MARKETPLACE
ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 13— Report Life Changes

Version 6.0 June 2018. This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces on the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information, and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. This material was produced and disseminated at U.S. taxpayer expense.

Table of Contents

List of Exhibits

SOP 13—Report Life Changes

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, citizenship or immigration status) during the year. It is important for consumers to report life changes to the Marketplace as soon as possible because (1) this information may change consumers' eligibility for coverage or savings through the Marketplace and (2) consumers may be eligible for a special enrollment period (SEP) as a result of a life change. Consumers must report changes to their application information within 30 days of the change. The Marketplace re-determines consumers' eligibility after any changes are reported and notifies consumers of any resulting changes in eligibility and next steps. If consumers qualify for an SEP, they generally have 60 days to enroll in 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 enrollment.

B. Procedures

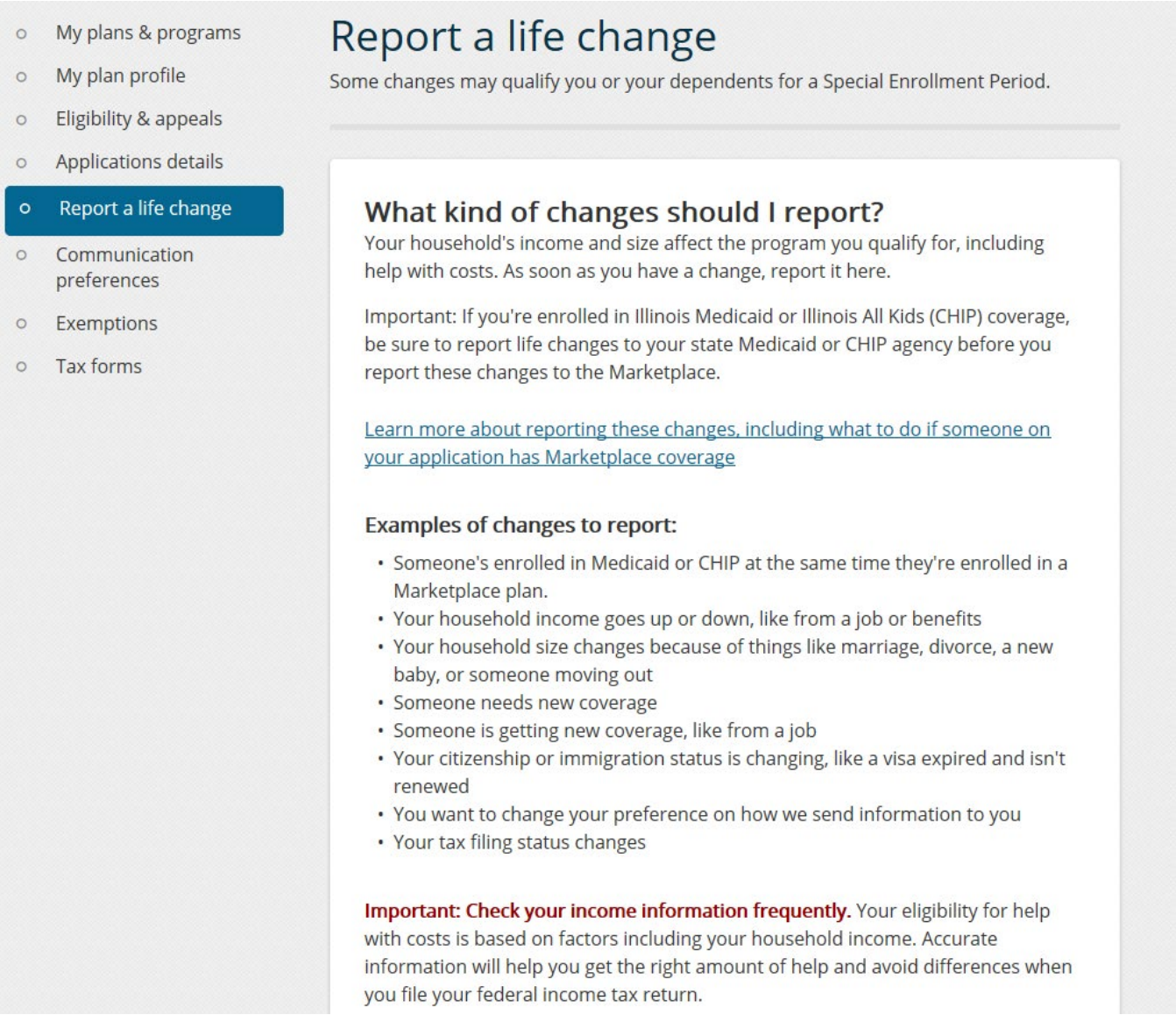
1. Reporting Life Changes

To help consumers update a Marketplace application and report a life change, proceed with 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 that needs to be updated to reflect life changes.

