

Redetermination, Re-enrollment, and  
Changes in Circumstances  
Video Transcript

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2023

Assister Readiness  
Webinar Series

**This document is a transcript of the Marketplace Assister Technical Assistance Webinar.**

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## Disclaimer

Welcome to today's Assister Readiness Webinar Series training video. Let's get started. This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors. In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions.

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The 2023 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training. This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of 2023 Open Enrollment, or OE. Each weekly installment includes three pre-recorded educational modules.

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### **Week 1 - Helping Consumers Apply at HealthCare.gov**

- Preparing Consumers to Apply
- Creating and Submitting Applications
- Application Assistance Simulation

## Week 2 - Helping Consumers Enroll at HealthCare.gov

- Assisting Consumers with Enrollment
- Plan Comparison and Selection Simulation
- Redetermination, Re-enrollment, and Changes in Circumstances

### Introduction

Hi. My name is Blair, and I'll be guiding you through today's training: Redetermination, Re-enrollment, and Changes in Circumstances.

Consumers who are enrolled in qualified health plans, or QHPs, may be eligible to re-enroll during the following plan year. In addition, changes in circumstances—like a move or a new job—may affect consumers' eligibility for certain QHPs or financial assistance through the FFMs. Let's review how you can help consumers in these scenarios.

We will cover: Re-enrollments and Changes in Circumstances, Notice to Consumers, Re-determination, and Changing Advance Payments of the Premium Tax Credit (APTC) Amounts.

### Helping Consumers Renew QHP Coverage or Select a New QHP

Some consumers you help will already have experience with health coverage through an FFM and will need your help re-enrolling.

You can assess consumers' needs by asking certain questions, like: Do you currently have a Marketplace plan? Do you use it? What was your experience like? And, what questions do you have about using your current plan?

### Annual Redetermination of Eligibility for Health Coverage Through an FFM

Consumers who are already enrolled in a QHP through an individual market FFM generally don't need to complete a new application to be re-enrolled in coverage in the new year. However, it is strongly recommended that consumers update their Marketplace applications during OE to make sure their eligibility information is up to date—even if they believe they have no changes to report. You may also encourage consumers to check whether other plan options might be a better fit for their needs during OE or following a change in circumstance.

Remember, consumers are required to report any changes that may affect their eligibility for QHP coverage, APTC, and cost-sharing reductions, or CSRs, within 30 days of the change.

### Marketplace Open Enrollment Notice

Before OE, the Marketplace sends Marketplace Open Enrollment Notices, or MOENs, to consumers to remind them about important dates and encourage them to update their applications during OE.

You should tell consumers to review their notices and return to the FFMs during OE to make sure their information is accurate and up to date.

Consumers who wish to re-enroll in a plan should always check if it still meets their needs before re-enrolling.

Consumers may also receive a notice from their issuer summarizing their coverage for the upcoming coverage year.

These notices indicate whether a consumer's current plan has changed or can be renewed. The issuer may also include an estimated APTC amount for the upcoming coverage year, but consumers can find the actual APTC amount on their eligibility notice. Otherwise, the issuer must include this information in the next bill or in an ad-hoc notice.

## Interpreting the Marketplace Open Enrollment Notice

The FFM sends a MOEN to all current QHP enrollees unless they terminate their coverage and an FFM has a termination request on file.

These notices inform current enrollees:

1. Whether they are required to take any action.
2. Upcoming OE dates and other key dates for enrollment and coverage effectiveness.
3. What to do next depending on whether their plan options change or stay the same.
4. When to report changes in circumstances and what types of changes to report on a Marketplace application.

The MOEN also contains special messaging for enrollees with outstanding data matching issues, or DMIs, and those at risk for losing all APTC in the new coverage year.

These at-risk enrollees include those who:

- Did not authorize an FFM to check IRS data for annual eligibility redeterminations, or
- Were auto-re-enrolled by the FFM for the past two coverage years and have no recent IRS data available.

The notice advises consumers to return to their application for updated eligibility results. If consumers do not update their application by December 15 of the current coverage year to obtain updated eligibility results, any APTC and CSRs they receive will end on December 31, and their existing QHP will be renewed for the following coverage year without APTC and CSRs, if the plan is available and can be renewed.

