



Process for Ending Coverage in a QHP through the Marketplace with APTC and CSRs



August 2015 Update

Application Updates

- Consumers are required to update their application information if it changes at any time during the year within 30 days of a change.
- When an application is updated, the Marketplace may find that an applicant who was previously enrolled in a Qualified Health Plan (QHP) through the Marketplace with advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) is now eligible for Medicaid or Children's Health Insurance Program (CHIP) coverage.
 - This could be because the state Medicaid or CHIP program made changes, like expanding eligibility, or because the applicant experienced a change in income or other life change.

Assessment vs. Determination States

- In certain states, known as “assessment states,” the Marketplace makes a preliminary Medicaid or CHIP eligibility assessment and, if the consumer is potentially eligible, the Marketplace transfers the consumer’s account to the state Medicaid or CHIP agency, which makes a final Medicaid or CHIP eligibility determination.
- In other states, known as “determination states,” the Marketplace makes a final determination of a consumer’s Medicaid or CHIP eligibility and transfers the consumer’s account to the state Medicaid or CHIP agency for enrollment.
- For a breakdown of which states are assessment versus determination states visit this link:
 - <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html>

Program Eligibility Considerations

- After being determined eligible for Medicaid or CHIP that qualifies as minimum essential coverage, a consumer is no longer eligible for APTC and CSRs through the Marketplace.
 - Tax filers may be liable to pay back APTC received for the months that the consumer in their tax household is enrolled in Medicaid or CHIP while receiving APTC, starting with the first month following the Medicaid or CHIP eligibility determination.
 - Consumers who receive APTC and have been determined eligible for or are enrolled in Medicaid or CHIP should take the steps outlined in this presentation to end their QHP coverage with APTC and CSRs.
 - Consumers in determination states should end their QHP coverage with APTC and CSRs immediately after being determined eligible for Medicaid or CHIP, while consumers in assessment states should wait until being determined eligible for Medicaid or CHIP by the state Medicaid or CHIP agency before ending their QHP coverage with APTC and CSRs.
- If a consumer enrolled in Medicaid wishes to maintain coverage in a QHP through the Marketplace, he or she may re-apply for QHP coverage without financial assistance during an Open Enrollment Period or Special Enrollment Period if otherwise eligible.

Ending QHP Coverage when Eligible for Medicaid or CHIP

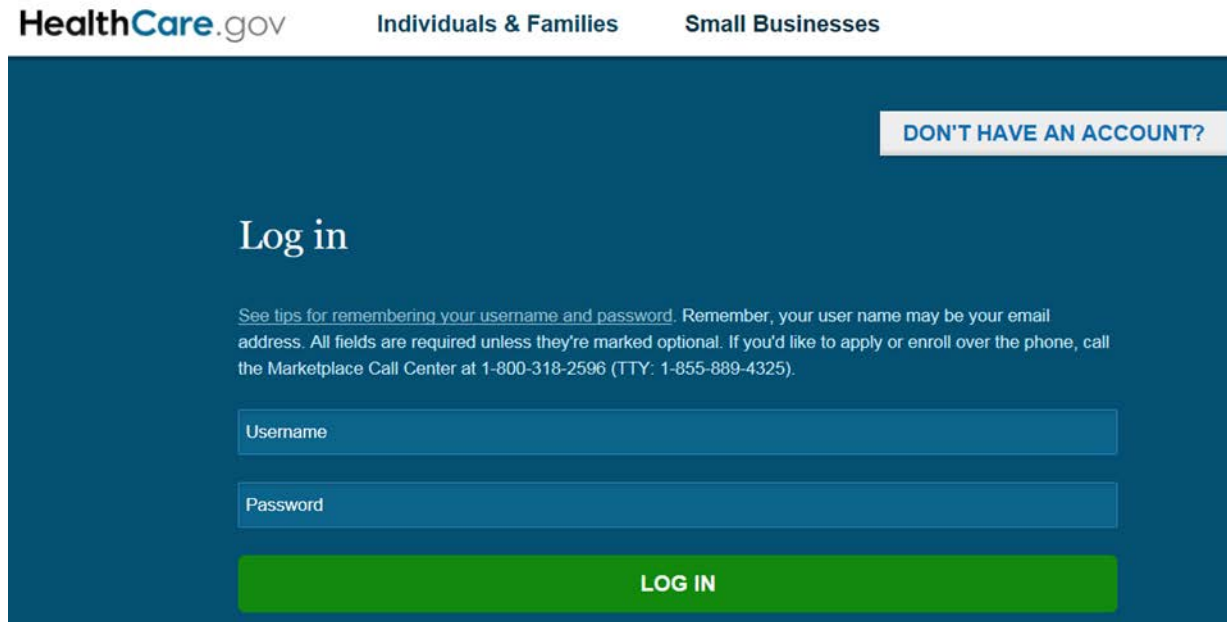
- This presentation includes instructions on how consumers can end QHP coverage through the Marketplace and APTC or CSRs:
 - 1) When the Marketplace assesses or determines a consumer to be eligible for Medicaid or CHIP
 - 2) When a consumer is dually enrolled in Marketplace coverage with APTC or CSRs and Medicaid or CHIP that qualifies as minimum essential coverage
- Instructions are for when:
 - 1) All applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP
 - 2) Some applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP and other applicants remain QHP eligible

