

Helping Consumers Enroll in Coverage

BeWell Essentials: Part 4 of 8



Introduction

Once consumers select a plan, assisters can help them complete their enrollment. This presentation provides information to help assisters guide consumers through the enrollment process, both during the annual Open Enrollment Period (OEP) and throughout the year.

Main Topics

- Enrollment process
- Effective dates of coverage
- Reporting changes

Enrollment Process (1 of 3)



- To enroll in a Marketplace health plan, an individual or family must:
 - Establish eligibility for a Marketplace plan through BeWell's application process;
 - Request enrollment during the annual Open Enrollment Period (OEP) or qualify for a Special Enrollment Period (SEP); and
 - Provide certain additional information when selecting a plan.

Enrollment Process (2 of 3)



- Consumers must provide the following information when selecting a plan:
 - Plan name and carrier;
 - Effective date of coverage; and
 - Signature or e-signature reflecting acceptance of the enrollment form and Terms and Conditions.

Enrollment Process (3 of 3)



- There are three ways consumers can sign:
 - Electronic submissions:
 - The adult applicant or authorized representative must e-sign the enrollment form as well as the Terms and Conditions agreement by clicking on a confirmation button, such as "I agree."
 - Paper submissions:
 - The adult applicant or authorized representative must physically sign the enrollment form as well as the Terms and Conditions agreement. If the enrollee is under 18 years of age, the parent or legal guardian must sign both forms.
 - Submissions by phone:
 - For submissions made by phone to the Customer Engagement Center (CEC), the applicant, authorized representative, parent, or guardian may either: (1) attest to agreement by voice, then the CEC representative can complete the submission electronically, or (2) sign and mail in a printed, complete application generated by the CEC representative.

Effective Dates of Coverage



- Coverage will begin the 1st of the month following the date of enrollment with few exceptions:
 - In some instances, the consumer may be able to choose if they wish to enroll the first of the following month or the first of the second month.
 - With the addition of a child to the household through birth, adoption, foster care placement, or court order, coverage may start the date of the event, unless the consumer chooses to start coverage the first of the following month.

Effective Dates of Coverage (Continued)



- Coverage will begin the first of the month following the date of enrollment with few exceptions:
 - In some instances, consumers can report a coverage loss up to 60 days in advance. For consumers who attest to a future loss of Medicaid coverage, Marketplace coverage will be offered to start on the first day of the month after their last day of Medicaid coverage.
 - **Example:** On April 15, a consumer reports that their Medicaid coverage will end on May 31. The consumer's Marketplace coverage can begin on June 1.
 - Consumers who apply with BeWell after losing Medicaid coverage can choose a retroactive effective date of coverage, back to the first day of the month in which the consumer enrolls in a plan.
 - **Example:** If a consumer loses Medicaid on July 31, and selects a marketplace plan on August 25, coverage can start on August 1.

Reporting Changes (1 of 4)

- Regulations require consumers to report changes affecting eligibility information on their application within 30 days of the change.
- Some changes qualify consumers for an SEP to make changes to their coverage. In most cases, the SEP runs for 60 days following the event.
- A loss of MEC can be reported 60 days prior to the event or 60 days after the event.
 - See the SEP lesson (Lesson 2: ACA Basics, Part 6) for more information.

Reporting Changes (2 of 4)



- Consumers can log into their account on the [BeWell website](#), select their submitted application, and then select "Report a change."
- Consumers can also call their broker, certified enrollment counselor or BeWell CEC to report a change.

Reporting Changes (3 of 4)



- To report a change online:
 1. Log into the [BeWell website](#) account.
 2. Choose the year of the application the consumer wants to update under the “Benefits and Coverages” tab > “Eligibility.”
 3. Select “Report a Change.”
 4. On the list of changes, select “Report a Change” to get started.
 5. Select the kind of change to report.
 6. Navigate through the application and report any changes to income, household members, address, new health coverage offers, etc.
 7. Submit the application.
 8. Review eligibility results.

Reporting Changes (4 of 4)



- After consumers report changes to BeWell, they will receive a new eligibility notice that explains whether they:
 - Qualify for an SEP that allows them to make a change to their coverage.
 - Are eligible for a different amount of financial assistance based on their new income, household size, or other changed information.
 - Are eligible for a different kind of coverage, such as Medicaid.

Key Points

- To enroll in a health plan through BeWell, an individual or family must:
 - Establish eligibility for a Marketplace plan through BeWell's application process;
 - Request enrollment during the annual OEP or qualify for an SEP; and
 - Provide certain additional information when selecting a plan.
- Consumers should report changes affecting eligibility information on their application within 30 days of the change. Once the change has been reported, they will receive an updated eligibility notice.
- Coverage will begin the first of the month following the date of enrollment with few exceptions.



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New Mexico's
Health Insurance
Marketplace