

Redetermination, Re-enrollment, and Changes in Circumstances Video Transcript



2021
Assister Readiness
— Webinar Series —

This document is a transcript of the Marketplace Assister Technical Assistance Webinar.

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Disclaimer

Welcome to today's Assister Readiness Webinar Series training video. Let's get started.

- This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors.
- In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions and State-based Marketplaces using the federal platform.
- This presentation is not a legal document.
 - Each video module summarizes complex statutes and regulations and does not create any rights or obligations.
 - Complete and current legal standards are contained in the applicable statutes and regulations.
 - Members of the press should contact the CMS Media Relations Group at press@cms.hhs.gov.

The 2021 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of the 2021 Open Enrollment Period.

Each weekly installment includes three pre-recorded educational modules and a LIVE webinar that recaps the week's topics, checks for understanding, and gives assisters a chance to ask questions.

- Week 1
 - Helping Consumers Apply at HealthCare.gov
 - Preparing Consumers to Apply
 - Creating and Submitting Applications
 - Application Assistance Simulation
 - LIVE Recap with CMS SME Q&A
- Week 2
 - Helping Consumers Enroll at HealthCare.gov
 - Assisting Consumers with Enrollment
 - Plan Comparison and Selection Simulation
 - Redetermination, Re-enrollment, and Changes in Circumstances
 - LIVE Recap with CMS SME Q&A

Introduction

Hi. My name is Blair, and I'll be guiding you through today's training, Redetermination, Re-enrollment, and Changes in Circumstances.

Consumers who are enrolled in qualified health plans may be eligible to re-enroll during the following plan year. In addition, changes in circumstance—like a move or a new job—may affect consumers' eligibility for certain QHPs or financial assistance through the FFM. Let's review how you can help consumers in these scenarios. We will cover:

Re-enrollments and Changes in Circumstances

List considerations for consumers who need to re-enroll in coverage or report changes in circumstances.

Notice to Consumers

Describe the purpose of and information contained in a Notice to Consumers.

Re-determination

Describe how the FFM makes an annual redetermination of eligibility for qualified consumers.

Changing APTC Amounts

Describe how consumers can change the amount of APTC they use during the coverage year.

Helping Consumers Renew QHP Coverage or Select a New QHP

Some consumers you help will already have experience with health coverage through an FFM and will need your help re-enrolling.

You can assess consumers' needs by asking certain questions, like:

- Do you currently have a Marketplace plan?
- Do you use it?
- What was your experience like?
- What questions do you have about using your current plan?
- Was the plan sufficient for your needs? Why or why not?

Annual Redetermination of Eligibility for Health Coverage Through an FFM

Consumers who are already enrolled in a QHP through an individual market FFM:

- Do not need to complete a new application to be re-enrolled in coverage.
- Should update their Marketplace application during Open Enrollment.
- Should check whether another plan option is a better fit for their needs during Open Enrollment or following a change in circumstance.

Reporting Changes

Consumers are required to report any changes that may affect their eligibility for QHP coverage, advance payments of the premium tax credit (APTC), and cost-sharing reductions (CSRs) within 30 days of the change.

Marketplace Open Enrollment Notice

Before each Open Enrollment Period, the Marketplace sends Marketplace Open Enrollment Notices (MOENs) to consumers to remind them about important dates and encourage them to update their applications during Open Enrollment. The MOEN contains special messaging for enrollees with outstanding data matching issues (DMIs) and those at risk for losing APTC in the new coverage year.

These at-risk enrollees include those who:

- Have IRS data showing income over 500% FPL,
- Did not authorize an FFM to check IRS data for annual eligibility redeterminations,
- Did not file a federal income tax return and reconcile past APTC, or
- Were auto-reenrolled by the FFM for the past two coverage years and have no recent IRS data available.

You should tell consumers to review their notices and return to the FFMs during Open Enrollment to make sure their information is accurate and up to date.

Some consumers may lose eligibility for APTC due to an expired household income DMI. In many cases, these consumers qualify for a Special Enrollment Period (SEP) after updating their household income. They may also receive a future (not retroactive) effective date of APTC if they are eligible.

