household information can be complete. When you answer questions about your tax household, you'll be asked "Who is your spouse?" or "Who is your child?" To add your spouse's or child's information, select "Someone else," and enter their name.



Add these people

Review the information you entered so far.

You've added this person who isn't applying for coverage
Suzanne Carson
07/02/1965

Remember: The person listed above is in your household, but isn't applying for coverage. We need some information about them to determine your eligibility for help paying for coverage.

Is this information correct?

Important (Select at least 1 item)
 Yes
 No. I need to make changes to this information.

CANCEL **SAVE**

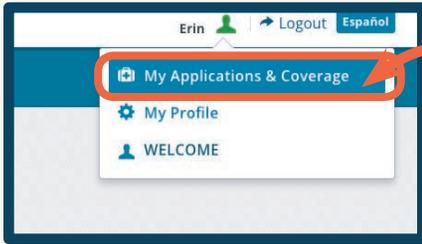
Then, if the information you added is correct, select "Yes," then "SAVE" to continue with your application updates.

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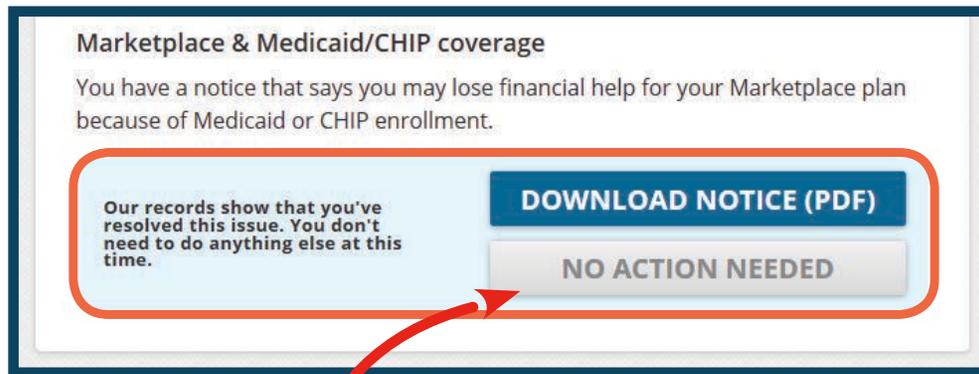
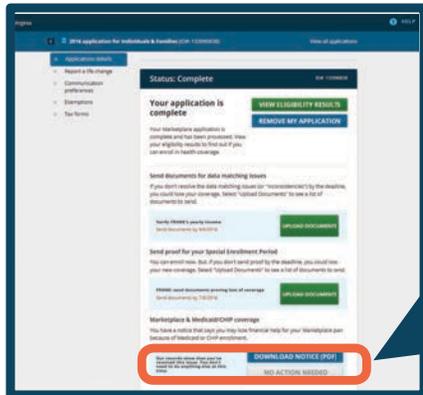
IMPORTANT: After submitting your signed application, select a plan and confirm enrollment in a Marketplace plan for eligible household members.

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What to do once you've successfully completed the steps.



Once you've completed the necessary steps, click on your name in the top right of your application. Then, select "My Applications & Coverage" from the dropdown menu. Then, select your most recent application, and select "Application Details."



If you've successfully completed the steps, "NO ACTION NEEDED" will appear under the "Marketplace & Medicaid/CHIP" coverage section of the "Application details" page.

More answers on Marketplace & Medicaid/CHIP coverage

What if people on my application aren't listed on my notice as having Medicaid/CHIP?

You may have other people on your application who aren't listed in the notice. This means our records show these people don't have Medicaid or CHIP. You don't need to take any action for them to keep their current Marketplace coverage.

What if I don't take any action?

If you don't take action by the date listed in your notice, the Marketplace will end any financial help being paid on behalf of the people listed in the notice for their Marketplace plan (known as "advance payments of the premium tax credit" and "cost-sharing reductions"). After their financial help ends, these people will stay enrolled in their Marketplace coverage at full cost unless you take action.

Can I keep my Marketplace plan, and Medicaid or CHIP?

If you're eligible for Medicaid or CHIP that counts as qualifying coverage, you can choose to stay enrolled in a Marketplace plan, but you won't get help paying for your coverage.

Where can I get help?

Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Or, you can make an appointment with a trained assister. Find one near you at LocalHelp.HealthCare.gov.