Medicaid and Children's Health Insurance Program (CHIP) Overview

This job aid provides information and guidance for Navigators, Certified Application Counselors, and Enrollment Assistance Personnel (EAPs) (collectively, assisters) on helping individuals learn about and apply for Medicaid and the Children's Health Insurance Program (CHIP).

Version 3.0. September 2024. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. tax filer expense.

Overview

Medicaid provides health coverage to tens of millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The Children's Health Insurance Program (CHIP) provides health coverage to eligible children through both Medicaid expansion CHIP and separate CHIP programs. Children eligible for CHIP are in families with incomes too high to qualify for Medicaid, but too low to afford private coverage.

Both Medicaid and CHIP are administered by states according to federal requirements and are funded jointly by states and the federal government.

Most Medicaid and CHIP coverage qualifies as minimum essential coverage (MEC). However, some forms of Medicaid that cover limited benefits aren't considered MEC. Some limited types of Medicaid only pay for certain services, such as family planning, emergency care, or tuberculosis treatment services. For more information on Medicaid programs that are considered MEC, visit Find Out if Your Medicaid Program Counts as MEC.

Individuals who are determined eligible for or are enrolled in coverage through Medicaid or CHIP that counts as MEC are ineligible for advance payments of the premium tax credit (APTC) for themselves, as well as for income-based cost-sharing reductions (CSRs) to help pay for the cost of their Marketplace coverage. If they are enrolled in both (1) Medicaid or CHIP and (2) Marketplace coverage with APTC or CSRs, the individual should visit Canceling a Marketplace plan when you get Medicaid or CHIP or contact the Marketplace Call Center at 1-800-318-2596 for instructions on how to end their Marketplace coverage with APTC/CSRs.

Eligibility

Medicaid and CHIP eligibility depends on several factors that can vary by state, including:

- An individual's income level;
    - Modified adjusted gross income (MAGI) is used to determine most individuals' financial eligibility for Medicaid and CHIP. MAGI is the individual's adjusted gross income plus any non-taxable Social Security, tax-exempt interest, or untaxed foreign income they might have. For example, earned wages and unemployment benefits are counted in the MAGI calculation, but income from child support and student loans are not. There are some differences in the MAGI calculation for Medicaid/CHIP than for the Marketplace.

    - An individual may be required to provide information or documentation to their state Medicaid or CHIP agency to verify their income. The state Medicaid or CHIP agency may not be able to make an eligibility determination until the individual provides the requested information.
- The number of people in their household;
    - Household composition and family size are important to calculate MAGI and determine Medicaid and CHIP eligibility. Household size generally includes tax filers and tax dependents in the household, but sometimes different family members are included in an individual's Medicaid and CHIP household size, such as when determining Medicaid and CHIP eligibility for someone who doesn't file a tax return and is not claimed as a tax dependent.
- The individual's age, pregnancy status, and whether the individual has a disability;
- The state in which they live; and
- Their U.S. citizenship, U.S. national status, or immigration status.

Applying for Medicaid and CHIP

Individuals and families can apply and receive eligibility results for Medicaid and CHIP in two main ways:

1. Through their state's website.
    - Some states have unique names for their Medicaid or CHIP coverage. Look up state Medicaid and CHIP program names, choose a state in the drop-down menu to be directed to the state agency website; or review the list in Appendix A; or people can apply through the agency website to find out if they qualify for Medicaid or CHIP. They can also apply by phone, mail, in person, or through other commonly available electronic means.
    - There is no open enrollment period for Medicaid and CHIP. Individuals can apply and be determined eligible at any time. If a person qualifies, Medicaid or CHIP coverage can begin immediately and may be effective retroactively.
2. By filling out a Marketplace application.
    - After submitting a completed application for Marketplace coverage with financial assistance, the Marketplace will evaluate eligibility results for both Marketplace coverage with financial assistance and Medicaid or CHIP coverage. If anyone in the household is or may be eligible for Medicaid or CHIP or requests a full/non-MAGI determination of Medicaid/CHIP eligibility by the state Medicaid/CHIP

agency, the Marketplace will send the individual's information to the state Medicaid or CHIP agency for a final eligibility determination and/or enrollment, as applicable.

- The state Medicaid or CHIP agency will notify the applicant about any next steps to finalize an eligibility determination and/or enroll in Medicaid or CHIP coverage, as applicable.

Medicaid Adult Expansion

Under the Affordable Care Act (ACA), states have the opportunity to expand Medicaid to more low-income adults under the age of 65, specifically those with income at or below 138 percent of the federal poverty level (FPL).[i] Exhibit 1 provides information on income eligibility for Medicaid for expansion states in the continental United States. Note: Individuals may still qualify for Medicaid even if their specific scenario is not demonstrated in Exhibit 1, as their eligibility depends on their specific circumstances and other eligibility pathways depending on their state.

Exhibit 1 – Income Thresholds for Medicaid Eligibility in the Medicaid Adult Group by Income and Household Size, 2024

Number of People in the Household	Income at or below 138% of the FPL[ii] (If a consumer's income is at or below 138% of the FPL and their state has expanded Medicaid coverage to the adult group, they may qualify for Medicaid.)
1	$20,782
2	$28,207
3	$35,631
4	$43,056
5	$50,480
6	$57,904

*The figures in this table are annual income amounts; however, Medicaid eligibility is determined using current monthly income

People in states that have not expanded Medicaid coverage to the adult group and who have household income below 100 percent of the FPL ($15,060 for a household of one, with an increase of $5,380 for each additional person) may not qualify for either income-based Medicaid or financial assistance for a Marketplace plan unless they are lawfully present[iii] and ineligible for Medicaid due to their immigration status (in which case they can enroll in a Marketplace plan with financial assistance if they meet all other eligibility requirements for Marketplace eligibility). Assisters should help individuals in this situation understand that they may still qualify for

Medicaid on another basis under their current state rules. For more information, refer to Medicaid Coverage Gap below.