Consumers who wish to re-enroll in a plan should always check to see if it still meets their needs before re-enrolling. Consumers will also get a notice from their insurance company summarizing their coverage for the upcoming coverage year. These notices indicate whether consumers' current plans have changed or can be renewed. Issuers may also include an estimated APTC amount for the upcoming coverage year, but consumers can find the actual APTC amount on their eligibility notice. Otherwise, issuers must include this information in the next bill or in an ad-hoc notice.

Interpreting the Marketplace Open Enrollment Notice

The FFMs send Marketplace Open Enrollment Notices to all QHP enrollees unless they terminate their coverage and an FFM has a cancellation request on file. These notices tell consumers:

1. Whether they are required to take any action
2. Upcoming Open Enrollment Period dates and other key dates for enrollment and coverage effectiveness
3. What to do next depending on whether their plan options change or stay the same
4. When to report changes in circumstances and what types of changes to report on a Marketplace application

QHP enrollees will receive special messaging in their MOENs if they are at risk of losing APTC in the new year. For example:

1. If they agreed to allow the FFM to re-check their federal income tax data and their household income exceeds 500 percent of the Federal Poverty Level (FPL):
 - a) The FFM will discontinue their eligibility for APTC and CSRs at the end of the coverage year, and

- b) They will be re-enrolled in a QHP without financial assistance unless they return to their applications and report information consistent with continued eligibility for financial assistance.
2. If they did not agree to allow the FFM to re-check their federal income tax data and do not contact the FFM by December 15 of the current coverage year to obtain updated eligibility results:
- a) Any APTC and CSRs they receive will end on December 31, and
 - b) Their existing QHP, if it's available, will be renewed for the following coverage year without APTC and CSRs.

Re-enrollment: Situations You May Encounter

Many consumers in different situations will come to you with questions about the redetermination and re-enrollment process. Let's go over a few different scenarios so you know how to respond.

Scenario 1: Active Reenrollment

If a consumer with existing QHP coverage updates her estimated annual household income on her Marketplace application during Open Enrollment and is determined QHP-eligible...

She should compare available plans and select the plan that best meets her needs.

The Marketplace will re-determine the amount of APTC and CSRs she is eligible to receive during the upcoming year based on her attested annual household income, plus her family size, updated federal poverty guidelines, and benchmark plan information.

Scenario 2: Auto-Reenrollment

If a consumer with existing QHP coverage does not contact the Marketplace to update her application information and receive updated eligibility results during Open Enrollment...

The Marketplace will use the most recent income information available to determine the amount of APTC and CSRs she will receive during the upcoming coverage year. For example, the Marketplace may consider the consumer's verified income and family size from her most recent application, along with updated federal poverty guidelines, and benchmark plan information.

Scenario 3: Tax Return

If a consumer did not file a federal income tax return for the year she received APTC or if she did not reconcile the amount of APTC she received on her tax return...

She must:

1. File a federal income tax return,
2. Reconcile any APTC she received with the amount of the premium tax credit she qualified for, and
3. Attest to having filed and reconciled her application by December 15. Otherwise, the FFM will discontinue her eligibility for APTC and CSRs on December 31.

Updating Marketplace Account Information: Profile Updates

Consumers often ask how reporting changes to an FFM might affect their eligibility. However, profile updates do not affect consumers' eligibility.

Profile updates include things like:

- Updating an email address,
- Changing a password,
- Changing security questions, and
- Changing a phone number.

Consumers can update their Marketplace profile by logging into their Marketplace account and selecting **My Profile**. This will open their profile information and allow them to edit it.

Updating Marketplace Account Information: Application Changes

Remember, updating basic Marketplace account profile information is different from updating application data. If consumers change their application data, the changes could affect their eligibility for health coverage as well as their eligibility for financial assistance.

For QHP Coverage:

- New address or state of residence
- Change in disability status
- Change of citizenship or immigration status
- Change in status as an American Indian Alaskan Native (AI/AN) or tribal member
- Incarceration or release from incarceration
- Eligibility for or enrollment in Medicare coverage
- Eligibility for or enrollment in Medicaid or CHIP coverage

Changes that could affect consumers' eligibility for **APTC and CSRs** at any time during the year include:

- A new job or a raise that changes a consumer's household income
- Loss of a job that results in loss of health coverage or changes in household income
- A new job that offers health coverage or doesn't offer any health coverage
- Birth of a child
- Marriage or divorce
- Changes in tax filing status and who is included in the tax return as a tax filer or dependent

When consumers change or update their application information, the Marketplace verifies the new information and re-determines each applicant's eligibility. A change could mean that a consumer qualifies for different health coverage or for a different amount or type of financial assistance.

