



Overview of the New Change in Circumstances Functionality



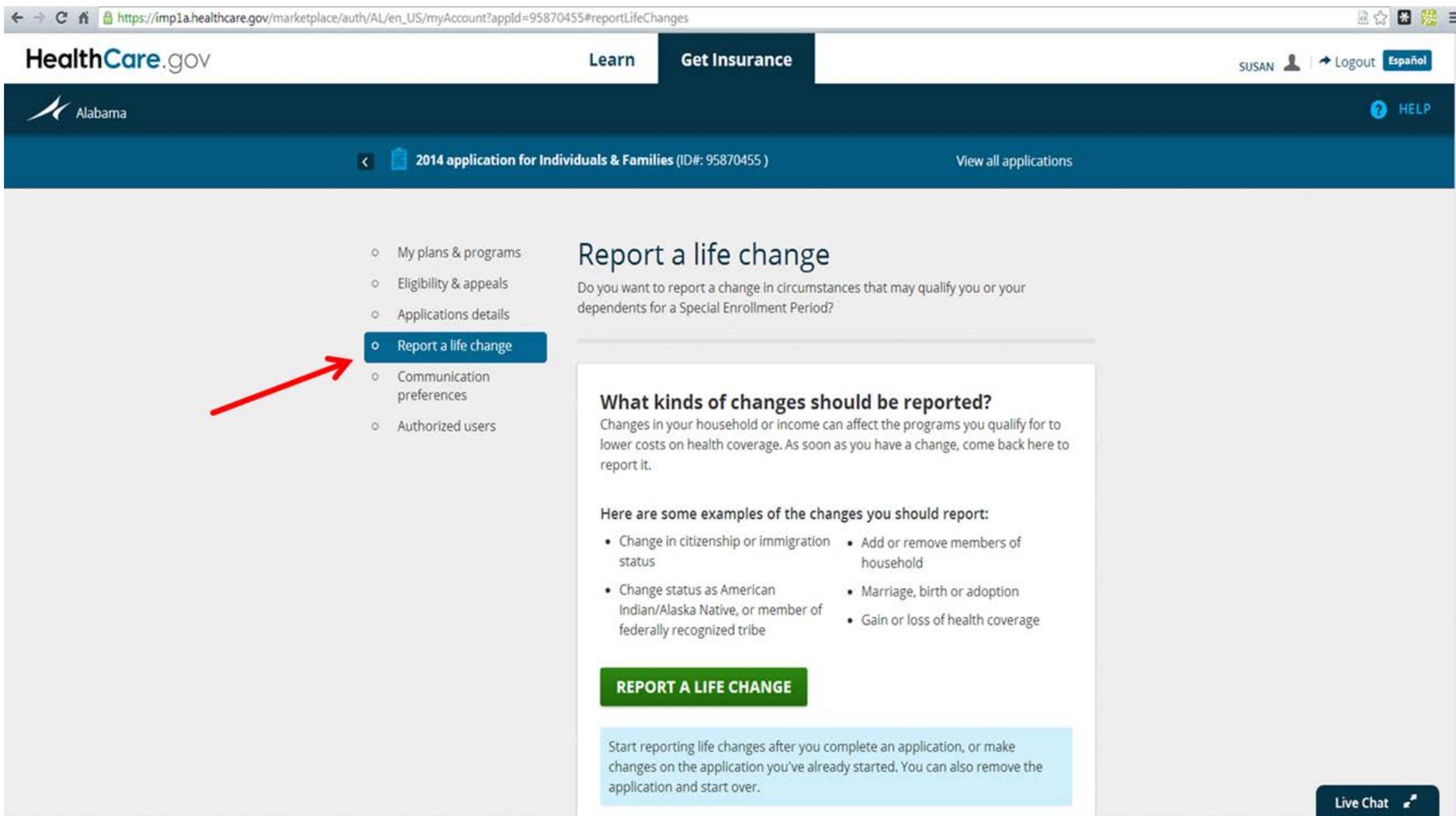
*Center for Consumer
Information and Insurance
Oversight*

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Reportable Changes

Type of Life Change/Change in Circumstance	Where to Report
New person on the application (e.g., birth, marriage)	Marketplace
Relocation to a new zip code or county	Marketplace
Loss of access to other coverage (e.g., employer coverage)	Marketplace
Release from incarceration	Marketplace
Change in citizenship or immigration status	Marketplace
Removal of a person from the application (e.g., death, divorce)	Marketplace
Become incarcerated	Marketplace
New access to other coverage (e.g., employer coverage)	Marketplace
Pregnancy	Marketplace
Change in tax filing status/tax household composition	Marketplace
Change in status as an American Indian/Alaska Native or tribal status	Marketplace
Change in disability status	Marketplace
Correction to name, date of birth (DOB), or Social Security number (SSN)	Marketplace
Increase or decrease in income	Marketplace
Change in contact information, like: <ul style="list-style-type: none"> • Relocation within the same zip code and county • Email address • Phone number • Add or remove phone text alert • Mailing of paper notices 	Marketplace and Issuer

Consumers report changes from within their accounts.



