



Health Reform: **Beyond the Basics**

[healthreformbeyondthebasics.org](http://healthreformbeyondthebasics.org)

# Special Enrollment Periods

*Center on Budget and Policy Priorities*

March 3, 2016

## Annual Period When Someone Can Enroll in a Qualified Health Plan

- Marketplaces will determine eligibility to enroll in a QHP, assess (or determine) eligibility for Medicaid and CHIP, and determine eligibility for premium tax credits and cost-sharing reductions all year
  - ! But a person can only enroll in a QHP during open enrollment or during a special enrollment period

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*Open enrollment for 2016 coverage: November 1, 2015 – January 31, 2016*

→ **Open enrollment for 2017 coverage:** November 1, 2016 – January 31, 2017

*Open enrollment for 2018 coverage: November 1, 2017 – January 31, 2018*

*Open enrollment for 2019 coverage: November 1, 2018 – December 15, 2018*

## Period When Someone Can Enroll In or Switch Qualified Health Plans Outside of Open Enrollment

- Can occur at any point in the year
- Triggered by specific events
- Usually gives a person 60 days after the event to take action
- Generally SEPs apply to entire family even if only one person experiences a triggering event

**Note:** Some SEPs are triggered regardless of current QHP enrollment. Others apply only to current enrollees.

- Regular coverage effective dates:
  - If plan is selected between the 1<sup>st</sup> and 15<sup>th</sup> of the month, coverage effective the first day of the month following plan selection
  - If plan is selected between the 16<sup>th</sup> and the last day of the month, coverage is effective the first day of the second following month following plan selection
- Some SEPs have special coverage effective dates that allow coverage to start more promptly
- Some SEPs are also available up to 60 days before the triggering event

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# Events That Trigger an SEP

## Life events, such as:

- Marriage
- Birth of a baby
- Permanent move
- Gaining an eligible immigration status

## Loss of minimum essential coverage, such as:

- Loss of employer coverage or Medicaid
- Expiration of non-calendar year plan

## Special circumstance, such as:

- Moving out of the Medicaid coverage gap
- Error/inaction/ misconduct by Marketplace, HHS, agent, assister
- Special rule for Indians and Alaska Natives

- **Gaining or becoming a dependent**
  - ✓ Marriage
  - ✓ Birth, adoption, or placement for foster care or adoption
  
- **Gaining an eligible immigration status**
  - ✓ Becoming a U.S. citizen or national
  - ✓ Gaining a “lawfully present” status

- **Making a permanent move**

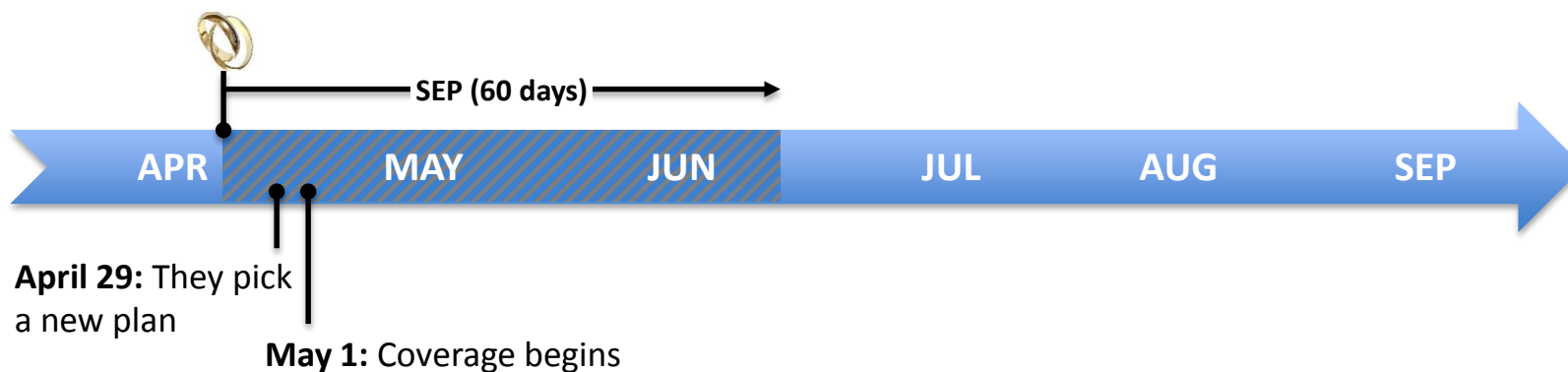
- ✓ Moving to a new state
- ✓ Moving to a different part of the same state (potentially the same city or a neighboring county) provided they gain access to new QHPs
  - This applies even if they are already enrolled in a QHP and are still within that plan's coverage area
- ✓ Moving back to the U.S. after living abroad
- ✓ A child or dependent moves back to parent's home
- ✓ A person is released from incarceration
- ✓ A person moves to a different area for seasonal employment, but maintains another home elsewhere (such as a seasonal farmworker)
- ✗ *Does not include a short-term or temporary move where the consumer doesn't plan to stay in the new location, including if a consumer is admitted to a hospital for treatment in a different area*



