

Beyond Open Enrollment: Helping Consumers Throughout Plan Year 2024

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

February 22, 2024

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.

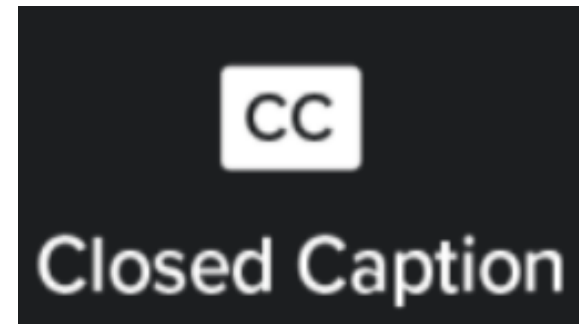
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Discussion and Questions

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Agenda



- 01** Providing Service Throughout the Year
- 02** Helping Consumers During Special Enrollment Periods (SEPs)
- 03** Resources & Closing
- 04** Live Question/Answer Session

Providing Service Throughout the Year

Working with Clients Beyond Open Enrollment

- » Your role as an agent or broker **does not end** once Open Enrollment is over.
- » Consumers still **need your help** throughout the year to ensure they have the best coverage that fits their individual needs.
- » Agents and brokers must **obtain documented consent** from their client prior to making any changes to their application, including any changes to the agent of record and their National Producer Number (NPN).
- » Agents and brokers must also ensure clients **provide complete and accurate eligibility information** to prevent data matching issues (DMIs).



As an agent or broker, you have a duty to **serve your clients compliantly and to **help prevent and resolve application issues** to ensure they receive and maintain the coverage they need!**

Reminder: Documenting Consumer Consent Requirement



Consent Documentation Requirements

- » Agents, brokers, and web-brokers are required to document the receipt of consent from the consumer or their authorized representative.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent, broker, web-broker, or agency being granted consent;
 - A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these FAQs here: <https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Reminder: Documenting Application Review Requirement



Review Documentation Requirements

- » Agents, brokers, and web-brokers are required to document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - The date the information was reviewed;
 - The name of the consumer or their authorized representative;
 - An explanation of the attestations at the end of the eligibility application; and
 - The name of the assisting agent, broker, or web-broker.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these FAQs here: <https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Reminder: Changing NPNs on Marketplace Applications



Review Requirements for Changing NPNs on a Consumer's Application

- » Documented consent must be obtained from the consumer when an NPN on a Marketplace application is being changed from one agent or broker to another.
- » Consent must be documented prior to assisting the consumer with applying for or enrolling in coverage.
- » If a consumer has granted agency-wide consent, the agency will not be required to obtain new consent when the NPN on the consumer's application changes, provided:
 - The consumer's consent has not expired or been rescinded; and
 - The new NPN belongs to an agent or broker of the agency to whom the consumer granted consent.

For more information on these requirements, view these FAQs here: <https://www.agentbrokerfaq.cms.gov/s/article/How-do-the-consent-requirements-adopted-in-the-2024-Payment-Notice-relate-to-NPNs-being-changed-on-Marketplace-applications> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Quick Tips for Preventing and Resolving DMIs

Complete the application



- » Complete all possible fields in the application. Make sure there are no errors or typos.
- » Ensure the consumer's name matches documents such as their Social Security card.
- » Include all household members' income on the application, including those not applying for coverage.

Don't forget the SSN



- » Those who have a Social Security Number (SSN) must include it on the application!
- » Non-applicants in the household are strongly encouraged to provide an SSN if they have one.

Quick Tips for Preventing and Resolving DMIs (continued)

Include all immigration numbers



- » These can include A-Numbers, I-551s, I-94s, I-327s, I-571s, among others.
- » Clients with immigration statuses should include these to help prevent Immigration DMIs or help them resolve quicker.

Submit required documents



- » Check the consumer's eligibility determination notice (EDN) to confirm which documents need to be submitted (multiple documents may be needed to resolve one DMI).
- » Confirm that any submitted documents are the correct type for the DMI.



Keep the consumer connected



- » Check consumers' communication preferences for Marketplace notifications to ensure they're receiving the correct information.

Key Takeaways



SSNs are required for everyone who has one!



Make sure the consumer's name matches what's listed on their SSN card.

