Consumer Options for Terminating Plans and Reporting Changes

July 2022

The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was produced and disseminated at U.S. taxpayer expense.

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Objectives

- Helping consumers cancel or terminate coverage

- Helping consumers report changes to the Marketplace
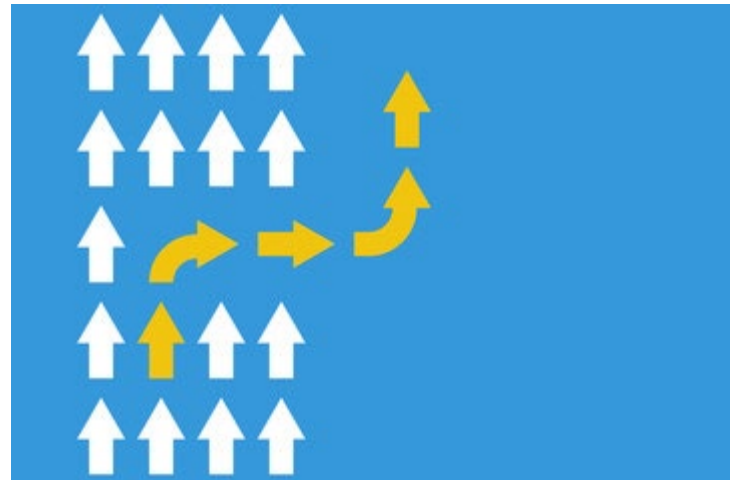
Ending Coverage

- Consumers may voluntarily end their enrollment upon request for any reason.[1]

- Common reasons include:

  ➢ Obtaining other minimum essential coverage (MEC) such as Medicare, Medicaid, or job-based coverage; or

  ➢ Simply wanting to end coverage.

[1] 45 CFR § 155.430

Ending Coverage: Terminating Coverage vs. Canceling Coverage

- **When terminating coverage:**

  ➢ The consumer has enrolled and paid at least one month's premium (i.e., coverage has been effectuated).

  ➢ If the consumer is ending coverage for some, but not all, members on the application, their coverage will end immediately in most cases. In other situations, coverage will not end immediately, including when the household members who remain enrolled in coverage qualify for a Special Enrollment Period (SEP).

Ending Coverage: Terminating Coverage vs. Canceling Coverage (Cont.)

- **When canceling coverage:**

  - The consumer generally has not yet effectuated coverage with their first premium payment.

Knowledge Check #1

If a consumer wishes to prospectively end coverage that has been effectuated, the consumer is generally _____ their coverage.

A. Terminating

B. Canceling

Knowledge Check #1 Answer

If a consumer wishes to prospectively end coverage that has been effectuated, the consumer is generally _____ their coverage.
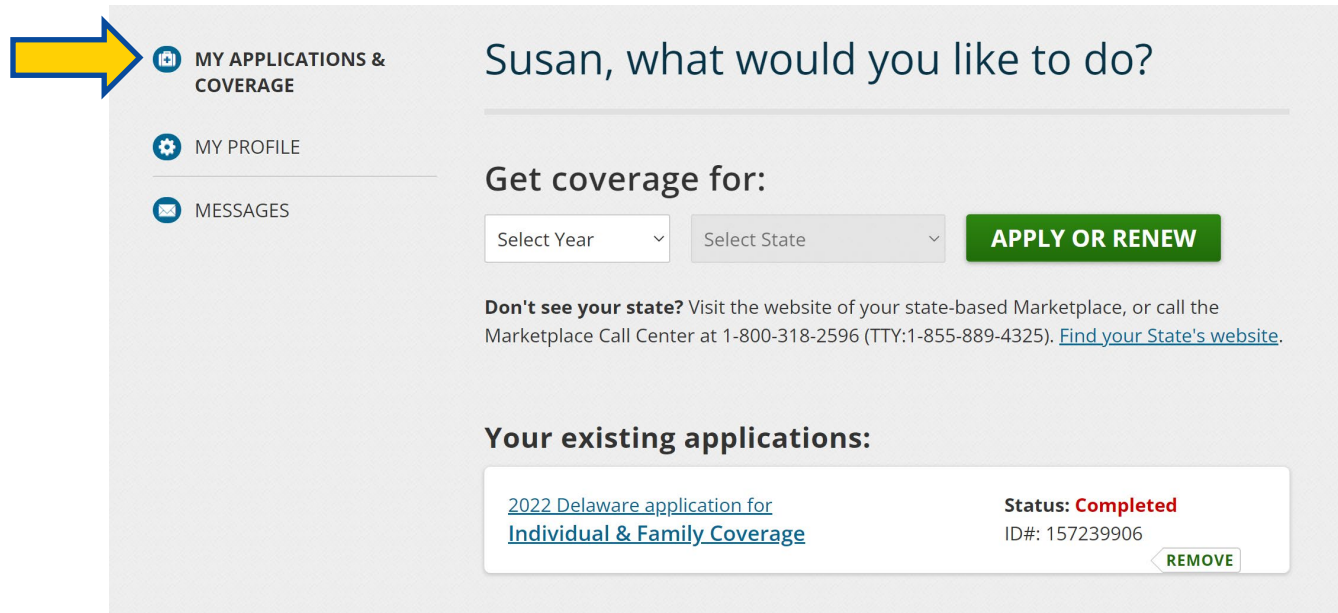
A. Terminating

