

***Standard Operating Procedures
Manual for Assisters in the Individual
Federally-facilitated Marketplaces
SOP 13—UPDATE A FEDERALLY-FACILITATED
MARKETPLACE ACCOUNT***





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A. Introduction

Standard Operating Procedure (SOP) 13 provides guidance on assisting consumers as they update their eligibility application information. Consumers may experience life changes (e.g., marriage, relocation, birth of a child, or changes in household income, or citizenship or immigration status) during the year. The Federally Facilitated Marketplace (FFM) re-determines consumers' eligibility after any changes are reported and notifies consumers of any resulting changes in eligibility and next steps. In general, the Marketplace uses a consumer's contact information and preferences to send Marketplace communications such as notices. However, the consumer's plan only receives information the consumer provides on the application either initially at enrollment or through a reported life change. Some changes, such as those made to communication preferences or a consumer's account password, will have no effect on a consumer's eligibility determination. Other updates to application information (which can be made using the "Report a Life Change" function), such as updating a state of residence or a change in household income, may affect a consumer's eligibility to obtain coverage through the Marketplace or for help paying for coverage.

It is important for consumers to report life changes to the Marketplace as soon as possible to determine whether:

- Their eligibility for Marketplace coverage or help paying for coverage has changed.
- They are eligible for a Special Enrollment Period (SEP).

Consumers must report changes to eligibility information on their application within 30 days of the change. The Marketplace re-determines consumers' eligibility and notifies consumers of any changes in eligibility and next steps.

Consumers can only change their Marketplace plan outside of the annual Open Enrollment Period (OEP) if they have a life event or other circumstance that qualifies them for an SEP. If consumers qualify for an SEP, they generally have 60 days to newly select or change their Marketplace coverage. In some cases, new applicants who attest to certain SEP qualifying events must submit documents that confirm their SEP eligibility before the Marketplace finalizes their plan selection. Most consumers who qualify for an SEP and want to change plans may have a limited number of health plan "metal" categories to choose from (instead of all four) during their SEP. This means if consumers want to change plans during an SEP that they qualify for, they may need to select a new plan within the same plan category as their current plan, or wait until the next OEP if they want to change to a plan in a different category. It may be possible for consumers to change to a plan in a different plan category during an SEP under certain circumstances. [More information on circumstances that allow consumers to change plans.](#)

Consumers who wish to end coverage through a FFM can generally do so at any time. They don't need to wait for the OEP or qualify for an SEP. A consumer is terminating coverage if they've selected a plan and paid at least one month's premium (coverage is effectuated). Enrollee-initiated terminations are effective on the date the termination is requested or on another prospective date selected by the enrollee. A consumer is canceling



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coverage, generally, if they do not effectuate coverage by making their first premium payment under applicable State laws, or may do so under “free look” cancellation laws.¹

