

Take action when you have Marketplace coverage along with Medicaid or CHIP coverage

If you're eligible for health coverage through Medicaid or the Children's Health Insurance Program (CHIP), you can't get help paying for health coverage through the Marketplace.

You should do one of these:

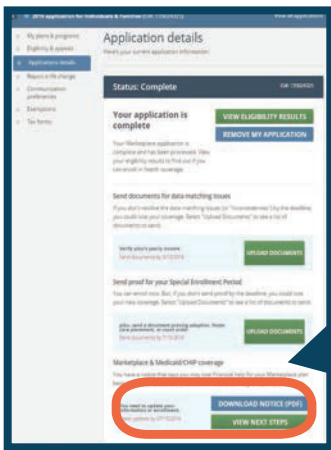
- End your enrollment in Marketplace coverage
- Update your application to tell the Marketplace you're not enrolled in Medicaid or CHIP

This guide will show you how to take the next steps. Select the "NEXT" arrows along the bottom of each page to move to the next page. Don't use the arrow keys on your keyboard.

Log in to your Marketplace account, if you haven't already

1. Choose your current application under "Your existing applications."
2. Select "Application Details" on the left-hand menu.

Pay attention to your deadline to take action & see your 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 09/01/20XX

DOWNLOAD NOTICE (PDF)

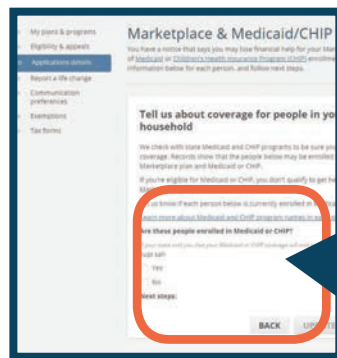
VIEW NEXT STEPS

IMPORTANT: Take action before this date.

Download and review your notice here, if needed.

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

Tell us who in your household has Medicaid or CHIP coverage



Are these people enrolled in Medicaid or CHIP?

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

Bobby Flynn

Yes

No

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

Read the options below, then select the “Go” button that matches your situation

You answered “Yes” for everyone listed in your notice and there’s no one else on your application.

GO

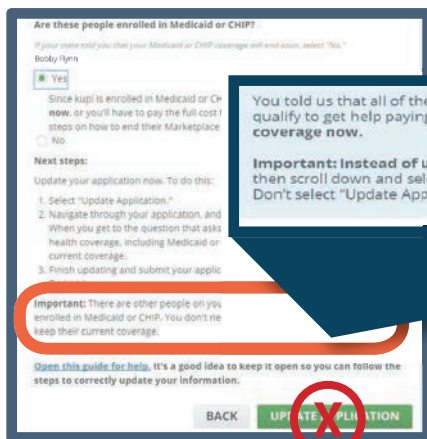
You answered “No” for everyone listed, because they don’t have Medicaid or CHIP.

GO

You answered “Yes” for some and “No” for others, **OR** there are people on your application you weren’t asked about.

GO

If you answered "Yes" for everyone listed in your notice and there's no one else on your application, end each person's Marketplace coverage with financial help

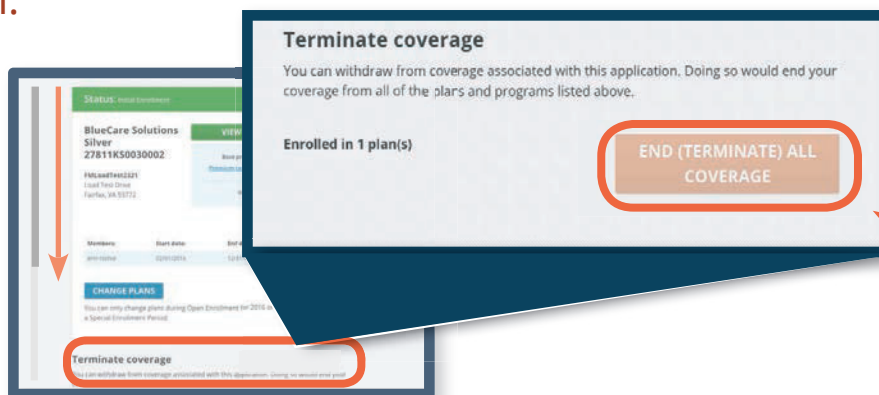


You told us that all of these people are enrolled in Medicaid or CHIP. You don't qualify to get help paying for their Marketplace plan, so **end their Marketplace coverage now.**

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, then...

