



# Beyond Open Enrollment: Helping Consumers Throughout the Year

Centers for Medicare & Medicaid Services (CMS)  
Center for Consumer Information & Insurance Oversight (CCIIO)

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*The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

*This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.*

*Unless indicated otherwise, the general references to "Marketplace" in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).*

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# Reporting Changes in Circumstances



- » Consumers with Marketplace coverage must report certain life changes because:
  - Life changes can make a difference in the kind of coverage for which consumers qualify.
    - If this is the case, consumers may be eligible for a Special Enrollment Period (SEP) to change their Marketplace plan outside of the Open Enrollment Period (OEP), or they may be determined or assessed as eligible for Medicaid or the Children's Health Insurance Program (CHIP).
  - Life changes can also make a difference in the amount of advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) a consumer is eligible for and may impact the amount of premiums they pay.
- » A consumer should report a life change to the Marketplace as soon as possible.
  - Regulations require consumers to report changes affecting eligibility information on their application within 30 days of the change.
- » If these changes qualify consumers for an SEP to make changes to their coverage, in most cases, they have 60 days from the life event to make changes.

# Changes in Circumstances to Report



## **01** INCOME

Changes in expected household income for the year.

## **02** HOUSEHOLD

Changes to the household or individual members.

## **03** HEALTH COVERAGE

Someone in the household received coverage or an offer of coverage.

## **04** MOVING

Moving to a permanent address in the same state.

## **05** CORRECTIONS

Corrections to name, date of birth, or Social Security number (SSN).

## **06** STATUS

Changes in status for a household member.

# Changes in Circumstances to Report



## Changes in expected household income + for the year

## Changes in health coverage: +

- » Someone in the household received an offer of job-based insurance, even if they don't enroll in it
- » Someone in the household becomes eligible for coverage from a public program like Medicaid, CHIP, or Medicare
- » Someone in the household is losing coverage, like job-based coverage or Medicaid

## Changes to the household or individual members: +

- » Birth or adoption
- » Placing a child for adoption or foster care
- » Becoming pregnant
- » Marriage or divorce
- » A child dependent on the plan is turning 26
- » Death
- » Gaining or losing a dependent some other way

# Reporting Changes in Circumstances



## **Moving to a permanent address in the same state** +

- » Note: Consumers should not update an application if they are moving out of state. Instead, they should end their current coverage (effective at the time of their move) and apply for new coverage in the state they will be residing in after they move.

## **Corrections to name, date of birth, or SSN** +

## **Changes to the household or individual members:** +

- » Change in disability status
- » Change in tax filing status
- » Change in citizenship or immigration status
- » Change in status as an American Indian/Alaska Native or tribal member
- » Leaving incarceration

# Reporting Changes in Circumstances



- » Consumers can report a life change to the Marketplace through their Marketplace application.
- » After consumers report changes to the Marketplace, they'll receive a new eligibility notice that explains:
  - Whether they qualify for an SEP that allows them to make changes to their coverage.
  - Whether they're eligible for a different amount of financial assistance based on their new household income, household size, or other changed information.
  - Whether they may be eligible for a different kind of coverage, such as Medicaid or CHIP.

# Removing Household Members



- » Your client, if they are the household contact, can remove a household member from their Marketplace application **online through their HealthCare.gov account**, by **contacting the Marketplace Call Center**, or **through an approved Direct Enrollment (DE)/Enhanced Direct Enrollment (EDE) partner's website**. Clients can remove a household member, as long as this individual is not the household contact, by accessing their current Marketplace application and reporting a recent life change. Updating a Marketplace application online is generally the easiest way to report this change.