SEP Triggering Event	Timing	When Does Coverage Start?
Marriage	Up to 60 days after date of marriage	Special coverage effective dates: First day of the month following plan selection
Birth, adoption, adoption, or foster care placement	Up to 60 days after birth, adoption, or placement	Special coverage effective dates: Date of the birth, adoption, or placement <i>EXCHANGE OPTION: May allow consumer to choose effective date of first day of month after birth, adoption or placement</i>
Gaining an eligible immigration status	Up to 60 days after gaining status	Regular coverage effective dates
Permanent move	Up to 60 days after move	Regular coverage effective dates; or <i>EXCHANGE OPTION: First day of the month following plan selection</i>
	On the date of the move or up to 60 days before move <i>(NEW: Currently a marketplace option – mandatory to offer this beginning Jan 1, 2017)</i>	Special coverage effective dates: First day of the month following permanent move if plan is selected on or before the date of move

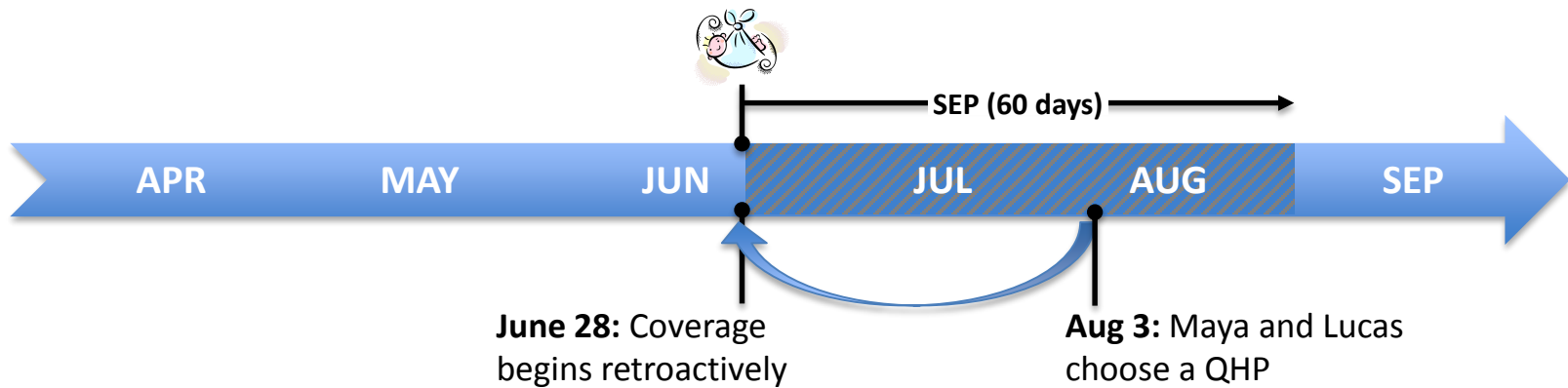
## Example: Marriage

- Jay and Kim get married on April 23
- Jay is enrolled in a QHP:
  - Kim can join his QHP
  - Kim can enroll in a different QHP.
  - Jay can enroll in a different plan with Kim
- They decide to enroll in a new plan together on April 29



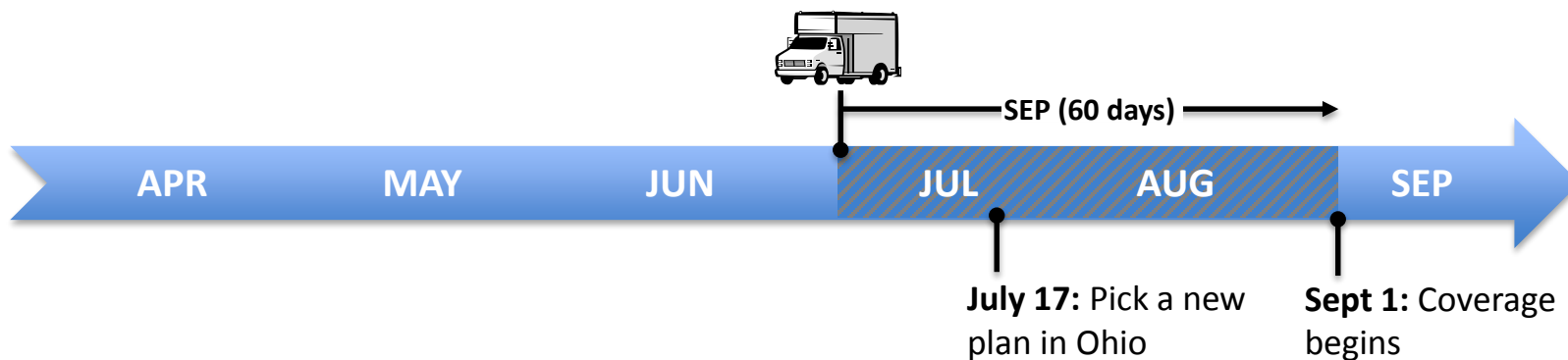
# Example: Birth of a Baby

- Maya gives birth to her son, Lucas, on June 28
- She is not enrolled in any coverage
- She decides to enroll herself and Lucas in a QHP in August