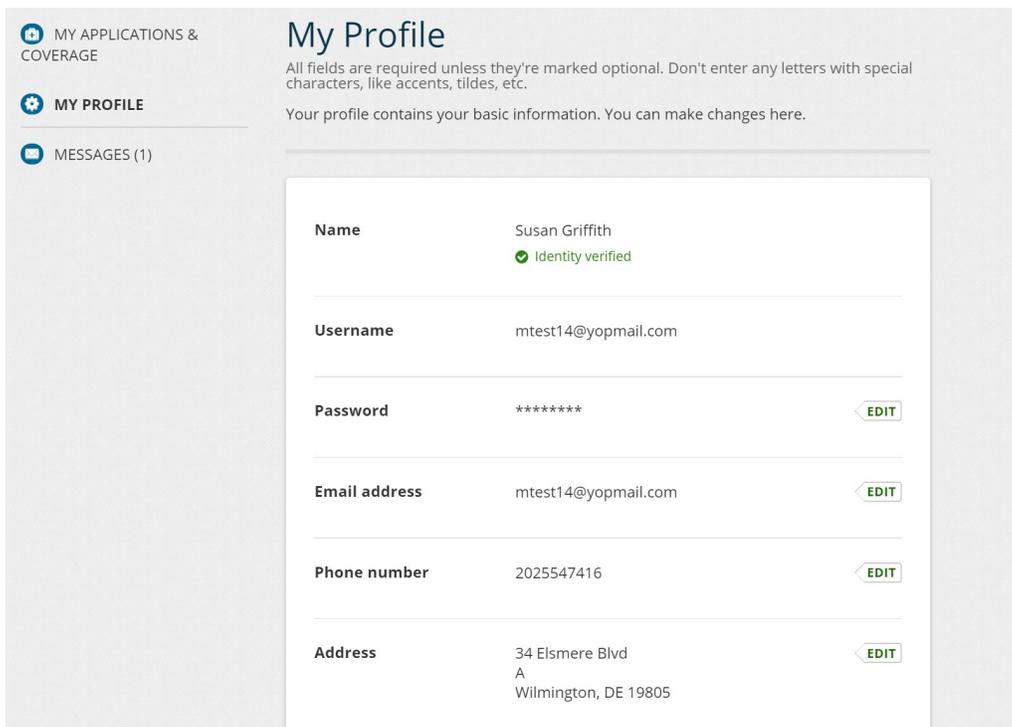
B. Procedures

1. Update Account Profile

Consumers updating their account profiles should complete the following steps:

Step 1. Consumers can log into their accounts at HealthCare.gov and select the “My Profile” tab, as shown in Exhibit 1.

Exhibit 1 – My Profile Screenshot



Name	Susan Griffith ✔ Identity verified	
Username	mtest14@yopmail.com	
Password	*****	EDIT
Email address	mtest14@yopmail.com	EDIT
Phone number	2025547416	EDIT
Address	34 Elsmere Blvd A Wilmington, DE 19805	EDIT

Step 2. Consumers can change the following information on the “My Profile” tab:

- Password
- Email address
- Phone number

¹ As described under 45 C.F.R. § 155.430(b)(1)(i)), To the extent the enrollee has the right to terminate the coverage under applicable State laws, including “free look” cancellation laws, the enrollee may do so, in accordance with such laws (45 C.F.R. § 155.430(b)(1)(i))



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- Address*
- State in which the consumer lives*
- Security questions

**To update addresses to a new ZIP code, county, or state, consumers must report a life change. This address change may affect consumers' eligibility.*

2. Update Communication Preferences

Consumers updating their communication preferences should complete the following steps:

Step 1. Consumers can log into their accounts at [HealthCare.gov](https://www.healthcare.gov) and select the “My Applications & Coverage” tab. Consumers then select the application to update.

Step 2. Consumers should select the “Communication Preferences” tab, as shown in Exhibit 2.

Exhibit 2 – Communication Preferences Screenshot

Communication preferences
All fields are required unless they're marked optional.
You can make changes to the way you get Marketplace information. Information shown here comes from your application.

Email address	mttest14@yopmail.com	EDIT
Phone number	202-554-7416	EDIT
Second phone number		ADD
Notifications	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Text messages to 202-554-7416	EDIT
Notices	<input checked="" type="checkbox"/> HealthCare.gov Message Center <input checked="" type="checkbox"/> Paper notices sent by mail to: 34 Elsmere Blvd A Wilmington, DE 19805	EDIT
Preferred spoken language	English	EDIT

Step 3. Consumers can change the following information on the “Communication Preferences” tab:

This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform.



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- Email address
- Phone number
- Second phone number
- Notifications (i.e., prefer to receive via text message or email)
- Notices (i.e., prefer to receive electronic or paper notices*)
- Preferred spoken language
- Preferred written language

**To update the mailing address where paper notices are sent, consumers must report a life change. Changes to consumers' home addresses may affect their eligibility .*

3. Report Life Changes

Consumers updating a Marketplace application to report a life change should complete the following steps:

Step 1. Consumers should log into their Marketplace account at HealthCare.gov and select the “My Applications & Coverage” tab, then select the application to update to reflect life changes.

