

Application Walkthrough: Helping Consumers Understand The Eligibility Notice



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Let's Get Started

I submitted my Marketplace application. Am I eligible for Marketplace coverage? Can I get financial assistance? Do I need to provide more information to the Marketplace? Am I eligible for Medicaid?

Every consumer applying for Marketplace coverage must download their Eligibility Notice before choosing a plan.

The Eligibility Notice lets consumers know:

1. Their eligibility for:
 - a. Marketplace health plans,
 - b. Advance payments of the premium tax credit (APTC),
 - c. Cost-sharing reductions (CSRs),
 - d. Special Enrollment Periods (SEPs) (this is indicated by a deadline to enroll in a Marketplace plan), and
 - e. Medicaid and the Children's Health Insurance Program (CHIP).
2. If they have a data matching issue (DMI) or SEP verification issue (SVI) requiring them to provide additional documentation to confirm information on their application.
3. Information about coverage start dates.
4. Information about their right to appeal.

Consumers also get an Eligibility Notice anytime the Marketplace re-processes their application during the year (e.g., after a DMI expires) or during annual redeterminations/re-enrollment for the next coverage year.

You should be able to explain consumers' Eligibility Notice results to them and describe each program they are eligible for. Sometimes this will be a simple conversation, and an applicant will quickly move to the next step of shopping for a qualified health plan (QHP). Other times, applicants may encounter a DMI or wish to appeal a decision in their Eligibility Notice. If the information on a consumer's Marketplace application doesn't match Marketplace records, the Eligibility Notice will explain that the consumer must provide additional documents and list any next steps for resolving outstanding DMIs.

This module will guide you through helping consumers review and interpret their Eligibility Notice.

What You Need to Know

Let's review some important reminders when helping consumers review their eligibility results.

After consumers submit their application, the HealthCare.gov application will generally provide them with an "Eligibility results" screen.

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 can access their Eligibility Notice at any time from the "Application details" page in their HealthCare.gov account.

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.

Assister Tip: You should confirm with consumers that they have received an Eligibility Notice.

For detailed information on helping consumers review their Eligibility Notice, refer to [SOP 6 – Review Eligibility Results](#).

What You Need to Do

You will help David and Winona Taipa, a married couple who are American Indian/Alaska Native (AI/AN) consumers, review their Eligibility Notice for key information and understand their next steps.

David accesses his Eligibility Notice from his HealthCare.gov account. He would like to know whether he and Winona are eligible for APTC. Based on the Eligibility Notice, both David and Winona are eligible for APTC to use the premium tax credit for a marketplace plan, up to \$650 per month for the household.

Next, David asks if he and/or Winona are eligible for Medicaid coverage. David sees that both him and Winona are likely not eligible for Medicaid coverage because their monthly household income of \$3,700 is too high.

David indicated his and Winona's AI/AN status on their application. David asks if he needs to provide any other information to the Marketplace to confirm their AI/AN status. You notice that he and Winona must submit documents to resolve an AI/AN status DMI. In the "Action: Next Steps" section of the Eligibility Notice, they must submit their documents by March 1, 2023, to confirm American Indian or Alaska Native status.

The Eligibility Guide included with their Eligibility Notice includes a list of documents David and Winona can submit to confirm their AI/AN status. David and Winona can submit a Tribal Enrollment/Membership Card from a federally recognized Tribe or a Certificate of Degree of Indian Blood.

Assister Tip: The quickest way consumers can resolve a DMI is by uploading supporting documents to their HealthCare.gov account. Consumers can also mail documents to the Marketplace, but you should remind them that this method takes more time to process. If they choose to mail their documents, they should include the bar code page from their Eligibility Guide in the same envelope. If the consumer doesn't have the bar code page, they should write their application ID number and full name on each page of all documents. Consumers should keep the original documents and mail a copy of all documents to the Marketplace, including proof of mailing (if they have one).

Wrap Up

Congratulations! You have completed *Helping Consumers Understand the Eligibility Notice*.

Here are some reminders when you are helping consumers review their Eligibility Notice:

- Eligibility Notices from the Marketplace will provide appeals information in case consumers believe their eligibility results are wrong. For more information about appeals, refer to [SOP 10 – Request a Marketplace Eligibility Appeal](#).
- Until a consumer's 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. For more information on resolving DMIs, including lists of documents consumers can submit to resolve different DMI types, refer to [SOP 4 – Verify Identity and Resolve Potential Data Matching Issues](#) and visit [HealthCare.gov/verify-information/send-more-info](https://www.healthcare.gov/verify-information/send-more-info).
- Refer to [SOP 6 – Review Eligibility Results](#) for more information on helping consumers review their Eligibility Notice.

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