The screenshot shows the HealthCare.gov website interface. The browser address bar displays the URL: https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/myAccount?appld=95870455#reportLifeChanges. The page header includes the HealthCare.gov logo, navigation links for 'Learn' and 'Get Insurance', and user information for 'SUSAN' with a 'Logout' button and a 'Español' language option. The main navigation bar shows the state 'Alabama' and a 'HELP' button. Below this, a breadcrumb trail indicates the user is in a '2014 application for Individuals & Families (ID#: 95870455)', with a 'View all applications' link. The left sidebar contains a list of menu items: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted with a red arrow), 'Communication preferences', and 'Authorized users'. The main content area is titled 'Report a life change' and asks, 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. It includes a section 'What kinds of changes should be reported?' explaining that changes in household or income can affect program eligibility. Below this, it lists examples of changes to report, such as changes in citizenship, household members, status as American Indian/Alaska Native, marriage, and health coverage. A prominent green button labeled 'REPORT A LIFE CHANGE' is visible. At the bottom, a light blue box provides instructions on when to report changes. A 'Live Chat' button is located in the bottom right corner.

HealthCare.gov Learn Get Insurance SUSAN Logout Español

Alabama HELP

< 2014 application for Individuals & Families (ID#: 95870455) View all applications

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

Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

What kinds of changes should be reported?

Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

Here are some examples of the changes you should report:

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

REPORT A LIFE CHANGE

Start reporting life changes after you complete an application, or make changes on the application you've already started. You can also remove the application and start over.

Live Chat

Consumers see the changes they can report.

Report a life change

What kind of change do you want to make?

- Report an enrolled person moving out-of-state
- Add or remove member of household
- Change application information (You'll see a detailed list of changes in addition to the ones below)
 - Get help paying for health coverage
 - Change a name, member of household, or other personal information
 - Report marriage, birth or adoption
 - Report a new job and/or change in income
 - Change a member of your household on tax return
 - Report a gain or loss of health coverage
 - Report moving within the same state to a different Zip code or county
- Change Marketplace contact information only
 - Email
 - Phone number
 - Add or remove phone text alert
 - Start or stop mailing of paper notices
- Change other contact information only
 - Home address within the same zip code and county
 - Mailing address
 - Update authorized representative
- I'm not sure if I need to report changes. I want to see the detailed list of changes

Changes to Communication Preferences are not sent to the issuer.

The screenshot shows the Florida HealthCare.gov website interface. At the top left is the Florida state logo. The top right has a 'HELP' button. Below the header, a navigation bar shows a back arrow, a document icon, and the text '2014 application for Individuals & Families (ID#: 96506511)', along with a 'View all applications' link. A left sidebar contains a menu with options: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change', 'Communication preferences' (highlighted in blue), and 'Authorized users'. The main content area is titled 'Communication preferences' and includes a note: 'All fields are required unless they're marked optional. You can make changes to the way you get Marketplace information. The information on this screen was taken from your application.' Below this is a form with several sections: 'Email address' (ittelumemm-3951@yopmail.com) with an 'EDIT' button; 'Phone number' (202-554-7416) with an 'EDIT' button; 'Second phone number' with an 'ADD' button; 'Notifications' (Email and Text messages to 202-554-7416) with an 'EDIT' button; 'Notices' (HealthCare.gov Message Center and Paper notices sent by mail to: a, FL 33206) with an 'EDIT' button; and 'Preferred spoken language' (English) with an 'EDIT' button. A 'Live Chat' button is located in the bottom right corner.

Florida

HELP

< 2014 application for Individuals & Families (ID#: 96506511) View all applications

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

Communication preferences

All fields are required unless they're marked optional.

You can make changes to the way you get Marketplace information. The information on this screen was taken from your application.

Email address	ittelumemm-3951@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: a a, FL 33206	EDIT
Preferred spoken language	English	EDIT

Live Chat

Information from the “help applying for coverage” page of consumer’s original or previous application will prepopulate. Agents and brokers should confirm the information on this page, or update as necessary.