## Example: Permanent Move

- Daniel, Marie and Amina move in early July from Illinois to Ohio
- They were all enrolled in coverage in Illinois
- All members of the family decide to change to a new QHP in Ohio



- **Loss of minimum essential coverage**

- ✓ Loss of eligibility for an employer plan (e.g., loses job, quits a job, work hours reduced)
- ✓ Loss of eligibility for Medicaid or CHIP (includes losing pregnancy-related Medicaid and medically needy Medicaid)
- ✓ Expiration of COBRA coverage
- ✓ Cancellation of non-group plan
- ✓ Loss of eligibility for student health plan
- ✓ Decertification of current Marketplace coverage
- ✓ No longer living, working, or residing in the area of the plan
- ✓ Loss of coverage due to divorce or legal separation
- ✓ Loss of coverage due to loss of dependent status
- ✓ Loss of coverage due to death of policyholder
- ✓ Termination of employer contributions to employee's health coverage
- ✓ Newly eligible for the PTC due to discontinuation or change to employer-sponsored plan resulting in plan no longer being considered MEC

*✗ Does not include being terminated from a plan for failure to pay premiums or simply choosing to drop other coverage.*

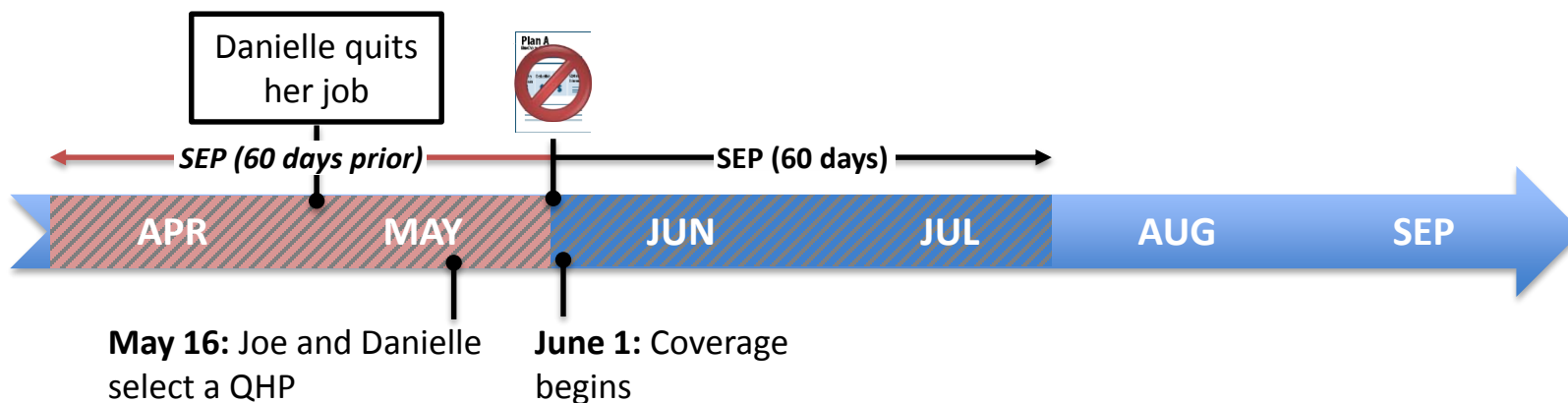
- **Expiration of a non-calendar year plan**
  - ✓ The plan year ends for a non-calendar year plan in the individual (non-group) or group market (i.e., the plan year ends in a month other than December)
  - ✓ Applies even if there is an option to renew the non-calendar year plan

SEP Triggering Event	Timing	When Does Coverage Start?
Loss of MEC	Up to 60 days before loss of coverage	Special coverage effective dates: First day of the month following loss of previous coverage if plan is selected before the loss of coverage
	Up to 60 days after loss of coverage	First day of the month following plan selection if plan is selected after the loss of coverage; or <i>EXCHANGE OPTION: Regular coverage effective dates</i>
Expiration of a non-calendar year plan	Up to 60 days before plan expires	Special coverage effective dates: First day of the month following loss of previous coverage if plan is selected before the loss of coverage
	Up to 60 days after plan expires	First day of the month following plan selection if plan is selected after the loss of coverage; or <i>EXCHANGE OPTION: Regular coverage effective dates</i>