Note: This presentation only applies to individual market Marketplace coverage, not to SHOP coverage.

Disclaimer

Please note that the information included in this presentation is solely illustrative. Several slides contain screenshots with names and/or specific issuers/plans. The purpose of these screenshots are to provide examples. Names presented are made up and issuer/plan names displayed were selected at random. These examples do not include personally identifiable information and are not an endorsement of specific issuers/plans.

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Log into HealthCare.gov




The screenshot shows the HealthCare.gov login interface. At the top, the logo "HealthCare.gov" is on the left, and "Individuals & Families" and "Small Businesses" are on the right. A white button with blue text "DON'T HAVE AN ACCOUNT?" is in the top right corner. The main heading "Log in" is centered. Below it is a link: "See tips for remembering your username and password. Remember, your user name may be your email address. All fields are required unless they're marked optional. If you'd like to apply or enroll over the phone, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)." There are two input fields: "Username" and "Password". A green "LOG IN" button is at the bottom.

Use this process to terminate Marketplace coverage after it has started.

Note: Only use “End (Terminate) All Coverage” when you want to end Marketplace coverage for everyone on the application. This will end all medical and dental policies associated with the application.

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click “Visit the Marketplace for Individuals and Families”



SUSAN, where would you like to go?

INDIVIDUALS & FAMILIES

VISIT THE MARKETPLACE FOR INDIVIDUALS AND FAMILIES »

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

FOR EMPLOYERS

[VISIT EMPLOYER MARKETPLACE »](#)

If you're a small business employer, choose this option to provide health coverage to you and your employees. You can also view and make changes to your current coverage offering. [Learn more about coverage options for small businesses.](#)

FOR EMPLOYEES

[VISIT EMPLOYEE MARKETPLACE »](#)

Starting November 15, you'll be able to choose this option if you're a small business employee and you've received a SHOP employee code from your employer. You'll also be able to view and make changes to your coverage. [Find out what you can do to get ready now and learn more about coverage options for employees of small businesses.](#)

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Select the Application

Get coverage for:

Select Year ▼ Select State ▼ **APPLY OR RENEW**

Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

Want coverage for 2014? You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

Your existing applications:

2015 Virginia application for Individual & Family Coverage	Status: Complete ID#: _____
2014 Virginia application for Individual & Family Coverage	Status: In progress ID#: _____ REMOVE



Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click “My Plans and Programs”

2015 application for Individuals & Families (ID#: [redacted]) View all applications

- My plans & programs**
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions

MY COVERAGE

My plans & programs
UPMC Advantage Bronze \$6,000/\$25
- Partner Network
Andre and Bridget
Status: Initial Enrollment

Delta Dental PPO Basic Plan for Families
Bridget
Status: Initial Enrollment

PAY YOUR FIRST PREMIUM

PREMIUM TAX CREDIT

Premium tax credit usage
Bridget and Andre

Using:	Eligible for:
\$67 per month	\$67 per month

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.](#)

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click “End (Terminate) All Coverage”

The screenshot shows a web application interface for managing a 2014 application for Individuals & Families. The header includes a back arrow, a document icon, the text "2014 application for Individuals & Families (ID# [redacted])", and a "View all applications" link. A "HELP" link is in the top right corner.