(For consumers with immigration statuses, include their immigration numbers – such as A-Numbers – on their application)



Help the consumer update their application if they have any changes, such as household income, address, or household members.



Make sure all household income is included on the application, including for individuals who are not on the application.



Complete all fields in the application accurately and completely.



Understand the documentation requirements for each DMI and check the consumer's eligibility determination notice to confirm which documents need to be submitted.

Helping Consumers During Special Enrollment Periods (SEPs)

Background on SEPs



WHO?

Consumers who experience a qualifying life event may be eligible for a Special Enrollment Period (SEP).

WHAT?

A time outside the annual Open Enrollment Period (OEP) when individuals may enroll in or change qualified health plans (QHPs).

WHEN?

Consumers must report changes affecting eligibility information on their application within 30 days of the change. In most cases, they have 60 days from the life event to make changes.

WHERE?

Consumers can report a life change to the Marketplace through their Marketplace application.

WHY?

Life changes can make a difference in the kind of coverage for which consumers qualify, in the amount of financial assistance a consumer is eligible for, and the amount of premiums they pay.

Qualifying Life Events to Report



01 INCOME

Changes in expected household income for the year.

02 HOUSEHOLD

Changes to the household or individual members.

03 HEALTH COVERAGE

Changes to offers of coverage, such as employer-sponsored coverage (ESC).

04 RESIDENCE

Moving to a permanent address in the same state.

05 CORRECTIONS

Corrections to name, date of birth, SSN, or an enrollment/plan error.

06 ELIGIBILITY

Changes in eligibility for Marketplace coverage or financial assistance.

07 UNWINDING

Consumer loses Medicaid or Children's Health Insurance Program (CHIP) coverage due to the end of the continuous enrollment condition.

08 MEDICAID/CHIP DENIAL

Consumer determined ineligible for Medicaid or CHIP after the OEP.

SEP Basics

» 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:



Employer-sponsored coverage (ESC)
(or coverage through or another person's employer)



Coverage under a parent's MEC health plan



Most Medicaid or CHIP
(including Pregnancy Medicaid, CHIP Unborn Child, Medically Needy Medicaid)



Some student health plans
(check with the school to see if the plan counts as qualifying health coverage)



Minimum essential coverage (MEC)
through a Marketplace or Off-Exchange individual market health insurance



Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage

SEP Basics: Effective Dates

When a consumer selects a plan during an SEP, their coverage start date depends on their SEP situation. These effective dates include:



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 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
Past loss of qualifying health care (loss of MEC)	Up to 60 days after loss of coverage	Accelerated: First day of the month after plan selection
Future loss of qualifying health care (loss of MEC)	Up to 60 days before loss of coverage	Accelerated: First day of the month after last day of prior coverage
Move	Up to 60 days after the move	Accelerated: First day of the month after plan selection
Marriage	Up to 60 days after marriage	Accelerated: First day of the month after plan selection
Birth, adoption, foster child placement, or child support or other court order	Up to 60 days after birth, adoption, foster care placement, or child support or other court order	Retroactive: Date of adoption, foster care placement, or effective date of the court order
Denial of Medicaid/CHIP coverage	Up to 60 days after being determined ineligible for Medicaid/CHIP	Accelerated: First day of the month after plan selection, following ineligibility determination for Medicaid/CHIP

Removing Household Members

- » Consumers who are the household contact may remove a household member from their Marketplace application (household contacts can be removed by contacting the Marketplace Call Center and designating a new contact).
- » Consumers can report this qualifying life change:



Through their online **HealthCare.gov account**



By contacting the **Marketplace Call Center**



Through an approved **Direct Enrollment (DE)/Enhanced Direct Enrollment (EDE)** partner's website

Removing Household Members (continued)

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



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 passed away



They are a dependent who turned 26 years old

Monthly 150% SEP

» Certain consumers may be eligible for a time-limited, monthly SEP if they meet the following criteria:



They are eligible for **advance payments of the premium tax credit (APTC)**



They have a **projected household income at or below 150%** of the Federal Poverty Level (FPL)

Monthly 150% SEP (continued)

» Eligible consumers can get this SEP by submitting a new application or updating an existing one through:



Their online **HealthCare.gov** account



By contacting the **Marketplace Call Center**



Through an approved **DE/EDE** partner's website

Monthly 150% SEP (continued)



Consumers eligible for the monthly 150% SEP may also be eligible for Silver plans with **additional cost-sharing reductions (CSRs)** to maximize cost savings.



