

MARKETPLACE ASSISTER TOOLKIT

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

SOP 13 – UPDATE A MARKETPLACE ACCOUNT



Version 9.0 April 2023. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator 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 in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.



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SOP 13— Update A Marketplace Account

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. The Federally-facilitated Marketplace (FFM or Marketplace) redetermines consumers' eligibility after any changes are reported and notifies consumers of resulting changes in eligibility and next steps. In general, the Marketplace uses a consumer's contact information and communication preferences they indicated in their HealthCare.gov account 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 impact 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 impact 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, within 30 days of the change, to determine whether:

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

Consumers can only change their Marketplace plan outside of the annual Open Enrollment Period (OEP) (November 1, 2022 – January 15, 2023, for the 2023 plan year) if they qualify for an SEP. If consumers qualify for an SEP, they generally have 60 days to select a plan. 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. 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. Assisters can find more information on circumstances that allow consumers to change plans at [HealthCare.gov/coverage-outside-open-enrollment/changing-plans](https://www.healthcare.gov/coverage-outside-open-enrollment/changing-plans).

CMS will update HealthCare.gov so that Marketplace-eligible consumers who submit a new application or update an existing application between March 31, 2023, and July 31, 2024, and attest to a last date of Medicaid or Children's Health Insurance Program (CHIP) coverage within the same time period are eligible for an Unwinding SEP.

Consumers who wish to end coverage through an FFM can generally do so at any time.ⁱ They don't need to wait for the OEP or qualify for an SEP. A consumer is generally considered to be:

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- *Terminating* coverage if they've enrolled and paid at least one month's premium (coverage is effectuated). Enrollee-initiated terminations are generally effective on the date the termination is requested or on another prospective date selected by the enrollee, but coverage can be terminated retroactively in a manner that results in a period during which the enrollee was enrolled.
- *Canceling* coverage if they have not yet effectuated coverage with their first premium payment or if they are terminating coverage retroactively to the date the coverage became effective, resulting in enrollment through the Exchange never having been effective.

Marketplace coverage generally does not end automatically if a consumer is found eligible for Medicare, Medicaid, or CHIP. Consumers who are found eligible for other coverage should terminate their Marketplace coverage unless they want to stay in their plan without financial assistance. If these consumers do not cancel their enrollment with financial assistance through the Marketplace, they may have to pay back some or all of the advance payments of the premium tax credit (APTC) they received through the Marketplace for the months they were eligible for other coverage.

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](https://www.healthcare.gov) and select the "My Profile" tab as shown in Exhibit 1.



Exhibit 1 – HealthCare.gov Account Screenshot: My Profile

Field	Value	Action
Name	Susan Griffith Identity verified	
Username	hvsbxbrw@sharklasers.com	
Password	*****	EDIT
Email address	hvsbxbrw@sharklasers.com	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
- Address*
- 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 or the plans available to them.*

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.

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Exhibit 2 – HealthCare.gov Account Screenshot: Communication Preferences

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	hvsbxbrw@sharklasers.com	EDIT
Phone number	202-554-7416	EDIT
Second phone number		ADD
Notifications	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Text me at 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 19805-4130	EDIT
Preferred spoken language	English	EDIT

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

- 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

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**Consumers may also edit the address to which they would like paper notices sent. To update addresses to a new ZIP code, county, or state, consumers must report a life change. Changes to consumers' home addresses may affect their eligibility or the plans available to them.*

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 accounts at [HealthCare.gov](https://www.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 – HealthCare.gov Account Screenshot: Report a Life Change Screen