Apply > Get Results > Get Coverage

Application ID: 96342013 EDIT

- GET STARTED
 - ✓ Privacy policy
 - ✓ Contact information
 - 3 Help applying for coverage**
 - 1 Help paying for coverage
 - 5 Who needs coverage
- FAMILY & HOUSEHOLD
 - INCOME
 - ADDITIONAL INFORMATION
 - REVIEW & SIGN

Help applying for coverage

Tell us if you're getting help from one of these people

- Navigator
- Certified application counselor
- Non-Navigator assistance personnel
- Agent or broker
- None of these people

First name: a Middle *optional*: Last name: a Suffix *optional*: Select...

Organization name *optional*: ID number *optional*:

FFM User ID *optional*: NPN number: 123

SAVE & CONTINUE

Consumers report changes that affect eligibility through a pre-populated version of their application.

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/individualApplication?appId=95870455#getStartedSummary. The page header includes the Alabama logo and navigation tabs for 'Apply', 'Get Results', and 'Get Coverage'. A sidebar on the left lists application steps: 'GET STARTED', 'Privacy policy', 'Contact information', 'Help applying for coverage', 'Help paying for coverage', '5 Who needs coverage', 'FAMILY & HOUSEHOLD', 'ADDITIONAL INFORMATION', and 'REVIEW & SIGN'. The main content area displays the text 'Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.' Below this, two household members are listed: 'SUSAN GRIFFITH' (DOB: 01/01/1943) and 'betty sue' (DOB: 01/01/1999, Relationship: Son/daughter). Each entry has 'EDIT' and 'REMOVE' buttons. At the bottom of the list is a '+ ADD A PERSON' button. A green 'SAVE & CONTINUE' button is located at the bottom right of the page, along with a 'Live Chat' button.

Application ID: 95870455

GET STARTED

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

5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

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
01/01/1943

betty sue [EDIT] [REMOVE]

Date of birth
01/01/1999

Relationship to SUSAN GRIFFITH
Son/daughter

+ ADD A PERSON

SAVE & CONTINUE

Live Chat

New question on financial assistance applications prevent “loopers.”

Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility? *optional*

- SUSAN GRIFFITH
- None of these people

 Were any of these people found not eligible to get Medicaid and Children's Health Insurance Program (CHIP) since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace, and if the family's income or household size haven't changed since the person was found not eligible.

[Learn more about how to answer this question](#)

- SUSAN GRIFFITH
- None of these people

SAVE & CONTINUE

Consumers answers questions that determine their eligibility for an SEP.

Individual Application - ur x

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/individualApplication?appId=95870455#sepLostInsurance

Alabama **Apply** Get Results Get Coverage **HELP**

Application ID: 95870455 **EDIT**

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- + ADDITIONAL INFORMATION
 - 1 Other questions
- REVIEW & SIGN

Did any of these people recently lose health coverage? *optional*

SUSAN GRIFFITH

When did SUSAN GRIFFITH lose health coverage?



MM/DD/YYYY

None of these people

SAVE & CONTINUE

Live Chat 

If the consumer is eligible for an SEP, their eligibility determination notice will contain SEP eligibility language.

Sample SEP eligibility notice for February 7 triggering life event gives 60 days to choose plan

Dear SUSAN:

Thank you for reporting a change in circumstance to the Marketplace.

What are the results of my application?

Review the table below with your eligibility results.

Family Member(s)	Results	
SUSAN GRIFFITH	<ul style="list-style-type: none">Eligible for a special enrollment period	
SUSAN GRIFFITH	<ul style="list-style-type: none">Eligible to purchase health coverage through the Marketplace, but more information is needed	<ul style="list-style-type: none">

- If the table above says you are eligible for a special enrollment period, April 7, 2014 is the last day to choose a health plan. To make a selection, visit HealthCare.gov/marketplace to compare health plans side by side, or call 1-800-318-2596 (TTY: 1-855-889-4325).
- If you miss the deadline, you may not be able to enroll in a health insurance plan through the Marketplace until the next open enrollment period, starting November 15, 2014, unless you qualify for another special enrollment period.

QHP-eligible consumers then proceed to the enrollment to-do list page.

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/toDoList?a=95870455. The page title is "Enroll To-Do List" and the status is "You're not enrolled yet." Below this, a red warning box contains a triangle icon and text explaining that users should use the table below to find out when their coverage will start, noting that changes made after a certain date will affect the start date. The table, titled "Coverage Start Dates", lists five rows of confirmation periods and their corresponding coverage start dates. At the bottom, there are two task cards: "Answer questions about your household" with a green "SET" button, and "Select a health insurance plan" with a grey "LOCKED" button.