For example:

- Consumers receiving APTC and CSRs who experience a decrease in household income or an increase in household size may be eligible to:
 - Receive additional help paying their QHP premiums or reducing their out-of-pocket costs, or
 - Become newly eligible for Medicaid or CHIP.
- Consumers receiving APTC who experience an increase in household income or a decrease in family size may be eligible for a lower amount of APTC and CSRs.

Consumers are required to report changes in circumstances to the FFM within 30 days of the change. Consumers who report changes on time receive the maximum benefits they are eligible for and avoid receiving excess APTC amounts.

For help estimating annual income, there is a new Income Calculation Tool consumers can use at [HealthCare.gov](https://www.healthcare.gov). There is a link to this tool in the income section of the application.

Changes in Circumstances and Special Enrollment Periods

Consumers can update their application information or report changes in circumstances at any time during the year by contacting the FFM Call Center or logging into their Marketplace account at [HealthCare.gov](https://www.healthcare.gov).

Qualifying events allow consumers to newly enroll in or change QHPs during an SEP.

SEPs typically last 60 days from the date of a qualifying event and provide an opportunity for consumers to enroll in coverage outside of the Open Enrollment Period. Qualifying events that allow consumers to enroll in or change QHPs include but are not limited to:

1. The loss of qualifying health insurance coverage
2. Newly gaining or becoming a dependent (e.g., birth of a child)
3. Marriage
4. A change in primary place of residence
5. Becoming newly eligible for Marketplace coverage due to a change in immigration status
6. Leaving incarceration
7. A change in eligibility for financial assistance (applies to consumers who are currently or were recently enrolled in coverage, or who were previously ineligible for both Medicaid and APTC because their state did not expand Medicaid, and their income was below 100% FPL.)
8. Gaining or maintaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
9. Newly gained access to an individual coverage HRA or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

If consumers qualify for certain common SEPs and they are newly enrolling in Marketplace coverage, they may be required to submit supporting documents to an FFM to confirm their eligibility. Consumers can select a QHP at this point; however, the FFMs must review consumers' documents and confirm their SEP eligibility before transferring their information to QHP issuers for processing. In addition, consumers

who are currently enrolled and want to change to a different QHP during an SEP may have limited QHP options. For example, a consumer may be able to select a new plan, but that plan may need to be within the same health plan category (that is Catastrophic, Bronze, Silver, Gold, or Platinum) as the consumer's current QHP coverage.

Verify Their Eligibility

SEPs that require consumers to submit supporting documents:

- Adoption, placement for adoption, placement for foster care, or child support or other court order
- Change in primary place of living – most consumers will also need to submit supporting documents to show that they had qualifying health coverage for at least one day during the 60 days before their move
- Loss of qualifying health coverage, including (but not limited to) loss of coverage due to a divorce, legal separation, or death of a spouse
- Marriage – most consumers will also need to submit supporting documents to show that at least one spouse had qualifying health coverage for at least one day during the 60 days before the event
- Certain Medicaid or Children's Health Insurance Program (CHIP) denials

For all other SEP types, including birth, consumers do not need to submit documents before they can start using their new coverage.

Consumers generally have 60 days from the date of their qualifying event to request an SEP and confirm their new plan selection

For detailed information about SEPs, visit [HealthCare.gov/sep-list](https://www.healthcare.gov/sep-list).

For information on how to submit supporting documents, visit [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/).

If consumers do not qualify for an SEP and the annual Open Enrollment Period for the current coverage year has already passed, they generally must wait for the next Open Enrollment Period to enroll in or change QHPs.

Special Enrollment Periods and Effective Dates of Coverage

Remember, effective dates of coverage for SEPs generally depend on the date of plan selection:

For example:

- For some SEPs, like loss of qualifying coverage and marriage, coverage starts the first of the month after plan selection and the date of the qualifying event.
- Other SEPs, including SEPs resulting from life changes like newly gaining or becoming a dependent, have an effective date of coverage retroactive to the date of the qualifying event. Consumers who do not want a retroactive effective date of coverage can call the FFM Call Center to request their coverage take effect on the first day of the month following the date of plan selection or based on normal coverage effective dates.
- Finally, for SEPs such as a change in primary place of living, consumers who enroll between the first and the 15th day of the month will generally begin coverage on the first day of the

following month, and consumers who enroll between the 16th and the last day of the month will generally begin coverage on the first day of the second following month.

