

# Consumer Options for Terminating Plans and Reporting Changes

*March 2019*

The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was produced and disseminated at U.S. taxpayer expense.

# Objectives

- Helping consumers cancel or terminate coverage.
- Helping consumers report changes to the Marketplace.



# Ending Coverage

Consumers may voluntarily end their enrollment upon request for any reason.

Common reasons include:

- Obtaining other minimum essential coverage (MEC) such as Medicare, Medicaid, or job-based coverage;
- Simply wanting to end coverage.

# Ending Coverage: Terminating Enrollment vs. Canceling Enrollment

## When terminating coverage:

- The consumer has enrolled and paid at least one month's premium (coverage has been effectuated).
- The Marketplace generally would like at least a 14-day notice for ending coverage but it is not required.
- If the consumer is ending coverage for some but not all members on the application, in most cases, their coverage will end immediately in most cases. In other situations, coverage will not end immediately. In other situations, coverage will not end immediately, including when the household members who remain enrolled in coverage qualify for a Special Enrollment Period (SEP).



# Ending Coverage: Terminating Enrollment vs. Canceling Enrollment

**When canceling coverage:**

The consumer generally has not yet effectuated coverage with their first premium payment.



# Knowledge Check

If a consumer wishes to end coverage that has been effectuated, the consumer is a. terminating their coverage or b. canceling their coverage.

a. Terminating

b. Canceling

# Knowledge Check

If a consumer wishes to end coverage that has been effectuated, the consumer is a. terminating their coverage.

a. Terminating

b. Canceling

# Ending Coverage: All Enrolled Individuals

1. Log into “My Account.”
2. Go to “My Applications & Coverage.”
3. Select application under “Your existing applications.”

# Ending Coverage: All Enrolled Individuals

WELCOME

MY APPLICATIONS & COVERAGE

MY PROFILE

MESSAGES (1)

## Susan, what would you like to do?

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.](#)

### Your existing applications:

<a href="#">2019 Delaware application for Individual &amp; Family Coverage</a>	<b>Status: Complete</b> ID#: 108651831
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# Ending Coverage: All Enrolled Individuals (Continued)

- Once the consumer has selected the appropriate existing application, the screen will show current coverage and advance payments of the premium tax credit page, if eligible.
- To continue with termination, select “My plans & programs.”

# Ending Coverage: All Enrolled Individuals (Continued)

2019 application for Individuals & Families (ID#: 108702236)

[View all applications](#)



## My plans & programs

- My plan profile
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Exemptions
- Tax forms

## MY COVERAGE

### My plans & programs

**BlueCross BlueShield of South  
Carolina BlueEssentials Silver 14**

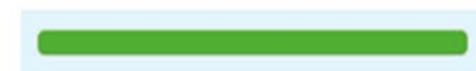
John and Susan  
Status: Pending

## PREMIUM TAX CREDIT

### Premium tax credit usage

John and Susan

<b>Using:</b>	<b>Eligible for:</b>
\$990 per month	\$990 per month



# Ending Coverage: All Enrolled Individuals (Continued)

- On the “My plans & programs” page, consumers can view their current status, plan benefits, and enrolled individuals.
- Select “END (TERMINATE) ALL COVERAGE” when the consumer(s) are not seeking new Marketplace coverage.

**Note: Following these steps will end every health and dental policy for the entire enrollment group.**

# Ending Coverage: All Enrolled Individuals (Continued)

## Terminate coverage

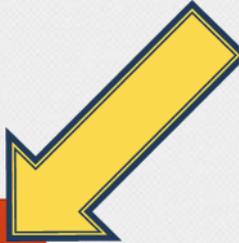
You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 2 plan(s)