Assisters should understand that individuals who are immigrants may be eligible for Medicaid. In general, immigrants must have a "qualified" immigration status to be eligible for Medicaid or CHIP. Many eligible individuals, including most lawful permanent residents or "green card" holders, must wait five years after obtaining qualified status before they may enroll. Some immigrants with qualified status, such as refugees and asylees, do not have to wait five years before enrolling. Additionally, some immigrants, such as parolees or those with temporary protected status, are lawfully present and may only qualify for coverage if they are a child or pregnant individual in a state that has elected to cover lawfully residing children or pregnant individuals.[iv] Immigrants who do not have a qualified status and who are not eligible as a lawfully present child or pregnant individual in their state are generally only eligible for payment for services for treatment of an emergency medical condition.

Out-of-pocket Costs

Within limits, states can impose nominal copayments, coinsurance, deductibles, and other similar charges on most Medicaid-covered benefits. All out-of-pocket charges are based on the specific state's defined payment amount for that service. Out-of-pocket amounts vary depending on a Medicaid beneficiary's income. Certain groups, including children, individuals receiving hospice care, and individuals residing in an institution, are exempt from cost sharing. Assisters should refer to their state agency for details about Medicaid out-of-pocket costs. Certain services are also exempt from out-of-pocket costs, including pregnancy related services and preventive services for children. Cost sharing can never exceed five percent of a household's income. Exhibit 2 presents the maximum allowable out-of-pocket costs that beneficiaries at different income levels can expect to pay for certain Medicaid-covered services (unless the state is operating with a waiver of cost-sharing limitations granted by the Centers for Medicare & Medicaid Services). However, states have more flexibility around cost sharing for higher-income children enrolled in CHIP.

Exhibit 2 – FY24 Maximum Allowable Medicaid Copayments Determined by Eligible Population's Household Income

Services and Supplies	≤100% of the FPL	101-150% of the FPL	>150% of the FPL
Inpatient Hospital	$97.50	10% of the cost the agency pays	20% of the cost the agency pays
Outpatient Services	$5.20	10% of the cost the agency pays	20% of the cost the agency pays
Non-emergency use of the Emergency Department	$10.40	$10.40	No limit* *Must remain within the 5% aggregate family cap
Preferred Drugs	$5.20	$5.20	$5.20
Non-preferred Drugs	$10.40	$10.40	20% of the cost the agency pays

Medicaid and CHIP and Marketplace Coverage

If someone is determined eligible for Medicaid or CHIP, they are generally not eligible to receive APTC or CSRs through the Marketplace, even if they choose to decline Medicaid or CHIP coverage.

Individuals should immediately end Marketplace coverage with premium tax credits or other cost savings for anyone in their household who is determined eligible for or already enrolled in Medicaid or CHIP that counts as MEC. If consumers enrolled in both MEC Medicaid/CHIP and Marketplace coverage do not end their Marketplace coverage, they will have to pay full cost for that coverage. In accordance with guidance from the Internal Revenue Service (IRS), if a Marketplace makes a determination or assessment that an individual is no longer eligible for Medicaid or CHIP and is eligible for APTC when the individual enrolls in Marketplace coverage, the individual is treated as not eligible for Medicaid or CHIP for purposes of the premium tax credit while they are enrolled in Marketplace coverage for that year.

Individuals with limited Medicaid coverage should consider filling out an application through the Health Insurance Marketplace®[v] to find out if they qualify for comprehensive coverage through Medicaid, CHIP, or a Marketplace insurance plan with savings based on their income. When someone with limited Medicaid coverage, which is Medicaid that is not considered MEC, fills out a Marketplace application, they should indicate that they want to find out if they can get help

paying for coverage, and they should not check the box indicating they have Medicaid. Instead, if otherwise accurate, individuals should check “Other” to indicate that they have other limited benefit coverage or they don’t have other coverage at all. If otherwise eligible, most individuals with household income that is at least 100 percent of the FPL can purchase a qualified health plan (QHP) through the Marketplace and qualify for help lowering the costs of coverage.

Note: The American Rescue Plan Act (ARP) of 2021 and the Inflation Reduction Act (IRA) of 2022, made Marketplace coverage more affordable through plan year 2025. Premium tax credits (PTC) are available to consumers with household income above 400 percent FPL, and the amount a family’s household will pay towards the premiums for a benchmark plan is capped at 8.5 percent of household income. Consumers at lower income levels are expected to contribute a smaller percentage toward monthly premiums.