## Example: Loss of Employer Coverage

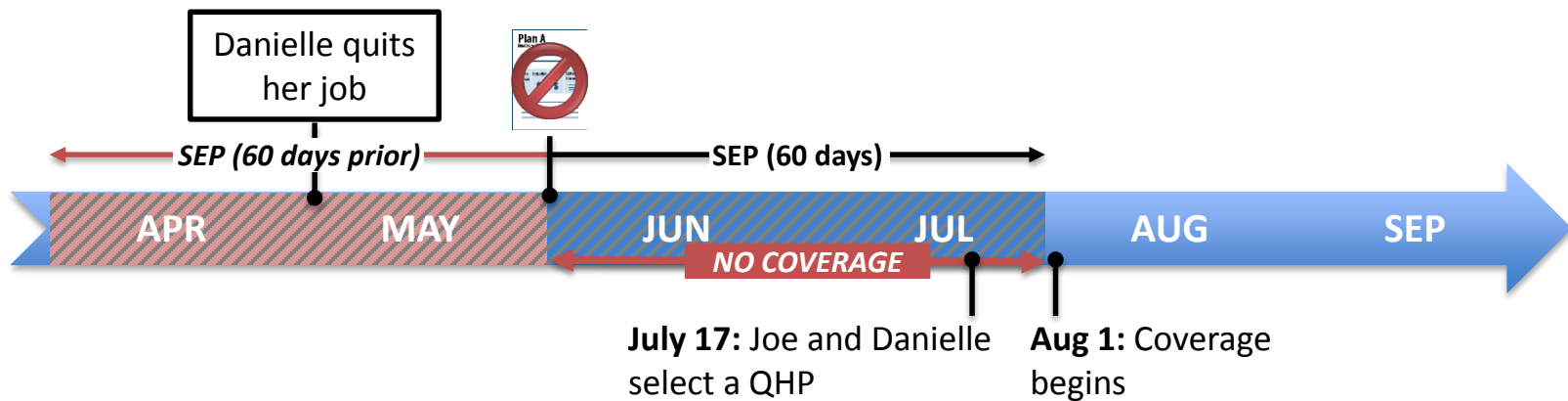
- Joe and Danielle are enrolled in health insurance that Danielle gets through her job
- Danielle quits her job in May, and her health benefits are scheduled to end on May 31
  - She is offered COBRA, but it would cost a lot
- Joe and Danielle instead apply for coverage at the Marketplace in their state
- They have 60 days before and after Danielle's employer coverage ends to pick a plan





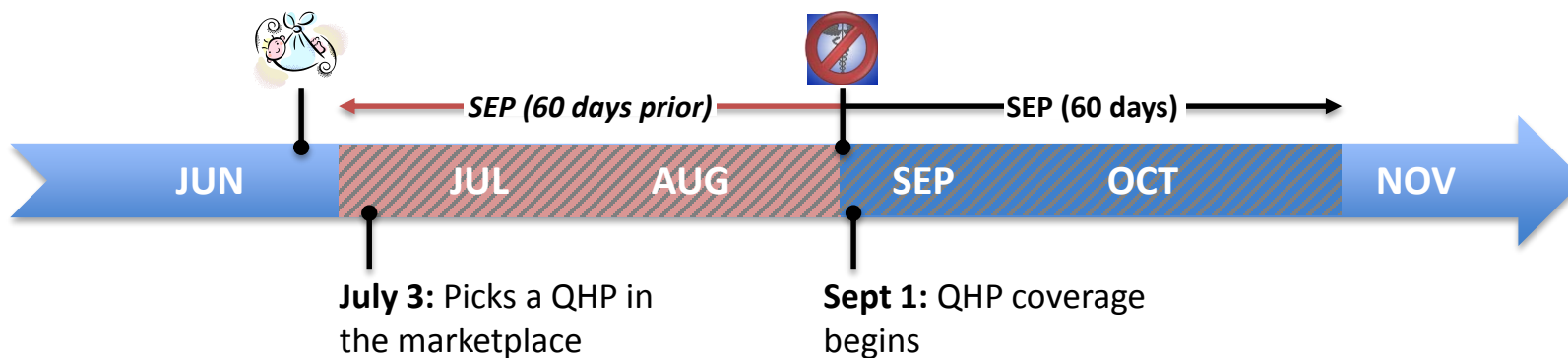
## But what if they select a QHP after losing coverage?

- Joe and Danielle don't pick a plan until the end of July
- Because they waited until they lost coverage, they will have a gap in coverage in June and July



# Example: Loss of Pregnancy-Related Medicaid

- Remember Maya?
- Let's say Maya has pregnancy-related Medicaid coverage that will end August 31
- Her new son, Lucas, is eligible for Medicaid
- Maya is eligible for two SEPs:
  - Impending loss of coverage
  - Birth of Lucas
- Because she is losing coverage, she has 60 days before the loss to enroll in coverage



- **Moving out of the Medicaid coverage gap**
  - ✓ Income increases to a level above 100% of the poverty line creating eligibility for PTCs
  - ✓ Applies only to residents of states that have not expanded Medicaid
  - ✓ Person does not need to have had prior contact with the marketplace to be eligible
  
- **Status as American Indian or Alaska Native**
  - ✓ Person is or becomes a member of federally recognized Native American or Native Alaskan tribe
  - ✓ May enroll in or change QHPs one time per month

- **Exceptional circumstances**

- ✓ Serious medical condition or natural disaster kept person from enrolling during open enrollment (e.g., unexpected hospitalization or temporary cognitive disability, an earthquake, hurricane, or massive flooding)
- ✓ Survivors of domestic violence or abuse or spousal abandonment
- ✓ Medicaid/Marketplace transfers that kept a person from enrolling in coverage during open enrollment
- ✓ System errors related to immigration status
- ✓ Unable to complete ID proofing process during open enrollment
- ✓ Unresolved casework that kept a person from enrolling in coverage during open enrollment
- ✓ Demonstrate to the Marketplace that an individual meets exceptional circumstances