Consumers must select a plan **before the end of the calendar month** in which they submit or update their application for their coverage to start on the first day of the next month and avoid a lapse in coverage.



Unlike other SEPs, **the 150% FPL SEP does not have a deadline to select a plan**; consumers can submit or update an application at any time while this SEP is available and they qualify for it and receive a 60-day SEP to select a plan.

For more information on this SEP, view these FAQs: <https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUeQGAW/enrolling-consumers-in-health-coverage>.

Reporting a Qualifying Life Event

1

The consumer has a qualifying life event

2

The consumer reports the life event to the Marketplace

3

The consumer receives new eligibility determination

4

The consumer enrolls in new or updated coverage via an SEP



Reporting a Qualifying Life Event (continued)



1

The consumer has a life event. A qualifying life event could include a permanent change in address, the birth of a child, an offer of employer-sponsored coverage, and more.

2

The consumer reports the qualifying life event to the Marketplace. Consumers who experience a qualifying life event can report a life change to through their Marketplace application. A qualifying life event must be reported within 30 days of the change.

3

The consumer receives new eligibility determination. After consumers report changes to the Marketplace, they'll receive a new eligibility notice that explains if they qualify for an SEP that allows them to make changes to their coverage, if they're eligible for a different amount of financial assistance based on their new household income, household size, or other changed information, and if they may be eligible for a different kind of coverage, such as Medicaid or CHIP.

4

The consumer enrolls in new or updated coverage via an SEP. A consumer's SEP window during which they may select a plan is generally 60 days from the qualifying life event.

Consumer Scenario #1

Scenario: Skye resigned from their job on April 5 to start their own company. Their ESC ended at the end of the month on April 30.

Question #1: Skye qualifies for a loss of qualifying health coverage SEP. True or false?

1. True
2. False

Question #2: What is Skye's qualifying event date?

1. The first day of the next month after losing their coverage
2. The date they start their Marketplace application
3. The date their ESC ended
4. The date they left their job



Consumer Scenario #1

Explanation: Because Skye lost their employer-sponsored coverage, they qualify for a loss of qualifying coverage SEP. In this scenario, their qualifying event is the loss of coverage, which is the last day the consumer had coverage under their previous plan.

Question #1: Skye qualifies for a loss of qualifying health coverage SEP. True or false?

1. **True**
2. False

Question #2: What is Skye's qualifying event date?

1. The first day of the next month after losing their coverage
2. The date they start their Marketplace application
3. **The date their ESC ended**
4. The date they left their job



Consumer Scenario #2

Scenario: Avery and Miguel adopted a baby girl, Lola, on August 10. They reported their change in household size on their Marketplace application on August 17.

Question #1: Avery and Miguel do NOT qualify for an SEP to enroll Lola in coverage. True or false?

1. True
2. False

Question #2: When is Lola's coverage effective date?

1. August 10
2. August 17
3. August 1
4. September 1



Consumer Scenario #2

Explanation: Avery and Miguel's household size changed through the adoption of a child. This qualifies them for an SEP to enroll Lola in coverage. In this scenario, Lola's coverage effective date is retroactive to the date of Lola's adoption on August 10.

Question #1: Avery and Miguel do NOT qualify for an SEP to enroll Lola in coverage. True or false?

1. True
2. **False**

Question #2: When is Lola's coverage effective date?

1. **August 10**
2. August 17
3. August 1
4. September 1



Consumer Scenario #3

Scenario: Xavier lives in Orlando, FL and is enrolled in a Marketplace plan. On May 12, he moves to Raleigh, NC to be closer to family. As a result, Xavier gains access to new Marketplace plans and qualifies for an SEP due to a change in residence.

Question #1: What is Xavier's qualifying event date?

1. The day he completes a change of address form
2. The day he applies for Marketplace coverage
3. The day he moves to Raleigh

Question #2: If Xavier chooses a plan on June 1, when will his new Marketplace coverage start?

1. June 1
2. July 1
3. May 12



Consumer Scenario #3

Explanation: When reporting a change of residence, Xavier would report the day he moved to Raleigh as his qualifying event date. For a change in residence SEP, Xavier's coverage would start July 1, the first of the month after plan selection.