B. Canceling

Example #1: Ending Coverage for All Enrolled Individuals: Select Existing Application

To end coverage for all enrolled individuals, consumers should:

- Log into their HealthCare.gov account;

- Go to "My Applications & Coverage;" then

- Select the desired application under "Your existing applications."

Ending Coverage for All Enrolled Individuals: "My plans & programs" Screen

- Once the consumer has selected the desired existing application, the screen will display the current coverage and premium tax credit panels, if applicable.

- To continue with termination, select "My plans & programs."

Ending Coverage for All Enrolled Individuals: Terminate Coverage

- On the "My plans & programs" page, consumers can view their current status, plan benefits, and enrolled individuals.

- Select the **END (TERMINATE) ALL COVERAGE** button when the consumer(s) are not seeking new Marketplace coverage.
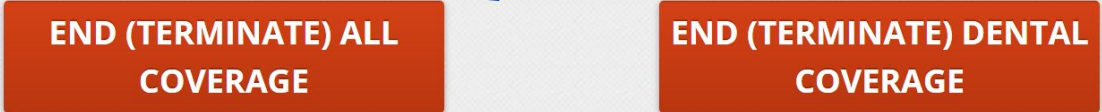
Terminate coverage

You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 2 plan(s)

END (TERMINATE) ALL COVERAGE   **END (TERMINATE) DENTAL COVERAGE**

Ending Coverage for All Enrolled Individuals: Confirm Terminate Coverage

Once the consumer has selected the **END (TERMINATE) ALL COVERAGE** button, they will be asked to confirm that they want to end their current plan(s). Consumers should acknowledge the statement and select the **TERMINATE COVERAGE** button.

- My plans & programs
- My plan profile
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Exemptions
- Tax forms

You've chosen to end coverage

GrayBar Insurance Inc. Preferred Silver 5250
Susan Griffith and John Smith

Molar Magic PPO Preventive
Susan Griffith and John Smith

Important: You're about to cancel this coverage. If any of the people above got health care services or supplies on or after 03/12/2022, they'll need to pay the provider back in full.

You've chosen to cancel this coverage:
GrayBar Insurance Inc. Preferred Silver 5250
Susan Griffith and John Smith

Molar Magic PPO Preventive
Susan Griffith and John Smith

These people are currently eligible to enroll in coverage through a Special Enrollment Period due to a loss of coverage. Choose and enroll in a different plan before 11/01/2022.

Learn more about terminating your coverage.

☑ I fully understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we may not be able to enroll in other Marketplace coverage until the next Open Enrollment, unless we qualify for a Special Enrollment Period.

KEEP COVERAGE   TERMINATE COVERAGE

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Ending Coverage for All Enrolled Individuals: "Confirmation" Screen

The confirmation screen will display the status of the coverage selected for termination and the original dates of coverage.

