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Welcome

Good afternoon, everyone. Welcome to today's assister webinar. My name is Melissa MacLean, and I'm with the Consumer Support Group. Before we start today's presentation, would like to go over a few technical issues with you. All lines have been muted to prevent background noise and do everyone can have a good learning experience. If you are listening through your speakers or if your slides do not appear to be advancing, you can try to refresh the webinar. Please press the refresh icon. If that does not help, sometimes logging off and logging back on will help make a new connection for you. If you continue to have any audio issues, you are welcome to join us via the telephone. Instructions for that are in the alternate audio tab. You can ask any questions that you have by typing them into the ask a question tab. I'm going to get started in turn this over to Ms. Deborah Bryant.

Thank you so much, Melissa. Good afternoon everyone. Thank you for joining us for today's call. My name is Deborah Bryant, and I am the Director for the Division of Consumer Advocacy and Assister Support. Today's call is for technical assistance only and it is not intended for press purposes. It is not on the record. If you are a member of the press, please email our press office at press@CMS.HSS.gov. The

information presented today is intended as informal technical assistance and it is not intended as official CMS guidance.

We really hope that the third week of open enrollment is going well for all of you. We have seen a steady stream of consumers visiting HealthCare.gov to shop for affordable health care coverage and select plan. We believe that this open enrollment is off to a very strong start.

As you all know, next week is Thanksgiving. Here at CMS, we will be focusing on being “thankful for coverage” throughout the week. As families are gathering across the country to celebrate Thanksgiving, we have an opportunity to encourage consumers to remind their loved ones about the importance of getting covered. We want families to use part of their time together to gather around their laptops, tablets and computers to make sure everyone has the health coverage they need to stay healthy in the New Year.

Today we will feature presentations on helping families that include immigrants gain access to coverage during OE3. We are joined by our colleagues in the Center for Medicaid and CHIP Services to provide a presentation on eligibility for non-citizens in Medicaid and the Children’s Health Insurance Program. We are also joined by special guests from the Georgetown University Center for Children and Families, the Center on Budget and Policy Priorities, and the National Immigration Law Center who will provide an overview of immigrant eligibility policies and application processes for health insurance affordability programs.

If you have questions throughout today’s webinar, please submit them through the webinar chat feature. If we have time at the end of the webinar, we’ll answer some of the questions you’ve submitted. Before we begin today’s webinar I’ll turn it over now to Michelle Koltov who will provide marketplace updates and moderate today’s session. Michelle?

Marketplace Updates

Enrollment Snapshot

Thanks, Deborah. As Deborah mentioned, open enrollment is off to a strong start. In the second week alone, more than 534,000 consumers enrolled through the Federally-facilitated Marketplace, or FFM, and almost 900,000 consumers submitted applications. In the past 3 weeks, since the start of Open Enrollment, over 1 million consumers have enrolled through the FFM and over 2 million consumers have submitted applications.

Like last year, each month we’ll share a report that provides a detailed look at plan selection across states using HealthCare.gov. These snapshots provide point-in-time estimates of weekly plan selections, call center activity, and visits to HealthCare.gov and CuidadDeSalud.gov. We will continue to feature this information in webinars and newsletters. You can see the Enrollment Snapshot along with a glossary of definitions and details on the data, by clicking on the link on your slide.

Call Center AHRC Reminder

Next, we want to be sure you are all aware that due to the holiday next week, the Marketplace call center will be closed on Thanksgiving Day, starting at 3:00 AM Eastern on February 26th to Friday at 12:00 AM Eastern.

Another quick reminder, if you haven't used the Assister Help Resource Center (AHRC) yet, CMS recently launched this resource for the 2016 Open Enrollment period. The AHRC is a dedicated call center for assisters in states using the HealthCare.gov platform. It focuses on policy issues; the customer service representatives will not have access to the consumer's application. You can access the AHRC by calling 855-811-7299. The AHRC is open Monday through Friday from 9am to 9pm EST and Saturday from 9am to 5pm EST during Open Enrollment for the individual market. The AHRC will be closed on Thanksgiving Day.

LGBT Week of Action

During the week of December 7, HHS will celebrate an Open Enrollment Lesbian, Gay, Bisexual, and Transgender (LGBT) week of action. HHS will take the opportunity during this week to discuss LGBT health and health disparities, highlight health resources available for LGBT consumers, and promote Open Enrollment while conducting targeted outreach to LGBT communities. For ideas for reaching and assisting these communities, we've provided a few links on the slide, but please check out our full list of information and resources in this week's newsletter.

Twitter How To

Finally, over the past few weeks we have been asking you all to engage with us via social media and use the twitter hashtag #ACAassisters. You all have been doing an amazing job and we love seeing your tweets and especially pictures of yourselves with the "open for business" poster. For those who may not have used twitter before, we wanted to take some time to provide a brief overview, so today we are joined by Jon Langmead and Brian Smart from the CMS Office of Communications, who will provide a quick overview on Twitter and how to use this social media platform as a resource in your outreach and enrollment efforts. Jon?

Thanks Michelle. My name is Jon and I am with CMS in the San Francisco regional office. I'm going to talk for about five minutes on ways that your organizations can engage with us at CMS using Twitter. Up on the screen, you can see some basics for social media. Twitter, if you have not used to before, is an information network. Just go to twitter.com, and the users of the system post 140 character messages calls tweets. If you have never used it before, you can go to twitter and you can sign up and create an account. Really, if you are brand-new to using twitter, the best way that I have found is to start by creating an account for yourself and start looking around the website and who is out there. Start following the things that you are interested in. It is really easy. All of the pages will have a blue button that says follow. You can click on that and you will start receiving updates on that page or whoever is responsible for that page posts updates and you will see them in your feed. You will get a feel by doing that for how people interact on the site of what kind of information that they put out there. Once you get comfortable, you can create an account for your organization, start posting information and gathering followers. We will see here in a second some of our resources. You can always go to twitter.com\healthcare (all one word). And you will see our twitter account and you will see what kind of information we post and also what kind of content.

We are using three main hashtags during this enrollment period. A hashtag is something that people add to their tweet, whatever they are posting, to essentially help organize that tweet and give the topic of what it is related to. When you are in twitter, if you click on a hashtag, you will see the other tweets that use that same hashtag (#). The three main ones that we are focusing on in this open enrollment are #ACAassisters, #HereToGelp and #GetCovered. As you get familiar, you will see # and then a phrase. These are the three that we are working on and working with. If you go out there and you click on those, if you go to our healthcare.gov account, you will see all of the posts that we have put up there using that #. You will see the information associated with those tweets.

Here, again, if you are just getting started or if you already have an account, here are five ways to get started engaging with us. We have four main accounts that we are using. The @healthcare.gov, @HHSgov, and @SecBurwell. You can see the handles that we are using. Follow those accounts. You will see what kind of information we are putting out there. Start sending out your own tweets. You can retweet the information that we are putting out there as well.