Medicaid and CHIP Enrollees and Special Enrollment Periods

There are several different Marketplace Special Enrollment Period (SEP) types related to Medicaid and CHIP loss and denials:

- Loss of coverage: Individuals who no longer qualify for Medicaid or CHIP coverage (including pregnancy-related coverage and medically needy coverage or aging out of CHIP coverage) can qualify for an SEP due to their loss of coverage. They can access this SEP by applying at the Marketplace and attesting to their loss of coverage. For more on the temporary Medicaid Unwinding SEP, please refer to Medicaid Unwinding: The Expiration of the Continuous Enrollment Condition.
- Ineligibility: Individuals may qualify for an SEP if they applied for coverage at the Marketplace or through their state Medicaid/CHIP agency during the Marketplace Open Enrollment Period (OEP) and the state Medicaid or CHIP agency determines the person is not eligible for Medicaid/CHIP after the OEP ended. The consumer can access this SEP by submitting a HealthCare.gov application and attesting to their Medicaid/CHIP denial.
    - This SEP is also available to consumers who apply for coverage through the Marketplace after an SEP qualifying event, are assessed as potentially eligible for Medicaid/CHIP, and are determined Medicaid/CHIP-ineligible more than 60 days after their original SEP qualifying event.
- 150 Percent FPL: The 150 percent SEP is a monthly SEP available to consumers who have an estimated annual household income at or below 150 percent of the FPL in their state and are APTC-eligible. This SEP allows consumers to enroll in Marketplace coverage or change their Marketplace coverage once per month, if they so choose.

Previously, this SEP was only available when these individuals were expected to contribute zero percent of their income towards premium.

- Qualifying life change: Consumers may qualify for an SEP if they become newly eligible for help paying for Marketplace coverage because they moved to a different state and/or experienced a change in household income and they were previously both:
    - Ineligible for Medicaid coverage because they lived in a state that hadn't expanded Medicaid; AND
    - Ineligible for help paying for coverage because their household income was below 100 percent of the FPL.

  Applicants can access this SEP by calling the Marketplace Call Center and explaining their situation. Once the Call Center confirms that they're APTC-eligible, the consumer's application will be escalated to a review team that will determine their SEP eligibility. After a determination is made, the Marketplace will send a notification to the consumer via mail.

Consumers may visit the HealthCare.gov Screener and answer a few questions to find out if they may qualify for an SEP to enroll in or change plans. To receive a determination, consumers should submit an application on HealthCare.gov. Consumers may also call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to enroll by phone and verify their SEP eligibility. If consumers qualify for an SEP, they generally have 60 days after their SEP qualifying event to select or change their Marketplace coverage.

Note: Consumers enrolling in Marketplace coverage for the first time may need to submit documents to prove they qualify for an SEP.

For more information about SEPs, visit Special Enrollment Periods. Consumers changing plans through an SEP may be limited to choosing a new plan from their current plan category. For more information, visit Changing plans — what you need to know.

Medicaid and CHIP for Pregnant Individuals

Medicaid pays for nearly half of all births in the United States. With Medicaid coverage, pregnant individuals have access to comprehensive health coverage, including for pregnancy, labor, and delivery, as well as postpartum care for at least 60 after the end of the pregnancy and through the end of the month in which the 60-day period ends, as required by law, regardless of any change in household income. However, the American Rescue Plan Act of 2021, as amended by the Consolidated Appropriations Act 2023 (CAA, 2023), gave states the option to extend Medicaid and CHIP coverage for pregnant individuals beyond the required 60-day postpartum period to twelve (12) months. This state option began on April 1, 2022. As of June 2024, 46

states, the District of Columbia, and the U.S. Virgin Islands have extended postpartum eligibility to 12 months. In those states and territories, most pregnant individuals who are covered by Medicaid or CHIP on the date their pregnancy ends continue their Medicaid coverage for a postpartum period that lasts through the end of the month in which a 12-month postpartum period ends. If adopted for Medicaid, the extended postpartum coverage election applies automatically to a separate CHIP in the state for children who are pregnant and pregnant individuals, as applicable. After the postpartum period ends, the postpartum person may no longer be eligible for Medicaid or CHIP based on state requirements. However, depending on the state in which the individual resides and individual circumstances (e.g., income and household size), the postpartum person may be eligible under a different eligibility group, for example under the adult group or as a parent/caretaker relative.

Babies born to pregnant individuals who are receiving Medicaid on the date of delivery are automatically eligible for Medicaid (known as "deemed newborns"). Medicaid eligibility continues until the child's first birthday, and citizenship documentation is not required. Under CHIP, states can elect to cover pregnant individuals. Similar to Medicaid, "targeted low-income pregnant women" in CHIP can receive access to prenatal, delivery, postpartum services, and their infants are also automatically eligible as deemed newborns for either Medicaid or CHIP.

States may also elect to provide coverage to lawfully residing children and pregnant individuals under sections 1903(v)(4)(A) and 2107(e)(1)(N) of the Social Security Act and SHO# 10-006.

For a list of states providing Medicaid and CHIP coverage to lawfully residing children and/or pregnant individuals, visit Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Individuals.

Medicaid and Former Foster Care Children

Under prior federal law, Medicaid provided coverage for qualifying youth who age out of foster care until they reach age 26, under the mandatory Former Foster Care Children eligibility group However, states were not mandated to cover youth when they relocate from the state in which they were in foster care.

As of January 1, 2023, a provision in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act expanded Medicaid coverage for former foster care children who turn 18 on or after January 1, 2023, and move to a different state.

Specifically, Section 1002(a) of the SUPPORT Act applies the following new requirements exclusively to individuals who turn 18 on or after January 1, 2023:

1. Requires states to cover under the Former Foster Care Children (FFCC) Medicaid eligibility group individuals who aged out of foster care and were enrolled in Medicaid in a state different from the one where they currently live. In other words, people formerly in foster care who relocate to a different state and turned 18 on or after January 1, 2023, must now be covered in any state as former foster care children;
2. Eliminates the requirement that an individual be ineligible for another mandatory eligibility group (other than the Adult Group) to qualify for the FFCC group.