Step 2. Consumers should select the “Report a Life Change” tab displayed in Exhibit 3.

Exhibit 3 – Report a Life Change Screenshot

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

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Delaware Medicaid or Delaware Healthy Children Program (CHIP) coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

Step 3. Examples of life changes that consumers should report are listed in Exhibit 4.

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Exhibit 4 – Life Changes

Life Event	Potential Updates
Citizenship/Immigration Status Change	<ul style="list-style-type: none"> Change in citizenship or immigration status for a household member needing coverage
Residency Changes	<ul style="list-style-type: none"> Report a new residential or mailing address
Incarceration Status Change	<ul style="list-style-type: none"> Report current incarceration (in detention or jail) for household member who needs coverage Report end of incarceration period for household member needing coverage
Tax Filing Status Change	<ul style="list-style-type: none"> Report change in tax filing status (e.g., married filing jointly or separately) Add, remove, or change tax dependents
Pregnancy Status Change	<ul style="list-style-type: none"> Report new pregnancy (pregnancy status is optional for Marketplace enrollees to disclose) Report end of pregnancy
Household Member Change	<ul style="list-style-type: none"> Add or remove household member (including through birth, adoption, or placement of child for adoption) Correction to household members' names (i.e., if a person got married or divorced and their surname has changed) Correction to date of birth or Social Security number Update marital status or other family relationships Report a household member's physical disability or mental health condition that limits their ability to work, attend school, or take care of daily needs Remove household member from the application Change in status as an American Indian/Alaska Native or tribal member
Change in Request to Health Plan Costs	<ul style="list-style-type: none"> Request help paying for coverage End request for help paying for coverage
Income Change	<ul style="list-style-type: none"> Increase or decrease in household income
Employer-Sponsored Minimum Essential Coverage (MEC) Change	<ul style="list-style-type: none"> Changes to employer-sponsored MEC (e.g., change in premiums, coverage no longer offered by employer) Changes to employment status causing loss of eligibility for employer-sponsored MEC Household member gets a new offer of employer-sponsored MEC
Individual Coverage Health Reimbursement Arrangements ICHRA/Qualified small employer health reimbursement arrangement (QSEHRA) Change	<ul style="list-style-type: none"> Employees and their dependents who newly gain access to an ICHRA Individuals and their dependents who are newly provided a QSEHRA
Other MEC Changes	<ul style="list-style-type: none"> Gained or lost MEC (e.g., coverage that you had through a family member, Medicaid, CHIP, Medicare) in the last 60 days Will gain or lose MEC in the next 60 days

Step 4. Consumers select the type of change they would like to report, and re-submit their application with any necessary changes.

Step 5. Assisters should remind consumers that their eligibility results may change as a result of the life change and explain how this may affect their coverage options.

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Step 6. Consumers should submit any required supporting documents and review their updated eligibility results. Consumers may be able to change their FFM plan if they qualify for an SEP.

4. Provide Confirmation of SEP Eligibility

The Special Enrollment Period Confirmation Process, or SEP verification, requires new applicants for coverage outside of the OEP to provide confirmation of their eligibility for certain types of SEPs to the FFM after they have attested to eligibility for an applicable SEP and selected a qualified health plan (QHP). Consumers should submit required documents to the FFM by the deadline provided in their Pended plan selection notice. Consumers generally have 30 days to submit documents once they select a plan.

CMS will mail a resolution notice to consumers if the documents they submitted are sufficient to verify their eligibility for a SEP. Consumers who submit insufficient documents will get a notice asking for additional documents. If consumers don't respond or don't provide sufficient documents, they could be found ineligible for their SEP and lose their chance to enroll until the next OEP (unless they experience another life event that makes them eligible for another SEP).