One thing that you will find if you have never really used twitter before is that in the beginning, until you have an audience, you just feel like you are talking into the void a little bit and that nobody really sees what you are putting out there. One way that we want to help with that is that whenever appropriate, we will retweet your ACA related posts out to our audience of followers. It is a significant size audience, and we will retweet what you are putting out there out to our followers as well. That will help you get off of the ground a little bit as you are getting your accounts established. Post pictures, like Michelle said, of yourselves at events using the here to help sign that we circulated a few weeks ago. We would love to see that and retweet that information in posts out to our audience. Like I said, I just want to talk for a few minutes and I hope this helps you get off of the ground. If you have questions, you can work with your project officers in the ways that you usually communicate with us and Michelle will get the information over to Brian and myself, and we will help you anyway that we can. We appreciate anything that you can do in helping us get this off of the ground. Thank you very much.

Great, thanks, Jon. We also included information about how to join twitter and helpful tips in this week's newsletter. As Jon mentioned, if you have questions about how to use it, feel free to reach out to your project officer or the CAC inbox and we can also follow up with Jon if you have specific questions.

Eligibility for Immigrants in The Marketplace, Medicaid, and CHIP

Now we'll move on to our first deep dive presentation. We are joined by our CMS colleague Annie Hollis from the Center for Medicaid and CHIP Services who will present on eligibility appeals for immigrants In the Marketplace, Medicaid, and the Children's Health Insurance Program (or CHIP). As a reminder, during the presentation, if you have any questions, feel free to submit them through the chat feature. We'll answer questions at the end of the webinar today and include answers to questions in an upcoming newsletter. Annie?

Hi, folks. My name is Annie Hollis. I'm with the Division of Eligibility and Enrollment at the Centers for Medicaid and CHIP Services in Baltimore. Thank you for joining us today. I'm going to move to an overview slide. This is the list of subjects that I will be covering for Medicaid eligibility and CHIP eligibility for noncitizens.

We start with eligibility for noncitizens and Medicaid and CHIP under PRWORA, which some of you may remember was the big 1996 welfare reform bill, the Personal Responsibility and Work Opportunity Reconciliation Act. PRWORA made quite a few changes to the way that eligibility works for non-citizens. The broad framework is that there are a few groups that are eligible for Medicaid and CHIP in the state if they are otherwise eligible. Meeting all of the states' eligibility criteria such as state residency, income standards, those kinds of things. Those groups are qualified noncitizens who entered before August of 1996. Also qualified noncitizens who reach the end of a five-year waiting period. I will talk about who qualified noncitizens are in just a few minutes. There is also a category of qualified noncitizens who are exempt from the five-year waiting period. What do we mean when we say five-year waiting period? It is really what it sounds like. Most folks are subject to this five-year waiting period before they can become eligible for Medicaid or CHIP. Groups of noncitizens that can be exempt, the list on your slide is not all-

inclusive, but it does cover the biggest groups: Refugees, Asylees, Cuban and Haitian entrants, Trafficking victims, and Veteran families. There is no federal funding available to cover undocumented immigrants unless it is payment for treatment of an emergency medical condition.

Who is a qualified noncitizen? What does that word really mean? That can include people that are lawful permanent residents (LPR's) or green card holders. Asylees and refugees, as well as people like victims of trafficking, Iraqi and Afghan special immigrants, and Amerasian immigrants. These folks are required to be treated as refugees so that they have the same eligibility that Asylees and refugees do for Medicaid, also, Cuban and Haitian entrants. People that are paroled into the US for more than one year, that are noncitizens, their spouses and children. Also, American Indians and Indians born in Canada that are members of a federally recognized tribe as well as SSI recipients. It is also important to note that a lot of these groups are exempt from the five-year waiting period. Veterans and veteran families are also exempt from the five-year waiting period.

In 2009, we had another piece of legislation come along which is CHIPRA, the Children's Health Insurance Program Reauthorization Act. CHIPRA also made changes to noncitizen eligibility for Medicaid. What that means is that CHIPRA made available an option for states to cover children up to 21 and/or pregnant women who are lawfully present and I will tell you what that means in a few minutes. Otherwise eligible, so again meeting the States' eligibility criteria, such as financial eligibility criteria, state residency, etc. The other important thing to note about CHIPRA is that if a state elects to cover these lawfully present children or pregnant women; that is coverage without a five-year waiting period, and it is regardless of their date of entry into the United States. As of now, we have 29 states, the District of Columbia and the Commonwealth of the Northern Mariana Islands that are participating in that option. What does lawfully present mean? The lawfully present definition is broad, and it includes all of the qualified noncitizens that I talked about a few minutes ago, regardless of the waiting period. It also includes individuals with humanitarian statuses or circumstances such as temporary protected status, special juvenile status, asylum applicants, and people with convention against torture status, and it also includes valid nonimmigrant visa holders -- this includes individuals with student visas or temporary work visas, or those kinds of things; individuals with legal status conferred by other laws such as temporary residence, the LIFE Act or Family Unity individuals. It also includes individuals that are lawfully present in the American Samoa or the Northern Mariana islands.

Switching gears a bit to talk about eligibility and enrollment processes. The Affordable Care Act made some pretty significant changes in the eligibility enrollment process for Medicaid and CHIP. You can see here on this graphic that the idea in the way that this works is that individuals submit a single streamlined application either to the Marketplace or to their state Medicare/CHIP agency. Individuals can submit that application online, over the phone, via mail or in person at their state agency. Then after the application is submitted, eligibility is determined and verified, supported by the federally managed services data hub, so that will determine eligibility for Medicaid and CHIP and also enrollment in the QHP. It's important to note here that the state Medicaid agency does not determine eligibility for a QHP, qualified health plan enrollment, but it transfers the information to the Marketplace, who then determines eligibility for the qualified health plans. After eligibility is determined for advance payments of the premium tax credit or APTC and cost-sharing reductions, folks then enroll in affordable coverage, whether that is Medicaid/CHIP or using the Marketplace website to choose a plan.

We also want to note that there are some pieces that are designed to minimize burden in the application process. For Medicaid, the state may only require an individual to provide the information necessary to make an eligibility determination. Further, for non-applicants, applications may ask a non-

applicant for certain information necessary to determine eligibility for an applicant. For example, income, tax filing status, or their relationship to the person who is an applicant.

Another thing to note is that requests for a Social Security Number for a non-applicant is permitted under three circumstances. The first is that it is voluntary. The second is that the Social Security Number is used only to determine eligibility for the applicant or beneficiary or for a purpose directly connected to the Medicaid program. And the third is that clear notice is provided to the individual. States should not ask for citizenship or immigration status, and this is a policy from the Department of Homeland Security that was issued, from a non-applicant. Information about immigration status will be to -- will be used for determine of eligibility and not for purpose of citizenship or those purposes. There is a link to it on our resources slide which you will see in a few minutes.

