

# Reporting Life Changes: Terminating a Marketplace Plan

Microlearning Transcript



# Terminating a Marketplace Plan

## Let's Get Started

It's Over: Marketplace enrollees may ask you for help with ending their Marketplace coverage.

In this module, you'll practice helping consumers end coverage for all or some household members at HealthCare.gov.

Before you complete this module, you should review

- [Standard Operating Procedures \(SOP\) 13 - Update a Marketplace Account](#) for information on helping consumers end their Marketplace coverage.

You can also review

- [How to Cancel Your Marketplace Plan](#) at HealthCare.gov for step-by-step instructions based on consumers' specific circumstances.

## What You Need to Know

### Terminating Coverage vs. Canceling Coverage

Before you get started, let's review a couple of key terms. Can you recall the difference between terminating and canceling Marketplace coverage?

#### Terminate Coverage

When coverage ends for a consumer after their coverage effective date, resulting in a period during which the individual was enrolled in a qualified health plan (QHP).

#### Cancel Coverage

When coverage ends for a consumer before or on the date their enrollment became effective, resulting in their enrollment never having been effective. Coverage cancellations can occur when consumers end their coverage before their coverage effective date, or when an insurer retroactively cancels a consumer's coverage back to the coverage effective date.

Consumers can terminate a Marketplace plan at any time and for any reason. For example, they might accept a new job and enroll in employer-sponsored coverage (ESC). Or perhaps they've become newly eligible for Medicaid or Medicare. Some consumers may simply want to end their coverage. Regardless of the reason, you should be ready to help.

Now let's review some real-world scenarios you may encounter when consumers decide to terminate their Marketplace coverage.

## What You Need to Do

When terminating a plan, what do consumers need to remember?

Here are some real-world scenarios you may encounter when working with consumers.

Read each one and determine what steps the consumer must take to terminate their Marketplace plan for everyone on the account or just one person on the account.

Your first appointment of the day is with Maria and her husband Juan, who are enrolled in a Marketplace plan with financial assistance on the same application. In April, Maria received an offer of employer-sponsored coverage (ESC), and the ESC covers spouses and dependents, so Juan can enroll in the ESC as well. The ESC will begin on May 1. Maria used the [Employer Coverage Tool](#) to determine that her offer of ESC is affordable and meets the minimum value standard. Therefore, Maria and Juan are no longer eligible for financial assistance and would like to enroll in the ESC instead.

Maria and Juan need your help ending their Marketplace coverage. They've brought in a notice from Maria's employer confirming that her offer of ESC will begin on May 1.

Question 1:

Consumers who receive an offer of ESC that is affordable and meets the minimum value standard should end their Marketplace coverage immediately. True or False?

False. Consumers *should not* end their Marketplace plan before they know exactly when their new health coverage will begin. If they terminate their Marketplace coverage before their new coverage begins, they may experience a gap in coverage. For more information on how to cancel a marketplace plan, visit: <https://www.healthcare.gov/how-to-cancel-a-marketplace-plan>.

Question 2:

Consumers enrolled in Marketplace coverage who then receive an offer of ESC that is affordable and meets the minimum value standard, and who want to enroll in the ESC instead:

- A. Cannot terminate their Marketplace coverage until after their ESC begins.
- B. Must wait until the Marketplace asks them to terminate their Marketplace coverage.
- C. Should set a termination date for their Marketplace coverage for the day before their ESC is set to begin so they can avoid both gaps and overlaps in coverage.

Correct answer: C

Once a consumer knows exactly when their new coverage will begin, they should terminate their Marketplace coverage for the day before their new coverage is set to begin so they can avoid both gaps and overlaps in coverage.

Since Maria and Juan know their new coverage will start on May 1, let's continue to help them end their Marketplace plan.

Maria logs into her Marketplace account. What should she select to access her current application?

She should select 2023 Delaware application for Individual & Family Coverage.

What should Maria select to end her coverage?

Maria needs to select the My plans & programs option in the left menu, which provides her plan information.

You're almost there!

From the "My plans & programs" screen she should select the End (Terminate) All Coverage button.

Finally, Maria and Juan must select a desired coverage end date, check the attestation box, and select the Terminate Coverage button to terminate their coverage.

Remember, Maria and Juan's ESC will start on May 1. What date should they enter as their desired termination date so that they don't experience a gap or overlap in coverage? The correct answer is 04/30/2023. They must then check the attestation box and select the Terminate Coverage button.

On the "My plans & programs" screen, a "Status: Terminated" banner should appear above the plans Maria and Juan ended.

Great work! You've successfully helped consumers terminate coverage for all members on a health plan.

Now, let's help another family terminate coverage for only one household member on their application.

Ada, her husband Chi, and their son Chuck are enrolled in a Marketplace plan together on the same application. However, Chuck just graduated from college, started his first job, and has enrolled in employer-sponsored coverage offered by his new employer that is affordable and meets the minimum value standard. Ada and Chi need your help removing Chuck from their Marketplace plan.

Ada and Chi will continue to claim Chuck as a tax dependent on their federal income tax return, and they would also like to keep their existing plan. Therefore, they will need to keep Chuck on their application and switch his status to a non-applicant.

How should you advise Ada and Chi?

Select the correct answer.

- A. Advise them to report a life change to change Chuck's status to non-applicant, and then call the Marketplace Call Center to make sure Chuck receives his desired coverage end date.
- B. Inform them that they cannot remove Chuck from their plan until Open Enrollment.
- C. Inform them that they must qualify for a Special Enrollment Period (SEP) to remove Chuck from their plan.

Correct answer: A

Ada and Chi should report a life change and report that Chuck no longer needs coverage. They should also continue to keep Chuck on their application since he's still their tax dependent but switch him to non-applicant status since he no longer needs coverage through the Marketplace.

When terminating coverage online for some, but not all, individuals on an application, the termination effective date can sometimes be hard to predict. To best ensure Chuck receives his desired coverage end date, you should advise Ada and Chi to contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Assister Tip: If consumers are ending coverage for some, but not all, people on the application, in most cases their coverage will end immediately. But in some cases, coverage will not end immediately, including when the household members who remain enrolled in coverage qualify for an SEP. Therefore, the best way to make sure coverage ends on the desired date is to contact the Marketplace Call Center and request the change.

Good job on those scenarios!

## Wrap Up

Congratulations! You have completed Terminating a Marketplace Plan.

We hope these exercises have helped to familiarize you with the process of helping consumers end their Marketplace coverage at HealthCare.gov.

Remember:

- Consumers ending coverage for everyone on the application can have their termination take effect as soon as the day they take action with the Marketplace, or they can set the Marketplace coverage end date to a day in the future—like if they know when their new coverage will start.
- If consumers want to end coverage for some, but not all, people on a Marketplace application, they can change their status to a non-applicant or remove them from the application entirely if the person is no longer part of their tax household (like in cases of death or divorce). Additionally, you may want to advise consumers to contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to confirm the coverage end date for individuals who no longer need Marketplace coverage. Calling the

Marketplace Call Center will ensure consumers avoid any potential gaps in coverage by making sure coverage ends for the right individual(s) on the desired date(s).

- It's important to advise consumers that they should not end their Marketplace plan until they know when their new coverage starts.

#### Remove Member Change in Circumstance Video

For a video on removing a household member from a streamlined HealthCare.gov application when reporting a life change, visit [Streamlined Marketplace Application Drilldown – Remove Member Change in Circumstance \(CiC\)](#).

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