Some consumers may lose eligibility for APTC due to an expired household income DMI. In many cases, these consumers qualify for a Special Enrollment Period, or SEP, after updating their household income. They may also receive a future (not retroactive) effective date of APTC if they are eligible.

## Re-enrollment: Situations You May Encounter

Consumers in different situations may have questions about the redetermination and re-enrollment process. Let's go over a couple of different scenarios so you know how to respond.

Scenario 1. If a consumer with existing QHP coverage updates her estimated annual household income on her Marketplace application during OE and is determined QHP-eligible, she should compare available plans and select the plan that best meets her needs.

The Marketplace will re-determine the amount of APTC and CSRs she is eligible to receive during the upcoming year based on her attested annual household income, her family size, updated federal poverty guidelines, and benchmark plan information.

Scenario 2. If a consumer with existing QHP coverage does not contact the Marketplace to update their application information and receive updated eligibility results during OE, the Marketplace may use the most recent income information available to determine the amount of APTC and CSRs they may be eligible for during the upcoming year.

For example, the Marketplace may consider the consumer's verified income and family size from their most recent application along with updated federal poverty guidelines and benchmark plan information.

Scenario 3. If a consumer with existing QHP coverage does not want their coverage to continue into 2023, they can opt out of auto re-enrollment by logging into their account before December 31, 2022, selecting their existing application, and selecting the Stop Coverage for 2023 button. Note: All Marketplace coverage will end on December 31, 2022.

## Profile Updates

Consumers often ask how reporting changes to an FFM might affect their eligibility. Marketplace *profile* updates do not affect consumers' eligibility. Consumers can update their Marketplace profile by logging into their Marketplace account and selecting **My Profile**. This will open their profile information and allow them to edit it.

## Application Changes

Marketplace *application* changes, however, could affect their eligibility for health coverage as well as their eligibility for financial assistance.

When consumers change or update their application information, the Marketplace verifies the new information and re-determines each applicant's eligibility. A change could mean that consumers qualify for different health coverage or for a different amount or type of financial assistance.

For example, consumers receiving APTC and CSRs who experience a decrease in household income or an increase in household size may be eligible to receive additional help paying their QHP premiums or out-of-pocket costs or become newly eligible for Medicaid or CHIP. Consumers receiving APTC who experience an increase in household income or a decrease in family size may be eligible for a lower amount of APTC and CSRs. Consumers are required to report changes in circumstances to the FFMs within 30 days of the change. Consumers who report changes on time can receive the maximum benefits they are eligible for and can avoid needing to pay back excess APTC at tax filing.

For help estimating annual income, consumers can use the Income Calculator at HealthCare.gov. There is a link to this tool in the income section of the application.

## Changes in Circumstances and Special Enrollment Periods.

Reporting changes to the Marketplace may allow consumers to newly enroll in or change QHPs during an SEP.

SEPs typically give consumers 60 days from the date of a qualifying event to select a plan and provide an opportunity for consumers to enroll in coverage outside of OE.

In 2022, a new SEP is available to eligible lower-income consumers that allows them to enroll in Marketplace coverage or change their Marketplace coverage once per month, if they so choose. Consumers are eligible for this SEP if they have an estimated annual household income at or below 150 percent of the FPL and are APTC-eligible. Consumers who qualify for this SEP may also qualify for more savings. This SEP will be available to consumers in states that operate under the Health Insurance Marketplace® and use HealthCare.gov. State-based Marketplaces, or SBMs, that operate their own eligibility and enrollment platforms also have the option to offer this SEP.

This SEP will continue to be available during any period of time when these individuals are expected to contribute zero percent of their annual household income towards premiums, such as under changes introduced in the American Rescue Plan Act of 2021.

Beginning with Plan Year 2023, consumers are **no longer required** to submit supporting documents to verify SEP eligibility for gaining or becoming a new dependent due to marriage, adoption, placement for adoption, placement in foster care, or through a child support order or other court order; permanent move; or Medicaid/CHIP denial.

Consumers who are newly enrolling in Marketplace coverage during an SEP due to loss of qualifying health coverage, also known as minimum essential coverage, or MEC, are **still required** to submit supporting documents that show they lost coverage within the previous 60 days or will lose coverage within the next 60 days.