Some of the concerns that families may have, I just want to share a few words about concerns that folks and immigrant families may have one applying. Applying for Medicaid or CHIP does not make someone a public charge; it doesn't affect someone's chances of becoming an LPR or US citizen. There is one exception to that, and that is for individuals receiving long-term care in an institution at government expense. These people may face barriers getting a green card.

Finally, moving into accessibility and federal funds for language services; this is another concern that a lot of immigrant families have is 'are they going to be able to receive information or communicate with the agency or the Marketplace in the language that they can speak?' There are several rules, laws, regulations that require a lot of different things but the bottom line is that the information has to be accessible to individuals who are limited English proficient and individuals with disabilities, including applications, renewal documentation, and Internet websites. You can see here, the Civil Rights Act of 1964, the Rehabilitation Act of 1973, both require those things. I also want to note that fairly new is the section 1557 of the Affordable Care Act also prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability under any health program or activity that receives federal financial assistance. It is the first federal civil rights law to prohibit sex discrimination and healthcare. It also applies civil rights protections to the Health Insurance Marketplace as established under the ACA.

On the next slide there are a couple of other points about the Social Security Act that requires that individuals must be permitted to apply for Medicaid or have an opportunity to apply for Medicaid. I also want to note that there is federal funding available for oral interpretation and written translation provided to Medicaid and CHIP applicants and beneficiaries. We know that a lot of states do claim federal matching funds for language services, but not all states do claim those federal matching funds. Every state is able to claim matching federal funding for those language services so it is important for folks to work with people who are limited English proficient or have a disability.

Moving to a quick summary of eligibility options for noncitizens. You will see here on this table it is broken up between Medicaid and CHIP and the Marketplace and the QHP. So again, you have to be a qualified noncitizen in most circumstances to be eligible for Medicaid or CHIP. States must apply the five-year waiting period to certain noncitizens. Not all qualified noncitizens are subject to the five year waiting period. There is also the option to cover lawfully residing women or pregnant women, which also removes the five year waiting period. For the Marketplace and qualified health plans, individuals must be lawfully present using the same definition that I explained earlier to purchase insurance in a qualified health plan or to be eligible for an advance payment for premium tax credit or cost sharing reduction. Generally speaking, the advance premium tax credits are not available when someone is under 100% of FPL, however there is a specific provision of law for noncitizens; it ensures that if

someone is under 100% of FPL for their household income, they may be eligible for the advance premium tax credit and cost-sharing reduction, if they are lawfully present and ineligible for Medicaid due to their immigration status. So again that's a specific provision of law for noncitizens that are maybe ineligible because of their immigration status.

Our last slide, is just this resource slide that I mentioned earlier. We have some information on noncitizen eligibility application and verification for Marketplace, Medicaid, and CHIP eligibility; some information on Medicaid.gov for eligibility for noncitizens and the last item is that Homeland Security memo that I mentioned earlier on existing practices related to certain healthcare information. Those are there for you to consult and use when you need it.

With that said, I will wrap up my presentation. Thanks so much.

Eligibility Process for Families That Include Immigrants

Great, thank you Annie. For our next presentation we're joined by Sonya Schwartz from the Georgetown University Center for Children and Families, Shelby Gonzales from the Center on Budget and Policy Priorities, and Angel Padilla from the National Immigration Law Center, who will present on the eligibility process for families that include immigrants. As a reminder, during the presentation, if you have any questions, please continue to submit them through the chat feature and we'll answer questions at the end of the webinar today and include answers to questions in an upcoming newsletter. Sonya?

Hi, this is Sonya Schwartz from Georgetown University's Center for Children and Families. Thanks everyone for joining us today, and to Annie for the great Medicaid eligibility introduction, and to CMS for inviting us to do this presentation again this year. Also, thanks to my partners who are here with me, Shelby Gonzales at the Center on Budget and Policy Priorities and Angel Padilla at the National Immigration Law Center. We are going to walk through a couple of key elements, Marketplace eligibility for immigrants, concerns with immigrant families face when applying for coverage, and how to navigate key steps in the application process. We are going to get started with Angel from NILC, whose going to walk through Marketplace eligibility rules.

Great, thank you Sonya. In part one, I will give an overview of the eligibility rules for immigrants under the Affordable Care Act, these rules are a little different under the ACA than they are for Medicaid and CHIP so we're going to quickly go over those. Under the ACA, all lawfully present immigration categories are eligible for Marketplace coverage. Again this is a much broader group of immigrants than those eligible for Medicaid and CHIP. The list on the left should look familiar. It is the list of qualified immigrants discussed earlier. All of these categories are eligible for Marketplace coverage. In addition to qualified immigrants, other lawfully present immigrants are also eligible for Marketplace coverage. These are listed on the right-hand side. I will not go over all of these, but I did want to point out a couple of the more common ones. Temporary protected status or TPS is granted by the US Department of Homeland Security, for individuals already in the United States, if it is unsafe for them to return to their home country. This can be for a variety of reasons, such as an ongoing armed conflict or a natural disaster. As a quick example, a TPS was granted to some Haitians following the 2010 earthquake in Haiti.

Another common group of lawfully present immigrants are those with nonimmigrant visas. These include individuals who are in the US temporarily for various reasons such as for work or to attend school, but there are many other types of non-immigrant visas that are considered lawfully present for purposes of Marketplace coverage. Individuals who are granted deferred action are also considered

lawfully present for Marketplace coverage but there is one big exception, individuals granted deferred action for childhood arrivals, also called DACA or dreamers, they are not eligible to enroll in Marketplace coverage.

On this slide, you will see that even some individuals who have applied but who have not yet attained the status are also considered lawfully present for Marketplace coverage. Note however, that some of these applicants are eligible only if they've also met other requirements. For example, an individual who has applied for lawful permanent residence, or a green card, is considered lawfully present if they also have an approved visa petition. Other applicants are only eligible for Marketplace coverage if they have applied for adjusted status and have also been granted a work permit. For example, applicants for TPS are only eligible to enroll in the Marketplace if they have been granted a work permit. Other applicants such as asylum applicants may be eligible if they have been granted a work permit or if they are under the age of 14 and have a pending application for at least 180 days. Again, this is not an exhaustive list so if you have more information about any of these, I recommend looking at the resource called lawfully present individuals eligible under the Affordable Care Act at the end of the slide deck.

There are also special rules for seniors which we will go over on this slide. Medicare has different eligibility rules than Medicaid and the Marketplace. For Medicare, individuals must have an immigration status requirement as well as a qualifying work history requirement. As a result, some seniors, including US citizens, may not be eligible for premium free Medicare because they do not have the necessary work history. These individuals who meet the immigration requirements but do not have the work history are able to enroll in buy-in Medicare but this can be expensive. The good news is that seniors who are not eligible for premium-free Medicare are eligible for premium tax credits to purchase a plan on the Marketplace.