Question #1: What is Xavier's qualifying event date?

1. The day he completes a change of address form
2. The day he applies for Marketplace coverage
3. **The day he moves to Raleigh**

Question #2: If Xavier chooses a plan on June 1, when will his new Marketplace coverage start?

1. June 1
2. **July 1**
3. May 12



Importance of Using the SEP



Regulations require consumers to report changes affecting eligibility information on their application







If consumers do not report the qualifying life event, they **may lose eligibility** for coverage, access to Medicaid or CHIP, and/or financial assistance

Importance of Using the SEP (continued)



Consumers who wait until the very end of the SEP window or fail to enroll within the SEP window:

-  Risk losing financial assistance for which they may qualify.
-  Risk losing the ability to add new dependents to their current coverage.
-  Risk having to pay back some or all of their APTC.
-  Risk missing out on potential cost savings in the difference in plans and provider networks if they move.

Your Role in Completing an SEP

» As an agent or broker, you have the opportunity to educate your client at any time, including:



When **assisting with enrolling in coverage** through Open Enrollment



When **conducting consumer outreach**, such as prior to and during tax season



Any time a consumer reaches out to you regarding their application

Your Role in Completing an SEP (continued)

- » If your client fails to report a qualifying life event:



You may **miss out on commissions**



Your client may be confused if they don't understand how to report a qualifying life event

Your Role in Completing an SEP (continued)

» Educating and reminding your clients about reporting life changes has numerous advantages, including:



Helping to boost **return business and future commissions**



Helping your clients **maintain and access coverage** they need



Helping your clients **maintain and access financial assistance** they may be eligible to receive

Key Takeaways



To be eligible for an SEP, consumers must report a qualifying life event.



Qualifying life events, including adding or removing household members, can affect consumers' eligibility for coverage and financial assistance.



Midyear effective dates for new or updated coverage are determined by the SEP type.



If consumers don't report their qualifying life event or enroll using their SEP within the allotted windows, they will miss out on the most appropriate coverage and financial assistance.



Agents and brokers can educate their clients about the importance of reporting qualifying life events whenever they communicate with them.

SEP Resources



HealthCare.gov Resources



Get or Change Coverage Outside of Open Enrollment	https://www.healthcare.gov/coverage-outside-open-enrollment/your-options/
Special Enrollment Opportunities	https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/
Special Enrollment Periods for Complex Health Care Issues	https://www.healthcare.gov/sep-list/
Find Out if You Can Get Health Coverage Now	https://www.healthcare.gov/screener/
Send Documents to Confirm a Special Enrollment Period	https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/

CMS.gov Resources



Understanding Special Enrollment Periods	https://www.cms.gov/marketplace/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf
Report Life Changes When You Have Marketplace Coverage	https://www.cms.gov/marketplace/outreach-and-education/report-life-changes.pdf
COBRA Continuation Coverage Questions and Answers	https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/cobra_qna

Agents and Brokers Resources



FAQs: Special Enrollment Period	https://www.agentbrokerfaq.cms.gov/s/global-search/special%20enrollment%20period
Streamlined Marketplace Application Walkthrough – Loss of Health Coverage SEP	https://www.youtube.com/watch?v=Vz4MT0TCP_I

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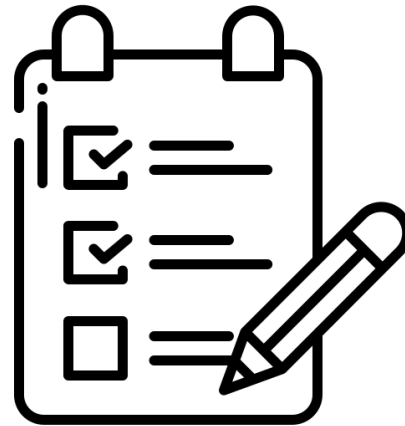
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Webinar Session Survey



CMS welcomes your feedback regarding this webinar and values any suggestions that will allow us to enhance this experience for you.



Shortly after this call, we will send a link to you for a convenient way to submit any ideas or suggestions you wish to provide that you believe would be valuable during these sessions.

Please take time to complete the survey and provide CMS with any feedback.



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 throughout the year!