Status: Terminated

Preferred Silver 5250
67775DE0020008
GrayBar Insurance Inc.

You pay: **$225.10**/mo.

Coverage record

Coverage dates	Premium	Premium tax credit	You pay	Members
01/01/2022 - 12/31/2022	$1,215.10	$990.00	$225.10	Susan, John

Status: Terminated

PPO Preventive
76168DE0420004
Molar Magic

You pay: **$26.70**/mo.

Coverage record

Coverage dates	Premium	Premium tax credit	You pay	Members
01/01/2022 - 12/31/2022	$26.70	$0.00	$26.70	Susan, John

Ending Coverage for the Entire Enrollment Group

- To end coverage for the entire enrollment group, consumers should:

  - ➤ Log into their HealthCare.gov account and select "My Applications & Coverage;"

  - ➤ Navigate to "My plans & programs;"

  - ➤ Select the **END (TERMINATE) ALL COVERAGE** button; then

  - ➤ Select the **TERMINATE COVERAGE** button.

- A red "Status: terminated" bar should then appear above the plan that was terminated.

- Note: Following these steps will end every health and dental policy for the entire enrollment group.

Example #2: Ending Coverage for One or More Members of the Enrollment Group

- If a consumer wishes to remove someone from the enrollment group to terminate that person's coverage but does not wish to remove everyone from the enrollment group, the consumer should use the "Report a Life Change" process.

- The status of the family member whose coverage through the Marketplace is being terminated needs to be changed to non-applicant (i.e., a household member who does not need coverage) or the member can be removed completely from the application (e.g., the member is no longer part of the household due to death or divorce).

- Please note: Once an individual is removed from the policy, if the person removed is the policyholder or if the removal results in another change to the policy (e.g., it changes from a family plan to a self-only plan or a standard plan to a child-only plan), the remaining enrollees on the application may need to enroll in a new policy.

Ending Coverage for One or More Members of the Enrollment Group: Choose Existing Application

To end coverage for one or more members of the enrollment group but not all members, consumers should:

- Log into their HealthCare.gov account;

- Select "My Applications & Coverage;" then

- Select the desired application under "Your existing applications."

Ending Coverage for One or More Members of the Enrollment Group: Report a Life Change
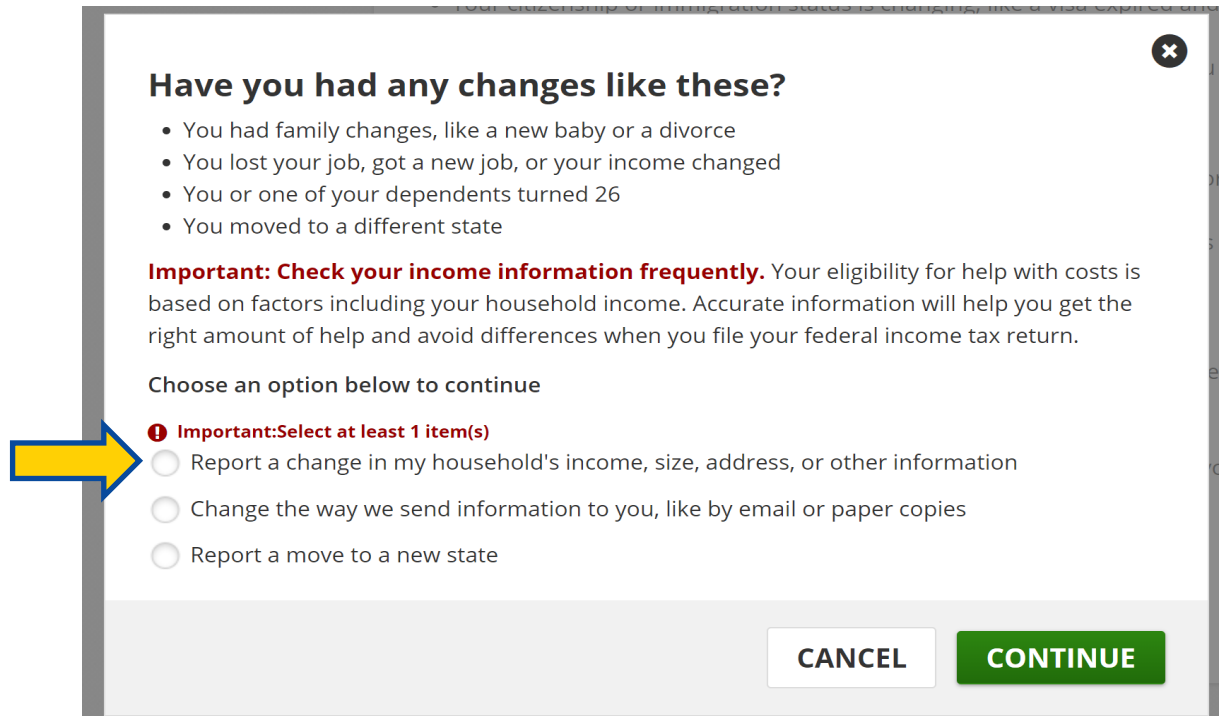
Once the consumer has selected the appropriate existing application, select the "Report a life change" option in the menu.

Ending Coverage for One or More Members of the Enrollment Group: Select Life Change

- On the next screen, select the type of life change they are reporting.

- Select the **CONTINUE** button.

Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

⚠ **Important:Select at least 1 item(s)**

○ Report a change in my household's income, size, address, or other information

○ Change the way we send information to you, like by email or paper copies

○ Report a move to a new state

CANCEL   CONTINUE

Ending Coverage for One or More Members of the Enrollment Group: Privacy Statement

Next, review the "Privacy & the use of your information" statement.

Ending Coverage for One or More Members of the Enrollment Group: "Who Needs Health Coverage?" Screen

- Proceed through the application, updating information as necessary.

- In this example, John changed jobs and is newly eligible for employer-sponsored coverage. Susan is ending John's enrollment in Marketplace coverage, but she needs to keep him on the application as a non-applicant since he is still a household member.

- On the "Who needs health coverage?" screen, Susan selects **Remove** next to John's name and then selects the **Save & continue** button.

Ending Coverage for One or More Members of the Enrollment Group: Confirm Remove Enrolled Individual

- On the next screen, to confirm that Susan wants to end John's enrollment, she will select "Change John's status to "Doesn't need coverage" and keep them on the application."

- She'll then select the **Save & continue** button.

Example #3: Removing a Member From an Application Due to Death, Divorce, or a Different Reason

- To remove a household member completely from an application due to death, divorce, or a different reason, consumers should:

  - Log into their HealthCare.gov account;

  - Go to "My Applications & Coverage;"

  - Select the desired application under "Your existing applications;"

  - Select the "Report a life change" option in the menu;

  - Select the type of life change they are reporting; and

  - Select the **Continue** button.

- Once they proceed through the application to the "Who needs health coverage?" screen, they should select **Remove** next to the name of the member they want to remove.

Removing a Member From an Application Due to Death, Divorce, or a Different Reason: Select Reason for Removal

- Once the consumer selects **Remove**, they will confirm on the next screen whether they want to remove the member from the application and the reason they are removing the member (e.g., death, divorce, or a different reason) or keep them on the application as a non-applicant.

- In this next example, Patty needs to remove Jack from the application, as he recently passed away, but keep herself and her daughter Emma on the application. She selects "Remove Jack from the application."

- The screen then expands and asks why Patty is removing Jack. Patty will select "Jack is deceased."

Removing a Member From an Application Due to Death: Enter Date of Death

- Once Patty answers these questions, the screen will expand further and ask for the date the member became deceased. Patty will enter the date of Jack's death.

- Note that a yellow box alert will display indicating the deceased member's info may still be needed for determining eligibility for cost savings. Other removal scenarios (e.g., divorce, a different reason) will have slightly different text alerting the consumer of the option to keep the member on the application in non-applicant status rather than removing them.

- Next, Patty will select the **Save & continue** button.

Removing a Member From an Application Due to Death: Confirm Remove

- The application now shows that Jack will be removed from the application and that Patty and Emma are still listed as needing coverage.