This slide breaks down premium tax credit eligibility for lawfully present adults in states that have expanded Medicaid, which is on the left-hand side here versus those that have not expanded Medicaid, which is represented on the right-hand side. Before I get into the details, I just want to say this slide contains a lot of information so you may want to return to it on your own to look it over more closely. The first thing that you will notice is that lawfully present adults who are not eligible for Medicaid based on their immigration status are eligible for premium tax credits with income between zero and 400 percent of the federal poverty line. This is true for both Medicaid expansion and non-Medicaid expansion states. In Medicaid expansion states, again on the left, lawfully present immigrants who are eligible for Medicaid based on their immigration status are only eligible for tax credits if their income is between 138 and 400 percent of the federal poverty line. Those below 138 percent of the federal poverty line are not eligible for premium tax credits because they are instead eligible for Medicaid. But in non-expansion states, lawfully present immigrants who are eligible for Medicaid based on their immigration status are only eligible for tax credits if their income is between 100 and 400 percent of the federal poverty line. Those below 100 percent of the federal poverty line are not eligible for tax credits or Medicaid since the state has expanded Medicaid. These individuals fall into what's known as the coverage gap. Again there is a lot of information here so I recommend coming back to the slide and it might also be useful to refer you can also refer to this slide in some of the scenarios that we will go over in just a bit.

Even though eligibility under the ACA is broader than for Medicaid and CHIP, unfortunately there are still some groups that have been left out. Undocumented immigrants and individuals granted deferred action for childhood arrivals are not able to purchase plans on the individual Marketplace, even at full price. However they can still obtain private coverage outside of the Marketplace or through an

employer. Note also that these individuals are exempt from the individual mandates as exempt non-citizens. One really important thing that we want to stress is that even though these individuals might not be eligible to purchase a plan for themselves, they may still apply on behalf of eligible family members and eligible individuals that are part of the household. If they do apply for eligible family members they must file a tax return. If the person is not eligible for a Social Security Number, they may file their taxes using an individual taxpayer identification number sometimes referred to as an ITN. On this slide you'll see that persons left out of the ACA may still use health programs available to all, regardless of immigration status. An important thing to remember is that the welfare reform law of 1996 allows treatment of emergency conditions for patients who are otherwise eligible for Medicaid regardless of immigration status. This includes qualified immigrants who have not yet met the five-year waiting period, lawfully present but not qualified immigrants, like people with non-immigrant visas like students or temporary workers. It also includes undocumented immigrants and DACA grantees. Keep in mind that emergency Medicaid only covers limited services available for conditions that may jeopardize life, impairments, or other bodily harm. You might have learned that hospitals have to provide stabilizing emergency services under EMTALA, but EMTALA doesn't require funding so they may still be left with a big medical bill. There are also other options available to all regardless of immigration status. These include programs that rely on federal healthcare block grants and that are used to provide things like mental health services, family planning, immunizations, prevention of communicable diseases, and other services. Other options available to people regardless of immigration status is hospital charity care and other financial assistance programs. Care at community health centers, FQHCs, and migrant health centers are also available regardless of immigration status.

In general, for Marketplace coverage, Medicaid and CHIP, residency is in the state in which the individual lives and intends to reside including without a fixed address. It can also be a state where the individual has entered with a job commitment or where the individual is seeking employment. The Marketplace will accept self-attestation to verify residency. Note also that evidence of immigration status cannot be used to verify state residency.

In part two, we will be going through some important scenarios to test some of the information that we just went over. In this scenario, in scenario one, we will look at a married couple with a young daughter from Oregon. Rashid is a US citizen. Miriam is applying to become a lawful permanent resident and Rashid has submitted a visa application for Miriam that has been approved. Their daughter, Leila, was born in Oregon the previous month and is enrolled in Medicaid. Their household income is \$17,811. They file their taxes jointly and claimed Leila as a dependent and in this scenario they are both applying for coverage. Leila is not because she is already enrolled in Medicaid.

On this slide, we will look at the programs Rashid and Miriam might be eligible for based on their immigration and citizenship information alone. Because Rashid is a US citizen, he could be eligible for Medicaid without a waiting period or could also be eligible for Marketplace coverage. Miriam though is not a US citizen. She is however applying for lawful permanent residence and has had her visa petition approved. Based on this information Miriam could be eligible for Marketplace coverage but not for Medicaid.

When we take a closer look, we see that Rashid is in fact eligible for Medicaid in Oregon. He is a US citizen and his income is below 138 percent of the federal poverty line, which is the income limit for Medicaid in Oregon. Miriam, although she is lawfully present is not eligible for Medicaid because she is not a qualified immigrant. The good news is that Miriam is eligible for a Marketplace plan with premium

tax credits even though her income is below the 100% of the federal poverty level. This is because she is not eligible for Medicaid due to her immigration status.

Our second scenario, we will look at a married couple with a daughter from Texas. Ricky and Eva are not married but live together with a daughter, Karina. Karina was born in Texas and is a US citizen. Ricky is undocumented and not applying for coverage. Eva received deferred action for childhood arrivals in 2012. Eva earns \$37,601 a year and she plans to file federal taxes and will claim Ricky and Karina as dependents. Ricky and Eva are applying for coverage for Karina. For this family, based on immigration information, Ricky and Eva are not applying for coverage but they generally would not be eligible for either Medicaid or Marketplace. We will go over why in the next slide. Karina on the other hand is applying for coverage and because she is a US citizen, she could be eligible for Medicaid and CHIP or Marketplace coverage.

Again, Ricky is not applying for coverage because he is undocumented and would not meet the immigration requirement for Medicaid, CHIP, or the Marketplace. Eva is also not applying for Medicaid because DACA grantees are not eligible for these programs – she is not eligible even though she has an authorization to live and work in the United States and has a Social Security Number. However neither Ricky nor Eva are subject to the penalty for going without coverage. Karina, on the other hand, is a US citizen and her family income makes her eligible for CHIP in Texas.

In scenario three, we have a family from North Carolina. Mei lives with her son, Michael, and her father, Lin. Mei has been a lawful permanent resident for six years. Michael is a US citizen and is enrolled in his father's employer-sponsored health coverage. Michael does not with his father though. Lin has been a lawful permanent resident for two years and is of retirement age, however he has not worked 40 quarters and is not enrolled in Medicare. Mei earns \$19,000 a year and will claim Michael and Lin as tax dependents. In this scenario, only Mei and Lin are applying for coverage. This slide, again, breaks down the rules for this family and the types of coverage that they might be eligible for. Mei is not a US citizen but is a lawful permanent resident, which is one of the qualified immigration statuses discussed earlier. She is subject to the five-year waiting period for Medicaid, but she has already satisfied that waiting period. As a result, she could be eligible for either Medicaid or Marketplace coverage. Lin is also applying for coverage is also not a US citizen. He is not a lawful permanent resident and is subject to the five-year bar but he has not yet met that waiting period. As a result, he could be eligible for Marketplace coverage with subsidies but not for Medicaid. Again, Michael is not applying for coverage.