Currently, the Marketplace considers eligibility for Medicaid for the FFCC category by asking consumers turning 18 whether they were in foster care.

Medicaid Coverage Gap

In states that have not expanded Medicaid to the adult group, many adults with incomes below 100 percent of the FPL are in what is known as a "coverage gap." Their incomes are too high to qualify for Medicaid under their state's current rules and too low to qualify for help paying for Marketplace coverage and they cannot afford to pay the full price. Some consumers in the coverage gap include adults with no dependent children or parents of dependent children whose household income is above the state's threshold for parents but below 100 percent of the FPL. Consumers in the coverage gap may:

- Fill out a Marketplace application and indicate that they want to see if they're eligible for help paying for coverage. Each state has coverage options that could work for the consumer, particularly if they have children, are pregnant, or have a disability. Also, when they provide more detailed income information, they may qualify for help paying for Marketplace coverage.
- Purchase catastrophic coverage, which is available for people under age 30 and people of any age with a hardship exemption. Catastrophic plans usually have lower monthly premiums than comprehensive plans but only cover certain preventive services and worst-case scenarios, like serious accidents or illnesses. For more information, visit How to pick a health insurance plan.
- Obtain health care services at federally qualified community health centers. These centers provide services on a sliding scale based on the individual's income. To find a community health center near the consumer, visit How to find low-cost health care in your community.
- Explore the availability of pharmaceutical assistance programs. Some pharmaceutical companies offer assistance programs that provide financial assistance or free products to low-income individuals for the drugs they manufacture. To help consumers find out if

assistance is available for the medications they take, visit Find a Pharmaceutical Assistance Program for the Drugs you Take.

- Find out about other coverage options, including short-term, limited-duration insurance (STLDI).
    - STLDI plans are generally not required to comply with ACA provisions that apply to individual health coverage plans. STLDI plans may not include coverage of essential health benefits and might also have lifetime and/or annual dollar limits on health benefits. If STLDI coverage expires or a consumer loses eligibility for this coverage, they may have to wait until an OEP to get other health insurance coverage. They will not be eligible for an SEP to get Marketplace coverage.
- For more resources, please refer to the Resources for the Uninsured webinar and the Health Coverage Options for the Uninsured fact sheet.

Medically Needy Medicaid

States have the option to establish a "medically needy program" for individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups. Medically needy individuals can still become eligible for Medicaid by "spending down" the amount of income that is above their state's medically needy income standard.

- Individuals spend down by incurring expenses for medical and remedial care for which they do not have health insurance.
- Once an individual's incurred expenses exceed the difference between the individual's income and the state's medically needy income level (the "spend-down" amount), the person can be eligible for Medicaid.
- At the beginning of the budget period, an individual with income above the medically needy income level (MNIL) will not be eligible for Medicaid coverage. As soon as the individual has incurred sufficient medical expenses, such that, after subtracting incurred medical expenses, their income falls below the MNIL, they are eligible for coverage for the rest of the budget period.
- The Medicaid program then pays the cost of services that exceeds the expenses the individual had to incur to become eligible. CMS has outlined the process for determining whether a state's medically needy coverage is considered MEC.
- Some consumers who have medically needy coverage that consists of a comprehensive state plan benefit and who do not have a spend-down requirement may qualify for an SEP to enroll in a QHP through the Marketplace if they lose their Medicaid medically needy coverage. The Medicaid coverage these particular individuals receive is considered MEC. These particular consumers should answer "yes" to the Marketplace

application question that asks if they recently lost health coverage, and consumers should not attest to having Medicaid currently.

- Some states have elected to provide a less robust benefit to medically needy consumers, and this coverage is not considered MEC. These individuals can qualify for Marketplace coverage with APTC even though they also are eligible for Medicaid medically needy coverage. However, they will not qualify for an SEP for loss of Medicaid coverage if their medically needy coverage ends. Individuals who qualify as medically needy through a spenddown will also not qualify for an SEP.

A consumer does not have to accept medically needy Medicaid coverage and can instead elect to enroll in a QHP through the Marketplace with financial assistance, if otherwise eligible. These consumers should not attest that they have Medicaid on their Marketplace application.

Medicaid Coverage of Family Planning Services

Since 1972, family planning services have been covered under Medicaid, including access to contraception, health education and promotion, testing and treatment for sexually transmitted infections (STIs), and preconception services such as screening for obesity, smoking, and mental illness. The ACA allows states to offer family planning services under state plan authority to individuals otherwise ineligible for Medicaid. Additionally, states may opt to use Section 1115 demonstrations to demonstrate the efficacy of family planning-specific plans. States have the authority to set their own eligibility requirements and covered services under family planning state plans.

Individuals eligible under the family planning group are individuals:

- Who are not pregnant;
- Who are not eligible for a Medicaid eligibility group with full coverage; and
- Whose income does not exceed the income eligibility level established by the state.

The income level established by the state may *not* exceed the highest income level for pregnant women under the state's Medicaid or CHIP state plan, or pregnant women under a Medicaid or CHIP 1115 demonstration. States:

- Have the option to consider only the income of the applicant or recipient; or
- May determine income eligibility for individuals under this family planning option by using the same methodology that would apply for pregnant women.

Examples of Family Planning Services states can cover include:

- Contraceptives and related tests and services;
- Education and counseling in the method of contraception desired or currently in use; and
- Infertility treatment (at the state's option).