Step 2. Consumers should select the "Report a Life Change" tab displayed in Exhibit 1.

Exhibit 1—Report a Life Change Screenshot



Step 3. Review the types of possible life changes, listed in Exhibit 2, with consumers.

Exhibit 2—Life Changes

Life Event	Potential Updates
Citizenship/Immigration Status Change	• Change in citizenship or immigration status for a household member needing coverage
Residency Changes	• Report a new residential address
Incarceration Status Change	• Claim current incarceration (in detention or jail) for household member • Claim end of incarceration period for household member
Tax Filing Status Change	• Claim new tax filing status (e.g., married, single, divorced) • Add, remove, or change tax dependents
Pregnancy Status Change	• Claim current pregnancy status • Claim end of pregnancy status
Household Member Change	• Add or remove household member (including through birth, adoption, or placement of child for adoption) • Change household members' names • Update household contact • 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 coverage • Change in status as an American Indian/Alaska Native or tribal member
Change in Request to Health Plan Costs	• Request advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) • End request for APTC and CSRs
Income Change	• Increase or decrease in income
Employer-Sponsored Minimum Essential Coverage (MEC) Change	• Changes to job-based coverage (e.g., changes to premiums, coverage no longer offered by employer) • Changes to employment status • Household member gets a new offer of job-based coverage
Other MEC Changes	• Gained or lost health coverage (e.g., coverage that you had through a family member, Medicaid, CHIP, Medicare) in the last 60 days • Will gain or lose health coverage in the next 60 days • Gained (or will gain) eligibility for Medicare coverage on 65th birthday or receives disability benefits

Step 4. Assist consumers with selecting the type of change they would like to report.

Step 5. Assist consumers as they update their application to account for any life changes. Remind consumers that their eligibility results may change as a result of the life change and explain how this may affect their coverage options.

Step 6. Help consumers submit any required supporting documents and review their updated eligibility results.

Things You Should Know

- The system may return a list of the supporting documents required depending on the life changes reported. Consumers will see both their previously-uploaded documents and those that they still need to upload.

2. Special Enrollment Confirmations

The Special Enrollment Confirmation Process, or SEP Verification, requires new applicants for coverage outside of the Open Enrollment Period (OEP) to provide proof of their eligibility for certain types of SEPs to the Marketplace after they've attested to eligibility for an applicable SEP and selected a qualified health plan (QHP). Consumers should submit required documents to the Marketplace by the deadline date provided in their Eligibility Determination Notice. Consumers generally have 30 days to submit documents once they select a plan.

CMS will send a resolution notice to consumers by mail if the documents they submitted are sufficient to prove their eligibility for a SEP. Consumers who submit insufficient documents will get a notice asking for additional documentation. If consumers don't respond at all, 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).