Consumers who are currently enrolled and want to change to a different QHP during certain SEP types may have limited QHP options. For example, a consumer may be able to select a new plan, but that plan may need to be within the same metal level as the consumer's current QHP coverage, including Bronze, Silver, Gold, or Platinum.

If consumers do not qualify for an SEP, and OE for the current coverage year has already passed, they generally must wait for OE to enroll in or change QHPs.

Effective dates of coverage for SEPs generally depend on the type of SEP.

For many SEPs, like loss of qualifying coverage, marriage, and change in primary place of living, coverage starts on the first of the month after plan selection.

For consumers who will lose coverage in the future, coverage starts on the first of the month after their existing coverage ends and they pick a new plan.

Other SEPs, including certain SEPs resulting from life changes like newly gaining or becoming a dependent, have an effective date of coverage retroactive to the date of the qualifying event. Consumers who do not want a retroactive effective date of coverage can call the FFM Call Center to request their coverage take effect on the first day of the month following the date of plan selection, based on normal coverage effective dates.

Here are some key tips you should remember when assisting consumers who experience changes in circumstances.

- Consumers can apply for Medicaid and CHIP at any time, not just during OE or an SEP.

- If consumers' coverage is terminated because they didn't pay their premiums, this loss of coverage does NOT qualify them for an SEP.
- Consumers with certain exceptional circumstances may qualify for an SEP that allows them to start coverage on a retroactive date. For example, individuals affected by an emergency or major disaster may be able to start coverage retroactively if, because of the emergency or disaster, they were unable to enroll during OE or an SEP for which they were qualified.

## SEP Screener Tool

Many consumers may not realize they may be eligible for an SEP. You can help consumers access the SEP Screener Tool at HealthCare.gov to determine whether they may be eligible for an SEP before they make changes to their application.

In a previous training module, we helped Lori and John Gomez enroll in a QHP. Last month, Lori and John welcomed a new baby into their family. Lori wants to add this new family member to their Marketplace plan and needs help determining whether they qualify for an SEP.

Lori, first you should enter your ZIP code in the SEP Screener Tool and select the **Check First** button.

On the next screen, since you want to see if you qualify for an SEP based on a recent life change, you should select the first option, then select the **Continue** button.

Lori, next you'll need to answer a few screening questions about your household to determine whether you have a qualifying event for an SEP. Select the box to indicate that you and John had a baby since February 7, 2023, then select the **Get Results** button.

It looks like you may qualify for an SEP!

Remember, Lori, the SEP Screener Tool isn't an application for health coverage. The SEP Screener Tool will quickly tell you whether you qualify for an SEP, Medicaid, or CHIP. Select the **Start or update an application** button to log into your Marketplace account and report a change in circumstance.

## Report a Life Change

Now that you have logged into your account, navigate to the "My Applications & Coverage" screen and select your most recent application under the "Your existing applications" section. Select the **Report a life change** option from the menu on the left. After you review the "What kind of changes should I report?" section, we'll follow a few steps to report your life change.

## Type of Life Change

Here you should select **Report a change in my household's income, size, address, or other information** and then select the **Continue** button to proceed to the application.

## Add a Person

Next, select the box next to each attestation and select the **Take me to the Application** button.



## Review Your Information

Lori, reporting a life change means you'll need to review your entire application and make changes to add a new member to your household.

Select the **Continue to application** button to update and review your application.

## Add a Person

Select the **Add a person who needs coverage** button and add your newborn's information. The middle name and suffix are optional. However, keep in mind that providing this information is a best practice to make sure your application is accurate and complete. You will also need to add how you and John are related to the newborn. Select **Child (including adopted children)** from the drop-down list.

## Updating Family and Household Section

You should provide any additional information as needed and add your electronic signature to attest that the information is accurate and complete.

Congratulations, Lori! Now you've successfully added your newborn daughter to your Marketplace application. You'll proceed through the application and receive updated eligibility results. Your eligibility determination notice, or EDN, will provide next steps to enroll or change plans, if applicable.