Enroll To-Do List

You're not enrolled yet.

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

⚠ Use the table below to find out when your coverage will start. You can make changes as long as your plans coverage hasn't started - but any changes you make may change your coverage start date. For example, if you want your coverage to start on January 1, 2014, you should confirm your plan(s) by December 24, 2014. The earliest your coverage could start if you make changes after that date is February 1, 2014.

Coverage Start Dates

If you confirm your plan(s) between these dates:	Your coverage start date will be*:
Oct 01, 2013 - Dec 24, 2013	Jan 01, 2014
Dec 25, 2013 - Jan 15, 2014	Feb 01, 2014
Jan 16, 2014 - Feb 15, 2014	Mar 01, 2014
Feb 16, 2014 - Mar 15, 2014	Apr 01, 2014
Mar 16, 2014 - Mar 31, 2014	May 01, 2014

*To activate your new health coverage, you must pay your first months premium by your plans due date. Your plan will contact you in the next few days on how to pay, or you may visit your plan online to make your payment if your plan accepts online payment

Choosing a Health Plan

Answer questions about your household. ? Explain this task	SET
Select a health insurance plan 1 ? Explain this task	LOCKED

The consumer can adjust the amount of APTC, regardless of SEP eligibility.

Plan Select - Set premium x Federal Poverty Guidelines x

https://imp1a.healthcare.gov/marketplace/auth/AR/en_US/planCompare?a=95563911#aptcAllocation

Application Eligibility Results Enroll HELP

Set Premium Tax Credit

Set premium tax credit amount for SUSAN

SUSAN is currently eligible for **\$393 each month** (\$4,716 for the year).

Getting a new job, having a baby, or [other life changes](#) can affect the amount of your premium tax credit. Keep this in mind as you decide how much of your tax credit to use to lower your monthly premium.

Do you want to use all of your \$393 premium tax credit each month?

YES NO

Change the tax credit amount you want to use each month by sliding the arrow on the bar OR typing an amount in the monthly tax credit box. You can use up to \$393 toward monthly premium (for the year) credit on your federal income tax return

Monthly usage:

\$0/month \$393/month

$\$393/\text{month} \times 12 \text{ months} = \$4716 \text{ towards monthly premiums}$
 $+ \$0 \text{ tax credit on your Federal tax return}$

\$4716 total premium tax credit

Live Chat

Consumers eligible for SEPs can select from all QHPs available in their service area.

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455&g=6bba5cb9-1e33-4222-bb72-c6e94c90bd8a#planResults. The navigation bar includes 'Application', 'Eligibility Results', and 'Enroll'. Below the navigation bar, there are filters for 'Select a health plan for Group 0', 'Eligible Plans', 'Saved Plans 0', and 'Compare plans 0'. A warning message states: 'If you confirm your plan today, your coverage start date will be 03/01/2014.' The main content area displays '6 health plans' with a 'Sort by ...' dropdown. The first plan is 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze'. It includes a 'Compare' checkbox, a 'Save' checkbox, and 'DETAILS' and 'ENROLL' buttons. The plan details are as follows:

Plan ID: 46944AL0460001	PPO	Bronze	National provider network
Monthly premium \$487.91/mo.	Deductible \$6,350 group total	Out-of-pocket maximum \$6,350	Copayments / Coinsurance No Charge After Deductible Primary doctor No Charge After Deductible Specialist doctor \$20 Generic prescription

Additional information for the plan includes 'Dental: Child', 'Plan Brochure', 'Summary of Benefits', and 'Provider directory'. A 'Show more +' button is located below the plan details. The second plan, 'Blue Cross and Blue Shield of Alabama Blue Value', is partially visible at the bottom of the screen.

Consumers not eligible for an SEP will be limited to confirming only their existing plan.

Plan Select - Enrollment x

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/toDoList?a=96932155

*To activate your new health coverage, you must pay your first months premium by your plans due date. Your plan will contact you in the next few days on how to pay, or you may visit your plan online to make your payment if your plan accepts online payment

Choosing a Health Plan

Answer questions about your household.	? Explain this task	LOCKED
Select a health insurance plan 1	? Explain this task	LOCKED
Set up your dental plan preferences (optional)	? Explain this task	LOCKED
Select a dental insurance plan 1 (optional)	? Explain this task	LOCKED
Review and confirm your coverage	? Explain this task	SET

Live Chat

Once consumers select or confirm a plan, the Marketplace will automatically notify the insurance company of the confirmed plan.