Reasons a consumer may wish to remove a household member from their application:

- » They obtained job-based health insurance
- » They are told they are "eligible" or "may be eligible" for Medicaid or CHIP
- » They become eligible for Medicare
- » They obtained health coverage through another source
- » They died
- » They are a dependent who turned 26 years old



# Helping Consumers During SEPs



- » SEPs provide an opportunity for individuals who experience certain qualifying events to enroll in or change their health coverage outside of the annual OEP.
- » SEP qualifying events fall into six categories:
  - Loss of qualifying health coverage
  - Change in household size
  - Changes in residence (referred to as Move SEP)
  - Change in eligibility for Marketplace coverage or help paying for coverage
  - Enrollment or plan error
  - Other situations
- » SEP eligibility may depend on the consumer's prior coverage status, or the submission of documents to confirm eligibility. Coverage start dates may vary. For more information on SEP qualifying events, see:
  - "Understanding SEPs" (Fact Sheet): <https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf>

# Helping Consumers During SEPs: SEP Window Basics



- » Consumers who experience a qualifying life event (QLE) may be required to report it by completing a change in circumstance (CiC) application within 30 days of the change. A consumer's SEP window during which they may select a plan is generally 60 days from the QLE.
  - Consumers who wait until the very end of the SEP window run the risk of missing the deadline to select a QHP.
  - Some SEPs are only available to consumers who had prior qualifying health coverage for one or more days in the 60 days preceding their SEP qualifying event.
- » Examples of qualifying health coverage include:
  - Coverage through a job or through another person's job.
  - Most Medicaid or CHIP (including Pregnancy Medicaid, CHIP Unborn Child, Medically Needy Medicaid).
  - Minimum essential coverage (MEC) through a Marketplace or Off-Exchange individual market health insurance.
  - Coverage under a parent's health plan that is MEC.
  - Some student health plans (check with the school to see if the plan counts as qualifying health coverage).
  - Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage.

# Helping Consumers During SEPs: SEP Effective Dates

When a consumer selects a plan during an SEP, coverage might start based on:



**Regular prospective start date:** The first day of the following month if a plan was selected between the 1st and 15th day of the month or the first day of the second following month if a plan was selected between the 16th and the last day of the month.

**For example:** *Move SEP*



**Accelerated start date:** The first day of the following month if a plan is selected at any point during the month.

**For example:** *Loss of Minimum Essential Coverage (MEC) SEP*



**Retroactive coverage:** On a date in the past based on the qualifying event date.

**For example:** *Birth SEP*

# Helping Consumers During SEPs: Example SEP Effective Dates



SEP Type	Plan Selection Date	Coverage Effective Date
Loss of MEC: <i>Past</i> loss of qualifying health coverage	Any day of the month	Accelerated: First day of the month after plan selection
Loss of MEC: <i>Future</i> loss of qualifying health coverage	Any day of the month	Accelerated: First day of the month after plan selection, following prior coverage end date
Move	Between the 1st and 15th day of the month	Regular: First day of the month after plan selection
Move	Between the 16th and last day of the month	Regular: First day of the second month after plan selection
Marriage	Any day of the month within 60 days after date of marriage	Accelerated: First day of the month after plan selection
Adoption, foster care placement, or child support or other court order	Any day of the month within 60 days after qualifying event date	Retroactive: Date of adoption, foster care placement, or effective date of the court order
Denial of coverage through Medicaid/CHIP	Any day of the month within 60 days after qualifying event date	Accelerated: First day of the month after plan selection, following determination of ineligibility for Medicaid/CHIP

# Upcoming Changes to Marketplace SEPs



- » As a result of the 2021 Payment Notice, the following SEPs that currently follow standard SEP effective date rules will follow accelerated SEP effective date rules:
  - Advance Payments of the Premium Tax Credit SEP
  - Cost Sharing Reduction SEP
  - Release from Incarceration SEP
  - Change in Lawful Presence SEP
  - American Indian and Alaska Native SEP
  - Move SEP
  - Exceptional Circumstances SEP

A new **under 150% Federal Poverty Level (FPL) SEP** is available for Plan Year 2022 (PY22). +

- » As a result of the 2022 Payment Notice Part 3 Final Rule, a monthly SEP will be granted to consumers in PY22 who are eligible for APTC and who attest to household income at or under 150% FPL.
- » This SEP will follow accelerated SEP effective dates.
- » CMS will notify agents and brokers when this functionality is live on the federal platform.

