Overview of the New Change in Circumstances Functionality on HealthCare.gov

Last week we implemented new Marketplace functionality on Healthcare.gov and through the Call Center that now allows consumers to report changes in their lives and households throughout the year, and also allows consumers to make changes to their application through Healthcare.gov. The new functionality is sometimes referred to as consumer-initiated changes or change in circumstances (CiC) functionality. Now consumers can report changes directly to the Marketplace through MyAccount in Healthcare.gov. Note that changes which do not impact eligibility, such as an address change within the same zip code, should be reported to both the Marketplace and the insurance company. The new functionality and corresponding process replaces the interim process we detailed to assisters in January as we worked to improve Healthcare.gov, where consumers in the short term were to contact their insurance company directly to add dependents as a result of birth, adoption, or placement for adoption or foster care and make the change with the insurance company. Now consumers should report these changes directly to the Marketplace.

Now that we have the new functionality that allows a consumer to be able to report all changes directly to the Marketplace, we encourage all assisters to inform consumers that they should now use this new functionality.

It is no longer necessary for consumers to "remove” their applications and start over in order to edit submitted information. We now strongly encourage all consumers to report a change in their existing application through their MyAccount using the “Report Life Changes” functionality. If consumers believe their resulting eligibility determination is incorrect due to system errors, and they have not yet selected a plan, they can consider “removing” and restarting their application. Again, it is important to note that in some cases, some changes a consumer makes may result in (1) changing a consumer’s eligibility determination, (2) the consumer’s receiving a Special Enrollment Period eligibility determination, or (3) different premiums AND/OR coverage dates as a result of these changes.

It is important to note that some changes a consumer will report to the Marketplace may make them eligible for a special enrollment period (SEP). A SEP will allow them to either change their Marketplace plan enrollment or enroll in coverage for the first time. Also, it is important to note that some changes a consumer may report may also affect their eligibility for Medicaid, CHIP, and the advanced premium tax credit (APTC), including the amount of the APTC the consumer receives.

Reportable Changes

The table below shows examples of the changes in circumstance and where to report the changes. Again, remember that all of the changes that a consumer must report to the Marketplace (except the Account Communication Preferences, e.g. change in contact information) may result in changes to a consumer’s eligibility, premium and coverage effective dates.
The consumer should follow the below process to report changes in circumstance through Healthcare.gov.

1. To make a change, a consumer should go to Healthcare.gov and log into his or her MyAccount. The consumer should click the "Report a Life Change" button (NOTE: this button is only enabled for consumers who have already submitted an application).

2. Next, the consumer will see a page with information about the types of changes that must be reported to the Marketplace or both the Marketplace and the issuer. Please note that changes to Account Communication Preferences only (e.g. phone number, email, and notification preferences) are not transmitted to the issuer. Consumers must update these communication preferences with their issuer, in addition to updating their Marketplace preferences.

3. Next, the consumer will be shown a pre-populated version of their application, based on information and attestations from their previously submitted application. The consumer will go through the application and, for every page, either make a change (e.g. add or remove members) or click "confirm" if no changes need to be made. While completing the application, the consumer may also find a few new questions have been added.

4. If the consumer is eligible for an SEP, the consumer’s eligibility determination notice will contain information regarding their eligibility for an SEP. The consumer can then enroll in a new plan if they want to. The notice will also contain the consumer’s SEP end date, which is the last day consumers have to select a plan. Consumers not granted an SEP will not be able to change to a different plan.

5. QHP-eligible consumers then proceed to the enrollment to-do list page, even for those who have already enrolled.

6. The consumer may set the amount of APTC the tax household will use, if eligible for APTC, and must select a plan (or re-select and confirm his or her current plan, depending on the situation).

7. The consumer can set and adjust the amount of APTC, regardless of SEP eligibility. Any eligible consumer can slide the bar to get their maximum or less than their maximum APTC amount. Please note that the only
way to get to the APTC page is to go all the way through a consumer’s application, verifying the pre-populated information by clicking “confirm” as described in Step 3.

8. Consumers eligible for SEPs can select any plan they want from all QHPs available in their service area, as if they were enrolling for the first time. If consumers still qualify for their existing plan, and they want to keep it, they can select it again here. If a consumer doesn’t remember his or her current plan, he or she can see it in My Plans and Programs. Consumers not eligible for an SEP will be limited to confirming only their existing plan.

9. Once the consumer selects or confirms a plan, the Marketplace will automatically notify the insurance company of the confirmed plan. A consumer MUST confirm a plan to make sure their new eligibility changes actually go to the issuer. There is no other way for the issuer to know of the changes to eligibility and enrollment.

10. The final screen allows consumers to pay. However, the green “pay now” box only appears in cases where the issuer accepts online payment.

11. Consumers can see their current and past enrollment under My Plans & Programs by clicking “My Plans & Programs” in upper right corner of screen.

New Functionality and Application Questions to Prevent Medicaid Looping

As you may know, some consumers are encountering a loop between their state Medicaid agency and the Marketplace. When these consumers apply at the Medicaid agency, they are told they are not Medicaid or CHIP eligible, but when they apply at the Marketplace, they are told they are not eligible for QHP subsidies (APTC) because they are eligible for Medicaid and CHIP.

To address this issue, there are now new questions on the application. For those who are “looping” and already submitted an application – these new questions should be accessed by selecting the “report a life change” option. This will allow the consumer to begin editing their application and answer these new questions. Once a consumer has answered the tax household questions, the consumer will now see this question: “Were any of these people found not eligible to get Medicaid and Children’s Health Insurance Program (CHIP) since October 1, 2013?”

Each person on the application will be listed, and the consumer can check a box to let CMS know who was recently denied. For example, if a child was recently denied CHIP, a consumer can indicate that in response to this question, and the Marketplace will not classify the child as Medicaid/CHIP eligible. The consumer will now be able to include the denied child as a dependent in their application for QHP subsidies. The family should then be able to proceed to plan compare and add the child to the parents’ plan. No additional supplemental information is needed.

Because of this new functionality, 3-way calls between the consumer, the Medicaid agency, and the call center to resolve Medicaid looping problems should no longer be needed.

Call Center Assistance

Please note that at any point, if consumers need additional assistance with reporting a change to the Marketplace, a consumer can always call the Call Center at 1-800-318-2596 for additional assistance.

We will also keep you up to date with the latest functionality and tips for assisting consumers with reporting a change.