The results for this family. Even though Mei is a lawful permanent resident and has met the five-year waiting period for Medicaid, she is not eligible for Medicaid because her income is above the 47% limit for parents in North Carolina, a state that has not expanded Medicaid. Mei is also not eligible for premium tax credits because her income is below 100 percent of the federal poverty level. Remember that a lawfully present immigrant with income below 100 percent of the federal poverty line is only eligible for premium tax credits if they are not eligible for Medicaid due to their immigration status. Lin is not eligible for Medicaid because even though he is a qualified immigrant. That is because he has not satisfied the five-year waiting period.

However, because he is not eligible for Medicaid due to his immigration status, he is eligible for Marketplace coverage with premium tax credits and this is true even though his income is below 100 percent of the federal poverty level. If you have questions about this particular scenario, I would recommend referring to slide six from this presentation which breaks this down a little bit further.

This is the last scenario for this part of the training. Once again, we have a married couple with a young daughter, this time from Florida. Daniel and Marie and have a daughter, Amina. Daniel and Marie entered the US four years ago as refugees. They became LPR's one year ago. Amina is a US citizen and enrolled in CHIP. Marie earns \$18,800 a year. Daniel and Marie file their taxes jointly and claim Amina as a dependent. In this scenario, only Daniel and Marie are applying for coverage.

Marie and Daniel are not US citizens. However they are both refugees and recently became lawful permanent residents. As a reminder, refugees are not subject to the five-year waiting period for Medicaid and CHIP. They could be eligible for either Medicaid or the Marketplace. Again, Amina is not applying for coverage.

This breaks down eligibility for the family in Florida which is a state that has not expanded Medicaid. In the next slide, we will look at what happens in a state that has expanded Medicaid. In Florida, although Daniel and Marie have only been lawful permanent residents for one year and because they entered the US as refugees, they are not subject to the five-year waiting period. Because their income is above the 30% federal poverty level, the state that is not expanded Medicaid, they are not eligible for Medicaid. Because they do not meet the Medicaid standard, their income is below the federal poverty level. This is what happens in a state that is not expanded Medicaid but let's see what happens in one that has.

Let's pretend that this family lives in a state that has expanded Medicaid. Daniel and Marie might be eligible for Medicaid without a waiting period because they entered as refugees. The difference in this case is because the state has expanded Medicaid, the income limit for Medicaid is 138 percent of the federal poverty level. As a result, Daniel and Marie are eligible for Medicaid in the state because their income is below that 138% limit. Hopefully these scenarios have been helpful. Please let us know if you have any questions. Now, I think I'm turning it over to Sonya for the next session.

Hi, this is Sonya again. Thank you Angel. The next set of slides we are about to show you walk through some common concerns that people in immigrant families might have when applying for health insurance coverage. Annie at CMS walked through some of these. Let me skip a little bit when it gets into things that Annie covered.

Families with immigrants in them, they come to you and may be concerned about immigration enforcement. The concern is that there may be one family member who is not lawfully present and might be reported to immigration authorities. Annie mentioned this as well but it is good to let people know that the Affordable Care Act and the Social Security Act are implementing rules outlined that agencies can only collect, use and disclose information that is necessary for the operation of the Marketplace and for verifying eligibility for coverage. The Department of Homeland Security, as Annie mentioned, issued guidance about applicants in the household obtain health insurance eligibility will not be used for civil immigration enforcement purposes. On the bottom of this slide is the guidance from the Department of Homeland Security and we wanted to have them available in Spanish and English for consumers that may come to you with these kinds of questions.

There are also specific confidentiality rules that Marketplaces, Medicaid, and CHIP agencies have to require employees and contractors to follow to protect privacy. If your name or your role is on this list, you need to follow these confidentiality requirements. You probably also know that your authorization forms, as an assister, have to have an applicant's authorization for consent or access to their personally identifiable information. These forms include information about exactly how someone's personally identifiable information can be used and how to authorize any follow-up activity from an assister.

Assisters who do not apply to the rules, are subject to civil monetary penalties. If the Marketplace has not given it to you, there will be additional training on confidentiality rules.

On this slide, we will look at protections for non-applicants or people in a household who are not applying for coverage for themselves but are applying for potentially others in the household. This is really a key protection. All applications for health coverage affordability programs should have a household member designate a member who is a non-applicant. This will tell you who needs coverage, and then it asks who are you applying for coverage for and allows a person to designate myself only or myself and other family members or other family members and not myself. Non-applicants should not be asked to disclose their citizenship or immigration status information. Non-applicants do have to provide information that is relevant to the eligibility determination for the rest of the household. Like income, tax filing status information. But generally, they cannot be required to provide information that is not relevant to the eligibility determination for the household.

As part of the Marketplace application, there are a few optional questions such as questions about language preference, questions about race and ethnicity. Here, you see a slide that is asking if the applicant is Hispanic or Latino origin, and what their ethnicity and race are, it is not required that we ask that you as an Assister ask that they may respond to them. And this is the reason: having data about language preference or race and ethnicity can play an important role in helping us achieve equal access to coverage by providing us insight and information about who is enrolled and potentially who is not being reached by health coverage affordability programs. This will help us figure out how best to support those populations. Here is a slide that has tips for talking about immigration status. It is best to start your meeting by sharing general information about immigrant eligibility, to help families identify who in their households may want to apply for insurance. You might say that the Marketplace provides coverage to citizens and many lawfully present immigrants and then show them the list that HHS provides. You can also let them know it is safe to apply for coverage and that the application asks for some information, like income, from everyone in the family but only if family members seeking coverage for themselves can ask about citizenship status. One last thing, when you are asking questions about immigration or citizenship status, we suggest using words like eligible immigrant, eligible immigration status, or ineligible for coverage rather than undocumented or illegal.

Now we are going to talk about specifically about requests for Social Security Numbers. People in households applying for coverage will be asked to provide a Social Security Number but Social Security Numbers are not always required for everyone and there are different rules that apply to applicants for coverage a non-applicants for coverage living in the same household. The rules are a bit different in Medicaid and CHIP from the Marketplace. The first slide looks at request for Social Security Numbers from applicants for coverage. Again these are people who are applying for coverage for themselves. In Medicaid and CHIP, Social Security Numbers are generally required among applicants for coverage. Annie covered some of the rules about that specifically that I'm not going to repeat. In the Marketplace, the rule about SSNs for applicants for coverage is pretty simple. Only applicants who actually have a Social Security Number are required to provide one. There are also some general federal rules about requests for Social Security Numbers that any covered that are at the bottom of the slide.

The next slide addresses when non-applicants or people who are not applying for coverage for themselves need to provide Social Security Numbers. In Medicaid and CHIP, as Annie mention, the rule is easy. Non-applicant household members do not have to provide a Social Security Number. In the Marketplace, household members who are not applying for coverage for themselves are not required to provide a Social Security Number unless all of the following are true that you see here on the slide. The

person is a tax filer, they have a spouse or tax dependent seeking premium tax credit eligibility, or has filed a tax return in 2013 or 2014 tax year. You can refer back to these slides for the rules of protection for Social Security Numbers. There are specific protections of the people who do not want to provide a Social Security Number, they do not have to in certain situations. I wanted to stop for a minute and make a plug that consumers that you are working with, if they have Social Security Numbers, they may want to think about providing it because it can help in a number of ways. Providing a Social Security Number, when it is available, increases the likelihood that these programs like Marketplace, Medicaid or CHIP can verify household information electronically. For example, they can verify income information. Electronic verification that happens when a Social Security Number is provided can really reduce the amount of paperwork and heartache and trouble that may happen when consumers have to document their income or other information to prove their eligibility.