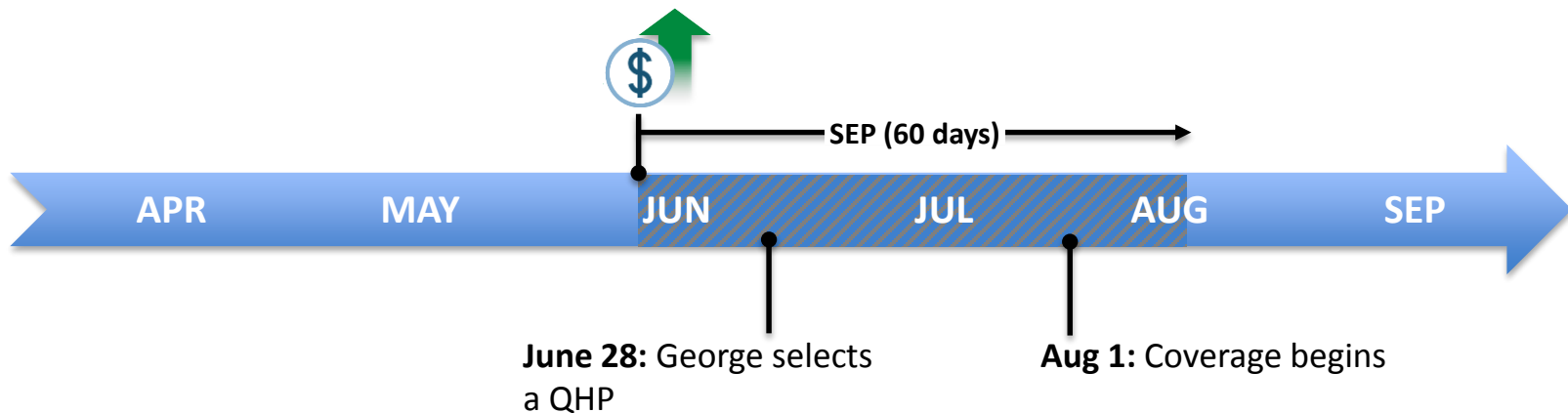
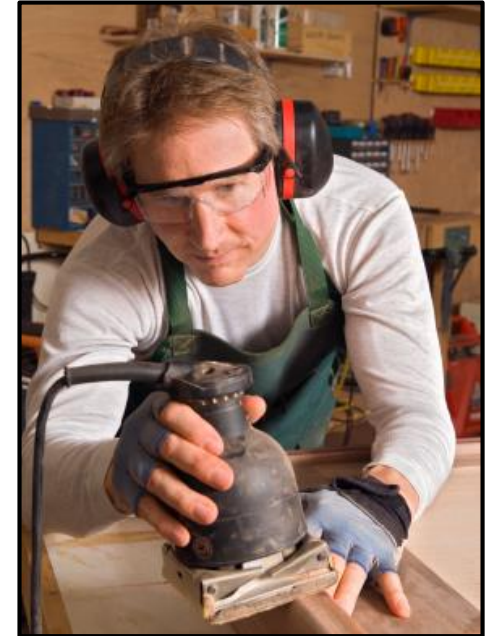
For more information on what complex situations trigger a SEP, see Healthcare.gov: [www.healthcare.gov/sep-list](http://www.healthcare.gov/sep-list)

- **Error/misconduct/inaction by the Marketplace, HHS, or non-Marketplace entity aiding in enrollment**
  - ✓ A person's enrollment or non-enrollment in a QHP (or the enrollment or non-enrollment of the person's dependent) results from the error, misrepresentation, misconduct, or inaction of employees or officers of the Marketplace or HHS, HHS instrumentalities, or a non-Marketplace entity providing enrollment assistance or conducting enrollment activities
  - ✓ Includes misconduct, error, and inaction by insurance company representatives, navigators, certified application counselors, agents, or brokers
  - ✓ Marketplace determines whether this SEP applies

SEP Triggering Event	Timing	When Does Coverage Start?
Moving out of the Medicaid coverage gap	Up to 60 days after change in income	Regular coverage effective dates
Status as American Indian or Alaska Native	May enroll in or change QHPs one time per month	Regular coverage effective dates
Exceptional circumstances	Up to 60 days after triggering event	Effective date appropriate to circumstances
Error/inaction/misconduct by the Marketplace or HHS	Up to 60 days after triggering event	Effective date appropriate to circumstances
Misconduct by a non-Marketplace enrollment assister	Up to 60 days after triggering event	Effective date appropriate to circumstances

## Example: No Longer in the Medicaid Coverage Gap

- George works as a carpenter in Missouri
- His income during open enrollment was 90% of the federal poverty line, so he was ineligible for Medicaid because his state has not expanded Medicaid
- He decided to not apply for coverage
- In June, he got a new client, which pushed his income above the poverty line
- He is eligible for a SEP to now enroll in coverage through the marketplace