Examples of Family Planning-*Related* Services states can cover include:

- Family planning visits for men (which may include a physical and laboratory tests, as well as contraceptive counseling); drugs for the treatment of sexually transmitted diseases (STD) or sexually transmitted infections (STI), except for HIV/AIDS and hepatitis, when the STD/STI is identified/ diagnosed during a routine/periodic family planning visit;
- Preventative services that are routinely provided pursuant to a family planning service in a family planning setting. For example, vaccination to prevent cervical cancer.

Medicaid and CHIP Eligibility and Immigration Status

Qualified Non-citizens

Non-citizens who are "qualified non-citizens" may be eligible for Medicaid and CHIP coverage following a waiting period if they meet their state's other eligibility requirements, such as income and residency rules. There are also exceptions that may allow an individual to obtain benefits sooner.

In order to enroll in full Medicaid benefits or CHIP coverage, many qualified noncitizens, such as many lawful permanent residents (LPRs, or "green card holders"), have a five-year waiting period.[vi] This means they must wait five years after receiving "qualified" immigration status before they can be eligible for full Medicaid benefits or CHIP coverage, if they otherwise meet all of the eligibility requirements in the state.[vii] Qualified noncitizens who have not met the five-year waiting period or do not have satisfactory immigration status are only eligible for payment for service for the treatment of an emergency medical condition under Medicaid, if they otherwise meet all of the other eligibility requirements in the state. There are exceptions. For example, refugees and asylees don't have to wait five years to receive full Medicaid or CHIP, and may be eligible for Refugee Medical Assistance (for more on that, visit Office of Refugee Resettlement – Cash & Medical Assistance).[viii]

Exhibit 3 lists some Medicaid- and CHIP-eligible qualified noncitizens who do and do not have a five-year waiting period. For more information, visit and MACPAC – Non-citizens.

Exhibit 3 - Qualified Non-citizens Eligible for Medicaid and CHIP

Qualified Non-citizens With Five-year Waiting Period Requirement	Qualified Non-citizens Without Five-year Waiting Period Requirement
▪ Lawful Permanent Residents (LPR/Green Card Holder) ▪ Paroled into the U.S. for at least one year ▪ Conditional entrant granted before 1980 ▪ Battered non-citizens, spouses, children, or parents ▪ Individuals with a pending application for a victim of trafficking visa	▪ Refugees ▪ Asylees ▪ COFA migrants[ix] ▪ Deportation is being withheld ▪ Cuban and Haitian entrants ▪ Amerasians ▪ Active-duty military servicemembers, veterans, and their spouses and dependent children ▪ Victims of trafficking and the individual's spouse, child, sibling, or parent ▪ LPRs who adjust from refugee, asylee, or some other exempt qualified non-citizen status

Lawfully Residing Children and Pregnant Individuals

Under Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (an option commonly referred to as the "CHIPRA 214 option"), states have the option to cover all lawfully residing children under age 21 (under age 19 for CHIP) and/or pregnant individuals in Medicaid or CHIP, including during the five-year waiting period. A child or pregnant individual is lawfully residing for the purposes of Medicaid or CHIP eligibility if they're lawfully present and otherwise eligible for Medicaid or CHIP in the state they are residing in. To find out if a particular state has this option in place, visit Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant Individuals.

Emergency Care

Medicaid provides payment for services for treatment of an emergency medical condition (including emergency labor and delivery) for people who meet all Medicaid eligibility criteria in the state (such as income and state residency) but are ineligible for full Medicaid benefits because they don't have a satisfactory immigration status.

Immigration Status and Marketplace Savings

Lawfully present immigrants who have an estimated household income less than 100 percent of the FPL and are not eligible for Medicaid due to their immigration status may be eligible for APTC and CSRs for QHPs through the Marketplace if they meet all other eligibility requirements. If they've been denied Medicaid, they may attest to a Medicaid denial due to immigration status on the Marketplace application, which will help the Marketplace determine whether they are eligible for APTC and CSRs to help with the costs of Marketplace coverage and covered services.

By answering the question, "Was [Person's name] found not eligible for [state Medicaid program name] or [state CHIP program name] based on their immigration status since [current year minus five years]?", consumers can enroll in Marketplace coverage with financial assistance if they are otherwise eligible. More information about lawfully present immigrants' eligibility for Medicaid and other coverage options is available at Coverage for lawfully present immigrants.

Tips for Enrolling Consumers in Medicaid or CHIP

Consumers can apply for and, if found eligible, enroll in Medicaid or CHIP at any time during the year using the streamlined Marketplace application available at HealthCare.gov or through their state Medicaid and CHIP agencies. The following tips will help ensure that consumers receive accurate eligibility determinations and are able to enroll in Medicaid, CHIP, or Marketplace coverage, where eligible.

- Instruct consumers to provide accurate income information and inform them that the Marketplace will check trusted data sources to verify their application data.
    - Depending on their state's rules and other factors, consumers will receive either an eligibility determination or assessment notice from the Marketplace. Consumers who are potentially eligible for Medicaid or CHIP may need to provide documents to their state Medicaid or CHIP agency to verify application. Their state Medicaid or CHIP agency will inform them of what information to provide and other important details, as applicable. The state Medicaid or CHIP agency may not be able to make an eligibility determination until the consumer provides the requested information.
    - Be aware that under the CAA, 2023, states must maintain 12 months of continuous eligibility for most children enrolled in Medicaid and CHIP.
    - If the Marketplace cannot verify a consumer's information and the applicant appears potentially eligible for Marketplace coverage (with or without APTC and/or CSRs), the Marketplace will generate a data matching issue. Generally,

consumers have 90 days (95 days for citizenship or immigration DMIs) from the date of their eligibility notice to resolve their DMI. However, for income DMIs, consumers have an automatic 60-day extension, and therefore 150 days to resolve the income DMI (Policy update: The automatic 60 day extension to resolve an income DMI (for a total of 150 days) became effective June 18, 2023.). The Marketplace will make multiple attempts throughout the 90-day timeline to contact consumers about their DMI.

