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

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

You should do one of these:

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

This guide will show you how to take the next steps. Select the “NEXT” arrows along the bottom of each page to move to the next page. Don’t use the arrow keys on your keyboard.
Log in to your Marketplace account, if you haven’t already

1. Choose your current application under “Your existing applications.”

2. Select “Application Details” on the left-hand menu.
Pay attention to your deadline to take action & see your next steps

IMPORTANT: Take action before this date.

Download and review your notice here, if needed.

Select the "View Next Steps" button to learn what to do next.
Tell us who in your household has Medicaid or CHIP coverage

Answer "Yes" or "No" for each person on your application to tell us if they're enrolled in Medicaid or CHIP.
Read the options below, then select the “Go” button that matches your situation

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

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

You answered “Yes” for some and “No” for others, OR there are people on your application you weren’t asked about.
If you answered “Yes” for everyone listed in your notice and there’s no one else on your application, end each person's Marketplace coverage with financial help.

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

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

Select the "End (Terminate) All Coverage" button.
If you answered “No” for everyone on your notice, report a life change

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

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

Select the "Save & Continue" button.

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

If you don't see these steps, see “Where can I get help?” on page 11.
If you answered “Yes” for some people on your notice and “No” for others, OR if there are people on your application you weren’t asked about, take these actions:

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

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

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

If you don’t see these steps, see “Where can I get help?” on page 11.
If you answered “Yes” for some people on your notice and “No” for others, OR if there are people on your application you weren’t asked about, take these actions (Continued)

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

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

IMPORTANT: Go through your entire application.

If you don't see these steps, see “Where can I get help?” on page 11.
When you’ve completed all necessary steps...

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

If you've successfully completed the steps, you'll see a "NO ACTION NEEDED" button. This means you're done with all necessary updates.
More about on when you have a Medicaid or CHIP coverage Marketplace plan

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

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

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