One last note is just that people who are not eligible for Social Security Numbers may use individual taxpayer identification numbers or ITINs when they file their federal taxes but they should not be provided in response to a request for Social Security number on a federal Marketplace application. We are going to talk about some new pop-ups on the FFM website that will encourage people to provide this information if they have them.

HealthCare.gov, this open enrollment season, includes some new prompts to encourage people to provide their Social Security Numbers. Hopefully most of you have seen these by now, on the left side, you can see a pop-up window who have not provided a Social Security Number, for everyone on the application to provide it. HealthCare.gov allows consumers to indicate that they want to continue either without a Social Security Number or to go back and enter it. The box on the bottom left shows a similar pop-up window that prompts consumers to enter immigration document numbers in the application. Finally, there is an additional chance to correct a Social Security Number that may have been provided that did not quite match what was verified by federal databases. In bright orange, you will see a prompt to enter a Social Security Number. You can enter it right here at the bottom of the reminder. It also provides instructions about how to get help getting a Social Security Number for those who need to take that step. This is a good chance to potentially look again at the number that you entered. Maybe you typed something wrong, and to take time to double check as you type in the Social Security Number. Even have the consumer look at it and read it back to you.

I'm going to spend a minute on identity proofing. Identity proofing is required in order to submit an application online at HealthCare.gov. As you probably all know, the person completing the application -- we usually call this person a household contact. On this presentation, it is referred to as the household contact or identity filer. It provides personal information to get through it. In order to verify the application filer's identity, the identity contractors provides custom personalized questions that only the application filer would know. What county or street is the person live on? What is the make of their car, they may ask about a previous address, something like that. And then the application filer answers the questions. If an application filer cannot complete these ID proofing questions, you are provided a unique reference code on-screen on healthcare.gov and they are instructed to call the Experian helpline. One thing to note is that there has been language assistance also available at the Experian helpline if your consumer needs that. Application filers who cannot complete the ID proofing online and still cannot complete it over the phone, sometimes this can happen. Additional questions can't be generated by phone, and sometimes the questions that are asked, the person still cannot answer. Sometimes it does happen that someone cannot complete the ID proofing process in this way. They will be asked to submit copies of certain documents to prove their identity, which we are going to talk about in another slide.

If someone can't get through the online ID proofing questions either online or by calling Experian by phone, there are different options. They will be asked if they would like to prove their identity by mailing or uploading this information. You can see that the person can provide one of the documents on the left-hand side of the list or two of the documents on the right-hand side of the list. We know that some consumers do not have one of the documents on the left, so perhaps they have two on the right. Sometimes there are some consumers, even though they are lawfully present, they do not have this documentation and so that can be hard.

There is another way to move forward if folks cannot complete the identity proofing process. They can actually complete an application over the phone by calling the HealthCare.gov Marketplace call-center or they can use a paper form. When they do that, there are a couple of things. They can select a plan through the call center. We suggest that before they even call the center they go on to the HealthCare.gov site and look at plans and prices in the tool and review plan options and select a plan. One thing to note about this is it is tough. Customized plan information that involves and includes their premium tax credit determination in any cost-sharing reductions that they may be eligible for will not show up when they go to plans and prices. You will just see the full price. Just keep that in mind. They will not be able to factor those into the reduction in price into their comparison when they do it this way. When they're on the phone with the call center, they should request paper notices and realize that they have to report changes, complete the renewals through the call center rather than doing it online. There is just one more thing. If they are able to later go in and prove their identity with documents as we mentioned on the slide before this, if they can do that as well, they can convert the paper application so that they can, in the future, renew online or complete the plan next year online. That might be an option for people who can finally get access to those documents and provide them. I'm going to turn this over to Shelby Gonzales, and she is going to talk about verification of citizenship and immigration status.

Thanks, Sonja. I'm going to talk about citizenship and verification status. That is another part of the application process that is often times a little tricky for consumers. Early in the application, consumers are asked to provide Social Security Numbers. This number is used for a lot of different reasons. One of the reasons is that applicants who attest to being citizens will be checked against records that are held by the Social Security Administration. If citizenship cannot be verified by the Social Security Administration, applicants are asked if they are naturalized or derived citizens. Those who answer yes are asked to provide document numbers from their naturalization certificate certificates of citizenship. If these numbers are provided, the Marketplace will try to electronically verify citizenship through records that are available from the Department of Homeland Security's systematic alien verification for entitlements program, which we also referred to as SAVE. Sometimes these electronic verifications are just not successful, but that does not mean that the applicant is not a citizen. There are a whole lot of reasons that there would be no match. For examples, numbers are not accurately provided, or applicants have changed their names or maybe they used a shortened version of their name, so it does not match what the records are saying the name that is associated the number that was provided is. Also, they cannot verify citizenship for many citizens who are born outside of the US. For example, a person who was not a citizen when he got an SSN would never have had to have their citizenship verified when the SSN was issued to him unless he came back to the Social Security Administration to make some other type of change after he became a citizen. SSA would not be able to verify his citizenship in that case. Also, SSA began verifying citizenship when issuing SSNs sometime in the late 70s. It can still match many people who were citizens when they got there SSN prior to that time if they were born in the US, but it becomes a little more difficult when they were not born in the US. Unless,

again, the person has come back to the SSA for whatever reason, maybe they changed their name when they got married and they came back, and at that point proved their citizenship.

Some consumers who attest to being naturalized or derived citizens may also not have the certificate numbers that are requested in the application available to them at the time of the application. This is especially true for derived citizens. This is because derived citizens were born outside of the US. They got their citizenship because their parents are citizens, and not all derived citizens ever even got there certificate of citizenship. In some cases they may have gotten some other document that proved their birth abroad. This is tricky for people because they may not have any of these kinds of documents to look for the numbers.

When US citizens applying for coverage for themselves cannot be verified electronically through data matches through the Social Security Administration or through the SAVE program, they are asked to provide proof of citizenship to the Marketplace. The documents listed here including the US passport, a certificate of naturalization, and others can prove US citizenship also. No need to send another document but if the applicants do not have one of these documents then are going to have to send two documents to prove their citizenship and it gets a little bit more tricky than just sending in two documents. Consumers have to send in both a document that is on the left hand part of this table and a document that is on the right-hand side of the table. On the right-hand side, what you are really looking for is something that is going to prove identity in one way or the other. On the left-hand side, it is a document that can for the most part can be the one that really proves the citizenship of the person. Putting them together would then complete a citizenship documentation. This is very tricky for a lot of consumers and not everybody is going to have access to these documents very easily that you are helping. It is just part of life. It is very difficult for some people.

