

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 14—RENEW HEALTH COVERAGE





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A. Introduction

As an assister, you can help consumers renew their enrollment in plans through the Federally-facilitated Marketplace (FFM, or “Marketplace”). Before each Open Enrollment (OE), the Marketplace sends a Marketplace Open Enrollment Notice (MOEN) to all current enrollees encouraging them to return to the Marketplace and update their application, compare plan options, and re-enroll in or change coverage during OE. This notice also informs certain enrollees when they are at risk of losing financial assistance if they don’t update their information.

Consumers currently enrolled in Marketplace coverage generally should update their existing application for the following plan year, not complete a new application. Consumers not currently enrolled in Marketplace coverage generally will need to complete a new application.

If an enrollee requested help paying for health coverage, agreed to allow the Marketplace to re-check their tax return information on an annual basis, and the enrollee does not actively re-enroll, the Marketplace will check the enrollees’ income data from the Internal Revenue Service (IRS) and use it to redetermine their eligibility for help paying for health coverage during the following plan year.

All Marketplace enrollees are responsible for notifying the Marketplace of any changes in their application information within 30 days of the change. This helps ensure that the Marketplace will accurately redetermine their eligibility for a Marketplace plan as well as any financial assistance [i.e., advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs)]. Any changes in consumers’ coverage or eligibility resulting from the annual eligibility redetermination process will be effective on January 1 of the following year if the consumer does not come back to actively enroll themselves.

If consumers have Medicaid or the Children’s Health Insurance Program (CHIP) coverage, state Medicaid or CHIP agencies will generally redetermine their eligibility for these programs on an annual basis. For Medicaid agency contact information and to find answers to questions about health coverage through Medicaid or CHIP, you may refer consumers to [Medicaid.gov](https://www.Medicaid.gov).

This Standard Operating Procedure (SOP) provides guidance on helping consumers understand and complete the health coverage renewal process.

B. Procedures

- Step 1.** All consumers with a Marketplace plan for Plan Year (PY) 2022 will receive a MOEN before OE that contains the following information:
- a. A notification that OE begins November 1, 2022, and ends January 15, 2023;
 - b. A description of the annual eligibility redetermination and renewal process;



- c. The requirements to report changes affecting eligibility and the timeframe and channels to report changes;
- d. The key dates for ensuring coverage is effective on January 1, 2023 (if consumers enroll between November 1, 2022, and December 15, 2022, or are auto-re-enrolled) or February 1, 2023 (if consumers enroll between December 16, 2022, and January 15, 2023); and
- e. Whether the consumer who is currently receiving financial assistance is at risk of losing financial assistance if they don't update their information. Consumers are at risk if they:
 - i. Did not authorize the Marketplace to request updated tax data from the IRS for use in the auto-re-enrollment process, or
 - ii. Authorized the Marketplace to request updated tax data for use in the auto-re-enrollment process and were automatically re-enrolled with financial assistance for two previous coverage years but no IRS data is available for each year prior to the two previous coverage years.

Exhibit 1 describes possible Marketplace actions and changes to APTC and CSR eligibility if consumers report new information and what happens if they don't.

Exhibit 1 - Impact of Consumer Changes on APTC and CSRs

2022 Consumer Scenario	If consumer actively updates their application between Nov 1 and Dec 15, 2022	If consumer DOESN'T actively update their application between Nov 1 and Dec 15, 2022
<ul style="list-style-type: none"> • Previously applied for but were determined ineligible for APTC and CSRs for 2022. 	<ul style="list-style-type: none"> • Receives an updated eligibility determination notice (EDN) based on the updated household income and household size information they provide as well as updated federal poverty level (FPL) tables and plan premiums. • 2023 APTC and CSR eligibility will be based on the updated household income and household size information entered on the application. 	<ul style="list-style-type: none"> • The Marketplace will automatically re-enroll them in the same or similar Marketplace plan for 2023 without APTC/CSRs. • Consumers will receive an EDN and another notice in late December showing the plan they were re-enrolled into for 2023 and that they are not receiving financial assistance.



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2022 Consumer Scenario	If consumer actively updates their application between Nov 1 and Dec 15, 2022	If consumer DOESN'T actively update their application between Nov 1 and Dec 15, 2022
<ul style="list-style-type: none"> Received APTC (and CSRs, if applicable) in 2022, and: <ul style="list-style-type: none"> Authorized the Marketplace to request updated tax data from the IRS on an annual basis. 	<ul style="list-style-type: none"> Receives an updated EDN based on the updated household income and household size information they provide as well as updated FPL tables and plan premiums. 2023 APTC and CSR eligibility will be based on the updated household income and household size information entered on the application. 	<ul style="list-style-type: none"> The Marketplace will re-enroll them in the same or similar Marketplace plan for 2023. APTC and CSR eligibility will be updated based on the consumer's most recent verified household income, updated FPL tables, and plan premiums.^{i,ii} Consumers will receive an EDN and another notice in late December showing the plan they were re-enrolled into for 2023 and whether they are receiving financial assistance.
<ul style="list-style-type: none"> Received APTC (and CSRs, if applicable) in 2022, and: <ul style="list-style-type: none"> Did not authorize the Marketplace to request updated tax data from the IRS on an annual basis. 	<ul style="list-style-type: none"> Receives an updated EDN based on the updated household income and household size information they provide as well as updated FPL tables and plan premiums. 2023 APTC and CSR eligibility will be based on the updated household income and household size information entered on the application. 	<ul style="list-style-type: none"> The Marketplace will automatically re-enroll them in the same or similar Marketplace plan for 2023 without APTC/CSRs. Consumers will receive an EDN and another notice in late December showing the plan they were re-enrolled into for 2023 and that they are not receiving financial assistance.
<ul style="list-style-type: none"> Received APTC (and CSRs, if applicable) in 2022, and: <ul style="list-style-type: none"> Authorized the Marketplace to request updated tax data from the IRS on an annual basis; Was automatically re-enrolled in both 2022 and 2021 coverage; and No IRS tax data is available for 2021 or 2020. 	<ul style="list-style-type: none"> Receives an updated EDN based on the updated household income and household size information they provide as well as updated FPL tables and plan premiums. 2023 APTC and CSR eligibility will be based on the updated household income and household size information entered on the application. 	<ul style="list-style-type: none"> The Marketplace will automatically re-enroll them in the same or similar Marketplace plan for 2023 without APTC/CSRs. Consumers will receive an EDN and another notice in late December showing the plan they were re-enrolled into for 2023 and that they are not receiving financial assistance.