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

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

Exhibit 4 – Life Changes to Report to the Marketplace

Life Change	Potential Update
Change in health coverage	<ul style="list-style-type: none"> • Report gained or lost health coverage within 30 days of the change • If consumer qualifies for an SEP, they have up to 60 days from the date of the qualifying event to enroll in a new health plan • Gained or will gain eligibility for Medicare coverage on 65th birthday or receives disability benefits • Changes to job-based coverage (e.g., change in premiums, coverage no longer offered by employer) • Household member has a new offer of job-based coverage
Employer offer to help with the cost of coverage	<ul style="list-style-type: none"> • Household member newly gained or will newly gain access to an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
Household income change	<ul style="list-style-type: none"> • Increase or decrease in household income
Household Member Change	<ul style="list-style-type: none"> • Add or remove household member (including birth; adoption; placement of child for adoption or foster care; divorce; death) • Change household members' names • Update dates of birth or Social Security Numbers • Add, remove, or change tax dependents • 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 residence	<ul style="list-style-type: none"> • Report a new residential address
Change in status	<ul style="list-style-type: none"> • Change in citizenship or immigration status for household member needing coverage • Change in incarceration status for a household member needing coverage • Change in tax filing status (e.g., married, single, divorced) • Change in pregnancy status • Update status as an American Indian/Alaska Native or Tribal member

Step 4. Consumers select the type of change they would like to report.

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.

Step 6. Consumers should submit any required supporting documents and review their updated eligibility results.



Note: The system may return a list of the supporting documents required for consumers reporting a loss of qualifying coverage. Consumers will view both their previously uploaded documents and those that they still need to upload.

4. Provide Proof of SEP Eligibility

Consumers newly applying for Marketplace coverage and attesting to eligibility for an SEP due to loss of qualifying coverage may be required to provide proof to the Marketplace of their eligibility before they can enroll and start using their coverage. This is known as SEP verification, or SEPV. The Marketplace will include details and instructions on providing documents in the consumer's eligibility determination notice (EDN). Consumers must submit documents to show both the lost coverage and the date it ended or will end. A full list of acceptable documents is available at [HealthCare.gov/help/prove-coverage-loss](https://www.healthcare.gov/help/prove-coverage-loss). Consumers will upload documents as displayed in Exhibit 5. Consumers can also mail copies of documents to the Marketplace.



Exhibit 5 – HealthCare.gov Account Screenshot: Upload Documents

○ 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 loss of coverage [Collapse -](#)

Susan- You need to submit confirmation of loss of health coverage. Submit documents for at least one person on your application who lost or will lose qualifying health coverage.

Documents must show that you lost qualifying health coverage between 01/20/2022 and 03/12/2022, or will lose coverage in the next 60 days. These documents must include your name and date of coverage loss. Here are some examples:

- Letter from an insurance company
- Letter from an employer
- Letter about COBRA coverage
- Health care program document
- Pay stubs if you lost employer-sponsored health coverage
- Letter if you lost student health coverage
- Document if you lost coverage because of divorce, legal separation, custody agreements, or annulment
- Document if you lost coverage due to death of a family member
- Other

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

Document type:

SELECT FILE TO UPLOAD

Consumers should submit required documents to the Marketplace by the deadline provided in their EDN, generally 30 days once they select a plan.

CMS will provide a letter or notice in the consumer's HealthCare.gov account within a couple of weeks that indicates whether their SEP eligibility has been confirmed. This will be a resolution notice indicating that the documents they submitted are sufficient to prove their eligibility for an SEP. Consumers who submit insufficient documents will receive a notice asking for additional documents. If consumers do not respond or do not provide sufficient documents, they can 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).



5. Change Health Coverage

Consumers can only change plans during the OEP or if they're eligible for an SEP. Consumers who wish to change their Marketplace plan should complete the following steps:

- Step 1.** Consumers should log into their Marketplace account at [HealthCare.gov](https://www.healthcare.gov) and select the "My Applications & Coverage" tab, then select their current application.
- Step 2.** Consumers should complete the "Report a Life Change" process described in [Section 3. Report Life Changes](#).
- Step 3.** Once consumers' SEP eligibility is confirmed, they should navigate to the "My plans & programs" page, then select the **Change Plans** button at the bottom of the page to continue to enrollment and select a new health and dental plan, if applicable, as shown in Exhibit 6.