## Termination of Coverage

Consumers can terminate their QHP coverage through an FFM at any time. They don't need to wait for OE or an SEP. Consumers may want to terminate coverage when, for example, they become eligible for other coverage that qualifies as MEC, such as Medicare, Medicaid, CHIP, or job-based coverage. Consumers also have the option to terminate only their stand-alone dental plan, if they have one, but keep their health plan coverage.

In some cases, enrollee-initiated terminations are effective on the date consumers request the termination or on another prospective date consumers select. You should let consumers know that terminating coverage will end coverage through their QHP and dental plans.

Consumers can terminate coverage for everyone on an application by logging into their Marketplace account. Consumers who only want to terminate coverage for some people on an application should call the Marketplace Call Center BEFORE they update their existing application to make sure coverage ends on the right date. Consumers will receive a termination notice from their issuer.

## Assisting Consumers Who Want to Switch to a Different QHP

Consumers can also switch from one QHP to another during OE or certain SEPs, depending on the qualifying event. However, some SEPs limit plan choices. Consumers who qualify for an SEP and want to switch their QHP may only have a select number of plans to choose from based on their SEP type. Also, any consumer who selects a new plan may have their accumulators, such as deductibles, reset to zero.

Here are the steps consumers can take to change QHP coverage in an FFM: Log into their Marketplace account, go to "My Plans & programs," and select the **Change Plans** button. In "Plan Compare," select and confirm a new QHP and dental plan, if desired.

If consumers select a new plan after terminating their previously selected coverage, their health coverage may have a later start date than it would have had under their initial plan selection, possibly resulting in a gap in coverage.

## Change Amount of APTC

What if consumers want to change the amount of APTC they use during the coverage year?

Consumers may make these changes throughout the year, including during OE.

If consumers decide to increase the amount of APTC they are applying to their monthly premiums – up to the maximum amount they've been determined eligible for – be sure to let them know that they or the taxpayer who claims them as a dependent may owe any excess APTC amount they apply if their federal income tax return shows that they earned more money than they estimated on their Marketplace application.

You should also remind consumers about the importance of reporting changes in income and other eligibility factors to the FFM as soon as possible, but no more than 30 days after the change.

These changes may affect their eligibility for enrollment in QHPs in an FFM and for APTC and CSRs. The screen lists common scenarios that affect QHP and financial assistance eligibility.

The FFMs automatically update consumers' eligibility for enrollment in QHP coverage, APTC, and CSRs when they report a change.

You can assist consumers who wish to change the amount of APTC they receive by helping them log into their Marketplace account at HealthCare.gov and report a life change, get updated eligibility results, decide how much APTC they'd like to apply to their chosen plan, and compare plan premiums.

Consumers should also review how changing the amount of APTC will affect their premiums. You should help consumers make informed decisions about the amount of APTC they want to use.

Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums rather than getting a tax credit when they file their federal income tax returns.

Other consumers may want to take less than the full amount because they expect to make more money in the coming year and don't want to have to pay back any excess APTC they received when they file their federal income tax returns.

You can remind consumers that if they don't use any of APTC that they're eligible for, they will pay their full monthly premiums, but they may get a tax credit when they file their federal income tax returns.

## Key Points

Here are the key points to remember:

During OE, existing enrollees should return to the FFMs, make sure their information is up to date, allow the FFMs to check updated tax data, get updated eligibility results, and shop for a QHP for the upcoming coverage year.

Consumers may seek your help with enrollment, re-enrollment, or changes to their or application during OE or throughout the year, including reporting a change in circumstance or setting and changing the amount of APTC they use during a coverage year.

You should be prepared to help consumers who are no longer eligible for financial assistance or enrollment in a QHP by providing them with basic information and resources they can use to learn about other coverage options.

## Conclusion

Congratulations on completing the *Redetermination, Re-enrollment, and Changes in Circumstances* module of the Assister Readiness Webinar series!

This completes the pre-recorded content for Week 2: Helping Consumers Enroll in Coverage.

Feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

### **Visit:**

Assister Readiness Webinar Series Resources

### **For topical questions about this presentation:**

Navigators please contact your Project Officer directly

CACs can email the CAC Inbox at [CACquestions@cms.hhs.gov](mailto:CACquestions@cms.hhs.gov)

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<https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

### **Assister webinars:**

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We hope you will join us then!