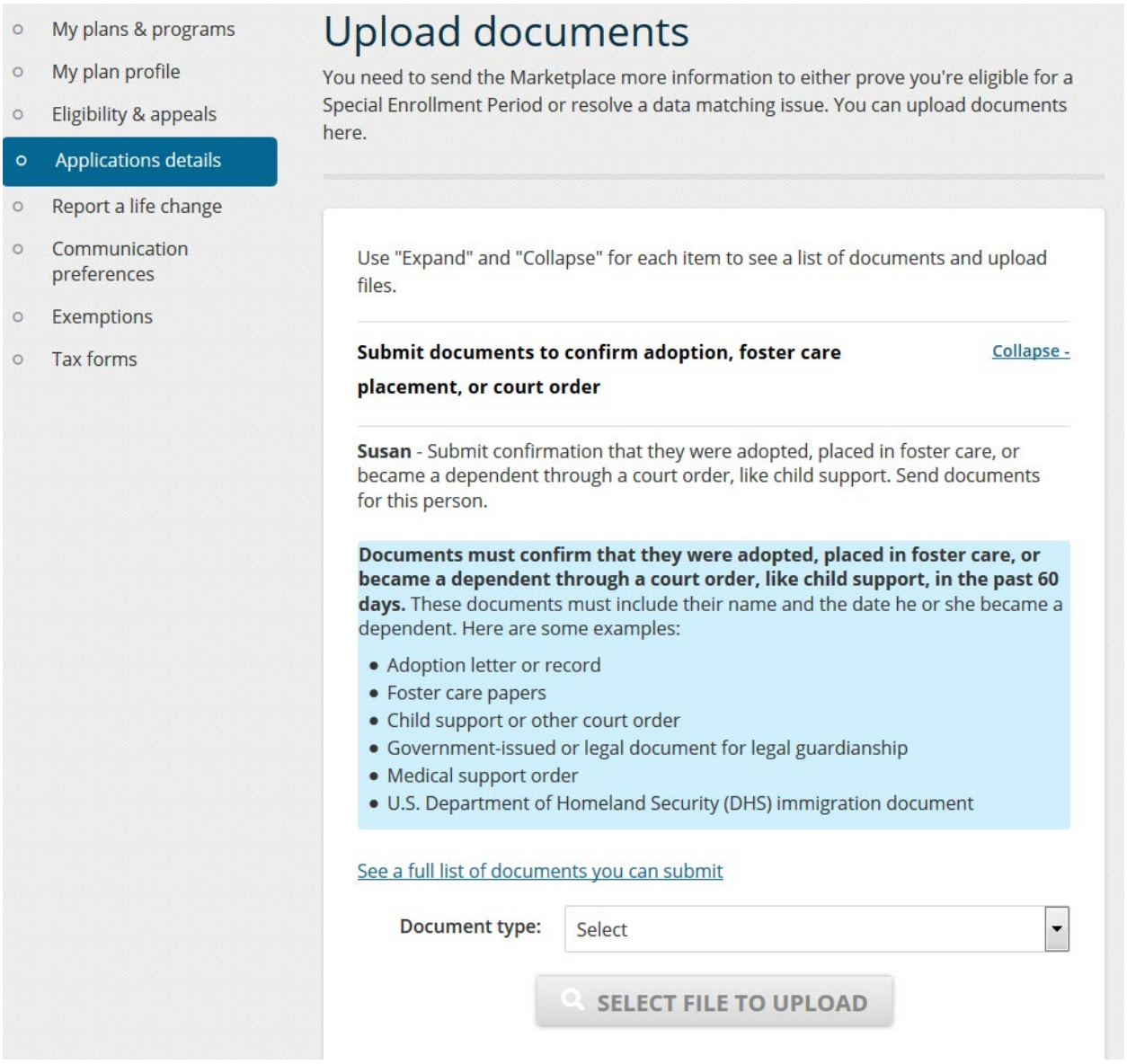
Consumers enrolling through five common SEPs must submit documents to verify their eligibility to use an SEP before they can enroll and start using their coverage. These SEPs are:

- Loss of MEC;
- Change in primary place of living, if the consumer was enrolled in coverage while living at the original place of residence;[1]
- Denial of coverage through Medicaid or Children's Health Insurance Program (CHIP);
- Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order; and
- Marriage.

[1] 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. 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 3.

Exhibit 3—Verifying SEP Eligibility Screenshot



C. Next Steps

1. If consumers receive a new eligibility determination after reporting life changes, proceed to SOP-6 Review Eligibility Results.
2. For more help answering consumers' specific questions, see Appendix A for Frequently Asked Questions (FAQs) related to SOP-13 Report Life Changes.

Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on reporting life changes through the Individual Marketplace. For more information on this topic, see SOP-13 Report Life Changes.

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

- Answer: Certain life changes may affect eligibility, including: gaining citizenship, marriage, moving, or the birth of a child. However, account maintenance updates, like changing a password or email address, will not affect eligibility.

FAQ 2. When should I report a life change?

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

Appendix B: Acronyms & Definitions

The following sections describe the commonly used acronyms and terms that appear throughout the Manual.

Frequently Used Acronyms

Exhibit 4—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIIO	Center for Consumer Information & Insurance Oversight
COBRA	Consolidated Omnibus Budget Reconciliation Act
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost Sharing Reduction
DHS	Department of Homeland Security
DMI	Data Matching Issue
EHB	Essential Health Benefits
FAQ	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
HDHP	High Deductible Health Plan
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
HSA	Health Savings Account
ID	Identification
IHS	Indian Health Service
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
QHP	Qualified Health Plan
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program

Acronyms	Descriptions
SHOP	Small Business Health Options Program
SOP	Standard Operating Procedure
SSI	Supplemental Security Income
SSN	Social Security Number
VA	Veterans Affairs
VHA	Veterans Health Administration

Definitions

The following is a list of terms from HealthCare.gov, CCIIO, and the Affordable Care Act explained in plain language that you may reference to assist consumers.

Advance Payments of the Premium Tax Credit: (APTC) The Affordable Care Act provides a tax credit to help consumers afford health coverage purchased through a Marketplace. Consumers can use APTC to lower their monthly premium costs. If consumers qualify, they may choose how much in APTC to apply to their premiums each month, up to a maximum amount. If the amount of APTC consumers get for the year is less than the premium tax credit they're due based on their annual household income, they'll get the difference as a refundable credit when they file their federal income tax return. If their APTC for the year are more than the amount of the premium tax credit for which they are eligible, they may be required to repay the excess advance payments with their tax return. (Reference: HealthCare.gov/glossary/advanced-premium-tax-credit)

Benefits: The health care items or services covered under a health plan. The health plan's coverage documents define the covered benefits and excluded services. In Medicaid or CHIP, the state program rules define covered benefits and excluded services. (Reference: HealthCare.gov/glossary/benefits)