Exhibit 6 – HealthCare.gov Account Screenshot: My Plans & Programs

The screenshot shows the 'My plans & programs' page on HealthCare.gov. On the left is a navigation menu with 'My plans & programs' selected. The main content area is titled 'My plans & programs (1)'. It includes instructions on uploading documents and a link to terminate coverage. A green banner indicates the 'Status: Initial Enrollment'. Below this, the plan details for 'Best Preventive PPO' (ID: 76168DE0770000) by GrayBar Insurance Inc. are shown. A 'VIEW PLAN BENEFITS' box displays a base premium of \$1,101.96/mo, a premium tax credit of \$-974.00/mo, and a net 'You pay' of \$127.96/mo. A table lists members Susan Griffith and Ester Kim, both with start dates of 04/01/2023 and end dates of 12/31/2023, with 'REMOVE' buttons. A 'Coverage record' table shows the current period from 04/01/2023 to 12/31/2023 with the same premium and tax credit details. At the bottom, there are 'VIEW MY PLAN PROFILE' and 'CHANGE PLANS' buttons.

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6. Cancel or Terminate Coverage

In general, consumers can end coverage for all or some household members at any time. A consumer is generally considered to be:

- *Terminating* their plan if they have paid at least one month's premium (i.e., their coverage is effectuated).
- *Canceling* their plan if they have not yet effectuated their coverage with their first premium payment.

6.1 Ending Marketplace Coverage for the Household Contact Only

The household contact is usually the person who created the Marketplace account and may have filled out the application to buy the Marketplace plan for themselves and/or their spouse, partner, or dependents.

To cancel Marketplace coverage for the household contact or change the household contact, consumers must contact the Marketplace 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 confirm their spouse or dependents remain on the plan, if possible. Assisters can find more information on ending coverage for household members in the Consumer Options for Terminating Plans and Reporting Changes assister webinar at Marketplace.cms.gov/technical-assistance-resources/terminating-plans-and-reporting-changes.pdf.

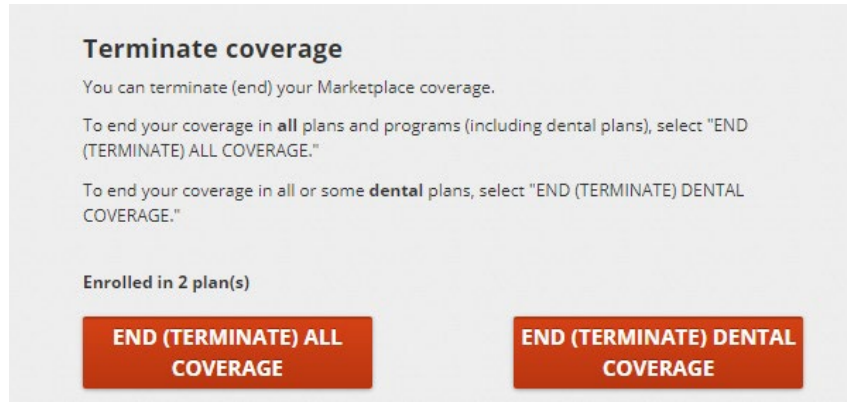
6.2 Ending Marketplace Coverage for Everyone on the Plan

Consumers who are terminating Marketplace coverage for all household members 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 their current application.
- Step 2.** Consumers should select the "My plans & programs" tab and navigate to the bottom of the page to terminate coverage as displayed in Exhibit 7.



Exhibit 7 – HealthCare.gov Account Screenshot: Terminate Coverage



- Step 3.** Consumers should select the **End (Terminate) All Coverage** button to end their coverage. Assisters should remind consumers that terminating 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 the **End (Terminate) Dental Coverage** button.
- Step 4.** Consumers should select their household's desired coverage end date.
- Step 5.** Consumers should check the attestation box, then select the red **Terminate Coverage** button. On the "My plans & programs" tab, a red "Terminated" or "Cancelled" status should appear above the plan(s) the consumer ended.

6.2 Ending Marketplace Coverage for Some Household Members on the Plan

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



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 Marketplace.

- 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 gaining citizenship, 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.
- FAQ 4. 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 advance payments of the premium tax credit (APTC) when they file their federal income tax returns.

ⁱ [45 CFR § 155.430](#)