Here are some key tips you should remember when assisting consumers who experience changes in circumstances.

- Consumers can apply for Medicaid and CHIP at any time and aren't confined to the Open Enrollment Period or an SEP.
- If consumers' coverage is terminated because they didn't pay their premiums, this loss of coverage does NOT qualify them for an SEP.
- Consumers with certain exceptional circumstances may qualify for an SEP that allows them to start coverage on a retroactive date. For example, individuals affected by an emergency or major disaster may be able to start coverage retroactively if, because of the emergency or disaster, they were unable to enroll during the Open Enrollment Period or a SEP for which they were qualified due to the major disaster or emergency.

SEP Screener Tool

Many consumers may not realize they may be eligible for a SEP. You can help consumers access the SEP Screener Tool at [HealthCare.gov](https://www.healthcare.gov) to determine whether they are eligible for an SEP before they make changes to their application.

In a previous training module we helped Lori and John Gomez enroll in a QHP. Last month, Lori and John welcomed a new baby into their family. Lori wants to add this new family member to their Marketplace plan and needs help determining whether they qualify for an SEP.

You should advise Lori to enter her ZIP code in the SEP Screener Tool, and select the **See if you qualify for a Special Enrollment Period** radio button, and select **Continue**.

Remember, the SEP Screener Tool isn't an application for health coverage. The SEP Screener Tool will quickly tell you whether you qualify for an SEP, Medicaid, or CHIP. You should review this information and then select **Continue**.

You'll need to answer a few screening questions about your household to determine whether you have a qualifying event for a SEP. Lori, select **Yes**, to indicate that you and John had a baby. Then you'll select **No** when answering the rest of the questions since you don't have any of these other life changes to report.

Lori, it looks like you may qualify for a Special Enrollment Period. Select **START OR UPDATE AN APPLICATION** to log into your Marketplace account and report a change in circumstance.

Report a Change in Circumstance

Now that you have logged in to your account, navigate to the **My Applications & Coverage** screen and select your most recent application under the **Your existing applications** section.

Select the **Report a life change** option from the left-hand menu.

After you review the **What kind of changes should I report?** Section, we'll follow a few steps to report your life change.

Type of Life Change

Here you should select **Report a change in my household's income, size, address, or other information** and proceed to the application.

Add a Person

Next, navigate to the Update to the Update your 2021 application screen and check the option for **Update a person's information or add a new person**.

Review Your Information

Reporting a life change means you will need to review your entire application and make changes to add a new member to your household.

Select **Continue** to update and review your application.

Add a Person

On the 'Who needs health coverage' screen, let's select **Add a person who needs coverage**. On this page, you'll add your newborn's information. The middle name and suffix are optional. However, keep in mind that providing this information is a best practice to make sure your application is accurate and complete.

You will also need to add how you and John are related to the newborn. Select **Child (including adopted children)** from the dropdown list.

Updating Family and Household Section

You should provide any additional information as needed and add your electronic signature to attest that the information is accurate and complete.

Congratulations! Now you've successfully added your newborn daughter to your Marketplace application.

Termination of Coverage

- Consumers can terminate their QHP coverage through an FFM at any time.
 - Terminating coverage may end their health AND dental plans.
 - Common reasons for terminating coverage include becoming eligible for other qualifying minimum essential coverage, such as Medicare, Medicaid, or job-based coverage.
- Consumers who want to terminate QHP coverage for everyone should log into their Marketplace account, navigate to "My Plans and Programs," and select **(Terminate) All Coverage**.

- Consumers who only want to terminate coverage for some people on an application should call the Marketplace Call Center **BEFORE** they update their existing application. Consumers will receive a termination notice from their health plan issuer.

For detailed instructions, visit: [HealthCare.gov/how-to-cancel-a-marketplace-plan/](https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/).

Assisting Consumers Who Want to Switch to a Different QHP

Consumers can also switch from one QHP to another during Open Enrollment or an SEP. However, some SEPs limit plan choices. Consumers who qualify for an SEP and want to switch their QHP may only have a select number of plans to choose from based on their SEP type

To switch to another QHP, consumers have to terminate their current enrollment and then enroll into a different plan at HealthCare.gov. To terminate QHP coverage in an FFM, consumers should:

- Log into their Marketplace account.
- Go to “My Plans and Programs” and select the **Change Plan** button.
- In “Plan Compare,” select and confirm a new QHP and dental plan, if desired.