Consumers enrolling through five common SEPs must submit documents to verify their eligibility to use an SEP before they can enroll and start using their coverage. These SEPs are:

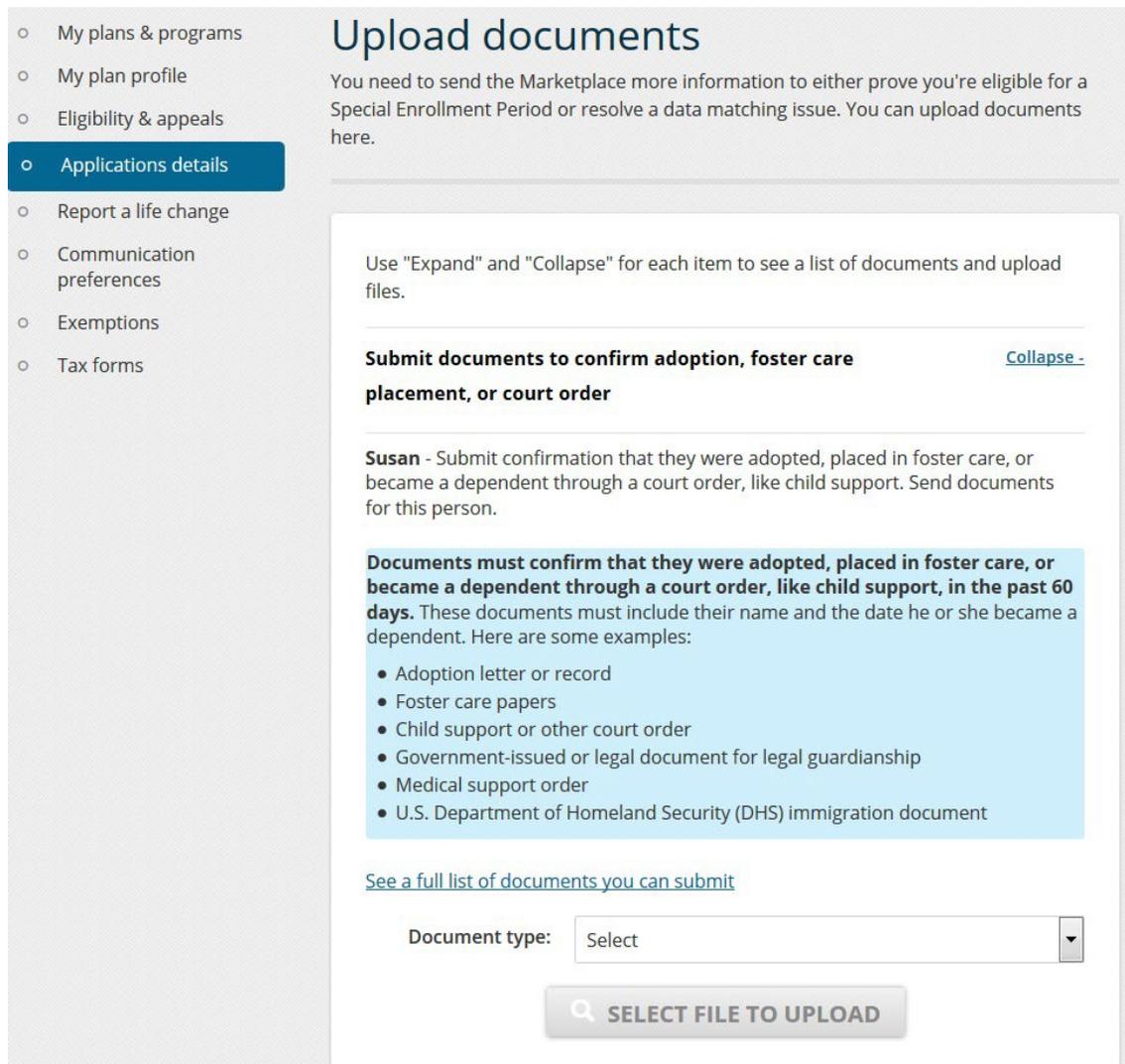
- Loss of MEC
- Gains access to new QHPs as a result of a permanent move, if the consumer was enrolled in coverage while living at the original place of residence *
- Denial of coverage through Medicaid or CHIP
- Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
- Marriage