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455#enrollmentComplete. The page has a dark blue header with a navigation bar containing three steps: 'Application' (checked), 'Eligibility Results' (checked), and 'Enroll' (active). A 'HELP' link is visible in the top right. The main content area is titled 'Enroll to-do list'. A green notification box with a checkmark icon says 'Congratulations! You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).' Below this, under the heading 'Your Plans For SUSAN', there is a white box for the 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze Health Insurance plan for SUSAN'. This box contains an orange warning box with a triangle icon and text: 'To activate your new coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days with details on how to pay, or visit your health plan online to make your payment now if your plan accepts online payment. Your payment must be received and processed by the effective date to be fully enrolled. Contact the plan's customer service if you have any payment questions or issues. Don't send payment to the Health Insurance Marketplace.' Below the warning box, it lists 'Submit Payment to Blue Cross and Blue Shield of Alabama' with 'Amount Due: \$487.91' and 'Customer Service: 18882672955'. It also states 'Your plan will confirm your final premium amount with you.' and 'Estimated Effective Date: 03/01/2014'. At the bottom of this box is a green button labeled 'PAY FOR HEALTH PLAN'. In the bottom right corner of the page, there is a 'Live Chat' icon.

Plan Select - Enrollment T

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455#enrollmentComplete

Application Eligibility Results Enroll

HELP

Enroll to-do list

Congratulations!
You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).

Your Plans

For SUSAN

Blue Cross and Blue Shield of Alabama Blue Saver Bronze Health Insurance plan for SUSAN

To activate your new coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days with details on how to pay, or visit your health plan online to make your payment now if your plan accepts online payment. Your payment must be received and processed by the effective date to be fully enrolled. Contact the plan's customer service if you have any payment questions or issues. Don't send payment to the Health Insurance Marketplace.

Submit Payment to Blue Cross and Blue Shield of Alabama Customer Service: 18882672955

Amount Due: \$487.91

Your plan will confirm your final premium amount with you.

Estimated Effective Date: 03/01/2014

PAY FOR HEALTH PLAN

Live Chat

Consumers can see their existing and past enrollments under “My plans & programs.”

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/myAccount?appId=95870455&type=INDV. The page header includes the HealthCare.gov logo, navigation links for "Learn" and "Get Insurance", and a user profile for "SUSAN" with "Logout" and "Español" options. A dark blue banner displays the "Alabama" logo and a "2014 application for Individuals & Families (ID#: 95870455)" with a "View all applications" link. The main content area features a left-hand navigation menu with items: "My plans & programs", "Eligibility & appeals", "Applications details", "Report a life change", "Communication preferences", and "Authorized users". The "MY COVERAGE" section contains two entries for "Blue Cross and Blue Shield of Alabama Blue Saver Bronze" under the name "SUSAN": one with a status of "Initial enrollment" and another with a status of "Terminated". Below this is a prominent blue button labeled "PAY YOUR FIRST PREMIUM". At the bottom, a white box titled "Need to remove your application?" provides instructions and a link to "Learn more before removing this application." A "Live Chat" button is visible in the bottom right corner.

HealthCare.gov Learn Get Insurance SUSAN Logout Español

Alabama

2014 application for Individuals & Families (ID#: 95870455) View all applications

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

MY COVERAGE

My plans & programs

Blue Cross and Blue Shield of Alabama Blue Saver Bronze
SUSAN
Status: Initial enrollment

Blue Cross and Blue Shield of Alabama Blue Saver Bronze
SUSAN
Status: Terminated

PAY YOUR FIRST PREMIUM

Need to remove your application?

You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)

Live Chat

Coverage Effective Dates

Type of Consumer-Initiated Change	Plan Selection Date	Effective Date
Not eligible for an SEP Note: Dates apply only during initial open enrollment in the individual market	Between the 1 st and 15 th day of the month	First day of the following month
	Between the 16 th and last day of the month	First day of the second following month
Eligible for the following SEPs: 1. Move to a new exchange service area 2. Release from incarceration 3. Becoming lawfully present 4. Gain status as an Indian	Between the 1 st and 15 th day of the month	First day of the following month
	Between the 16 th and last day of the month	First day of the second following month
Loss of minimal essential coverage (MEC) – e.g., lost job, employer stopped coverage, and gaining a dependent through marriage	Any day of the month	First day of the following month
Future loss of MEC (loss up to 60 days in the future)	Any day of the month	First day of the month following the date of the loss of MEC
Birth, adoption, or placement for adoption or foster care SEP	Any day of the month	Day the child was born, adopted, or placed for adoption or foster care