Process for Ending Coverage in a QHP through the Marketplace with APTC and CSRs

August 2015 Update
Application Updates

- Consumers are required to update their application information if it changes at any time during the year within 30 days of a change.
- When an application is updated, the Marketplace may find that an applicant who was previously enrolled in a Qualified Health Plan (QHP) through the Marketplace with advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) is now eligible for Medicaid or Children’s Health Insurance Program (CHIP) coverage.
  - This could be because the state Medicaid or CHIP program made changes, like expanding eligibility, or because the applicant experienced a change in income or other life change.
In certain states, known as “assessment states,” the Marketplace makes a preliminary Medicaid or CHIP eligibility assessment and, if the consumer is potentially eligible, the Marketplace transfers the consumer’s account to the state Medicaid or CHIP agency, which makes a final Medicaid or CHIP eligibility determination.

In other states, known as “determination states,” the Marketplace makes a final determination of a consumer’s Medicaid or CHIP eligibility and transfers the consumer’s account to the state Medicaid or CHIP agency for enrollment.

For a breakdown of which states are assessment versus determination states visit this link:

Program Eligibility Considerations

- After being determined eligible for Medicaid or CHIP that qualifies as minimum essential coverage, a consumer is no longer eligible for APTC and CSRs through the Marketplace.
  - Tax filers may be liable to pay back APTC received for the months that the consumer in their tax household is enrolled in Medicaid or CHIP while receiving APTC, starting with the first month following the Medicaid or CHIP eligibility determination.
  - Consumers who receive APTC and have been determined eligible for or are enrolled in Medicaid or CHIP should take the steps outlined in this presentation to end their QHP coverage with APTC and CSRs.
  - Consumers in determination states should end their QHP coverage with APTC and CSRs immediately after being determined eligible for Medicaid or CHIP, while consumers in assessment states should wait until being determined eligible for Medicaid or CHIP by the state Medicaid or CHIP agency before ending their QHP coverage with APTC and CSRs.
- If a consumer enrolled in Medicaid wishes to maintain coverage in a QHP through the Marketplace, he or she may re-apply for QHP coverage without financial assistance during an Open Enrollment Period or Special Enrollment Period if otherwise eligible.
Ending QHP Coverage when Eligible for Medicaid or CHIP

- This presentation includes instructions on how consumers can end QHP coverage through the Marketplace and APTC or CSRs:
  1) When the Marketplace assesses or determines a consumer to be eligible for Medicaid or CHIP
  2) When a consumer is dually enrolled in Marketplace coverage with APTC or CSRs and Medicaid or CHIP that qualifies as minimum essential coverage
- Instructions are for when:
  1) All applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP
  2) Some applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP and other applicants remain QHP eligible

Note: This presentation only applies to individual market Marketplace coverage, not to SHOP coverage.
Disclaimer

Please note that the information included in this presentation is solely illustrative. Several slides contain screenshots with names and/or specific issuers/plans. The purpose of these screenshots are to provide examples. Names presented are made up and issuer/plan names displayed were selected at random. These examples do not include personally identifiable information and are not an endorsement of specific issuers/plans.
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Log into HealthCare.gov

Use this process to terminate Marketplace coverage after it has started.

Note: Only use “End (Terminate) All Coverage” when you want to end Marketplace coverage for everyone on the application. This will end all medical and dental policies associated with the application.
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click “Visit the Marketplace for Individuals and Families”
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Select the Application

Get coverage for:

Select Year  
Select State  
APPLY OR RENEW

Don’t see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Find your State’s website.

Want coverage for 2014? You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

Your existing applications:

- 2015 Virginia application for Individual & Family Coverage
  Status: Complete
  ID#: ________

- 2014 Virginia application for Individual & Family Coverage
  Status: In progress
  ID#: ________
Launching Marketplace Coverage with APTC and CSRs for All Enrollees: Click “My Plans and Programs”
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click “End (Terminate) All Coverage”
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click Attestation and Click “Terminate Coverage”

1. Enter the date you want your coverage to end, starting 14 days from the current date.
2. Read and click the attestation.
3. Click “Terminate Coverage.”
Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: View Termination Confirmation
Cancelling Marketplace Coverage with APTC and CSRsr for All Enrollees: Select the Application