- You can help all members of a potentially mixed eligibility household who are seeking coverage to apply for and enroll in coverage, as applicable. Different members of a household may be eligible for different forms of health coverage. For example, an applicant may be eligible for financial assistance through the Marketplace, the applicant's child may be eligible for CHIP, and the applicant's spouse may be eligible for Medicaid due to disability.
- Explain to consumers how to file an appeal (sometimes referred to as a "fair hearing") for a Medicaid or CHIP eligibility denial. Appeal requests can be filed with the state Medicaid agency or the Marketplace Appeals Entity (if the state in which the consumer resides has delegated authority to the Marketplace Appeals Entity for appeals). Detailed information about how to file an appeal and the options the consumer has regarding who will make an appeal determination is included in the eligibility determination notice.
- If the state agency decides someone in a person's household isn't eligible for Medicaid or CHIP, the person will get a notice from the state agency explaining this. In many cases, the state will send the consumer's information to the Marketplace. The Marketplace will send a notice to the consumer explaining how to submit an application for a private insurance plan and help paying for it.

The Expiration of the Continuous Enrollment Condition

As a condition of receiving enhanced federal Medicaid funding, states were required to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 Public Health Emergency, referred to as the "continuous enrollment condition." When the continuous enrollment condition ended on March 31, 2023, states resumed routine eligibility and enrollment operations, including renewals and coverage terminations for people who are no longer eligible for the program. States were permitted to disenroll people found ineligible for Medicaid beginning April 1, 2023. It is important to ensure that people with Medicaid and CHIP coverage take the necessary steps to renew coverage or/and transition to other options if they are no longer eligible for Medicaid or CHIP.

Navigator grantees, enrollment assistance personnel, and certified application counselor designated organizations (CDOs) will maintain a physical and virtual presence in communities across the FFM to provide direct coverage transition support to help consumers with:

- Enrolling in coverage,
- Understanding health coverage and connecting to primary care and preventive services (Coverage to Care, or C2C), and
- Completing post-enrollment activities.

Assisters have an important role during the renewal and coverage transition process.

During the renewal process, states send enrollees notices, renewal packets, and requests for additional information. Sometimes, enrollee contact information on file with their states may be outdated.

Every enrollee should ensure that their state Medicaid/CHIP agency has their current contact information (e.g., address, email, phone number); without updated contact information, renewals and state notices may not reach them, leading to inappropriate coverage loss.

Some individuals enrolled in Medicaid, CHIP, or a Basic Health Program (BHP) may be confused about what they must do, and the timeline required to take specific actions.

Assisters can refer to the Medicaid and CHIP Renewals Outreach and Educational Resources to learn how to help Medicaid and CHIP enrollees, and to find other renewal and coverage transition resources. Resources are available in English and Spanish, with select resources available in additional languages.

Consumers who lost/lose Medicaid or CHIP coverage between March 31, 2023, and November 30, 2024, and attest to a last date of Medicaid or CHIP coverage within the same time period will be eligible for a 60-day SEP, known as the “Unwinding SEP,” beginning the day they submit or update a Marketplace application. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.

To ensure continuity of coverage, consumers should complete a Marketplace application as soon as they receive a determination of ineligibility from their state Medicaid agency. To receive the SEP, consumers must:

1. Submit a new application or update an existing application between March 31, 2023, and November 30, 2024, and answer “Yes” to the application question asking if their Medicaid or CHIP coverage recently ended or will soon end; and
2. Attest to a Medicaid or CHIP coverage loss between March 31, 2023, and November 30, 2024. Consumers will then have 60 days to select a new plan for Marketplace coverage.

Additional Resources

For more information visit:

- Coverage for lawfully present immigrants: Healthcare.gov/immigrants/lawfully-present-immigrants/
- Find a Pharmaceutical Assistance Program for the Drugs you Take: Medicare.gov/plan-compare/#/pharmaceutical-assistance-program?year=2024&lang=en
- Find out if you can get health coverage now: Healthcare.gov/screener/
- Health Coverage Options for the Uninsured fact sheet: CMS.gov/marketplace/technical-assistance-resources/health-coverage-options-for-uninsured.pdf
- How to Find Low-Cost Health Care in your Community: Healthcare.gov/community-health-centers/
- How to Pick a Health Insurance Plan: Healthcare.gov/choose-a-plan/catastrophic-health-plans/
- Lawfully Present Definition: Healthcare.gov/glossary/lawfully-present/
- Medicaid and CHIP Coverage: Healthcare.gov/medicaid-chip/
- Canceling a Marketplace plan when you get Medicaid or CHIP: Healthcare.gov/medicaid-chip/cancelling-marketplace-plan/
- Find out if your Medicaid program counts as minimum essential coverage: Healthcare.gov/medicaid-limited-benefits/
- Lawfully Residing Children & Pregnant Individuals: Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals
- Program Names in your State: Healthcare.gov/medicaid-chip-program-names/
- Minimum Essential Coverage for your State: Medicaid.gov/medicaid/eligibility/minimum-essential-coverage/index.html
- Office of Refugee Resettlement – Cash & Medical Assistance: AFC.hhs.gov/orr/programs/refugees/cma