Members:	Start date:	End date:	Action:
ritika [redacted]	01/01/2014	12/31/2014	REMOVE

[CHANGE TO A DIFFERENT PLAN](#)

During Open Enrollment, you can change the health insurance plan for this group.

Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 2 plan(s)

[END \(TERMINATE\) ALL COVERAGE](#)

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Click Attestation and Click “Terminate Coverage”

1. Enter the date you want your coverage to end, starting 14 days from the current date.
2. Read and click the attestation.
3. Click “Terminate Coverage.”

2014 application for Individuals & Families (ID [redacted]) View all applications

You've chosen to end this coverage:

Blue Cross and Blue Shield of Alabama Blue Saver Bronze
ritika [redacted]

Humana Insurance Company Humana Dental Smart Choice
ritika [redacted]

Choose the date you want your coverage to end:
02/19/2014 [calendar icon]

I've fully read and understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I also understand that there may be a tax penalty for ending coverage early.

KEEP COVERAGE **TERMINATE COVERAGE**

Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: View Termination Confirmation

The screenshot displays a web interface for managing marketplace applications. At the top, a navigation bar shows a back arrow, a folder icon, and the text "2014 application for Individuals & Families (ID [redacted])". To the right of this bar is a "View all applications" link and a "HELP" icon. Below the navigation bar, two application cards are shown, each with a red "Status: Terminated" banner at the top.

Application 1:

- Status:** Terminated
- Plan Name:** Blue Saver Bronze
- Identifier:** 46944AL0460001
- Carrier:** Blue Cross and Blue Shield of Alabama
- Address:** 450 Riverchase Pkwy East, Birmingham, AL 35244-2858
- Phone:** 1-888-267-2955
- Website:** <https://www.ibcsal.com/sales/index.html>
- Action:** VIEW PLAN BENEFITS
- Cost:** You pay: \$188.04/mo.

Application 2:

- Status:** Terminated
- Plan Name:** Humana Dental Smart Choice
- Identifier:** 44580AL0380001
- Action:** VIEW PLAN BENEFITS
- Cost:** You pay: \$18.20/mo.

A "Live Chat" button is visible in the bottom right corner of the application area.

Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Select the Application

Use this process to cancel Marketplace coverage before it starts.

Follow same first three steps:

1. Log into HealthCare.gov
2. Click “Visit the Marketplace for Individuals and Families”
3. Select the application

Note: Only use “End (Terminate) All Coverage” when you want to cancel Marketplace coverage for everyone on the application. This will cancel all health and dental policies associated with the application.

Get coverage for:

Select Year ▼ Select State ▼ **APPLY OR RENEW**

Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

Want coverage for 2014? You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

Your existing applications:

2015 Alabama application for Individual & Family Coverage	Status: Complete ID#: _____
2015 Ohio application for Individual & Family Coverage	Status: In progress ID#: _____ REMOVE

Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click “My Plans and Programs”

2015 application for Individuals & Families (ID#: [redacted]) View all applications

My plans & programs

- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions
- Tax forms

MY COVERAGE

My plans & programs

UnitedHealthcare of Alabama, Inc.
UnitedHealthcare Bronze Compass
HSA 6275
Demetrius
Status: Initial Enrollment

UnitedHealthcare of Alabama, Inc.
UnitedHealthcare Bronze Compass
HSA 6275
Demetrius
Status: Cancelled (coverage ended on 02/01/2015)

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.](#)

Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click End (Terminate) All Coverage

2015 application for Individuals & Families (ID# [redacted]) View all applications

My plans & programs (1)

- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions
- Tax forms

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

Need to pay your first month's premium? Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

Status: Initial Enrollment

UnitedHealthcare Bronze Compass HSA 6275 68259AL0030009

UnitedHealthcare of Alabama, Inc.
33 Inverness Center Parkway
Birmingham, AL 35211

VIEW PLAN BENEFITS	
Base premium	\$492.93/mo.
Premium tax credit	\$0.00/mo.
You pay:	\$492.93/mo.