This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFM where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



Step 2. In addition to the MOEN, all consumers enrolled in a Marketplace plan will get a notice from their health insurance issuer before OE. This notice will inform consumers that they can renew their health insurance coverage for the following year (known as a renewal notice) or that their health insurance coverage is being discontinued (known as a discontinuance notice). (Discontinuance notices may be sent only under certain limited circumstances). For PY 2023, the renewal notice directs consumers to visit the Marketplace to review their potential plan costs. The consumer's *actual* APTC amount will appear on the January bill as well as their EDN from the Marketplace.

If the insurance issuer will discontinue the Marketplace plan and offer no other plans, the Marketplace will match consumers enrolled in the discontinued plan to a plan with a different issuer that is intended to be most similar to the previous plan, unless the consumer returns to the Marketplace and changes plans. The Marketplace sends these consumers another notice that informs them of the new plan from a different issuer and explains that this will be their coverage for the next plan year if they don't return to the Marketplace to actively choose one. Consumers should be encouraged to return to the Marketplace during OE to make sure the new plan will meet their needs or to determine if there is another plan that could better meet their needs.

Step 3. Encourage consumers to return to their application during OE.

- a. Consumers should update their application with any new or changed information about themselves or their households.

To assist consumers with reporting any changes or new information (e.g., annual household income, household size) to the Marketplace, refer to [SOP 13 – Update a Marketplace Account](#).

- b. If there are no changes, consumers should still review their application, confirm the information is correct, and review their eligibility for financial assistance and plan options.
- c. If consumers are unsure whether they authorized the Marketplace to request updated tax data from the IRS on an annual basis, inform consumers that they can give the Marketplace this authorization when they update their 2023 eligibility and plan selection. This question comes at the end of the application.

Step 4. Explain to consumers their renewal options.

- a. Under the re-enrollment guidelines established by the Marketplace, most current Marketplace enrollees are auto-re-enrolled in the same plan (or another plan intended to be similar if their current plan is unavailable) for the next benefit year if enrollees don't actively renew or enroll in a different plan, unless the FFM determines they are no longer eligible to purchase a qualified health plan (QHP).



- b. Consumers who return to their application and are still eligible to purchase a QHP can reselect their current plan or select a new plan that's best for them.
 - i. If returning consumers want to keep their Marketplace plan for next year and it remains available, they should select the plan labeled "Your selected plan" at the top of the plan results on the "Select a Health Plan" screen.
 - ii. New plans and prices may be available to them, and they may not be aware of these options unless they log in, update their application, and compare plans to learn what's covered; find out whether their current plan covers their desired providers, services, and prescription drugs; and compare costs.

Step 5. Assist consumers with enrollment. **Changes submitted on a 2023 application generally do not take effect unless consumers complete the process by continuing to enrollment and selecting a plan.**

C. Next Steps

1. If consumers receive updated eligibility notices, proceed to [SOP 6 – Review Eligibility Results](#).
2. If consumers would like to appeal their eligibility decision, proceed to [SOP 10 – Request a Marketplace Eligibility Appeal](#).
3. If consumers would like more information on reconciling APTC when filing a federal income tax return, proceed to [SOP 12 – Understanding Form 1095-A and Reconciling Advance Payments of the Premium Tax Credit](#).
4. For more help answering consumers' specific questions, refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#).



Appendix A: Frequently Asked Questions (FAQs)

These FAQs help assisters answer consumers' specific questions on renewing their health coverage through the Marketplace.

FAQ 1. How will I know if my current coverage is available for renewal?

- Answer: Consumers will get a notice from two different sources before Open Enrollment begins: from the Marketplace and from their health insurance issuer. The Marketplace will send a Marketplace Open Enrollment Notice (MOEN). The health insurance issuer will send a notice that will inform consumers that they can renew their coverage for 2023 (known as a renewal notice) or that their Marketplace coverage is being discontinued (known as a discontinuance notice). Enrollees who will receive a discontinuance notice can generally expect to receive it by the beginning of Open Enrollment.

FAQ 2. What happens if my current coverage is discontinued for the upcoming benefit year?

- Answer: For the 2023 coverage year, if your plan is discontinued and if state law allows, you will be enrolled automatically into a different plan, possibly with a different insurance issuer, based on a set of established rules. However, the best option is to return to the Marketplace and select a new plan of your choosing.

FAQ 3. Why was I redetermined as ineligible for coverage through the Marketplace?

- Answer: There are several reasons why consumers who were previously eligible for Marketplace enrollment may no longer be eligible when the Marketplace redetermines their eligibility, including incarceration or moving outside the service area of the Marketplace.

ⁱ The amount of APTC consumers receive in the new plan year depends on their household income and the premium cost.

ⁱⁱ [Guidance on the annual eligibility redetermination and re-enrollment for Marketplace coverage for 2019 and later years.](#)