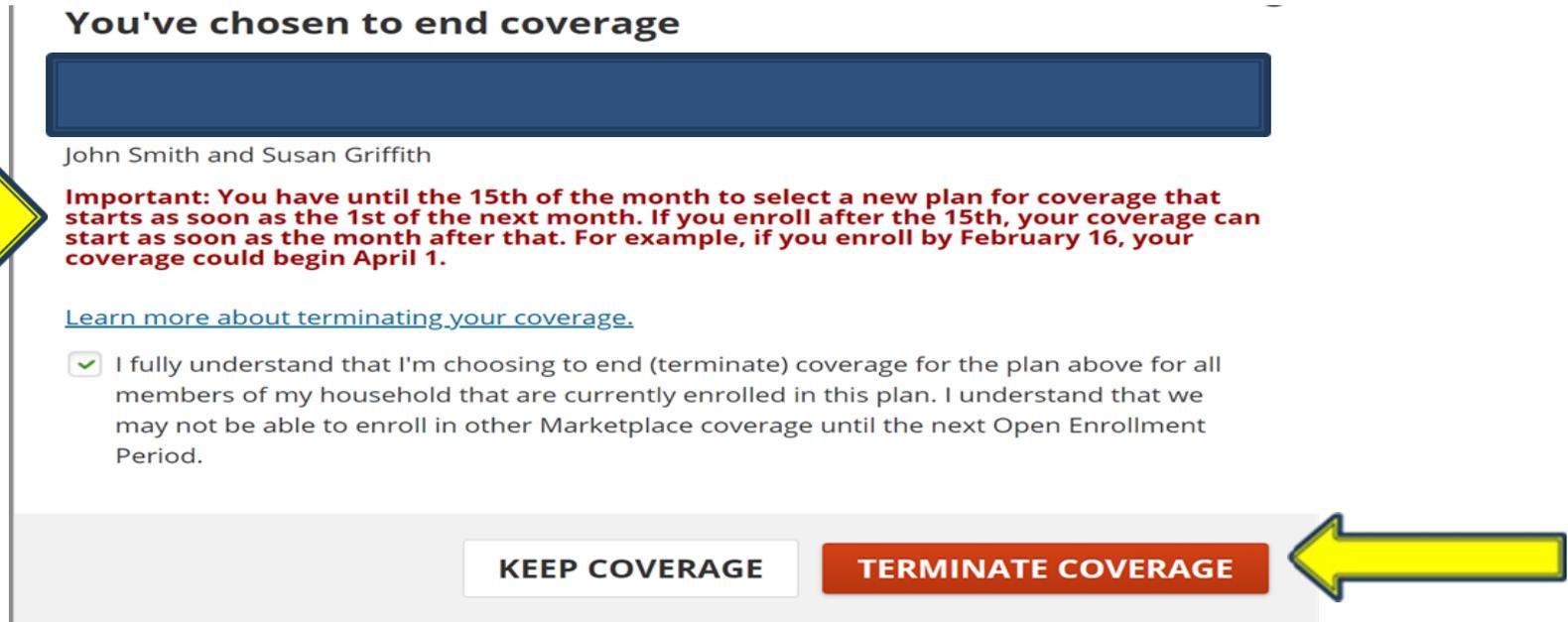
END (TERMINATE) ALL  
COVERAGE



END (TERMINATE) DENTAL  
COVERAGE

# Ending Coverage: All Enrolled Individuals (Continued)

Once the consumer has selected “END (TERMINATE) ALL COVERAGE,” a popup window will ask them to confirm that they want to end their current plan.



The screenshot shows a confirmation popup window with the following elements:

- Title:** "You've chosen to end coverage"
- Redacted Area:** A dark blue rectangular box redacting the plan name.
- Name:** "John Smith and Susan Griffith"
- Important Notice:** "Important: You have until the 15th of the month to select a new plan for coverage that starts as soon as the 1st of the next month. If you enroll after the 15th, your coverage can start as soon as the month after that. For example, if you enroll by February 16, your coverage could begin April 1." A yellow arrow points to this text from the left.
- Link:** "[Learn more about terminating your coverage.](#)"
- Confirmation Checkbox:** A checked checkbox with the text: "I fully understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we may not be able to enroll in other Marketplace coverage until the next Open Enrollment Period."
- Buttons:** Two buttons at the bottom: "KEEP COVERAGE" (white) and "TERMINATE COVERAGE" (red). A yellow arrow points to the "TERMINATE COVERAGE" button from the right.

Note: Outside of Open Enrollment, this screen will not indicate that consumers can select new coverage unless they are eligible for an SEP.

# Ending Coverage: Confirmation Page to Terminate Coverage for All Enrolled Individuals

The confirmation page will show the status of the coverage selected for termination and end date of coverage.