- Provide Coverage to Lawfully Residing Children and/or Pregnant Individuals:
  - 1903(v)(4)(A): SSA.gov/OP_Home/ssact/title19/1903.htm
  - 2107(e)(1)(N) of the Social Security Act: SSA.gov/OP_Home/ssact/title21/2107.htm
  - SHO# 10-006: Downloads.cms.gov/cmsgov/archived-downloads/smdl/downloads/sho10006.pdf
- Resources for the Uninsured webinar: CMS.gov/marketplace/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf
- Special Enrollment Opportunities:
  - Changing plans – what you need to know: Healthcare.gov/coverage-outside-open-enrollment/changing-plans/
  - Special Enrollment Periods: Healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/
- Communications Toolkit: Medicaid.gov/sites/default/files/2023-08/unwinding-comms-toolkit-508.pdf
  - Spanish: Medicaid.gov/sites/default/files/2023-07/unwinding-comms-toolkit-esp-07102023.pdf

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[i] As of July 2024, 46 states and the District of Columbia have implemented this option.
[ii] These amounts are 2024 guidelines, and poverty guidelines and income amounts are different for Alaska and Hawaii. For more information, visit Aspe.HHS.gov/poverty-guidelines
[iii] Starting November 1, 2024, DACA recipients will no longer be excluded from the definition of 'lawfully present', allowing them to be eligible for a QHP through the Marketplace with financial assistance or for a BHP, if they meet all other eligibility criteria.
[iv] Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-individuals
[v] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.
[vi] 8 U.S.C. § 1613
[vii] 8 U.S.C. § 1613; 42 C.F.R. § 435.406; 42 C.F.R. 457.320(b)(6)
[viii] 8 U.S.C. 1612(b)
[ix] The The Consolidated Appropriations Act, 2021 extended Medicaid coverage and the Consolidated Appropriation Act, 2024 extended coverage in separate CHIPs to COFA migrants. *See also* 8 U.S.C. § 1641 and 42 C.F.R. § 435.4.

Appendix A: State Medicaid & CHIP Information

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Website
Alabama	Alabama Medicaid	Medicaid.alabama.gov	ALL Kids	Adph.org/allkids
Alaska	Alaska Medicaid	Dhss.alaska.gov/dpa/pag es/medicaid	Denali KidCare	Denali KidCare (alaska.gov)
Arizona	Arizona Health Care Cost Containment System (AHCCCS)	Azahcccs.gov	KidsCare	Azahcccs.gov/Members/GetCovered/Categories/KidsCare
Arkansas	Arkansas Medicaid	Humanservices.arkansas. gov/divisions-shared-services/medical-services/	ARKids First!	Arkidsfirst.com
California	Medi-Cal	Dhcs.ca.gov/services/med i-cal	Medi-Cal	Dhcs.ca.gov/services/medi-cal
Colorado	Health First Colorado	Colorado.gov/pacific/hcpf/ colorado-medicaid	Child Health Plan Plus (CHP+)	Colorado.gov/hcpf/child-health-plan-plus
Connecticut	HUSKY Health For Connecticut Children and Adults	Ct.gov/hh	HUSKY Health For Connecticut Children and Adults	Ct.gov/hh
Delaware	Delaware Medicaid	Dhss.delaware.gov/dhss/ dmma/medicaid	Delaware Healthy Children Program	Dhss.delaware.gov/dhss/dmma/dhcpfaq.html
District of Columbia	DC Medicaid	Dhcf.dc.gov/service/dc-healthy-families	DC Healthy Families	Dhcf.dc.gov/service/dc-healthy-families

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Website
Florida	Florida Medicaid	Myflfamilies.com/medicaid	Florida KidCare	Floridakidcare.org
Georgia	Georgia Medical Assistance	Medicaid.georgia.gov	PeachCare for Kids	Peachcare.org
Hawaii	Hawaii Medicaid	Medquest.hawaii.gov/	Hawaii CHIP	Mybenefits.hawaii.gov/main/healthcare-for-children/
Idaho	Idaho Medicaid Program	Healthandwelfare.idaho.gov/Medical/Medicaid	Idaho CHIP	Healthandwelfare.idaho.gov/services-programs/medicaid-health/childrens-health-insurance-program-chip
Illinois	Illinois Medical Assistance	Illinois.gov/hfs	All Kids	Illinois.gov/hfs/MedicalPrograms/AllKids
Indiana	Indiana Medicaid	Medicaid/members	Hoosier Healthwise	In.gov/medicaid/members
Iowa	Iowa Medicaid	Dhs.iowa.gov/ime/about	Healthy and Well Kids in Iowa (Hawki)	Dhs.iowa.gov/hawki
Kansas	KanCare	Kancare.ks.gov/home	KanCare CHIP	Sehp.healthbenefitsprogram.ks.gov/benefits/premium-assistance-programs/childrens- health-insurance-program
Kentucky	Kentucky Medicaid	Chfs.ky.gov/agencies	Kentucky Children's Health Insurance Program (KCHIP)	Kidshealth.ky.gov
Louisiana	Louisiana Medicaid	Ldh.la.gov	LaCHIP	Ldh.la.gov
Maine	MaineCare	Maine.gov/dhhs/mainecar e	Cub Care	Maine.gov/dhhs/oms/mainecar e-options/children

