

Enrollment Scenarios



Instructions

You will work in groups and read each scenario.

Once you have read each scenario, please work together to answer the questions. You may use the FPL charts that have been provided.

During this exercise, make sure you are writing down the explanation that supports your answers.

We will then regroup and go over each scenario.



Scenario #1

Isabella and Hendrik are married and have two children: Maria (5 Years Old) and Erick (1 month old). Isabella, Hendrik, and Maria are Refugees who are not yet Legal Permanent Residents or US Citizens. Erick is a USA citizen. The family moved to Phoenix, Arizona 2 weeks ago from another state where they had health insurance coverage and want to see what their health coverage options are now. Hendrik is the sole income earner and makes a gross bi-weekly income of \$1,750. Hendrik's employer does not offer health insurance. They are seeking enrollment assistance.

NOTE: This is happening in October 2026, before Marketplace Open Enrollment Period (OEP) starts on November 1st.

- Who is potentially eligible for which program?
- Why? What factors need to be considered?



Scenario #1 Answer

Who is potentially eligible for which program?

- Erick (1 month old) is eligible for AHCCCS at 138% FPL
- Isabella, Hendrik and Maria are potentially eligible for the Marketplace with APTC and CSR for the remainder of 2026.
 - Beginning 2027, they will lose their eligibility for APTC and CSR.
 - <https://www.healthreformbeyondthebasics.org/key-facts-immigrant-eligibility-for-coverage-programs/>
 - <https://www.federalregister.gov/documents/2025/06/25/2025-11606/patient-protection-and-affordable-care-act-marketplace-integrity-and-affordability>



Scenario #1 Answer

Why? What factors need to be considered?

Erick (1 month old)

- US Citizen
- 138% FPL; Children under age 1 income limit: 147% FPL

Isabella (parent), Hendrik (parent), and Maria (5 year old)

- Refugee immigration status (starting October 1st, 2026 this immigration status does not qualify for full Medicaid benefits)
- 138% FPL is potentially eligible for the Marketplace with APTC and CSR
- Loss of coverage in the last 60 days for SEP eligibility
- Beginning January 1, 2027, PTCs for non-citizens with incomes at or above 100% FPL will be limited to LPRs, Cuban-Haitian entrants, and COFA migrants



True or False?

Starting October 1, 2026, states can only get federal matching funds to cover a new narrow noncitizen group in Medicaid and CHIP.

The noncitizen group consist of lawful permanent residents (after completing the 5-year bar), people from Compact of Free Association (COFA) nations residing in the US, Cuban-Haitian entrants, refugees, and asylees.



Answer

False.

The new narrow noncitizen group does not include refugees or asylees.

<https://www.azahcccs.gov/AHCCCS/Initiatives/HR1/>



Scenario #2

Felix and Mary are married and have two children together. Felix has been a Lawful Permanent Resident (LPR) since September 1, 2019, and Mary became a Lawful Permanent Resident on January 20, 2025. Felix and Mary have two children together. Their first child, Zen, is five years old and is a U.S. citizen. Their second child, Jason, is one year old and is also a U.S. citizen. Felix also has a 17-year-old son, Marc, from a previous marriage. Marc has been a Lawful Permanent Resident since January 20, 2021, and is currently living with the family. Felix and Mary file taxes together and claim all three children—Marc, Zen, and Jason—as dependents on their tax return. Their combined annual net income is approximately **\$80,000**. Felix is confused as to what options they have for health insurance since he has not had insurance for three years.

- Who is potentially eligible for which program?
- Why? What factors need to be considered?



Scenario #2 Answer

Who is potentially eligible for which program?

- All three children (Marc, Zen, and Jason) are potentially eligible for KidsCare
- Felix, and Mary are potentially eligible to buy a health plan through the Marketplace



Scenario #2 Answer

Why? What factors need to be considered?

Marc, Zen and Jason are potentially eligible for KidsCare.

- The household income limit for a household of 5 for KidsCare is \$7,253/mo
- The monthly household income of \$6,666 is under 225% of the FPL

Felix and Mary are potentially eligible for the Marketplace.

- Felix and Mary income is over 133% of the FPL for AHCCCS
- Household combined annual net income is \$80,000/12 months = \$6,666/mo.

<https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf>



True or False?

Starting January 1, 2027, Mary and Felix will be eligible for APTC and CSR since they are above the income limit for AHCCCS.



Answer

True.

Mary and Felix are lawful permanent residents (LPRs) which are still included in the new narrow noncitizen group eligible for Marketplace APTCs and CSRs.

<https://www.healthreformbeyondthebasics.org/new-immigration-related-restrictions-for-medicaid-chip-medicare-and-marketplace/>



Scenario #3

The Dodson Family -- Walt (age 63), Marta (age 40), Chris (age 45), and Dylan (age 16) -- live together in Tucson. Marta has an income of \$60,000. Chris is recently unemployed; the family lost their health coverage when his job ended. Walt is undergoing cancer treatment and is unable to work and Dylan attends University High School and does not work. Marta and Chris file taxes jointly and claim Dylan and Walt as dependents.

- Who is potentially eligible for which program?
- Why? What factors need to be considered?
- Are any members subject to Medicaid work requirements?



Scenario #3 Answer

Who is potentially eligible for which program?

- Chris and Marta are potentially eligible for Marketplace coverage with PTCs
- Dylan is potentially eligible for CHIP/KidsCare.
- Walt is potentially eligible for Medicaid/AHCCCS (via Medicaid expansion as a childless adult)



Scenario #3 Answer

Why? What factors need to be considered?