**Status:** Terminated (coverage ended on 03/15/2017)

**You pay: \$999.70/mo.**

Kaiser Foundation Health Plan, Inc.

Coverage record

Coverage dates	Premium	<u>Premium tax credit</u>	You pay	Members
03/01/2017 - 03/15/2017	\$999.70	\$725.00	\$274.70	Lori, John

**Status:** Terminated (coverage ended on 03/15/2017)

**You pay: \$32.42/mo.**

# How Do Consumers Terminate Enrollment Through the Marketplace For the Entire Enrollment Group?

- In summary, to terminate coverage, consumers should:
  1. Log into their Marketplace account on HealthCare.gov and select “My Application & Coverage.”
  2. Navigate to the “My plans & programs” tab.
  3. Click the “END (TERMINATE) ALL COVERAGE” button.
  4. Click on the red button labeled “Terminate Coverage.”
- A red terminated status should then appear above the plan that was terminated.

Note: Following these steps will end every health and dental policy for the entire enrollment group.

# Helping Consumers End Coverage Through the Marketplace for One or More Members of the Enrollment Group

- If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should use the “Report a Life Change” process.
- The status of the family member whose coverage through the Marketplace is being terminated needs to be changed to non-applicant (i.e., a household member who does not need coverage) on the application.

# Ending Coverage: One or More Enrolled Individuals

WELCOME

MY APPLICATIONS & COVERAGE

MY PROFILE

MESSAGES (1)

## Susan, what would you like to do?

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.](#)

### Your existing applications:

<a href="#">2019 Delaware application for Individual &amp; Family Coverage</a>	Status: <b>Complete</b> ID#: 108651831
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# Reporting Changes: Consumers Report Changes from within their Accounts

- My plans & programs
- My plan profile
- Eligibility & appeals
- Applications details
-  ○ Report a life change
- Communication preferences
- Exemptions
- 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 Healthy Connections (Medicaid) or Healthy Connections Children (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](#)

# Ending Coverage: One or More Enrolled Individuals

## Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

**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.

Choose an option below to continue

**!** Important: Select at least 1 item(s)

- Report a change in my household's income, size, address, or other information
- Change the way we send information to you, like by email or paper copies
- Report a move to a new state

CANCEL

CONTINUE

# Ending Coverage: One or More Enrolled Individuals

**+** GET STARTED

**1** Privacy policy

2 Contact information

3 Help applying for coverage

4 Help paying for coverage

5 Who needs coverage

---

○ FAMILY & HOUSEHOLD

---

○ ADDITIONAL INFORMATION

---

○ REVIEW & SIGN

## Privacy policy

### Privacy & use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our electronic databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

**Important:** As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

# Ending Coverage: One or More Enrolled Individuals

Application ID: 108702236

**GET STARTED**

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage
- ✓ Help paying for coverage

**Who needs coverage**

- FAMILY & HOUSEHOLD
- INCOME
- ADDITIONAL INFORMATION

## You're applying for health coverage for these people

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

**Susan Griffith**

**EDIT REMOVE**

**Date of birth**

01/01/1973

**John Smith Jr.**

**EDIT REMOVE**

**Date of birth**

01/01/1973

**Relationship to Susan Griffith**

Spouse

**ADD A PERSON**

# Ending Coverage: One or More Enrolled Individuals

Confirm that you want to remove John Smith Jr. from your application

-   Yes. I want to remove this person from my application.
- No. I don't want to remove this person from my application.

CANCEL

SAVE

# Knowledge Check

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should use the \_\_\_\_\_ process.

Fill in the blank.

# Knowledge Check

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should use the **Report a Life Change** process.

# Reporting a Life Change

Note: The process to remove some but not all members from Marketplace coverage is the same process that you will advise consumers to take when helping them report other important life changes to the Marketplace.