- Patty will select the **Save & continue** button to proceed through the rest of the application.

Knowledge Check #2

Fill in the blank:

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should use the _____ process.
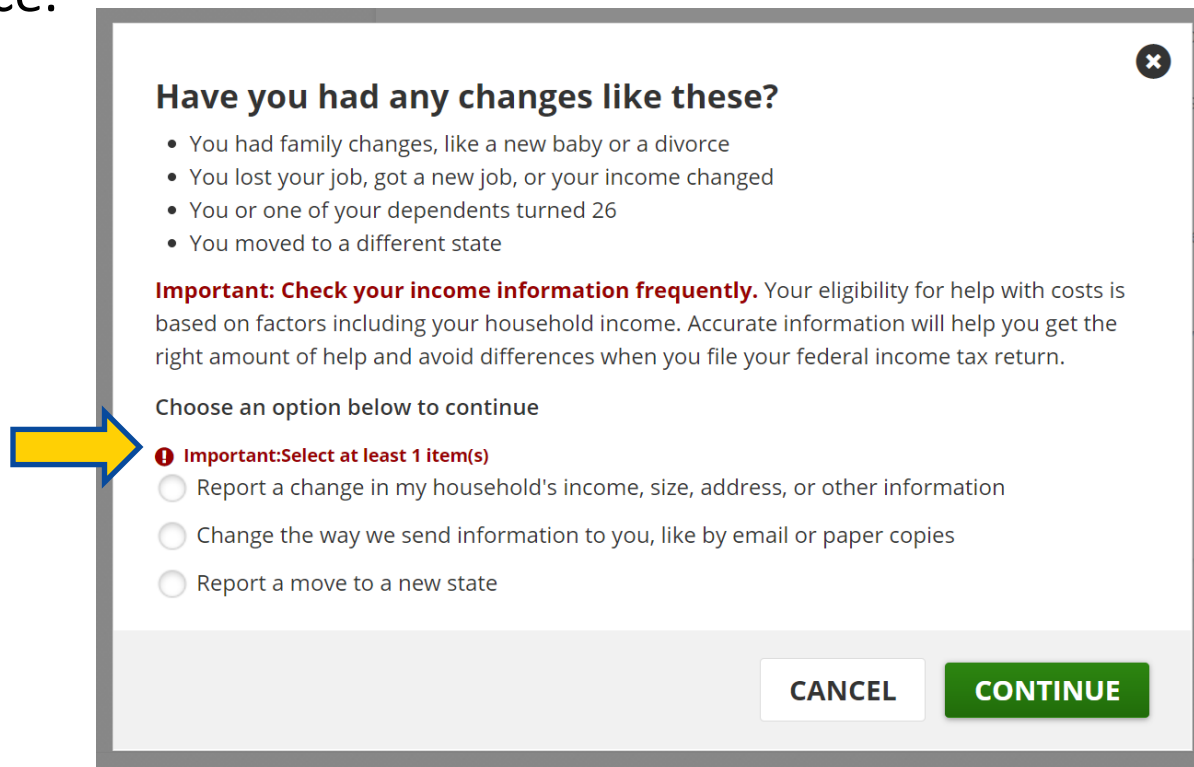
Knowledge Check #2 Answer

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should use the **Report a Life Change** process.

Reporting a Life Change

Note: The process to remove some, but not all, members from Marketplace coverage is the same process that you will advise consumers to follow when helping them report other important life changes to the Marketplace.

Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

⚠ **Important:Select at least 1 item(s)**

○ Report a change in my household's income, size, address, or other information

○ Change the way we send information to you, like by email or paper copies

○ Report a move to a new state

CANCEL   **CONTINUE**

Examples of Other Changes Consumers Should Report to the Marketplace

Type of Life Change/Change in Circumstance

- New person on the application (e.g., birth, marriage)
- Removal of a person from the application (e.g., death, divorce, dependent turning 26)
- Relocation to a new address (e.g., new service area/county or state)
- Loss of access to other coverage (e.g., employer coverage)
- New access to other coverage (e.g., employer coverage)
- New access to coverage from a public program [e.g., Medicaid, the Children's Health Insurance Program (CHIP)]
- Release from incarceration
- Become incarcerated
- Change in citizenship or immigration status
- Pregnancy