# Handling Data Matching Issues (DMIs)

## Why are DMIs generated?

- » A consumer's data does not match information the Marketplace has access to through other trusted data sources
- » A trusted data source may not have data for a consumer
- » Information is missing or incorrect on the application

### DMI EXAMPLES

- » A consumer failed to provide an SSN on their application
- » A consumer failed to provide all household income on the application
- » A consumer's name used for their application differs from how it appears on their citizenship document or other document (such as a Social Security card)
- » A consumer failed to provide their immigration document numbers and ID numbers

# Handling DMIs Related to Household Income



- » If the income your client attested to on their application does not match information that the Marketplace has access to through other trusted data sources, additional information may need to be submitted to verify their information.
- » Agents and brokers should review the available document types listed in the application with their client and help determine which document attests to the client's income and expenses.

Consumers may need to have one or more of the following documents to attest to income and expenses:

- » 1040 federal or state tax return
- » Wages and tax statement (W-2 and/ or 1099, including 1099-MISC, 1099-G, 1099-R, SSA-1099, 1099-DIV, 1099-S, 1099-INT)
- » Pay stub
- » Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger)
- » Social Security Administration Statements (Social Security Benefits Letter)
- » Unemployment benefits letter

# Handling DMIs Related to Household Income



- » Consumers will be notified of a Marketplace inconsistency or DMI in the initial eligibility notice they receive after submitting their Marketplace application if their household income cannot be verified by the Marketplace's trusted data sources.
- » Consumers will be asked to submit documentation to verify their annual household income if:
  - Their household income is greater by 50% or \$12,000, whichever is greater, than the amount reported by the Marketplace's data sources; or
  - The Marketplace is unable to find income records within its data sources
- » If the Marketplace needs additional information regarding your client's household income, it will establish a temporary eligibility based on the individual's attestation. Your client will have 90 days to resolve these inconsistencies, or they may risk losing eligibility for coverage and/or financial assistance through the Marketplace.

**Note:** You should review the notice of a Marketplace inconsistency with your client to help them identify which document(s) they should submit to resolve the DMI. You can also help your client avoid a DMI from being generated by helping them understand which household income and expenses they should report on their Marketplace application.