## Failed to file a tax return and reconcile APTC for 2014:

- Eligible for SEP if a consumer:
  - ✓ Is not currently enrolled in 2016 coverage through the marketplace;
  - ✓ Is not receiving APTC in 2016 because she failed to reconcile 2014 APTC; and
  - ✓ Subsequently filed a 2014 tax return and reconciled APTC
- SEP is activated when consumers return to the application and attest to filing and reconciling APTC for 2014

**Jane Taxpayer, did your household file a 2014 tax return and reconcile any premium tax credit you used?** *optional*

Yes, 2014 premium tax credits were reconciled

Check the box only if **all** of these apply to you:

- You used [advance payments of premium tax credits \(APTC\)](#) in 2014 to help lower your costs for Marketplace coverage.
- The tax filer for your household filed a federal income tax return for 2014.
- The tax return filed compared the amount of APTC used in 2014 to the rest of the tax return information.

If all of these **don't** apply to you, select "SAVE & CONTINUE" without checking the box above. [Learn more about tax filing.](#)

**SAVE & CONTINUE**



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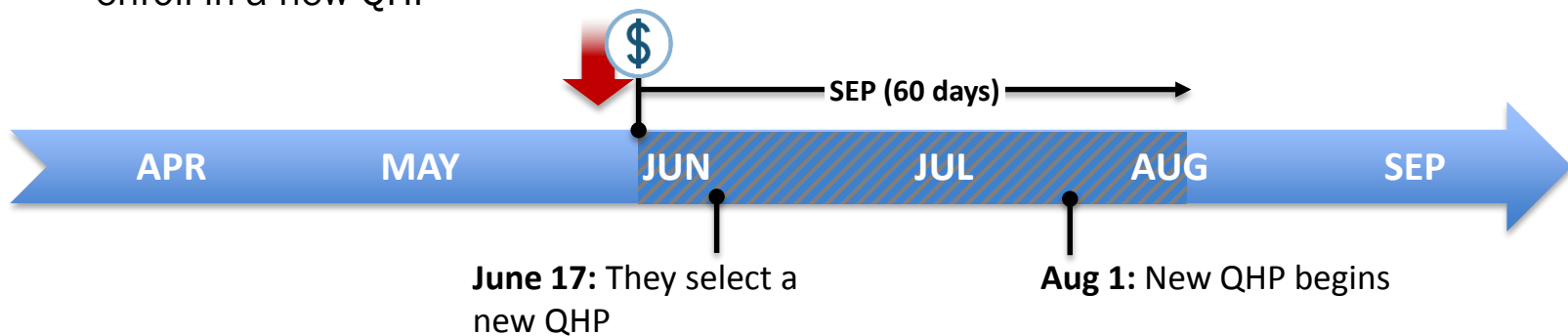
# Events That Only Trigger an SEP If Currently Enrolled in QHP

- **Death or divorce:**
  - ✓ Enrollee or enrollee's dependent dies
  - ✓ Household composition changes due to divorce or legal separation
- **Changes in income and household size resulting in:**
  - ✓ Being determined newly eligible or newly ineligible for PTCs
  - ✓ Change in eligibility for cost-sharing reductions (including moving between CSR levels)
- **Health plan violation:**
  - ✓ Demonstrate that QHP substantially violated a material provision of its contract

SEP Triggering Event	Timing	When Does Coverage Start?
Death	Up to 60 days after death	Special coverage effective dates: First day of the month following plan selection; or <i>EXCHANGE OPTION: Regular coverage effective dates</i>
Divorce or legal separation	Up to 60 days after divorce or separation	Regular coverage effective dates
Newly eligible or ineligible for PTCs	Up to 60 days after determination	Regular coverage effective dates
Change in CSR eligibility	Up to 60 days after determination	Regular coverage effective dates
Health plan violation	Up to 60 days after triggering event	Effective date appropriate to circumstances

## Example: Income Change Resulting in Eligibility Change

- Chad and Moesha are married and have one daughter, Isabella
- Their income is greater than 400% FPL and they do not qualify for subsidies
- Moesha and Isabella are all enrolled in a QHP, but they chose not to enroll Chad because of the cost
- In June, Chad's hours are reduced at work, dropping the family income and making them newly eligible for PTCs
  - Because Chad is a part of the household with Moesha and Isabella, the entire family is able to enroll in a new QHP