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Website
Maryland	Maryland Medicaid Program	Health.maryland.gov/mmcp/pages/home.aspx	Maryland Children's Health Connection Program (MCHP)	Health.maryland.gov/mmcp/ch p/pages/home.aspx
Massachusetts	MassHealth	Mass.gov/topics/massheal th	MassHealth	Mass.gov/topics/masshealth
Michigan	Michigan Medicaid	Michigan.gov/mdhhs/assi stance-programs/medicaid	MIChild	Michigan.gov/mdhhs
Minnesota	Minnesota Medicaid	MN.gov/dhs/people-we- serve/children-and- families/health-care/health-care-programs/programs-and- services/	Minnesota Medicaid	MN.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/
Mississippi	Mississippi Medicaid	Medicaid.ms.gov	Mississippi CHIP	Medicaid.ms.gov/programs/chil drens-health-insurance-program-chip/
Missouri	MO HealthNet	Mydss.mo.gov/healthcare	MOHealthNet for Kids	Mydss.mo.gov/healthcare
Montana	Montana Medicaid	Dphhs.mt.gov/MontanaHealthcarePrograms/Membe rServices	Healthy Montana Kids	Dphhs.mt.gov
Nebraska	Nebraska Medicaid	Dhhs.ne.gov/Pages/Medic aid-Eligibility	Nebraska CHIP	Dhhs.ne.gov/Pages/Medicaid-Eligibility
Nevada	Nevada Medicaid	Nevadahealthlink.com/sta rt-here/about-the-aca/medicaid/	Nevada Check Up	Dwss.nv.gov/Medical/NCUMAIN/
New Hampshire	New Hampshire Medicaid	Dhhs.nh.gov/ombp/medic aid	Children's Medicaid	Dhhs.nh.gov/programs-services/medicaid/nh-medicaid- medical-assistance-eligibility/nh-medicaid-medical

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Website
New Jersey	New Jersey FamilyCare	Njfamilycare.org	New Jersey FamilyCare	Njfamilycare.org
New Mexico	Centennial Care	Hsd.state.nm.us/LookingForAssistance/centennial-care-overview	New MexiKids	New MexiKids | Benefits.gov
New York	New York Medicaid	Health.ny.gov/health_care/medicaid	Child Health Plus	Health.ny.gov/health_care/child_health_plus
North Carolina	North Carolina Medicaid	Medicaid.ncdhhs.gov/medicaid	NC Health Choice for Children	Medicaid.ncdhhs.gov/medicaid
North Dakota	North Dakota Medicaid	Nd.gov/dhs/services/medicalserv/medicaid	North Dakota CHIP	Nd.gov/dhs/services/medicalserv/chip
Ohio	Ohio Medicaid	Medicaid.ohio.gov	Healthy Start	Medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women
Oklahoma	SoonerCare	Okdhs.org/services/health/Pages/soonercare	SoonerCare	Okdhs.org/services/health/Pages/soonercare
Oregon	Oregon Health Plan	Oregon.gov/oha/HSD/OHP	Oregon State Children's Health Insurance Program (SCHIP)	Oregon State Children's Health Insurance Program (SCHIP) | Benefits.gov
Pennsylvania	Pennsylvania Medical Assistance	Dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance	Pennsylvania CHIP	DHS.pa.gov/CHIP/Pages/CHIP.aspx
Rhode Island	Rhode Island Medicaid	Eohhs.ri.gov/consumer/adults/medicaid-adults	RiteCare	Eohhs.ri.gov/Consumer/FamilieswithChildren/RIteCare
South Carolina	Healthy Connections	Scdhhs.gov/Getting-Started	Partners for Healthy Children	Scdhhs.gov/eligibility-groups/partners-healthy-children-phc
South Dakota	South Dakota Medicaid	Dss.sd.gov/medicaid	South Dakota CHIP	Dss.sd.gov/medicaid

State	Medicaid Program Name	Medicaid Program Website	Childrens Health Insurance Program (CHIP) Name	CHIP Website
Tennessee	TennCare	Tn.gov/tenncare	CoverKids	Tn.gov/content/tn/coverkids/co verkids
Texas	Texas Medicaid	HHS.texas.gov/services/h ealth/medicaid-chip	Texas CHIP	HHS.texas.gov/services/health/ medicaid-chip
Utah	Utah Medicaid	Medicaid.utah.gov	Utah CHIP	Chip.health.utah.gov
Vermont	Vermont Medicaid	Dvha.vermont.gov/memb ers/medicaid	Dr. Dynasaur	Dvha.vermont.gov/members/dr-dynasaur
Virginia	Virginia Medicaid	Coverva.org/en/our-programs	Family Access to Medical Insurance Security Plan (FAMIS)	Coverva.org/famis
Washington	Apple Health (Medicaid)	Hca.wa.gov/health-care- services-supports/apple- health-medicaid-coverage	Apple Health for Kids	HCA.wa.gov/health-care-services-supports/apple-health- medicaid-coverage/children
West Virginia	West Virginia Medicaid	Dhhr.wv.gov/bms	West Virginia CHIP	Chip.wv.gov
Wisconsin	BadgerCare Plus	Dhs.wisconsin.gov/badger careplus	BadgerCare Plus	Dhs.wisconsin.gov/badgercare plus
Wyoming	Wyoming Medicaid	Health.wyo.gov/healthcar efin/apply	Kid Care CHIP	Health.wyo.gov/healthcarefin/chip