*Use this process to cancel Marketplace coverage before it starts.*

Follow same first three steps:

1. Log into HealthCare.gov
2. Click “Visit the Marketplace for Individuals and Families”
3. Select the application

Note: Only use “End (Terminate) All Coverage” when you want to cancel Marketplace coverage for everyone on the application. This will cancel all health and dental policies associated with the application.
Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click “My Plans and Programs”
Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click End (Terminate) All Coverage
Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click Attestation and Click “Terminate Coverage”

1. Read and click the attestation.
2. Click “Terminate Coverage.”

Important: Coverage will be canceled effective immediately.
Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: View Cancellation Confirmation

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

**Status:** Cancelled (coverage ended on 02/01/2015)

UnitedHealthcare
Bronze Compass HSA
6275
68259AL0030009

UnitedHealthcare of Alabama, Inc.
33 Inverness Center Parkway
Birmingham, AL 35242

You pay: $492.93/mo.
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application

Use this process to end Marketplace coverage for some, but not all enrollees on an application, because only some enrollees have been determined eligible for or are enrolled in Medicaid or CHIP.

Follow same first three steps:
1. Log into HealthCare.gov
2. Click “Visit the Marketplace for Individuals and Families”
3. Select the application
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click “Report a life change”
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click the green “Report A Life Change”
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Continue Through to Change Application Information

- Select “Report a change in my household’s income, size, or other information.”
- Then click the green “Continue” near the bottom of the screen.
- Continue through application information, updating information as necessary.
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Remove People Who Aren’t Applying for Coverage

- Then click the green “Save & Continue” near the bottom of the screen.
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Confirm Removals and Answer Subsequent Questions Appropriately

- Then click the green “Save” then continue clicking through the application, updating information as necessary, until the question about claiming dependents on federal income tax return.
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Adding Back in Relevant Members of Tax Household

**IMPORTANT:** List the members in the applicant’s tax household; this may include listing the person/people who were just removed as applicants.

As applicable:

1. Indicate whether the applicant is claiming dependents on their federal income tax return, and answer subsequent questions.
2. Click the green “Save & Continue.”
3. Continue clicking through the application, adding/updating information as needed.
Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click “View Eligibility Results,” and When Ready, “Continue to Enrollment”

IMPORTANT: Continue through “Enroll To-Do List,” including selecting and confirming a plan to complete the process.

Note: The plan subscriber (the policyholder) will be automatically reassigned based on the remaining enrollees.
The plan selection will only show those consumers who applied and were determined eligible to enroll in a QHP through the Marketplace. Consumers who are assessed or determined eligible for Medicaid or CHIP and who are no longer applying for QHP coverage through the Marketplace will not appear.

Consumers continuing their Marketplace coverage must select and confirm enrollment in a QHP for the coverage changes to go into effect. Consumers who are eligible for a Special Enrollment Period will be able to select a new plan if they wish.

Once QHP enrollment is confirmed for the remaining applicants, coverage will be terminated for consumers who have been assessed or determined Medicaid or CHIP eligible, and who are no longer applying for coverage through the Marketplace.
Consumers may receive a Special Enrollment Period (SEP) to enroll in coverage through the Marketplace if:

1) They are assessed eligible for Medicaid or CHIP by the Marketplace, but later receive a denial letter from the state Medicaid or CHIP agency;

2) They lose eligibility for Medicaid or CHIP outside of Open Enrollment and want to apply for Marketplace coverage; or

3) They have certain changes in circumstance or other qualifying life event

Consumers in these situations should contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)
Q: A consumer receives a notice indicating the entire family is dually enrolled in Marketplace coverage with APTC and Medicaid. The consumer wants to terminate Marketplace coverage for themselves and the rest of their family/enrollment group. What should the consumer do?

A: If no one on the application needs to keep their Marketplace coverage, the consumer should follow the “Terminating Marketplace Coverage with APTC and CSRs for All Enrollees” process.
Q: An enrollment group consisting of a mother, father, and child are enrolled in Marketplace coverage with APTC. The child is also enrolled in Medicaid. The father (the application filer/subscriber) and mother want to keep their Marketplace coverage, and end the child’s Marketplace coverage with APTC (since the child is dually enrolled). How do they remove the child from the Marketplace plan?

A: The family should follow the “Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application” process.