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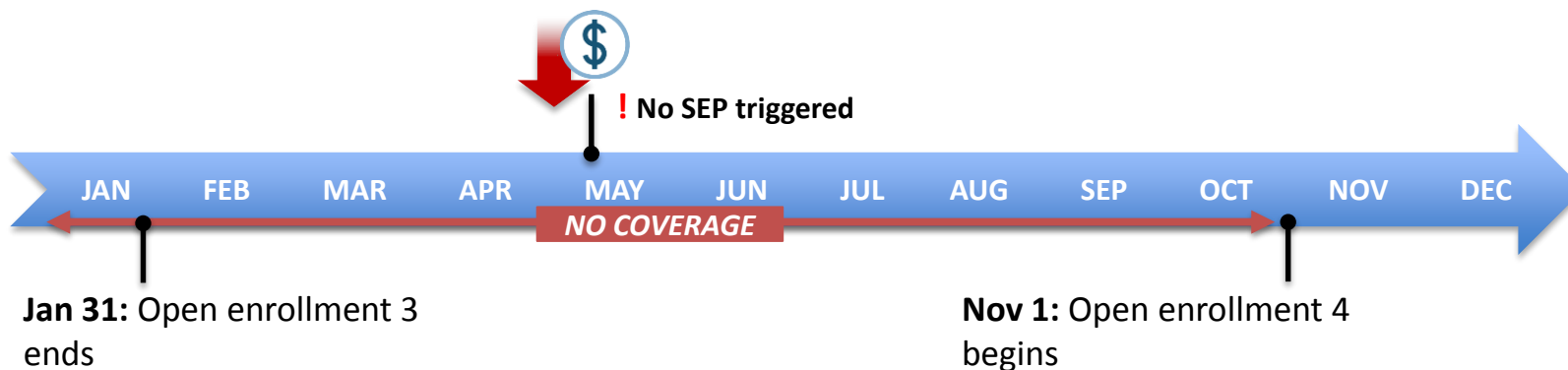
# Events That Do NOT Trigger an SEP

## What does not trigger a SEP?

- Voluntarily dropping other coverage
- Loss of eligibility for coverage when the person was not enrolled in it (i.e., loses job, but was not in the employer's health plan)
- Being determined newly eligible for Marketplace subsidies (unless already enrolled in a QHP or coming out of the Medicaid coverage gap)
- Being terminated from other coverage for not paying premiums or for fraud
- Divorce or death of a family member if person is not already enrolled in a QHP
- Becoming pregnant

## Example: No SEP for Income Change

- Carla's employer offers coverage, but she does not enroll
- Carla finds out in May that her work hours are being reduced and she is no longer eligible for employer coverage
- Her income is dropping and she no longer has an offer of coverage from her employer, so she would be eligible for subsidies in the exchange
  - ! But this does not trigger a SEP
- Carla must wait to get coverage until the next open enrollment period to enroll in coverage



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# Process for Accessing SEPs



- Consumers enrolled in marketplace coverage must report changes to their original application
- Not all changes will result in a SEP → some will adjust the amount of APTC a person is eligible to receive
- Changes to report include:
  - Changes to income
  - Losing or gaining other health coverage
  - Changes to a person's household
  - Moving to a permanent address in your state (*if moving out of state, will need to start a new application in the new state*)
  - Correction to name, date of birth, or Social Security number
  - Changes in status, such as tax filing status, citizenship or immigration status

○ My plans & programs

○ Eligibility & appeals

○ Applications details

○ **Report a life change**

○ Communication preferences

○ Authorized users

○ Exemptions

## 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 kinds of changes should be reported?

Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

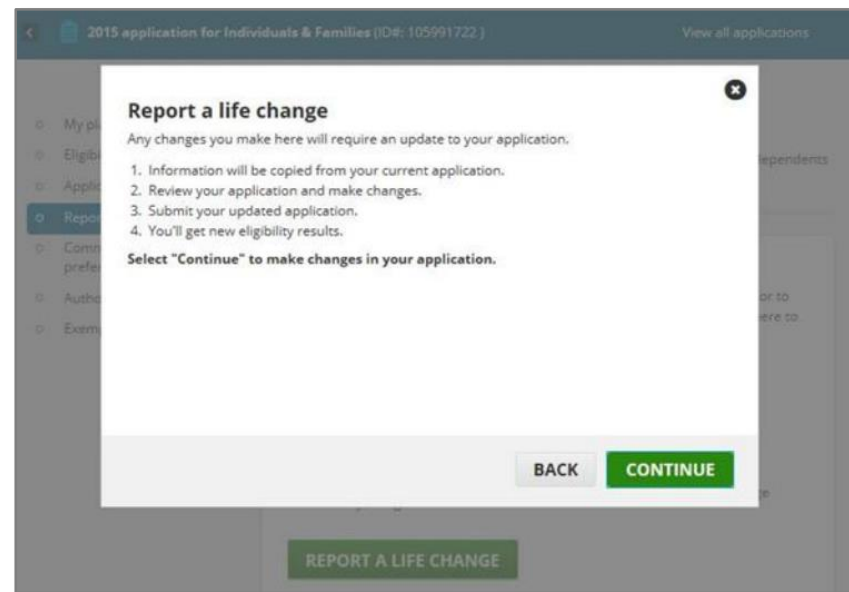
Here are some examples of the changes you should report:

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

**REPORT A LIFE CHANGE**

## *If already enrolled in a marketplace plan:*

- Return to a marketplace application and “report a life change”
- Go through the application and edit information that has changed



## *If not enrolled in a marketplace plan:*

- Go to the marketplace and start a new application
- Once application is completed, the eligibility determination notice (EDN) will inform consumer of access to a SEP
- Consumer will then be able to switch plans or enroll in a new plan during the SEP