- Change in tax filing status/tax household composition
- Change in status as an American Indian/Alaska Native or tribal status
- Change in disability status
- Correction to name, date of birth (DOB), or Social Security Number (SSN)
- Increase or decrease in income for anyone on the application
- Communication preferences:
  - Email address
  - Phone number
  - Language preferences
  - Add or remove phone text alert
  - Mailing of paper notices

Tips for Assisters

- For more information on reporting changes to the Marketplace, visit:

  ➢ HealthCare.gov/reporting-changes/how-to-report-changes

  ➢ HealthCare.gov/reporting-changes/which-changes-to-report

- CMS recommends that assisters provide the following information to consumers in the event they experience issues with their Marketplace application:

  ➢ Call the Marketplace Call Center at 1-800-318-2596.

  ➢ If the issue is not resolved immediately, the Call Center representative will follow a process to track and resolve the problem or refer the enrollee to the issuer, if appropriate.

Q&A: Scenario #1

Q: I'm helping a consumer whose son just got a new job and she needs to remove him as a dependent on her QHP. Does she have to wait for Open Enrollment to do this?

A: No. She should update her application to indicate her son's new job. Select "Report a Life Change" and help her review and revise her application answers as necessary.

Q&A: Scenario #2

Q: A consumer wants to terminate coverage through the Marketplace for himself and the rest of his family or enrollment group. What should he do?

A: If no enrollees on the application need to keep their coverage, the consumer should follow the "End Coverage" process. Generally, to avoid a gap in coverage, consumers should submit their termination request the day before their new coverage is effective, or they should immediately select a new plan after terminating their old plan to avoid a gap in coverage. For example, if new coverage will start on May 1, consumers should terminate their existing coverage on April 30. If they wish, consumers can also set a future Marketplace coverage end date, if they know when their new coverage will become effective.

Recap Question #1

Q. What is the difference between canceling and terminating a plan, and how do the steps for doing so differ?

A. Canceling coverage generally refers to ending coverage effective before the coverage is effectuated. In most cases, the consumer may have chosen a plan on the Marketplace and will effectuate it at a future date, but the consumer has not yet paid their first premium payment.

Terminating coverage refers to when the consumer has chosen a plan and effectuated coverage by paying the first premium payment and ends the coverage effective after the date the coverage was effectuated.

In most cases, the process for both canceling and terminating coverage is the same.

Recap Question #2

Q. Can you review the steps for terminating coverage for all members of a family?

A. To terminate coverage, consumers should:

- Log into their HealthCare.gov account and select "My Applications & Coverage;"

- Navigate to the "My plans & programs" tab;

- Select the **END (TERMINATE) ALL COVERAGE** button; then

- Select the **TERMINATE COVERAGE** button.

Recap Question #3

Q. Can you review what a consumer needs to do if they want to remove some, but not all, members on the Marketplace plan?

A. If a consumer wishes to remove someone from the application but does not wish to remove everyone, the consumer should use the "Report a Life Change" process.

Important Reminders

- Steps for terminating and canceling coverage are the same in most cases.

- When ending coverage for some, but not all, family members; removing someone from the consumer's application; or reporting qualifying life changes, the applicant will receive a new eligibility determination notice.

- Deleting an application DOES NOT cancel the policy.

- Remind consumers to return to their application to report changes throughout the year.

- Note: The Marketplace Appeals Center does not review appeals for termination disputes (i.e., a consumer who wants a retroactive termination— this is not appealable). Retroactive terminations due to Marketplace error or technical issue may be reviewed by caseworkers and evaluated, but if the retroactive termination is denied, there are no appeal rights.

- Visit HealthCare.gov/how-to-cancel-a-marketplace-plan for more information.

- Call the Marketplace Call Center for help: 1-800-318-2596.

Resources

- HealthCare.gov/apply-and-enroll/change-after-enrolling

- Marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf

- Marketplace Assister Microlearning: Marketplace.cms.gov/technical-assistance-resources/marketplace-assister-microlearning