Members	Start date	End date	Action
Demetrius Bautista	02/01/2015	12/31/2015	REMOVE

CHANGE PLANS

You can only change plans during Open Enrollment for 2015 or if you're eligible for a Special Enrollment Period.

Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 1 plan(s)

END (TERMINATE) ALL COVERAGE

Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Click Attestation and Click “Terminate Coverage”

1. Read and click the attestation.
2. Click “Terminate Coverage.”

Important: Coverage will be canceled effective immediately.

The screenshot shows a web interface with a sidebar on the left containing a menu with items like 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change', 'Communication preferences', 'Auth...', 'Event...', and 'Tax fo...'. The main content area is titled 'My plans & programs (1)' and contains text about coverage and a link to 'report a life change'. A modal dialog box is open in the center, titled 'You've chosen to end this coverage:'. The dialog contains the following text: 'UnitedHealthcare of Alabama, Inc. UnitedHealthcare Bronze Compass HSA 6275', 'Demetrius: _____', and a paragraph explaining the 15-day deadline for selecting a new plan. Below this is a link 'Learn more about terminating your coverage' and a checked checkbox with the text: 'I fully understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we can't enroll in other Marketplace coverage until the next Open Enrollment Period. I also understand that there may be a tax penalty for ending coverage early.' At the bottom of the dialog are two buttons: 'KEEP COVERAGE' and 'TERMINATE COVERAGE'. A blue arrow points from the left towards the dialog, and another blue arrow points from the right towards the 'TERMINATE COVERAGE' button. Below the dialog, there is a 'CHANGE PLANS' button and text stating: 'You can only change plans during Open Enrollment for 2015 or if you're eligible for a Special Enrollment Period.' The footer of the page says 'Terminate coverage'.

Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: View Cancellation Confirmation

The screenshot displays a user's account page with a sidebar menu on the left and main content on the right. The sidebar menu includes: My plans & programs (highlighted), Eligibility & appeals, Applications details, Report a life change, Communication preferences, Authorized users, Exemptions, and Tax forms. The main content area is titled "My plans & programs (1)" and contains a paragraph of text, a "Need to pay your first month's premium?" section with a link, and a red status bar indicating "Status: Cancelled (coverage ended on 02/01/2015)". Below this, the plan details for "UnitedHealthcare Bronze Compass HSA 6275 68259AL0030009" are listed, including the provider "UnitedHealthcare of Alabama, Inc." and the monthly premium amount of \$492.93.

My plans & programs

- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions
- Tax forms

My plans & programs (1)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

Need to pay your first month's premium? Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

Status: Cancelled (coverage ended on 02/01/2015)

**UnitedHealthcare
Bronze Compass HSA
6275
68259AL0030009**

UnitedHealthcare of Alabama, Inc.
33 Inverness Center Parkway
Birmingham, AL 35242

You pay: **\$492.93**/mo.

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application

Use this process to end Marketplace coverage for some, but not all enrollees on an application, because only some enrollees have been determined eligible for or are enrolled in Medicaid or CHIP.

Follow same first three steps:

1. Log into HealthCare.gov
2. Click “Visit the Marketplace for Individuals and Families”
3. Select the application

Get coverage for:

Select Year ▼ Select State ▼ **APPLY OR RENEW**

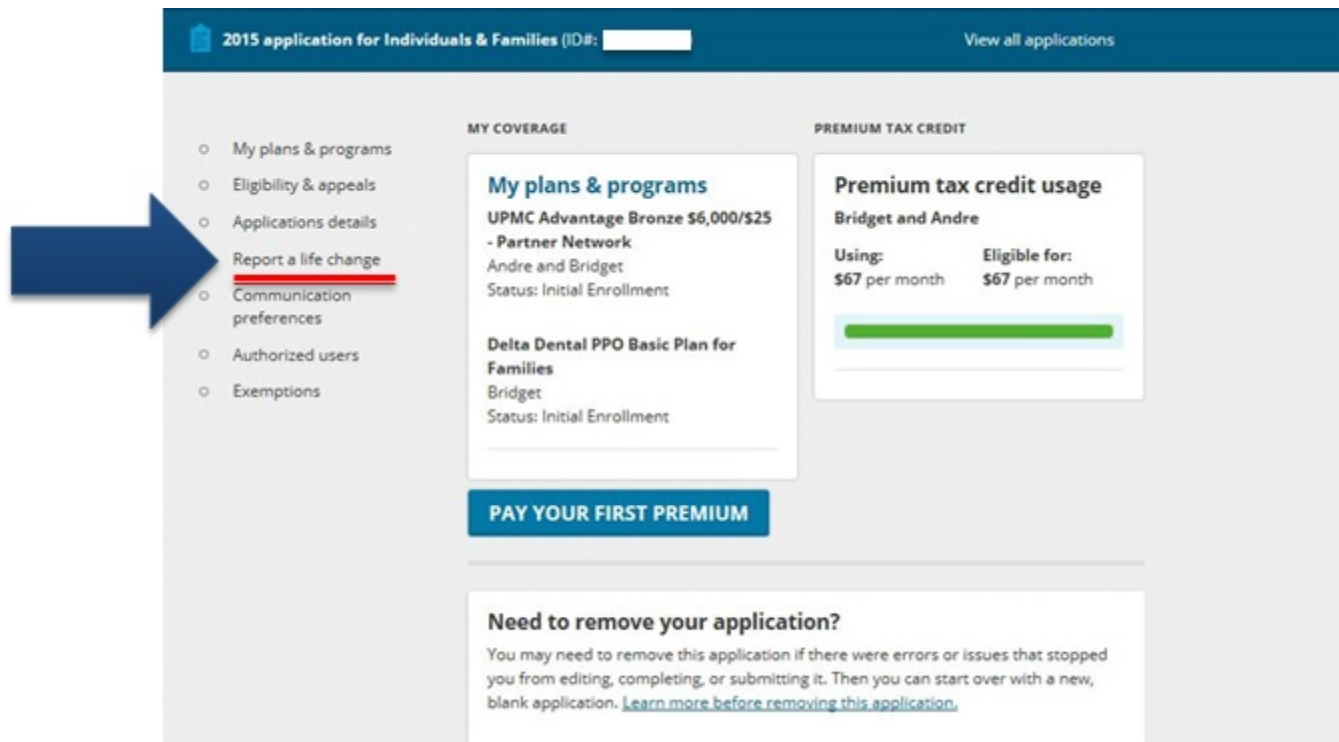
Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

Want coverage for 2014? You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

Your existing applications:

2015 Alabama application for Individual & Family Coverage	Status: Complete ID#: _____
2015 Ohio application for Individual & Family Coverage	Status: In progress ID#: _____ REMOVE

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click “Report a life change”



The screenshot displays a web interface for a 2015 application for Individuals & Families. The header includes the application ID and a 'View all applications' link. The left sidebar contains a list of navigation options, with 'Report a life change' highlighted in red and indicated by a large blue arrow. The main content area is divided into 'MY COVERAGE' and 'PREMIUM TAX CREDIT' sections. The 'MY COVERAGE' section lists two plans: 'UPMC Advantage Bronze \$6,000/\$25 - Partner Network' for Andre and Bridget, and 'Delta Dental PPO Basic Plan for Families' for Bridget. A 'PAY YOUR FIRST PREMIUM' button is located below the coverage details. The 'PREMIUM TAX CREDIT' section shows usage for Bridget and Andre, with a bar chart indicating that the amount used (\$67 per month) is equal to the amount eligible for (\$67 per month). A 'Need to remove your application?' section is also visible at the bottom.