Now, let's look at how the Marketplace verifies immigration status and eligibility under the ACA rules. Applicants who say that they are not citizens will be asked to attest that they have an eligible immigration status. Then they will be asked to select a document type and provide a relevant number from those documents, and we show the picture right here of how those questions are asked. HealthCare.gov uses those numbers to match information in the SAVE, the program that I talked about earlier, to verify immigration status. Sometimes status cannot be verified by the data match but again, similar to what we talked about before, it does not mean that the applicant is not lawfully present. There are a whole lot of reasons that this no match may happen. Similar to what we heard about for citizens, sometimes the name used in the applications is not exactly as it appears in the record. Sometimes HealthCare.gov, maybe the name the consumer put in, is not matching along with other pieces of information that they put in. HealthCare.gov has a special question that is included in the application so that when there is a mismatch, the consumer is given an opportunity to provide additional information. I guess that can be a tricky conversation to have with someone. Some assisters that I've talked to about it suggest that the best way to do this is when you first meet with the consumer and you are getting ready to start the application, you ask are you going to have something to show your name, how it is spelled on the actual documents that you provide, a Social Security card or an immigration document. If it is different than what they put on the application -- maybe they say, my name is Anna Maria, but everybody calls me Maria so in my application, I put in Maria. In the immigration document, it says Anna Maria, you want to encourage them to put in Anna Maria instead of going with their nickname. Now Angel is going to walk through some immigration documents that you're going to probably run into a lot.

Thank you, Shelby. In the next series of slides, we will quickly go over some of the more common types of documents that persons may use to prove their immigration status. Keep in mind these are not all of the documents that a person may present. For a full list of documents, please refer to some of the resources at the end of this presentation. Please note also that even though this is focused on the federal Marketplace, this can also be used for the state-based Marketplaces. The first thing that we will go over is the permanent resident card, or the I-551. It is also commonly referred to as a green card. What is important to note about green cards is that there are several versions of the card. They have gone through a number of iterations over the years and they may look a little bit differently. Note also that they are not green despite their name. The arrows here point out the important numbers that can be found on a green card. On the front, you will usually find the alien registration number, sometimes shortened to A-number, which is shown in green on this slide. The card number, which is shown in red, maybe on either the front or the back. Note that an A-number is sometimes a USCIS number so it may be listed one way or the other. Another common document that you might see is what's called an employment authorization document, also called an I-766, and are not usually tied to immigration status. Notice again that there are different versions of this card. The important numbers are usually found on the front of this card and the arrows point out in green is the alien registration number, in red, the card number, category code in purple, the expiration in blue. These are all important numbers that you will need, and they are all on this card.

This is an example of a refugee travel document or an I-571. If this looks familiar to you, it's because it looks a lot like a US passport. It even looks like a booklet, like a US passport, but it is not a US passport. The A-number can usually be found on the upper right-hand side, and it is shown here in green.

Here are a couple of other commonly used documents. On the left-hand side of the slide is an example of an I-94 or arrival/departure record. It is often a white piece of paper stapled onto a passport. The I-94 number is located on the bottom section of the document, which we have pulled out here so you can clearly see it. On the right-hand side is a notice of action or an I-797. A notice of action is an official notice from the Department of Homeland Security and it may be issued for a number of reasons. It is often issued as a receipt for different applications that a person may submit.

What is important to note is that I-797 will contain either an I-94 number or an A-number, which can each be used to verify immigration status. With that, I will hand it back over to Shelby.

Thanks, Angel. Now I'm going to go through a scenario to show how a consumer might go through some bumps in the road when trying to verify their immigration citizenship status. Here we have Roberto and Monica, who are married, and have two children, Miguel and Elena. Monica was born in Germany and is a derived citizen of the US. Roberto has been a lawful permanent resident for seven years and Miguel and Elena were born in the US. All family members provide their Social Security Numbers in the application. We are going to say that they did it very carefully and they put in their names correctly. Unlike some of the warnings that we have been talking a little bit about today. Monica, Miguel, and Elena all attest to being US citizens and Monica is asked if she is a naturalized or derived citizen, and she says yes. She is asked to provide numbers from her certificate of citizenship, and she does not have that document, so she skips that question. Roberto attests to having an eligible immigration status and he provides his alien registration number and his card number as requested.

Let's see what happens in their data matching results. We are going to say that the Social Security Administration was not able to substantiate Monica's attestation of citizenship. Remember, she was born outside of the US and she was born before the SSA began attesting citizenship when issuing the

SSN. She did not have the document numbers to provide from her certificate of citizenship so she is also not matched by the SAVE program. Roberto is not a citizen so there is no matching that occurs with the SSA database for citizenship purposes. There may be other things that come up later on, like for income or something. Also if he provides a Social Security Number, it will validate a Social Security Number. Just not about citizenship. In this scenario, we are going to say that he actually entered in his alien registration number, but he did not enter his card number. We are going to say that he just did not have it or he failed because he did not know that he was supposed to and SAVE was not able to match him instantly. By the way, and just so that you know, there are certain people, who even if they do provide both numbers, sometimes it does not match them instantly. Sometimes it takes longer for SAVE to complete the match. The same results may be occurring for that person as for Roberto is going to go through in this scenario. Both the children are were successfully data matched. They are often a little easier if you have their name written correctly provide the right Social Security Number, and have the right date of birth. After submitting the application, the family gets an eligibility determination notice which indicates that the family is eligible to enroll in Marketplace coverage with subsidies. And that Monica and Roberto must send in more information before the end of a 95 day period. I have some good news to share. I'm excited to talk about this. The family is also going to now see this same result even before they go to that PDF notice that I just showed you beforehand that we are all a little more familiar with because we have seen is some any times.

Now, onscreen, they get a message in red indicating that they must turn in documents and that their coverage is temporary. This will be a huge help in flagging for consumers when there is a data matching issue. As an assister, when it happens, it may be a good time to double check the spellings of names and the date of birth, and recall, you know, maybe somebody just comes in to you and says hey, look, I got this web message or calls you and says I was applying by myself and I got this message, I do not know what it means. It's a time where you can say, did you provide things like your Social Security Number, document numbers from your immigration documents, that kind of thing. If those things did not happen, you can go back into the application and provide this information. You can go back into the information in those application and correct the misspelling of names or not legal, formal names and all of those kinds of things. We think there is a real great opportunity to try to avoid things. But also as an assister, you know that you have provided all of the information that was necessary, it was all accurate. It is also a moment where you can say, this means that you are going to have to submit some documentation to provide proof of your circumstances. It is just really good to stop right then and try to do what is necessary like helping them to upload the documents to prove their status.