Claim: A request for payment that a consumer, his or her authorized representative, or his or her health care provider submits to the consumer's health insurer when the consumer gets items or services he or she thinks are covered. (Reference: HealthCare.gov/glossary/claim)

Cost-Sharing Reduction (CSR): A discount that lowers the amount consumers have to pay out-of-pocket for deductibles, coinsurance, and copayments. Consumers also have a lower out-of-pocket maximum. Consumers are eligible for CSRs if they get health insurance through a Marketplace, they meet household income requirements, and if they enroll in a health plan from the Silver plan category (See Health Plan Categories). Consumers may qualify for additional cost-sharing benefits if they are a member of a federally recognized tribe. (Reference: HealthCare.gov/glossary/cost-sharing-reduction)

Health Coverage: Consumers' legal entitlement to payment or reimbursement for their health care costs for covered services or items generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or CHIP. (Reference: HealthCare.gov/glossary/health-coverage)

Health Insurance: A contract that requires a consumer's health insurer to pay some or all of the consumer's health care costs in exchange for a premium. (Reference: HealthCare.gov/glossary/health-insurance)

Job-based Coverage: Also referred to as a job-based health plan, group health plan or employer-sponsored health insurance plan, coverage that an employer offers to employees (and may also offer to employees' family members). (Reference: HealthCare.gov/glossary/job-based-health-plan)

Marketplace: A marketplace for health insurance, also known as an "Exchange," operated by a governmental agency or non-profit entity that meets applicable government standards. A Marketplace makes QHPs available to qualified individuals and/or qualified employers. Generally, in CMS documents, this term is often used to refer both to Marketplaces serving the individual market for qualified individuals and to Small Business Health Options Program (SHOP) Marketplaces serving the small group market for qualified employers, and is often used regardless of whether a Marketplace is established and operated by a State or by HHS. However, in this document, the term Marketplace generally is used to refer only to the Federally-facilitated Marketplaces (FFMs), and frequently is used to refer only to the FFMs for the individual market. (Reference: 45 CFR §155.20)

Medicaid: A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The Federal Government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their programs, in which Medicaid can vary state by state and may have a different name in your state. (Reference: HealthCare.gov/glossary/medicaid)

Medicare: A federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). (Reference: HealthCare.gov/glossary/medicare)

Open Enrollment Period (OEP): The period of time during which individuals who are eligible to enroll in a QHP can enroll in a plan through the Marketplace. For coverage starting in 2019, the individual market Open Enrollment period is November 1, 2018 – December 15, 2018. Individuals may also qualify for special enrollment periods (SEPs) if they experience certain qualifying events. Consumers can apply for Medicaid or CHIP at any time of the year. (Reference: HealthCare.gov/glossary/open-enrollment-period)

Premium: The amount that consumers or employers pay for a health insurance or job-based coverage. Premiums are paid by the consumer or employers on a monthly, quarterly, or yearly basis. (Reference: HealthCare.gov/glossary/premium)

Special Enrollment Period (SEP): A time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a Special Enrollment Period if you've had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child. If you qualify for an SEP, you usually have up to 60 days following the event to enroll in a plan. If you miss that window, you have to wait until the next Open Enrollment Period to apply, unless you experience another life event that makes you eligible for another SEP. (Reference: https://www.healthcare.gov/glossary/special-enrollment-period/)

Tax Dependent: A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction. Under the Affordable Care Act, individuals may be able to claim a premium tax credit to help cover the cost of coverage for themselves and their tax dependents. (Reference: HealthCare.gov/glossary/dependent)

Appendix C: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 5 provides a list of external resources.

Exhibit 5—External Resources

Resource	Contact Information	What does this resource do?	How should consumers use this resource?
HealthCare.gov	http://www.HealthCare.gov	This website allows consumers to access information about the Affordable Care Act and to enroll in health coverage through an FFM.	To find out about health coverage options available through an FFM. To apply for health coverage online. To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	http://www.IRS.gov	This federal agency collects taxes from individuals and businesses in the U.S.	To learn more about the effects of the Affordable Care Act on consumers' tax returns.
Medicaid	http://www.Medicaid.gov	This state-administered health insurance program is for low-income families and children, pregnant women, the elderly, people with disabilities, and in many states, other adults. The Federal Government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state-by-state and may have a different name in your state.	To find answers to questions about health coverage through Medicaid or CHIP. To get further information about their state's Medicaid program and agency contact information.
Medicare	http://www.Medicare.gov	This federal program is run by CMS and provides health coverage to qualified individuals who are 65 years of age or older and/or have a disability.	To learn more about eligibility for Medicare or apply for Medicare online. To learn more about or make changes to existing Medicare benefits.