2015 application for Individuals & Families (ID#: [redacted]) [View all applications](#)

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change**
- Communication preferences
- Authorized users
- Exemptions

MY COVERAGE

My plans & programs

UPMC Advantage Bronze \$6,000/\$25 - Partner Network
Andre and Bridget
Status: Initial Enrollment

Delta Dental PPO Basic Plan for Families
Bridget
Status: Initial Enrollment

PAY YOUR FIRST PREMIUM

PREMIUM TAX CREDIT

Premium tax credit usage
Bridget and Andre

Using:	Eligible for:
\$67 per month	\$67 per month

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.](#)

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click the green “Report A Life Change”

My plans & programs

Eligibility & appeals

Applications details

Report a life change

Communication preferences

Authorized users

Exemptions

Tax forms

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 kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Examples of changes to report:

- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Continue Through to Change Application Information

- Select “Report a change in my household’s income, size, or other information.”
- Then click the green “Continue” near the bottom of the screen.
- Continue through application information, updating information as necessary.



Have you had any changes like these?

- You moved to a different state
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You had family changes, like a new baby or a divorce

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

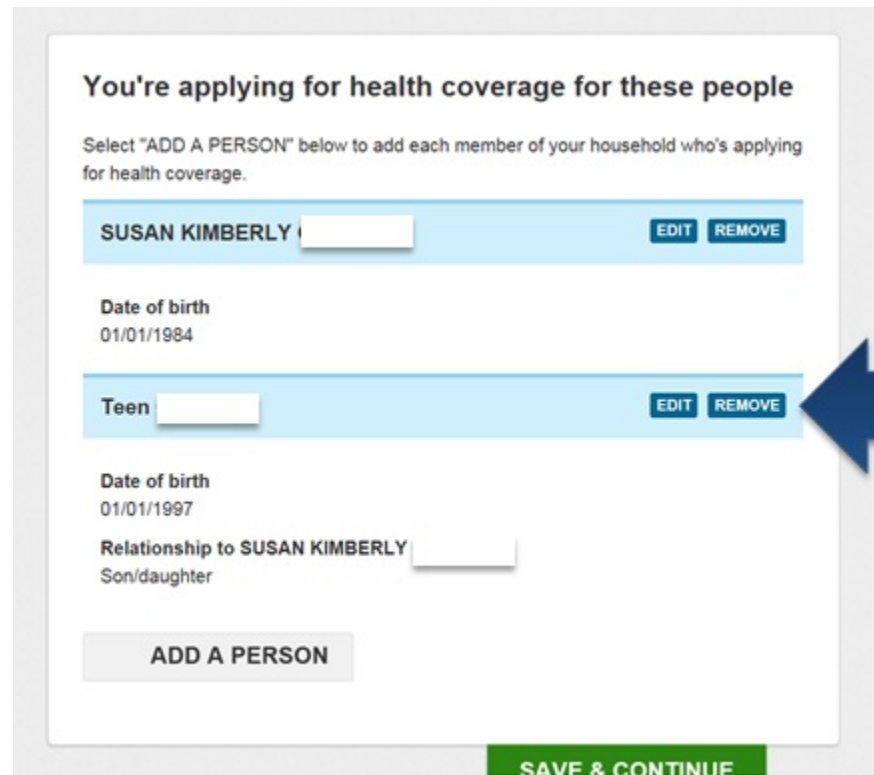
- Report a move to a new state
- Change how we send information to you
- Report a change in my household's income, size, or other information

CANCEL

CONTINUE

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Remove People Who Aren't Applying for Coverage

- Then click the green “Save & Continue” near the bottom of the screen.



You're applying for health coverage for these people

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

SUSAN KIMBERLY [EDIT](#) [REMOVE](#)

Date of birth
01/01/1984

Teen [EDIT](#) [REMOVE](#)

Date of birth
01/01/1997

Relationship to SUSAN KIMBERLY
Son/daughter

[ADD A PERSON](#)

[SAVE & CONTINUE](#)

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Confirm Removals and Answer Subsequent Questions Appropriately

- Then click the green “Save” then continue clicking through the application, updating information as necessary, until the question about claiming dependents on federal income tax return.