# Handling DMIs Related to Citizenship and Immigration

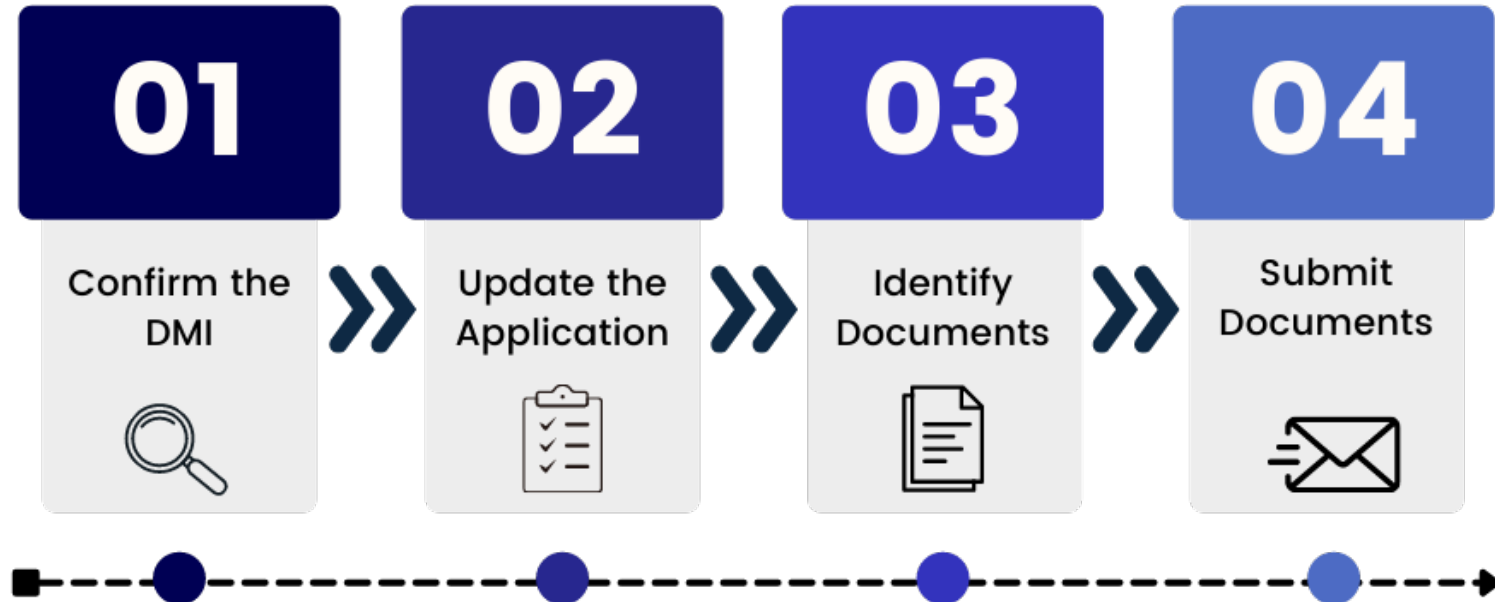


## DMIs Related to Citizenship and Immigration

- » Consumers with citizenship or immigration inconsistencies will have 95 days to resolve their citizenship or immigration inconsistencies (90 days for all other inconsistencies) or they may risk losing their eligibility for coverage and financial assistance through the Marketplace.
- » If the consumer is otherwise eligible for Marketplace coverage, with or without financial assistance, during this time, they can enroll in coverage and, if applicable, get help paying for coverage. The temporary 95-day eligibility determination notice will provide a date by which the individual must resolve the inconsistency. The individual just needs to resolve the inconsistency by the close of the 95-day period to continue their eligibility for Marketplace coverage and any help paying for coverage.

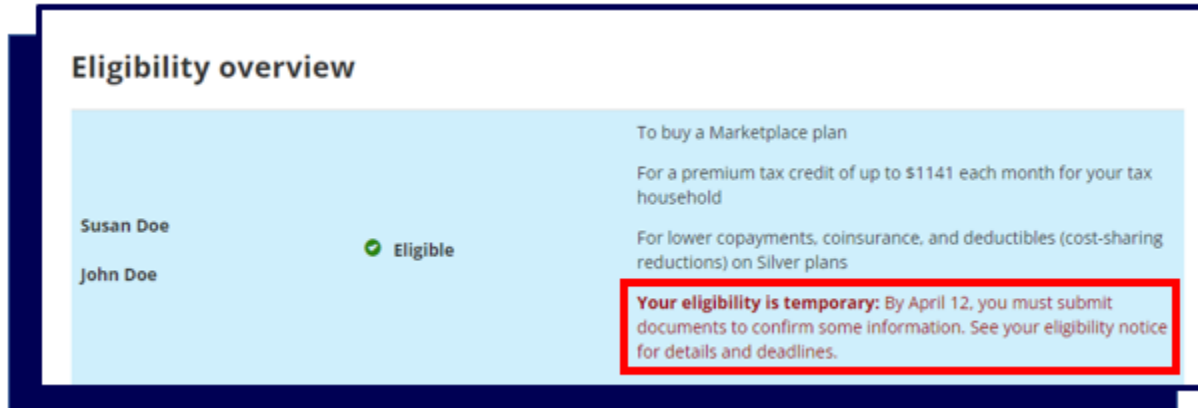
**Note:** You should attempt to help your clients understand a notice of a Marketplace inconsistency and encourage them to submit any requested documentation before the 95-day deadline. You should also make sure that the application filer submits the **correct documentation for the correct member of the enrollment group**, as the Marketplace may request additional documentation for someone other than the filer.