- Several SEPs will not be available or have been eliminated
- They include:
  - ✘ Tax season SEP (was available for 2014 tax year)
  - ✘ Received too much APTC because of a redundant or duplicate policy
  - ✘ Consumers who were affected by an error in the treatment of Social Security benefits for tax dependents
  - ✘ Lawfully present individuals that were affected by a system error in determination of their APTCs
  - ✘ Lawfully present individuals with incomes below 100% FPL who experienced certain processing delays
  - ✘ Eligible for or enrolled in COBRA and not sufficiently informed about their coverage options
  - ✘ Previously enrolled in the Pre-Existing Condition Health Insurance Program

- For the following SEPs, consumers enrolling through the FFM will need to provide documentation of the triggering event:
  - **Loss of minimum essential coverage**
  - **Permanent move**
  - **Birth**
  - **Adoption, placement for adoption, placement for foster care or child support or other court order**
  - **Marriage**
- If eligibility for SEP is not verified, consumer could lose coverage
- Change is only for states using Healthcare.gov, though some state-based Marketplaces are moving to conduct SEP verification
- FFM process will be clarified soon

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a **Special Enrollment Period**, if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

Coming HC.gov SEP Attestation

- Healthcare.gov will update the application to make clearer who qualifies for an SEP related to the loss of MEC or a move

## Loss of MEC

In the next 60 days, will any of these people lose qualifying health coverage, like one of these types? *optional*

- An individual health plan (including from the Marketplace, or a student health plan)
- Coverage through a job, or through another person's job
- Montana Medicaid with full benefits
- Healthy Montana Kids Plus

[Learn more and see a list of qualifying coverage types.](#)

Brenda Callahan

None of these people

Don't check a box for anyone who's losing coverage for non-payment of their premiums.

**SAVE & CONTINUE**

## Making a permanent move

Did any of these people recently move in the past 60 days? *optional*

Brenda Callahan

None of these people

**Don't** check a box if their primary place of living didn't change, including if they:

- Moved only for medical treatment
- Are staying somewhere for vacation

**Do** check a box if their primary place of living changed, including if they:

- Moved to a new home
- Are a student moving to or from the place they attend school
- Are a seasonal worker moving to or from the place that they live and work
- Moved to or from a shelter or other transitional housing

[Learn more about what to do when moving out-of-state](#)

**SAVE & CONTINUE**

## Using the SEP Reference Chart:

(available at [www.healthreformbeyondthebasics.org/sep-reference-chart](http://www.healthreformbeyondthebasics.org/sep-reference-chart))



### How to use the SEP reference chart

*Scenario: Consumer's husband loses his job, causing him to lose his employer-sponsored insurance.*

*The consumer, her husband and their daughter need coverage.*

**1 Triggering event?** Loss of eligibility for employer coverage      **2 Who triggers SEP?** Husband (the qualified individual)

**3 Who can use SEP?** Husband (qualified individual), wife and daughter (dependents for SEP purposes)

SEP Triggering Event	Who Can Trigger SEP	Details / Examples	Who Can Use SEP	Timing of SEP	Coverage Effective Dates
Loss of Minimum Essential Coverage (MEC)	 <b>2</b>	<ul style="list-style-type: none"> <li>Loss of eligibility for employer coverage (e.g., loss of a job, voluntarily quitting a job, or a reduction in work hours that causes loss of availability of employer-sponsored plan) <b>1</b></li> <li>Loss of Medicaid or CHIP eligibility (including loss of pregnancy-related and medically needy Medicaid)</li> <li>Expiration of COBRA</li> </ul>	 <b>3</b>	Up to 60 days before and 60 days after date of loss of coverage	IF PLAN SELECTED BEFORE OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage  IF PLAN SELECTED AFTER DATE OF

Key:  = Enrollee;  = Dependent(s) for SEP purposes;  = Dependent(s) for SEP purposes enrolled in the same QHP as enrollee

- Regulations are found at 45 CFR 155.420
- Special Enrollment Period Reference Chart:  
[www.healthreformbeyondthebasics.org/sep-reference-chart](http://www.healthreformbeyondthebasics.org/sep-reference-chart)
- SEPs for complex issues:  
[www.healthcare.gov/sep-list](http://www.healthcare.gov/sep-list)
- FAQs on SEP due to a permanent move:  
[www.regtap.info/uploads/library/ENR\\_FAQ\\_ResidencyPermanentMove\\_SEP\\_5CR\\_011916.pdf](http://www.regtap.info/uploads/library/ENR_FAQ_ResidencyPermanentMove_SEP_5CR_011916.pdf)
- CMS blog on eliminated SEPs:  
[blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods](http://blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods)
- Fact sheet on new SEP verification process  
[www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-24.html](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-24.html)

- Sarah Lueck, [lueck@cbpp.org](mailto:lueck@cbpp.org), Twitter: @sarahL202
- Halley Cloud, [cloud@cbpp.org](mailto:cloud@cbpp.org)
- General inquiries, [beyondthebasics@cbpp.org](mailto:beyondthebasics@cbpp.org)

For more information and resources, please visit:

[www.healthreformbeyondthebasics.org](http://www.healthreformbeyondthebasics.org)

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