Change Amount of APTC

What if consumers want to change the amount of the APTC they use during the coverage year?

Consumers may make these changes throughout the year, including during Open Enrollment.

If consumers decide to increase the amount of APTC they are applying to their monthly premiums – up to the maximum amount they’ve been determined eligible for – be sure to let them know that they or the taxpayer who claims them as a dependent will owe any excess APTC amount they apply if their federal income tax return shows that they earned more money than they estimated on their Marketplace application.

You should also remind consumers about the importance of reporting changes in income and other eligibility factors to the FFMs as soon as possible, but no more than 30 days after the change. These changes may affect their eligibility for QHPs in an FFM and for APTC and CSRs. The FFMs automatically update consumers’ eligibility for QHP coverage, APTC, and CSRs when they report a change.

Reporting changes in household income and other eligibility factors:

Consumers who receive APTC and:

- Have a decrease in household income or increase in family size
 - May be eligible to receive greater APTC and CSR amounts.
 - May become eligible for Medicaid or CHIP.
- Expect to have an increase in their household income
 - May want to lower the amount of APTC applied to their premium cost to avoid a tax liability when they or a taxpayer who claims them as a dependent file their federal income tax return in the following year.

- Have someone on their application who gains an offer of coverage from an employer or newly gains access to help with the cost of coverage from their employer, through either an individual coverage HRA or a QSEHRA
 - May be eligible for less APTC and may want to lower the amount of APTC applied to their premium cost.
 - May no longer be eligible for APTC or CSR.

For more information on ICHRAs and QSEHRA, visit [HealthCare.gov/ichra/](https://www.healthcare.gov/ichra/) and [HealthCare.gov/qsehra/](https://www.healthcare.gov/qsehra/).

If consumers wish to change the amount of APTC they receive, help them:

- Log into their Marketplace account at HealthCare.gov and update their information,
- Get updated eligibility results,
- Compare plan premiums, and
- Decide how much APTC they'd like to apply to their chosen plan.

Consumers should also review how changing the amount of APTC will affect their premiums. You should help consumers make informed decisions about the amount of premium tax credit they want to use in advance.

Consumers should also review how changing the amount of APTC will affect their premiums. You should help consumers make informed decisions about the amount of APTC they want to use in advance. Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums rather than getting a tax credit. Other consumers may want to take less than the full amount because they expect to make more money in the coming year and don't want to have to pay back any excess APTC they received.

You can remind consumers that if they don't use the entire amount of APTC that they're eligible for in advance, they may get a tax credit when they file their federal income tax return.

Changes to How Consumers Receive Advance Payments of Premium Tax Credit

Remember, consumers who are eligible for APTC when they re-enroll in a QHP may wish to receive it as one annual payment when they file their federal income tax returns rather than applying APTC to lower their monthly costs.

Key Points

Key points to remember are:

- During Open Enrollment, existing enrollees should return to the FFMs, make sure their information is up to date, allow the FFMs to check updated tax data, get updated eligibility results, and shop for a QHP for the upcoming coverage year.
- Consumers may seek your help with enrollment, re-enrollment, or changes to their enrollment.
- You should be prepared to help consumers who are no longer eligible for financial assistance or enrollment in a QHP by providing them with basic information and resources that they can use to learn about other coverage options.

- Consumers may seek your help with annual re-enrollment, important updates they need to make to their application during Open Enrollment or throughout the year, or other changes they want to make, such as reporting a change in circumstance or setting and changing the amount of APTC they use during a coverage year.

Conclusion

Congratulations on completing the *Redetermination, Re-enrollment, and Changes in Circumstances* module of the Assister Readiness Webinar Series!

This completes the pre-recorded content for Week 2: Helping Consumers Enroll in Coverage.

Feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

If you have topical questions about this presentation:

- Navigators please contact your Project Officer directly.
- CACs please email the CAC Inbox at CACquestions@cms.hhs.gov.

Training materials for Navigators and other assisters: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

Assister webinars: <https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>

We will host a LIVE webinar to recap the content presented in this week's modules and answer your questions. Check your email for information on the day and time of the event.

We hope you will join us then!