# Resolving DMIs



# Step 1: Confirm the DMIs

- » An applicant with a DMI will see language in red under their Eligibility Results that says, “your eligibility is temporary.” This language alerts them that they must provide more information to keep their coverage.
- » Read the full eligibility determination notice (EDN) from the Marketplace. If a consumer has a DMI, the notice will say, “Choose a plan and submit documents to confirm: [data that needs to be confirmed].” It is important to identify which members of the household have DMIs that need to be resolved.
- » Consumers can also determine whether they have an unresolved DMI by checking the Application Details sections of their Marketplace accounts for a list of all unresolved inconsistencies.



**Eligibility overview**

Susan Doe

John Doe

Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$1141 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

**Your eligibility is temporary:** By April 12, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

# Step 2: Update the Application



- » Help the consumer go back to the application to confirm the information that is included is complete and correct.
  - Double check there are no errors or typos.
  - Confirm all members of the household applying for coverage have provided accurate SSNs, if they have one. Remember: non-applicants are not required to provide their SSNs but are strongly encouraged to do so if possible.
  - Review projected household income to make sure it is as accurate as possible and remind consumers to report any changes in household income or other application information within 30 days of the change.
  - Check their communication preferences for notifications from the Marketplace to make sure they are getting the correct information.
  - If there are changes to their application, resubmit the application to see if the consumer still has a DMI.
  - If a consumer's name used for the Marketplace application differs from how it appears on their immigration document or other documents (such as a Social Security card), advise the applicants to provide their name as written on those documents.

# Step 3: Identify Documents

- » Check the consumer's EDN and DMI notices to confirm what documents need to be submitted.
- » If the consumer has already submitted documents, confirm the documents are the correct type for the DMI.
- » It may be necessary to submit multiple documents to resolve one DMI.
  - For example, consumers who submit documents to confirm annual household income may need to provide documents verifying the annual income for every member of the household, even if those individuals aren't seeking health coverage.

## Health Insurance Marketplace

### Documents to confirm

## Household Income

The document you submit should show a yearly income amount that closely matches the amount on your application. You can choose to submit more than one document. If you have a different job than you had last year, send recent pay stubs from your new job instead of last year's tax return or W2.

### Documents to confirm yearly income

- **1040 federal or state tax return.** Must contain your first & last name, income amount, & tax year. Starting with 2018 tax returns, if you file Schedule 1, you must submit it with your 1040.
- **Wages & tax statement (W-2 &/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT).** Must contain your first & last name, income amount, year, & employer name (if applicable).
- **Pay stub.** Must contain your first & last name, income amount, pay period, or frequency of pay with the date of payment. If pay stub includes overtime, tell us the average overtime amount per paycheck.
- **Self-employment ledger documentation** (can be a Schedule C, the most recent quarterly or year-to-date profit & loss statement, or a self-employment ledger). Must contain your first & last name, company name, & income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger & net income from profit/loss.
- **Social Security Statements** (Social Security Benefits Letter). Must contain your first & last name, benefit amount, & frequency of pay.
- **Unemployment or Trade Readjustment benefits letter.** Must contain your first & last name, source/agency, benefits amount & duration (start & end date, if applicable).

# Step 4: Submit Documents



- » Not every document consumers may want to upload is included in the drop-down menu of "Document Types" viewable after clicking "Verify in the Application Details" section of consumers' My Account. If consumers need to upload a document that is not listed, they should choose "Other" from the drop-down menu.
  - Encourage consumers to upload documents instead of mailing them. If the document is uploaded successfully, it should show up as submitted under "Application Details" right away.
  - Ensure that the documents consumers submit electronically are in one of the following formats: .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp, and are no larger than 10 megabytes.

**Note:** If consumers do mail in documents, advise them to send copies, not their originals, and to include the barcode from their notice along with their name, state, and application ID on any documentation they are submitting.