*Consumers must show they had qualifying health coverage for one or more days in the 60 days before their move, unless they're moving from a foreign country or United States territory, are an Indian; or lived for 1 or more days during the 60 days preceding the move or during their most recent preceding enrollment period in a service area where no QHP was available through the Exchange. Note, however, that moving only for medical treatment or staying somewhere temporarily without intending to reside there (for example, a vacation) doesn't qualify a consumer for a SEP.

Consumers who applied for Marketplace coverage will be asked to provide documents to verify their eligibility for an SEP as displayed in Exhibit 5.



Exhibit 5 – Verifying SEP Eligibility Screenshot



My plans & programs

My plan profile

Eligibility & appeals

Applications details

Report a life change

Communication preferences

Exemptions

Tax forms

Upload documents

You need to send the Marketplace more information to either prove you're eligible for a Special Enrollment Period or resolve a data matching issue. You can upload documents here.

Use "Expand" and "Collapse" for each item to see a list of documents and upload files.

Submit documents to confirm adoption, foster care placement, or court order [Collapse -](#)

Susan - Submit confirmation that they were adopted, placed in foster care, or became a dependent through a court order, like child support. Send documents for this person.

Documents must confirm that they were adopted, placed in foster care, or became a dependent through a court order, like child support, in the past 60 days. These documents must include their name and the date he or she became a dependent. Here are some examples:

- Adoption letter or record
- Foster care papers
- Child support or other court order
- Government-issued or legal document for legal guardianship
- Medical support order
- U.S. Department of Homeland Security (DHS) immigration document

[See a full list of documents you can submit](#)

Document type:

[SELECT FILE TO UPLOAD](#)

5. Qualify for a Special Enrollment Period and Change Health Coverage

Consumers who wish to change their FFM plan should complete the following steps:

Step 1. Consumers should log into their FFM account at [HealthCare.gov](https://www.healthcare.gov) and select the “My Applications & Coverage” tab, then select their current application.

Step 2. Consumers should select the “My plans & programs” tab displayed in Exhibit 6.



Exhibit 6 – My Plans & Programs Screenshot

My plans & programs (3)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

Need to pay your first month's premium? Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

Need to terminate your coverage? [Start here](#).

Don't want coverage in 2020? You can [end all coverage after 12/31/2019](#).

Status: Initial Enrollment

Health Savings Embedded Blue EPO Silver 4450 AIAN Limited
76168DE0420004

Highmark BCBSD Inc.

VIEW PLAN BENEFITS

Base premium	\$1,549.08 /mo.
Premium tax credit	-\$800.00 /mo.
You pay:	
	\$749.08 /mo.

Members:	Start date:	End date:	Action:
Susan Griffith	08/01/2019	12/31/2019	REMOVE

Coverage record

Coverage dates	Premium	Premium tax credit	You pay	Members
08/01/2019 - 12/31/2019	\$1549.08	\$800.00	\$749.08	Susan

You can view the personal information, like your name and address, that we sent to your plan.

[VIEW MY PLAN PROFILE](#)

You can only change plans during Open Enrollment for 2019 or if you're eligible for a Special Enrollment Period.

[CHANGE PLANS](#)

Step 3. Consumers should select the **Change Plans** button to continue to enrollment and select a new health and dental plan, if applicable.



6. Cancel or Terminate Coverage

In general, consumers can end FFM coverage for all or some household members at any time. Ending coverage is generally referred to as a *termination* if a consumer has paid at least one month's premium (i.e., their coverage is effectuated), and *cancellation* if a consumer ends coverage that has not yet effectuated (consumer hasn't made their first premium payment).

