Reporting Life Changes: Terminating a Marketplace Plan



Disclaimer: The contents of this training module do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This training module is intended only to provide clarity to the public regarding existing requirements under the law. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Contents

Let's Get Started	3
What You Need to Know	4
What You Need to Do	5
Wrap Up	12

Let's Get Started

It's Over

Marketplace enrollees may come to you for help ending their Marketplace coverage. In this module, you'll practice helping consumers end coverage for all or some household members at HealthCare.gov. Before you complete this module, you should review SOP 13 - Update a Marketplace Account for information on helping consumers end their Marketplace coverage. You can also review How to Cancel Your Marketplace Plan at HealthCare.gov for step-by-step instructions based on consumers' specific circumstances.

What You Need to Know

Useful Information

Before you get started, let's review a couple of key terms. Can you recall the difference between terminating and canceling Marketplace coverage?

Terminate Coverage

When coverage ends for a consumer who is enrolled in and has effectuated coverage for a Marketplace qualified health plan (QHP).

Cancel Coverage

When coverage ends for a consumer who is enrolled in but has not effectuated coverage for a Marketplace QHP.

Consumers can terminate a Marketplace plan at any time and for any reason. For example, they might accept a new job and enroll in an employer-sponsored health insurance plan. Or perhaps they've become newly-eligible for Medicaid or Medicare. Some consumers may simply want to end their coverage. Regardless of the reason, you should be ready to help.

Next, let's look at some real-world scenarios you may encounter when consumers decide to end their Marketplace coverage.

What You Need to Do

When terminating a plan, what do consumers need to remember?

Here are some real-world scenarios you may encounter when working with consumers. Read each one and determine what steps the consumer should take to terminate their Marketplace plan for everyone on the account or just one person on the account.

Your first appointment of the day is with Maria and her husband Juan, who are enrolled in a Marketplace plan on the same application. Last week, Maria transitioned from being a full-time to a part-time employee. This reduced Maria and Juan's household income. They applied for Medicaid at their state Medicaid agency and were found eligible.

Maria and Juan need your help ending their Marketplace coverage. They've brought in a notice from their state Medicaid agency confirming that their new Medicaid coverage will begin on May 1.

It's important to make sure consumers won't experience a gap in coverage. Answer the following questions before proceeding to the scenarios:

Question: Consumers who apply for Medicaid or CHIP should end their Marketplace coverage immediately. True or False?

Answer: False. Consumers *should not* end their Marketplace plan before they get a final decision of their Medicaid or CHIP eligibility. If they're found ineligible for Medicaid or CHIP, they can't re-enroll in the Marketplace plan unless they qualify for a Special Enrollment Period (SEP). They'd have to wait for the next Open Enrollment Period and may have a gap in coverage. For more information on ending a Marketplace plan when a consumer gets Medicaid or CHIP coverage, visit: https://www.HealthCare.gov/medicaid-chip/cancelling-marketplace-plan/.

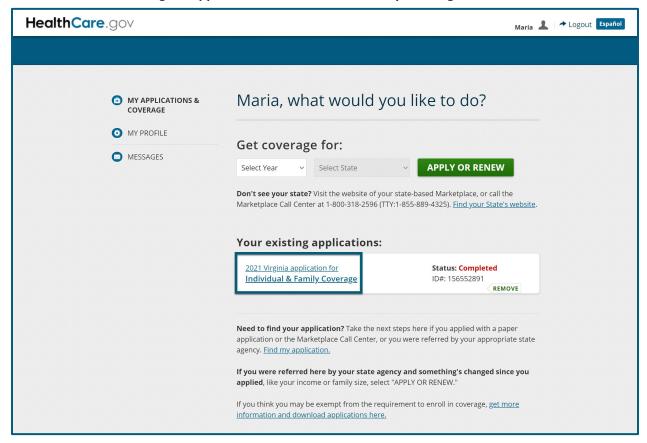
Question: Consumers determined eligible for Medicaid or CHIP that counts as qualifying health coverage:

- a. Are still eligible for a Marketplace plan with advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs)
- b. Must wait until their Medicaid or CHIP coverage starts before ending their Marketplace coverage.
- c. Can have their Marketplace coverage end as soon as the day they take action with the Marketplace, or they can set the Marketplace coverage end date to a day in the future if they're ending coverage for everyone on the Marketplace plan.