All right. Let's go on to the next slide. Let's see what happens with Monica and Roberto. Let's say that the family did submit documents but they still get a warning notice from the Marketplace. We are going to say that Monica sent in her consular report of birth abroad, but she also needs to submit a document that was included on the right side that would prove her identity. The second document, as I mentioned before, we have to prove something. We have to have some kind of photo or something that shows identity. I'm going to show you a list of those documents again and how it appears on the notice in a minute. Roberto sent in this form passport, which was a document that was on the list that was provided to him on his notice. But sometimes, that would be enough and it would contain the right information to prove his status. In other cases, it is not enough. We are going to say that it was not. He did not have the necessary information to prove his status for this scenario. So both Monica and Roberto have been told that they must send in documents to prove status or their coverage is going to end.

So Monica does not have a document from the list of options provided on her notice. As I mentioned before, I give you a picture of the different documents that she is to provide and it is spelled out here. Roberto does send in a copy of his lawful permanent resident card otherwise known as the "green card". Monica gets an inconsistency expiration notice that explains that her Marketplace coverage will end because she did not provide documentation to prove her citizenship. This notice will be sent around her 95 day inconsistency expiration date.

What is next for Monica? Let's say that Monica wants to reenroll in coverage with her family. Even after the coverage ends, she can clear that inconsistency. After resolving the inconsistency, she can get a special enrollment period to reenroll in coverage. Let's say that on April 1, Monica no longer has coverage because of inconsistency. On April 3, Monica spends the day at the DMV and gets an ID issued to her and immediately uploads that ID to the Marketplace account. She already submitted the consular report of birth abroad, and with both of the documents together, she satisfies the citizenship documentation requirement. On April 14, the inconsistency, we'll say that it was processed by the Marketplace and everything is good. At this point, Monica can choose to reenroll with her coverage, which would follow the regular effective dates based on when Monica completes plan selection. If Monica enrolls in coverage on April 14, then it can start on May 1 or she can select to have coverage retroactively to April 1, but she would have to pay the April premium if she chose to do that.

Why we have spent so much time talking about data matching issues? We all know that it is quite complicated for families once a data matching issue occurs. People can lose coverage because of them. We have one last slide on the data matching issue specifically that I am not going to take the time to go through and read through each of these pieces because we have gone through most of these at a high level, really important things on this sheet that you want to remember. Take your time and read them. Remember to fill out the application as completely as possible. Provide those SSN's when possible. Not everybody has an SSN. We certainly would not want anyone to be put in a situation or feel uncomfortable about saying that they don't have an SSN. You will have to deal with that somewhat delicately. To the extent that people have SSN's, even if they are not applying for themselves, providing them might help. It might help reduce the data matching issues. We provide some tips here. We strongly recommend that you look at them. I'm going to cover one more topic before we stop for questions.

If the Marketplace - I'm going to back up for a second. Angel, earlier in this slide deck, talks about people who have income in the Medicaid range or below the poverty line and they are still eligible for premium tax credits because they are not eligible for Medicaid based on their immigration status, they're lawfully present, which is a bigger group of people. There are a lot more people that are considered lawfully present than qualified and the five-year bar is applicable to them. There are a whole lot of people. In that situation, the reason they are ineligible for Medicaid is that their immigration status, even if their income is below the poverty line, they still qualify. That's important to know. But sometimes the application process can be a little tricky for these consumers, and we have seen a lot of questions come in during today's webinar already about this.

If the Marketplace can electronically verify that a consumer is lawfully present and eligible for Medicaid, that an individual's immigration status through the SAVE program, if that can all happen while they are completing the application instantly or real-time, then everything should be fine. The consumer should get the correct eligibility determination. However, if that cannot be done in real time, and we have already talked about -- just because the verification cannot happen in real time does not mean that the person is ineligible. If it can't happen in real time, then the Marketplace will treat the consumers as if

they are fully eligible for Medicaid, based on their immigration status, while their immigration status is proved. That means if the person is otherwise eligible for Medicaid because of their income and other factors, the Marketplace will assess or determine them eligible for Medicaid and they will be referred to Medicaid. If they don't appear eligible for Medicaid, perhaps if the child was developed in a non-Medicaid expansion state for example, the Marketplace will allow the consumer to enroll in a Marketplace plan but with no subsidies.

Let's look at the process first. What happens when the Marketplace thinks that an applicant is eligible for Medicaid, which by the way will happen a lot for states that have expanded Medicaid but it can also happen in non-expansion states. For example, in a non-expansion state, you can have a parent that meets the 1931 coverage for income and category, and they are able to qualify based off of their circumstances. So what happens? Medicaid will ask the consumer to provide documents to prove their immigration status. If the consumer has no other inconsistencies, he should be provided Medicaid, while he has time to send in his documents, but I will say that often times that does not happen. In many states, we have heard that they are not providing benefits to the consumers while this process is happening in terms of finding out their eligibility determination. It is absolutely true that it should happen, but it is not always happening. If Medicaid determines that the consumer is lawfully present but ineligible for Medicaid due to status, Medicaid will deny Medicaid eligibility and send the consumer back to the Marketplace. HealthCare.gov will then send the consumer instruction steps to take to get the correct determination completed on Healthcare.gov.

What happens to folks when the Marketplace thinks that they are both ineligible for Medicaid and ineligible for subsidies? This is a group that is basically treated as if they are in the coverage gap. This is the group that has income below the poverty line, their status was not able to be verified instantly during their process. Let's look at what the steps that happen are. After submitting the application, the consumer is told he is eligible to purchase a Marketplace plan without any subsidies and is told to provide proof of status. Periodically, HealthCare.gov since people in this group notices explaining that they may qualify for subsidies and that they need to send improve of their status. If the consumer sends in the documents, the Marketplace then determines their status and makes them ineligible for Medicaid. They will look at their documents and say, okay, this is a person that is ineligible for Medicaid, based off of immigration status, and then they will send the consumer notice of how to come back to the Marketplace to get the new eligibility determination. They will have to complete questions like the questions related to minimal essential coverage, which they would not have been asked when they first applied for coverage, because the computer is dynamic and it will think this person is not eligible for subsidies, why bother asking them at this point. It will come back, they'll answer those questions and it will indicate that they have been denied Medicaid because of their immigration status, using that Medicaid blocker question, and I have a screenshot of the question on this slide. I have put some tips down in terms of some things that assisters may want to do to help people get to the right eligibility determination by following the steps that they need to take. I want to pause just in case we have a couple of moments for questions and turn it back over to CMS.

Thank you so much, Sonja, Shelby, and Angel for that presentation. We are actually at time and we want to be respectful of everyone's time, we know that everyone has a lot of work to do so we will follow up with questions and answers to both of these presentations in a newsletter. Thank you everyone for submitting the questions.

And a special thanks to our presenters Jon, Brian, Annie, Sonya, Shelby, and Angel for joining us today. As a reminder, our next webinar will in two weeks on **Friday, December 4**, at 2pm Eastern.

And if you would like to sign up for the CMS Weekly Assister Newsletter listserv and webinar invitations, please send a request via the Assister Listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) and write “Add to listserv” in the subject line.

Finally, thanks again for all your hard work! We hope you all have a wonderful Thanksgiving with friends and family next week!