DON'T select the green "Update Application" button.

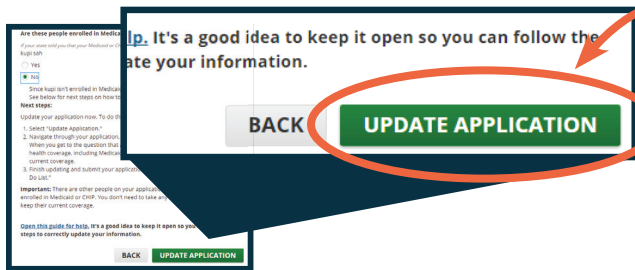


Select the "End (Terminate) All Coverage" button.

◀ **BACK**

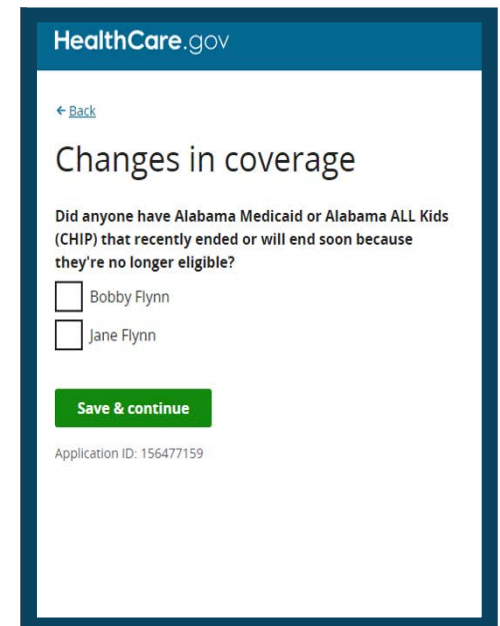
NEXT ▶

If you answered “No” for everyone on your notice, report a life change

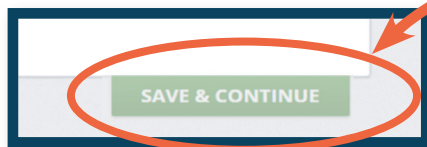


Select the "Update Application" button to go to your Marketplace application.

Select through your application. If you (or anyone on your application) had Medicaid or CHIP coverage that recently ended or will end soon, select each person's name when asked. You'll also enter information about income changes and the last date of coverage.



Select the "Save & Continue" button.



IMPORTANT: Go all the way through your application, complete your "To-Do List," and confirm your enrollment in a plan.

If you don't see these steps, see "Where can I get help?" on page 11.

If you answered “Yes” for some people on your notice and “No” for others, OR if there are people on your application you weren’t asked about, take these actions

in your "To-Do List."

follow the steps to correctly update your

BACK UPDATE APPLICATION

Are these people enrolled in Medicaid or CHIP?

If your state told you that your Medicaid or CHIP coverage will end soon, select Yes.

Yes

Since kupi is enrolled in Medicaid or CHIP, end their Marketplace coverage 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 needs health coverage, including Medicaid or CHIP, check the box for current coverage.
3. Finish updating and submit your application. Complete all steps on the "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.](#)

BACK UPDATE APPLICATION

Select the "Update Application" button. You'll be taken to your Marketplace application, then...

HealthCare.gov

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Who needs health coverage?
[Learn more about who not to include.](#)

Needs coverage
[Learn more about editing or removing someone.](#)

Bobby [Edit](#)

Jane [Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 156477159

HealthCare.gov

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Edit Jane's information

Does Jane need coverage?

Yes

No

First name

Jane

Middle name
Optional

Last name

Flynn

Suffix
Optional

Date of birth
For example: 3/4/2018

Step through your application. When asked if you or a person who's enrolled in Medicaid or CHIP needs coverage, select No," and then "Save & Continue."