Chris and Marta

- Household size of 4 (for Marketplace) with \$60,000 income = 181% FPL

Dylan

- Household size of 3 (for KidsCare) has a monthly limit of \$5,123 ($\$60,000/12 \text{ months} = \$5,000$)
- Dylan is under age 19 and is not subject to Medicaid work requirements

Walt

- Household size of 1 (for Medicaid) with \$0 income
 - Example 12 of [Medical Assistance Eligibility Policy Manual](#)
- Walt is potentially exempt from Medicaid work requirements under the “medical frailty” exemption (“Living with a serious or complex medical condition that makes it hard to meet the work requirements”) as he is undergoing cancer treatment.



True or False?

Starting January 1, 2027, American Indians or Alaska Natives living in Arizona are exempt from Medicaid Work Requirements but need to renew AHCCCS coverage every six months instead of once a year.



Answer

False.

American Indians or Alaska Natives are exempt from Medicaid Work Requirements **and** six month renewals.

AHCCCS will use available data and information collected at application to automatically exempt American Indians/Alaska Natives from work requirements and they will continue to remain on a 12-month renewal cycle.

<https://keepmyahcccs.com/partners/>



Scenario #4

Ralph quit his job on April 5 to start his own business. His employer-sponsored coverage (ESC) ended at the end of the month on April 30. He qualifies for an SEP due to loss of qualifying health coverage.



Scenario #4 Questions

When is Ralph's qualifying life event date?

- a) April 5, the date he left his job
- b) April 30, the date his ESC ended
- c) May 1, the first day of the next month after losing his coverage

During what time period can Ralph report his coverage loss to the Marketplace and select a plan?

- a) 60 days before to 60 days after he left his job on April 5
- b) 30 days before to 30 days after his coverage ended on April 30
- c) 60 days before to 60 days after his coverage ended on April 30



Scenario #4 Questions

When will Ralph's Marketplace coverage start if he selects a plan on April 23?

- a) May 1
- b) April 30
- c) The date he picks a plan

When will Ralph's Marketplace coverage start if he selects a plan in May, after his coverage ended on April 30?

- a) May 1
- b) June 1
- c) The date he picks a plan



Scenario #4 Answer

When is Ralph's qualifying life event date?

b) April 30, the date Ralph's ESC ended. The qualifying event is the loss of coverage, which is the last day the consumer had coverage under their previous plan.

During what time period can Ralph report his coverage loss to the Marketplace and select a plan?

c) A consumer can report loss of qualifying health coverage up to 60 days before and up to 60 days after losing coverage.

<https://www.cms.gov/marketplace/technical-assistance-resources/special-enrollment-periods-fact-sheet.pdf>



Scenario #4 Answer

When will Ralph's Marketplace coverage start if he selects a plan on April 23?

a) May 1. For consumers who are attesting a future loss of qualifying health coverage, their new Marketplace coverage begins on the first day of the month following the last day of prior coverage

When will Ralph's Marketplace coverage start if he selects a plan in May, after his coverage ended on April 30?

b) June 1. For consumers who have already lost coverage, the new coverage is effective the first day of the month after they pick a plan.



True or False?

Marketplace coverage automatically ends when a consumer becomes eligible for or begins Medicare.



Answer

False.

Marketplace coverage does not automatically end; a consumer must report when to end it.

Since March 2025, a functionality in the Marketplace eligibility application lets consumers report when they're starting Medicare. When an enrollee starts Medicare, the Marketplace is able to end Marketplace coverage at the appropriate time.

<https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>

<https://www.cms.gov/marketplace/agents-brokers/files/marketplace-medicare-webinar.pdf>



Scenario #5

The Ramirez Family -- Elena (age 38), Marco (age 41), Sofia (age 14), and Mateo (age 8) -- live together in Phoenix. Elena works full-time and earns \$42,000 per year. Marco recently had his work hours reduced and currently earns approximately \$8,000 per year.

The family recently lost their employer-sponsored health insurance because Marco no longer qualifies for benefits due to his reduced hours. Elena and Marco are married, file taxes jointly, and claim Sofia and Mateo as dependents. Neither child has income. No one in the household currently has health coverage.

- Who is potentially eligible for which program?
- Why? What factors need to be considered?



Scenario #5 Answer

Who is potentially eligible for which program?

- Elena and Marco are potentially eligible for Marketplace coverage with PTCs.
- Sofia and Mateo are potentially eligible for KidsCare.



Scenario #5 Answer

Why? What factors need to be considered?

Elena and Marco

- Household size of 4 with \$4,167/month income
 - $\$42k + \$8k = \$50k/12 \text{ months} = \$4,167/\text{mo}$
- AHCCCS Adult limit is \$3,658/month
 - Income exceeds AHCCCS limit; potentially eligible for Marketplace coverage with PTCs

Sofia and Mateo

- Household size of 4 with \$4,167/month income
- KidsCare limit is \$6,188/month
 - Income exceeds AHCCCS children's limit (\$3,658/month) but is within the KidsCare limit
- Both are under age 19 and potentially eligible for KidsCare.



True or False?

People who lose or are denied Medicaid because of not meeting the work requirement cannot enroll in ACA Marketplace coverage with premium tax credits (PTCs).



Answer

True.

If a person is eligible for Medicaid, they are not eligible for PTCs. They can purchase Marketplace coverage without PTCs but this is likely prohibitively expensive.

Many people may be unable to enroll in Medicaid because they did not receive or complete work requirement paperwork in a timely manner. This is not the same as being found not eligible for Medicaid.



Thank you!