Confirm that you want to remove Teen _____ from your application

Yes. I want to remove this person from my application.

Is Teen _____ deceased?

Important: Select at least 1 item(s)

Yes.

No.

Are you removing Teen _____ because of a divorce?

Yes.

No.

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Adding Back in Relevant Members of Tax Household

IMPORTANT: List the members in the applicant's tax household; this may include listing the person/people who were just removed as applicants.

As applicable:

1. Indicate whether the applicant is claiming dependents on their federal income tax return, and answer subsequent questions.
2. Click the green "Save & Continue."
3. Continue clicking through the application, adding/updating information as needed.

Will SUSAN _____ claim any dependents on her federal income tax return for 2015?

Yes
 No

Who are SUSAN _____ dependents?

Someone else

First name: Teen
Middle *optional*:
Last name: (<_____)
Suffix *optional*: Select... ▾

Date of birth: 10/10/2000
MM/DD/YYYY

ADD ANOTHER DEPENDENT

SAVE & CONTINUE

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Click “View Eligibility Results,” and When Ready, “Continue to Enrollment”

Eligibility results

[Learn more about your eligibility results](#)

Results based on your application (ID 952699877) submitted on 12/18/2014

Your application was received and has been processed.

Your detailed eligibility results are ready

Important: You must complete these steps before you can enroll in coverage:

1. View your eligibility results. We'll let you know if there are any problems with your application that you need to fix before continuing. Select "VIEW ELIGIBILITY RESULTS".
2. View and select plans, and confirm your enrollment to get coverage for 2015. Select "CONTINUE TO ENROLLMENT".

You must select a plan to confirm your enrollment and save your updated application information.

VIEW ELIGIBILITY RESULTS **CONTINUE TO ENROLLMENT**

IMPORTANT: Continue through “Enroll To-Do List,” including selecting and confirming a plan to complete the process.

Note: The plan subscriber (the policyholder) will be automatically reassigned based on the remaining enrollees.

Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application: Important Information about Confirming Enrollment for QHP Applicants

- The plan selection will only show those consumers who applied and were determined eligible to enroll in a QHP through the Marketplace. Consumers who are assessed or determined eligible for Medicaid or CHIP and who are no longer applying for QHP coverage through the Marketplace will not appear.
- Consumers continuing their Marketplace coverage must select and confirm enrollment in a QHP for the coverage changes to go into effect. Consumers who are eligible for a Special Enrollment Period will be able to select a new plan if they wish.
- Once QHP enrollment is confirmed for the remaining applicants, coverage will be terminated for consumers who have been assessed or determined Medicaid or CHIP eligible, and who are no longer applying for coverage through the Marketplace.

Obtaining a Special Enrollment Period for Coverage in a QHP through the Marketplace

- Consumers may receive a Special Enrollment Period (SEP) to enroll in coverage through the Marketplace if:
 - 1) They are assessed eligible for Medicaid or CHIP by the Marketplace, but later receive a denial letter from the state Medicaid or CHIP agency;
 - 2) They lose eligibility for Medicaid or CHIP outside of Open Enrollment and want to apply for Marketplace coverage; or
 - 3) They have certain changes in circumstance or other qualifying life event
- Consumers in these situations should contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)

Scenario 1

Q: A consumer receives a notice indicating the entire family is dually enrolled in Marketplace coverage with APTC and Medicaid. The consumer wants to terminate Marketplace coverage for themselves and the rest of their family/enrollment group. What should the consumer do?

A: If no one on the application needs to keep their Marketplace coverage, the consumer should follow the “Terminating Marketplace Coverage with APTC and CSRs for All Enrollees” process.

Scenario 2

Q: An enrollment group consisting of a mother, father, and child are enrolled in Marketplace coverage with APTC. The child is also enrolled in Medicaid. The father (the application filer/subscriber) and mother want to keep their Marketplace coverage, and end the child's Marketplace coverage with APTC (since the child is dually enrolled). How do they remove the child from the Marketplace plan?

A: The family should follow the “Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application” process.