# Agent/Broker Marketplace Help Desks and Call Centers



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515	<ul style="list-style-type: none"> <li>• CMS Enterprise Portal password resets and account lockouts</li> <li>• Other CMS Enterprise Portal account issues or error messages</li> <li>• General registration and training questions (not related to a specific training platform)</li> <li>• Login issues on the DE agent/broker landing page</li> <li>• Technical or system-specific issues related to the MLMS</li> <li>• User-specific questions about maneuvering in the MLMS site, or accessing training and exams</li> </ul>	<p>Monday-Friday 8:00 AM–8:00 PM ET</p> <p>October–November only: Saturday-Sunday 10:00 AM–3:00 PM ET</p>
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> <li>• General enrollment and compensation questions</li> <li>• Manual identity proofing/Experian issues</li> <li>• Escalated general registration and training questions (not related to a specific training platform)</li> <li>• Agent/Broker RCL issues</li> <li>• Find Local Help listing issues</li> <li>• Help On Demand participation instructions or questions</li> <li>• Report concerns that a consumer or another agent or broker has engaged in fraud or abusive conduct</li> </ul>	Monday-Friday 8:00 AM–6:00 PM ET
Marketplace Call Center Agent/Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line. TTY users 1-855-889-4325	<p>Specific consumer application questions related to:</p> <ul style="list-style-type: none"> <li>• Password reset for a consumer HealthCare.gov account,</li> <li>• SEP not available on the consumer application, or</li> <li>• Consumer specific eligibility and enrollment questions</li> </ul>	Monday-Sunday 24 hours/day

# Agent and Broker Resources



Resource	Link
Agent and Broker Resources webpage	<a href="http://go.cms.gov/CCII/OAB">http://go.cms.gov/CCII/OAB</a>
CMS Enterprise Portal	<a href="https://portal.cms.gov/">https://portal.cms.gov/</a>
Agent and Broker FFM Registration Completion List	<a href="https://data.healthcare.gov/ffm_ab_registration_lists">https://data.healthcare.gov/ffm_ab_registration_lists</a>
Agent and Broker Marketplace Registration Tracker	<a href="https://data.healthcare.gov/ab-registration-tracker/">https://data.healthcare.gov/ab-registration-tracker/</a>
Find Local Help Tool	<a href="https://www.healthcare.gov/find-assistance/">https://www.healthcare.gov/find-assistance/</a>
Help On Demand	<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html</a>
Agent and Broker NPN Search Tool	<a href="http://www.nipr.com/PacNpnSearch.htm">www.nipr.com/PacNpnSearch.htm</a>
Issuer & Direct Enrollment Partner Directory	<a href="https://data.healthcare.gov/issuer-partner-lookup">https://data.healthcare.gov/issuer-partner-lookup</a>
See Plans and Prices Tool	<a href="https://www.healthcare.gov/see-plans/#/">https://www.healthcare.gov/see-plans/#/</a>
Agent and Broker FAQs website	<a href="https://www.agentbrokerfaq.cms.gov/s/">https://www.agentbrokerfaq.cms.gov/s/</a>
Privacy and Security FAQ page	<a href="https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUeLGAW/privacy-and-security-requirements">https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUeLGAW/privacy-and-security-requirements</a>
Agent/Broker Marketplace Help Desks and Call Centers	<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf</a>



# Acronym Definitions

Acronym	Definition
APTC	Advanced Payments of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CHIP	Children's Health Insurance Program
CiC	Change in Circumstance
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reduction
DE	Direct Enrollment
DMI	Data Matching Issue
EDN	Eligibility Determination Notice
EDE	Enhanced Direct Enrollment
FPL	Federal Poverty Line

Acronym	Definition
MEC	Minimum Essential Coverage
OEP	Open Enrollment Period
PY22	Plan Year 2022
QLE	Qualifying Life Event
SEP	Special Enrollment Period
SSN	Social Security Number



Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success beyond Open Enrollment!