Answer: C. A consumer's coverage can end as soon as the day they take action at the Marketplace to end it, or, if a consumer is ending coverage for everyone on the application, they can set the Marketplace coverage end date to a day in the future. Since Maria and Juan know their new coverage will start on May 1, let's continue to help them end their Marketplace plan.

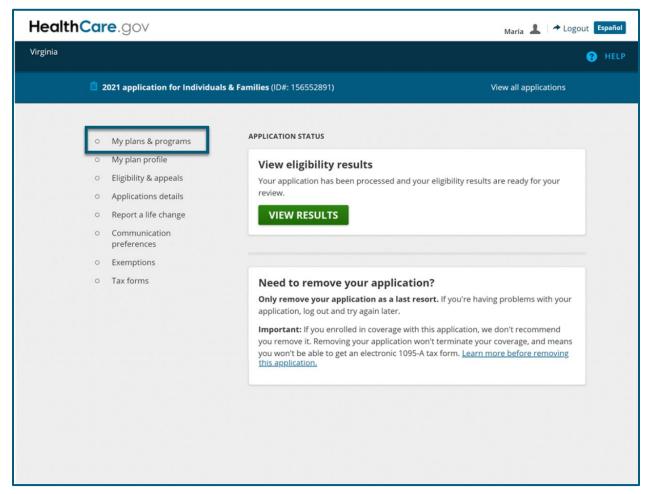
Scenario Directions: Maria logs into her Marketplace account. What button should she select to locate her current application?

Correct button: 2021 Virginia application for Individual & Family Coverage.

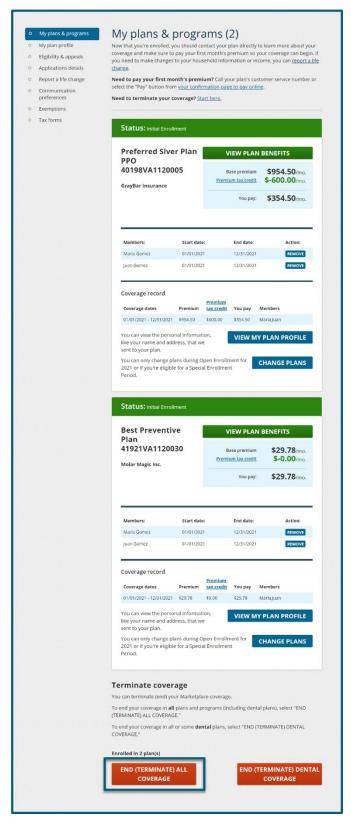


Which screen should Maria select to end her coverage? Choose one of the left-hand widgets.

Correct button: My plans and programs.

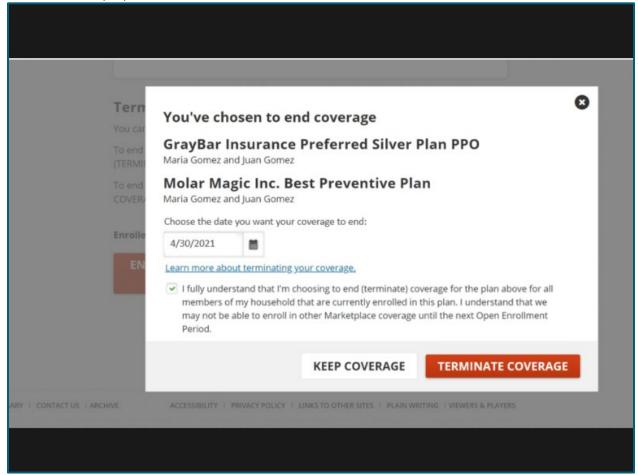


You're almost there! Scroll through the "My plans & programs" screen and select **End (Terminate) All Coverage**.