6.1 Ending FFM Coverage for the Household Contact Only

The household contact is usually the person who created FFM account and may have filled out the application to buy FFM plan for his or her spouse or dependents.

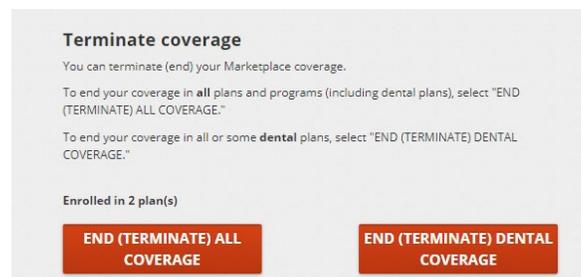
To end FFM coverage for the household contact, consumers must contact FFM Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Consumers should not try to change or remove the household contact online unless they are ending coverage for everyone on the plan. It is important to change or remove the household contact by phone to ensure dependents remain on the plan, as applicable. Assisters can find more information on ending coverage for household members at [How to Cancel your Marketplace Plan](#)

6.2 Ending FFM Coverage for Everyone on the Plan

Consumers who are ending FFM coverage for all household members should complete the following steps:

- Step 1.** Log into their FFM account at [HealthCare.gov](#) and select the “My Applications & Coverage” tab, then select their current application.
- Step 2.** Select the “My plans & programs” tab and navigate to the bottom of the page to terminate coverage as displayed in Exhibit 7.

Exhibit 7 – Terminate Coverage Screenshot



- Step 3.** Select **End (Terminate) All Coverage** to end their coverage. Assisters should remind consumers that ending all coverage will end consumers' health and dental plans. If consumers bought a stand-alone dental plan (SADP) when they enrolled in a Marketplace health plan, they can end only their dental coverage by selecting **End (Terminate) Dental Coverage**.
- Step 4.** Select their household's desired coverage end date.
- Step 5.** Check the attestation box then select the red **Terminate Coverage** button. On the “My plans & programs” tab, a red “Terminated” or “Canceled” status should appear above the plan the consumer ended.



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Step 6. Check the attestation box then select the red **Terminate Coverage** button. On the “My plans & programs” tab, a red “Terminated” or “Canceled” status should appear above the plan the consumer ended.

6.3 Ending Marketplace Coverage for Some Household Members on the Plan

Consumers can end coverage for only some household members on their Marketplace plan (i.e., a spouse or dependents). In most cases, if consumers are ending coverage for just some household members on the application, coverage for these consumers will end immediately. The best way to ensure the applicable consumers receive their desired coverage end date is by requesting the change by contacting the FFM Call Center at 1-800-318-2596 (TTY: 1-855-889- 4325).



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on updating their online accounts through the Individual FFM.

FAQ 1. What account changes/updates will affect my eligibility to participate in the Marketplace or to get help paying for coverage?

Answer: Certain life changes, like a change in immigration status, marriage, or the birth of a child, may affect eligibility. However, account maintenance updates, like changing your password or email, will not affect your eligibility.

FAQ 2. How do I change my account details (e.g., password, email)?

Answer: You may log into your account, select the "My Profile" tab, and follow the system instructions to complete any account changes.

FAQ 3. If I've already mailed in my paper eligibility application, can I update my information later online?

Answer: If you have submitted a paper application to the Marketplace, you can make changes to your application information online. You will need to create an account online, answer questions to prove your identity, and then use the "Find Application" function to associate the application with the account. You will need your application ID number to retrieve your application. If you're not sure of your application ID number, you can contact the Marketplace Call Center. Your application ID number is also located on any notice received from the FFM (e.g., an Eligibility Determination Notice (EDN)).

FAQ 4. When should I report a life change?

Answer: You must report changes to your eligibility information within 30 days of the change. However, you should report changes in circumstances as soon as possible to make sure you are receiving the correct amount of financial assistance and avoid owing money related to APTC when you file your federal income tax return.