If someone on your application (including you), has current Medicaid or CHIP coverage, select "Edit" next to the person's name.

If you answered “Yes” for some people on your notice and “No” for others, OR if there are people on your application you weren’t asked about, take these actions (Continued)



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Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

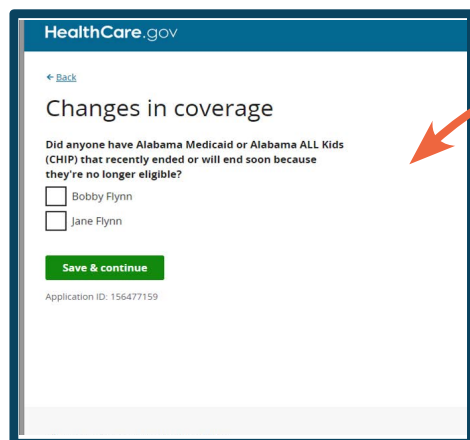
- ✓ Bobby [Edit](#)
- ✓ Jane [Edit](#) | [Remove](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 156477159

You don't need to edit your information or anyone else's information if you don't have current Medicaid or CHIP coverage.



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Changes in coverage

Did anyone have Alabama Medicaid or Alabama ALL Kids (CHIP) that recently ended or will end soon because they're no longer eligible?

- Bobby Flynn
- Jane Flynn

[Save & continue](#)

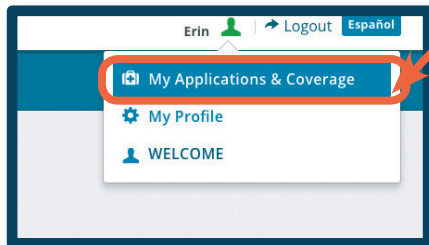
Application ID: 156477159

But, if another person on your application had Medicaid or CHIP coverage that ended recently (or will end soon), edit their information and, step through the application, and select their name when asked about this coverage. Next, you'll enter information about income changes and the last date of coverage.

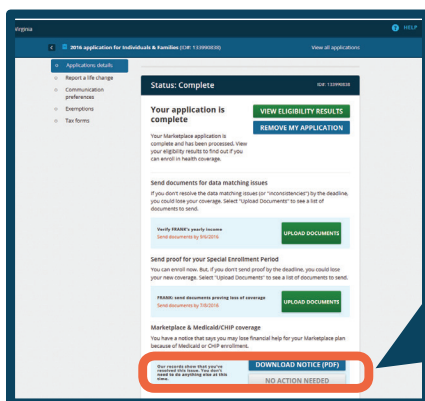
IMPORTANT: Go through your entire application.

If you don't see these steps, see “Where can I get help?” on page 11.

When you've completed all necessary steps...



Select on your name in the top right corner of your application, then select "My Applications & Coverage." Select your most recent application, then "Application Details."



Marketplace & Medicaid/CHIP coverage

You have a notice that says you may lose financial help for your Marketplace plan because of Medicaid or CHIP enrollment.

Our records show that you've resolved this issue. You don't need to do anything else at this time.

DOWNLOAD NOTICE (PDF)

NO ACTION NEEDED

If you've successfully completed the steps, you'll see a "NO ACTION NEEDED" button. This means you're done with all necessary updates.

More about on when you have a Medicaid or CHIP coverage Marketplace plan

What if I don't take any action?

The Marketplace will end any savings your household members are getting for their Marketplace coverage if you don't act in your Marketplace account by the date listed in your notice. After the savings end, these household members will stay enrolled in their Marketplace coverage at full cost, unless you take action.

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

The Marketplace will end any savings your household members are getting for their Marketplace coverage if you don't act in your Marketplace account by the date listed in your notice. If you choose to keep your full-cost Marketplace coverage, you should tell your state Medicaid or CHIP agency that you're still enrolled in Marketplace coverage. If you choose to stay enrolled in Marketplace coverage without savings, you may no longer be eligible for CHIP.

Where can I get help?

Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) if you're not seeing the steps outlined in this user guide, or if you're having trouble completing the steps. Or, you can make an appointment for in-person help. Find help near you at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).