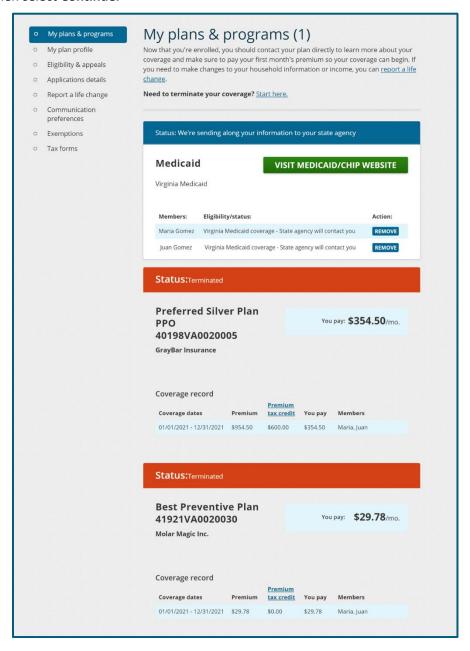


Scenario Directions: Finally, Maria and Juan must select a desired coverage end date, check the attestation box, and select the red **End (Terminate) Coverage** button to terminate their coverage. Remember, Maria and Juan's Medicaid coverage will start on May 1. Enter the date they want their Marketplace coverage to end, assuming they do not want a gap in coverage. Use the MM/DD/YYYY format.

Correct date: 04/30/2021.



Scenario Directions: On the "My plans & programs" screen, a red "Terminated" status should appear above the plans Maria and Juan ended. Use the scroll bar on the right to move to the bottom of the screen and then select **Continue.**



Great work! You've successfully helped consumers terminate coverage for all members on a health plan.

- 1. It's important to advise consumers that they should not end their Marketplace plan until they know when their new coverage starts.
- 2. Consumers ending coverage for everyone on the application can have their termination take effect as soon as the day they take action with the Marketplace, or they can set the Marketplace coverage end date to a day in the future—like if they know when their new coverage will start.
- 3. You can always advise consumers that they may end Marketplace coverage by contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Now, let's help another family remove a household member from their Marketplace health plan. Ada, her husband Chi, and their son Chuck are enrolled in a Marketplace plan together on the same application. However, Chuck just graduated from college, started his first job, and has enrolled in affordable job-based coverage offered by his new employer. Ada and Chi need your help removing Chuck from their Marketplace plan and Ada and Chi would like to keep their existing plan.

Question: How should you advise Ada and Chi?

Assister Tip:

- a. Advise them to report a life change.
- b. Inform them that they cannot remove Chuck from their plan until Open Enrollment.
- c. Advise them to call the Marketplace Call Center.

Answer: C. While Ada and Chi could report a life change and report that Chuck no longer needs coverage, the termination effective date can be unpredictable when some, but not all, enrollees are ending coverage online. You can advise consumers to first contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to ensure Chuck receives his desired coverage end date.

Note: The HealthCare.gov application includes new features for removing a household member that allow consumers to remove family members from the application, including removing a spouse due to divorce or deceased enrollees when necessary. For a video walkthrough of the functionality to remove a household member from the application when reporting a life change on the streamlined HealthCare.gov application, including removing a household member due to death, divorce, or other reasons visit: Streamlined Marketplace application Drilldown - Remove Member Change in Circumstance (CIC).

Good job on those scenarios! Continue to the Wrap Up section or you can go through the scenarios again.

Wrap Up

Some Final Thoughts

Congratulations! You have completed Terminating a Marketplace Plan.

We hope these exercises have helped to familiarize you with the process of helping consumers end their Marketplace coverage at HealthCare.gov.

Remember, if consumers want to end coverage for some, but not all, people on a Marketplace application, you may first want to advise consumers to contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). This will ensure consumers avoid any potential gaps in coverage by making sure coverage ends for the right individual(s) on the right date(s).

For consumers who want to remove individuals from an application, the HealthCare.gov application includes new enhanced functionality for removing some household members from the application, including removing a spouse due to divorce or deceased enrollees when necessary.

For more information on removing a household member from a streamlined HealthCare.gov application when reporting a life change, visit: Streamlined Marketplace application Drilldown - Remove Member Change in Circumstance (CIC).