## Have you had any changes like these?

- You moved to a different state
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You had family changes, like a new baby or a divorce

**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.

Choose an option below to continue

**Important:** Select at least 1 item(s)

- Report a move to a new state
- Change how we send information to you
- Report a change in my household's income, size, or other information

CANCEL

CONTINUE

# Examples of Other Changes Consumers Should Report to the Marketplace

## Type of Life Change/Change in Circumstance

New person on the application (e.g., birth, marriage)

Relocation to a new address (e.g., Service area/county or state)

Loss of access to other coverage (e.g., employer coverage)

Release from incarceration

Change in citizenship or immigration status

Removal of a person from the application (e.g., death, divorce, dependent turning 26)

Become incarcerated

New access to other coverage (e.g., employer coverage)

New access to coverage from a public program (e.g., Medicaid, CHIP)

Pregnancy

Change in tax filing status/tax household composition

Change in status as an American Indian/Alaska Native or tribal status

Change in disability status

Correction to name, date of birth (DOB), or Social Security number (SSN)

Increase or decrease in income for anyone on the application

Communication preferences:

- Email address
- Phone number
- Language preferences
- Add or remove phone text alert
- Mailing of paper notices

# Tips for Assisters

- For more information on reporting changes to the Marketplace, visit:
  - <https://www.healthcare.gov/reporting-changes/how-to-report-changes/>
  - <https://www.healthcare.gov/reporting-changes/which-changes-to-report/>
- CMS recommends that assisters provide the following information to consumers in the event they experience issues with their Marketplace application:
  - Call the Marketplace Call Center at 1-800-318-2596. If the issue is not resolved immediately, the Call Center representative will follow a process to track and resolve the problem or refer the enrollee to the issuer, if appropriate.

# Q&A Section: Scenario 1

- **Q: I'm helping a consumer whose daughter just got a new job and she needs to drop her from her QHP. Does she have to wait for open enrollment to do this?**
- **A: No. She should update her application to indicate her daughter's new job. Select "Report a Life Change" and help her review and revise her application answers as necessary. She would then need to contact the Marketplace to terminate her daughter's coverage.**



# Q&A Section: Scenario 2



- **Q: A consumer wants to terminate coverage through the Marketplace for himself and the rest of his family or enrollment group. What should he do?**
- **A: If no enrollees on the application need to keep their coverage, the consumers should follow the “End Coverage” process. Generally, to avoid a gap in coverage, consumers should submit their termination request the day before their new coverage is effective or they should immediately select a new plan after terminating their old plan to avoid a gap in coverage. For example, if new coverage will start on May 1, consumers should terminate their existing coverage on April 30.**

# Recap Question 1

Q. What is the difference between cancelling or terminating a plan and how do the steps for doing so differ?

A. Cancellation of coverage refers to ending coverage before it is effective. In most cases, the consumer may have chosen a plan on the Marketplace which becomes effective at a future date and the consumer has not yet paid their first premium payment.

- Termination of coverage refers to when the consumer has chosen a plan which has become effective and the first premium payment has already been paid.
- The process for both terminating and cancelling coverage is the same in most cases.

# Recap Question 2

Q. Can you review the steps for terminating coverage for all members of a family?

A. To terminate coverage, consumers should:

1. Log into their Marketplace account and select “My Application and Coverage
2. Navigate to the “My Plans and Programs” tab
3. Select the END (TERMINATE) ALL COVERAGE” button.
4. Select the red button labeled “Terminate Coverage.”

# Recap Question 3

Q. Can you review what a consumer needs to do if they just want to remove some, but not all, members, on the Marketplace plan?

A. If a consumer wishes to remove someone from the application but does not wish to remove everyone, the consumer should use the “Report a Life Change process.”

# Important Reminders



- Steps for terminating and canceling coverage are the same.
- When ending coverage for some but not all family members or reporting changes to the consumer's household, the applicant will receive a new eligibility determination notice.
- Deleting an application DOES NOT cancel the policy.
- Remind consumers to come back to report changes throughout the year.
- Note: The Marketplace Appeals Center does not review appeals for termination disputes (i.e., a consumer who wants a retroactive termination – this is not appealable). Retroactive terminations due to Marketplace error or technical issue may be reviewed by caseworkers and evaluated, but if the retroactive termination is denied, there are no appeal rights.
- See <https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/> for more information.
- Call the Marketplace Call Center for help: 1-800-318-2596.

# Resources

- <https://www.healthcare.gov/apply-and-enroll/change-after-enrolling/>
- <https://marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf>