

Overview of the New Change in Circumstances Functionality



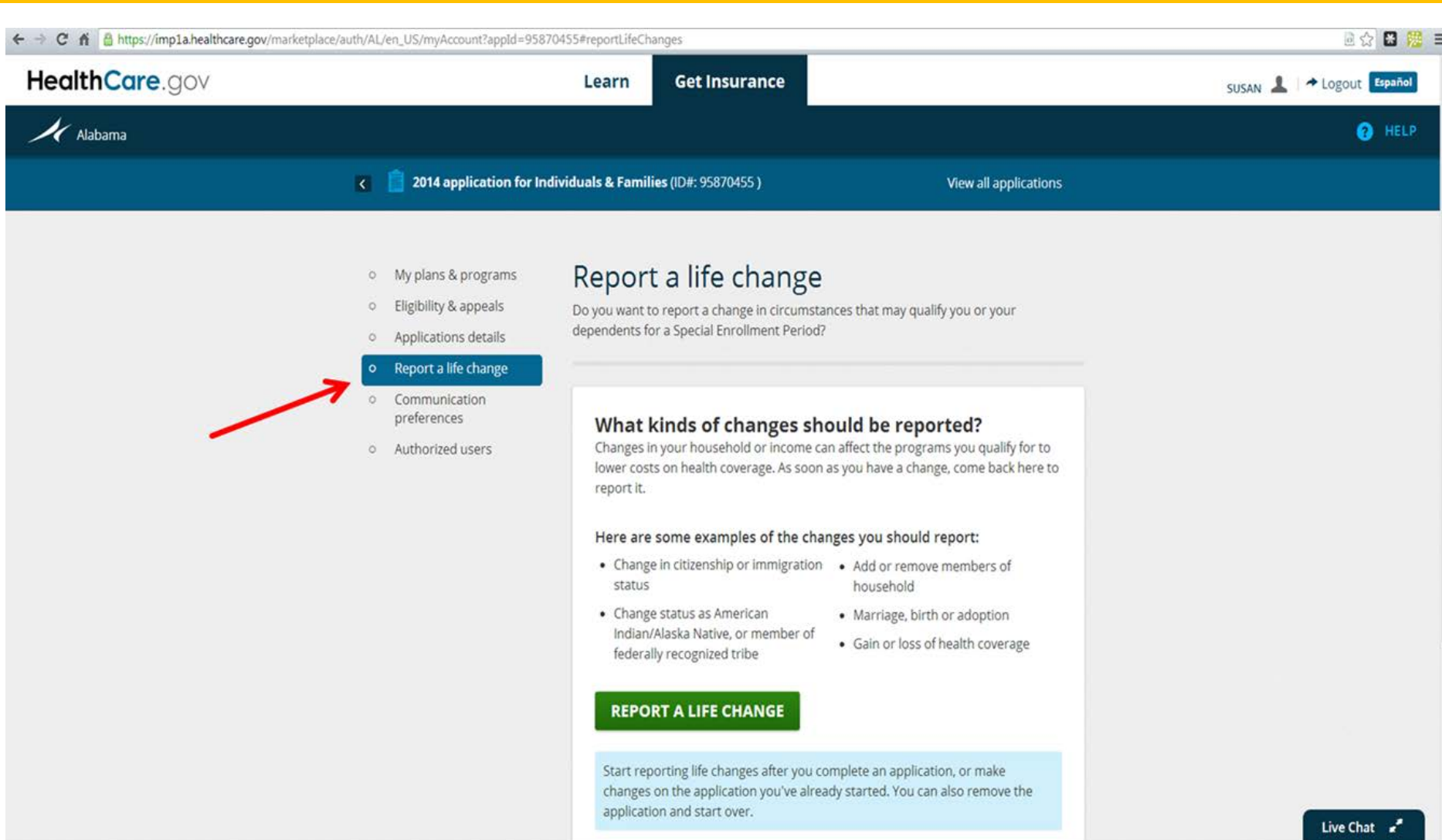
*Center for Consumer
Information and Insurance
Oversight*

March 24, 2014

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: • 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. A dark blue banner below the header displays the state 'Alabama' and the user's application status: '2014 application for Individuals & Families (ID#: 95870455)', with a link to 'View all applications'. On the left, a sidebar menu lists several options: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (which is highlighted with a blue background and a red arrow pointing to it), '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?'. Below this, a section titled 'What kinds of changes should be reported?' explains that changes in household or income can affect program eligibility and provides a list of examples: change in citizenship or immigration status, change status as American Indian/Alaska Native or member of a federally recognized tribe, add or remove members of household, marriage, birth or adoption, and gain or loss of health coverage. A green button labeled 'REPORT A LIFE CHANGE' is positioned below the list. A light blue box at the bottom of the main content area states: '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.' 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

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
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Add or remove members of household
- 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.

 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	☒ Email ☒ Text messages to 202-554-7416	EDIT
Notices	☒ HealthCare.gov Message Center ☒ 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

Middle optional

Last name

Suffix optional

a

a

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.

Individual Application - G x

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

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

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 - [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	Eligible for a special enrollment period	
SUSAN GRIFFITH	Eligible to purchase health coverage through the Marketplace, but more information is needed	

- 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.

Plan Select - Enrollment T x

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/toDoList?a=95870455

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 [? Explain this task](#)

1

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

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/month x 12 months = \$4716 towards monthly premiums
+ \$0 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 displays the ACA Marketplace plan selection interface. The top navigation bar includes tabs for 'Application', 'Eligibility Results', and 'Enroll'. Below this, a secondary bar shows '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.'

On the left, a sidebar lists plan categories: 'All health plans (6)', 'Bronze Plan (1)', 'Silver Plans (2)', 'Gold Plans (2)', and 'Platinum Plan (1)'. Below these are links for 'What do these mean?', '3 things to know about Marketplace health plans', and 'Learn more about the terms on this page'.

The main content area shows '6 health plans' with a 'Sort by ...' dropdown. The first plan displayed is 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze'. It includes a 'Compare' checkbox, a 'Save' checkbox, and buttons for 'DETAILS' and 'ENROLL'. The plan details are as follows:

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
\$487.91/mo.	\$6,350 group total	\$6,350	No Charge After Deductible Primary doctor No Charge After Deductible Specialist doctor \$20 Generic prescription

Additional details for the plan include: Plan ID: 46944AL0460001, PPO, Bronze, National provider network, and a 'Dental: Child' status. Links for 'Plan Brochure', 'Summary of Benefits', and 'Provider directory' are provided. A 'Show more +' button is also present.

Below the first plan, the second plan 'Blue Cross and Blue Shield of Alabama Blue Value' is partially visible, showing 'Compare' and 'Save' checkboxes and 'DETAILS' and 'ENROLL' buttons.

At the bottom left, there is a section for 'Narrow your results:' with a 'COSTS' filter and a 'Cost-sharing reduction plans' link. A 'Live Chat' button is located in the bottom right corner.

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 logo on the left and a navigation bar with three tabs: 'Application' (checked), 'Eligibility Results' (checked), and 'Enroll'. A 'HELP' link is on the right. Below the header, the main heading is 'Enroll to-do list'. A green success message box states: 'Congratulations! You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).' Below this, the section 'Your Plans' is shown for 'SUSAN'. The plan listed is 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze Health Insurance plan for SUSAN'. An orange warning box contains the 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, the plan details are shown: 'Submit Payment to Blue Cross and Blue Shield of Alabama', 'Amount Due: \$487.91', and 'Customer Service: 18882672955'. A note states: 'Your plan will confirm your final premium amount with you.' and 'Estimated Effective Date: 03/01/2014'. At the bottom of the plan details is a green button labeled 'PAY FOR HEALTH PLAN'. In the bottom right corner of the page is a 'Live Chat' button.

Plan Select - Enrollment T. x

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

Amount Due: **\$487.91**

Customer Service: 18882672955

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 the HealthCare.gov website interface. At the top, there's a navigation bar with "Learn" and "Get Insurance" buttons. The user is logged in as "SUSAN" and can click "Logout" or "Español". Below this, a dark blue banner displays "2014 application for Individuals & Families (ID#: 95870455)" and a "View all applications" link. On the left, a sidebar lists navigation options: "My plans & programs", "Eligibility & appeals", "Applications details", "Report a life change", "Communication preferences", and "Authorized users". The main content area is titled "MY COVERAGE" and features a box for "My plans & programs" showing two entries for "Blue Cross and Blue Shield of Alabama Blue Saver Bronze" under the name "SUSAN". The first entry has a status of "Initial enrollment", and the second has a status of "Terminated". Below this box is a prominent blue button labeled "PAY YOUR FIRST PREMIUM". At the bottom, a section titled "Need to remove your application?" provides instructions on how to remove an application and includes 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