



Health Reform: **Beyond the Basics**

healthreformbeyondthebasics.org

Special Enrollment Periods

Center on Budget and Policy Priorities

February 9, 2017

Part I:

Enrollment Periods

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
 - ! A person can only enroll in a QHP during open enrollment or during a special enrollment period

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

- **Regular coverage effective dates:**
 - If plan is selected between the 1st and 15th of the month, coverage effective the first day of the month following plan selection
 - If plan is selected between the 16th 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

Part II:

Qualifying Events That Trigger an SEP

Main Categories of Events That Trigger an SEP

1 Loss of other qualifying coverage

examples:

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

4 Changes in eligibility for financial help

examples:

- Moving out of the Medicaid coverage gap
- Changes in eligibility for PTC or CSR

2 Changes in household size

examples:

- Marriage
- Birth of a baby

5 Enrollment or plan error

examples:

- Error or misconduct by Marketplace or insurer
- Plan or benefit display error

3 Changes in primary place of living

examples:

- Moving to another city (*NOTE: must be enrolled in coverage at least 1 day in previous 60*)
- Moving to the U.S. after living abroad

6 Other qualifying changes

examples:

- Exceptional circumstances
- Survivors of domestic violence

- **Loss of minimum essential coverage (MEC)**

- ✓ Loss of eligibility for an employer plan (e.g., loses job, quits a job, work hours reduced)
- ✓ Loss of eligibility for Medicaid or CHIP
- ✓ 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 death of policyholder
- ✓ Loss of coverage due to loss of dependent status
- ✓ Loss of eligibility for coverage under a parent's plan
- ✓ Termination of employer contributions to employee's health coverage
- ✓ Discontinuation of an employer-sponsored plan

***Note:** Loss does not include being terminated from a plan for failure to pay premiums or simply choosing to drop other coverage.*

For more information on what coverage counts as MEC, see our MEC Reference Chart: www.healthreformbeyondthebasics.org/minimum-essential-coverage-reference-chart

- **Loss of pregnancy-related or medically needy Medicaid**
 - ✓ Loss of pregnancy-related Medicaid coverage
 - ✓ Loss of medically needy Medicaid coverage (sometimes referred to as share of cost Medicaid or Medicaid with a spenddown)
 - ✓ For loss of medically needy Medicaid, a person can only qualify for an SEP once per year
- **Expiration of 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

Advanced availability:

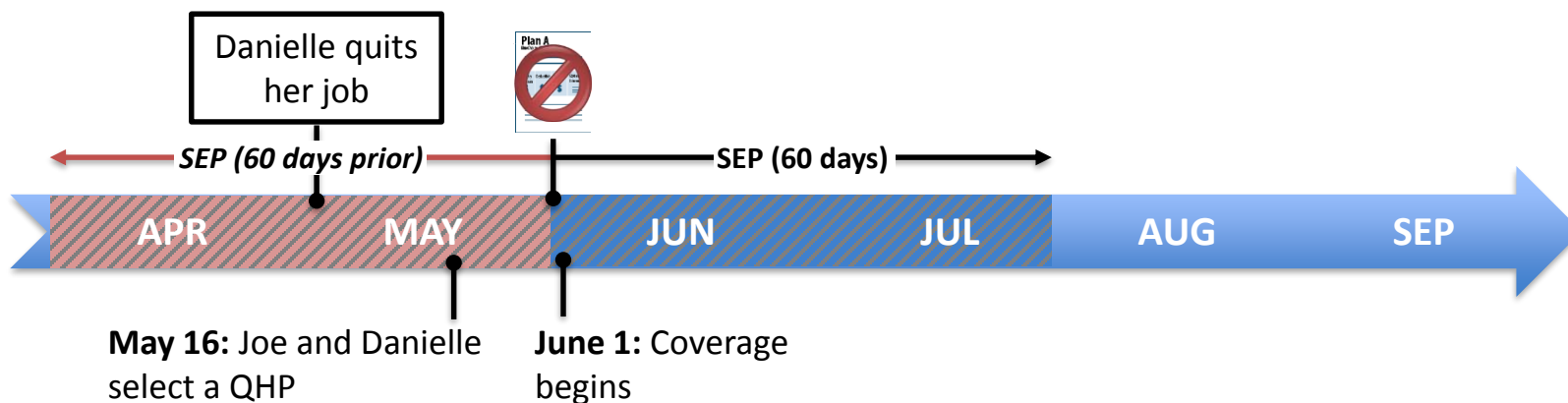
- SEP available 60 before loss of coverage OR 60 days after loss of coverage

Special coverage effective dates:

- Coverage is effective the 1st day of the month following:
 - Loss of previous coverage (if using prospective availability), OR
 - Plan selection (regardless of when in the previous month the plan was selected)
- *NOTE: Exchange option to use regular coverage effective dates*

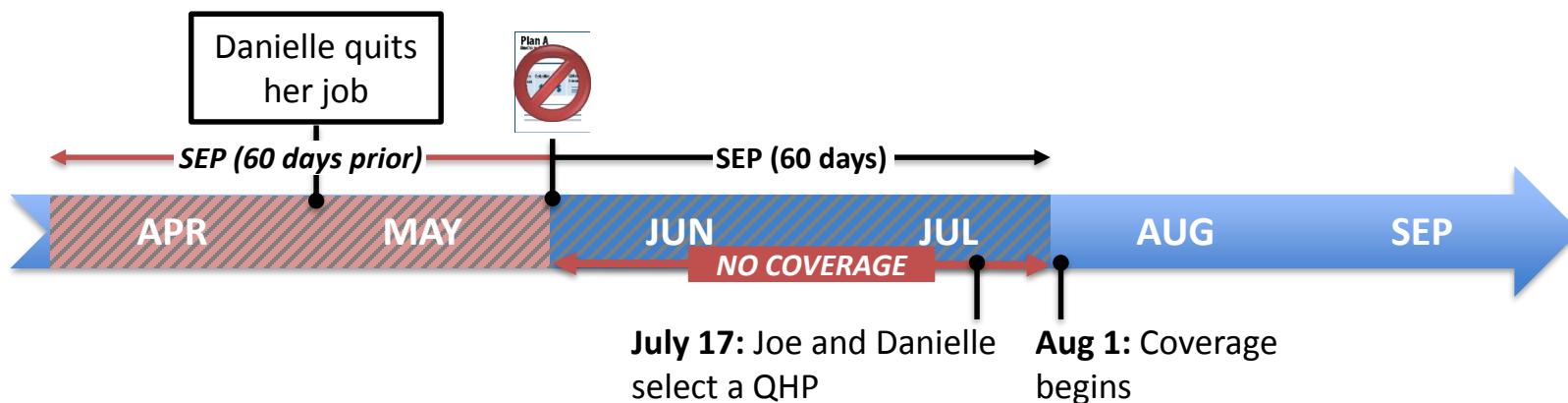
Example: Loss of Employer Coverage

- 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



- **Marriage**
 - ✓ You or someone in your household gets married
- **Birth, adoption, or placement for foster care**
 - ✓ Gaining a dependent through birth, adoption, or placement for foster care
 - ✓ Gaining a dependent through a child support order or other court order

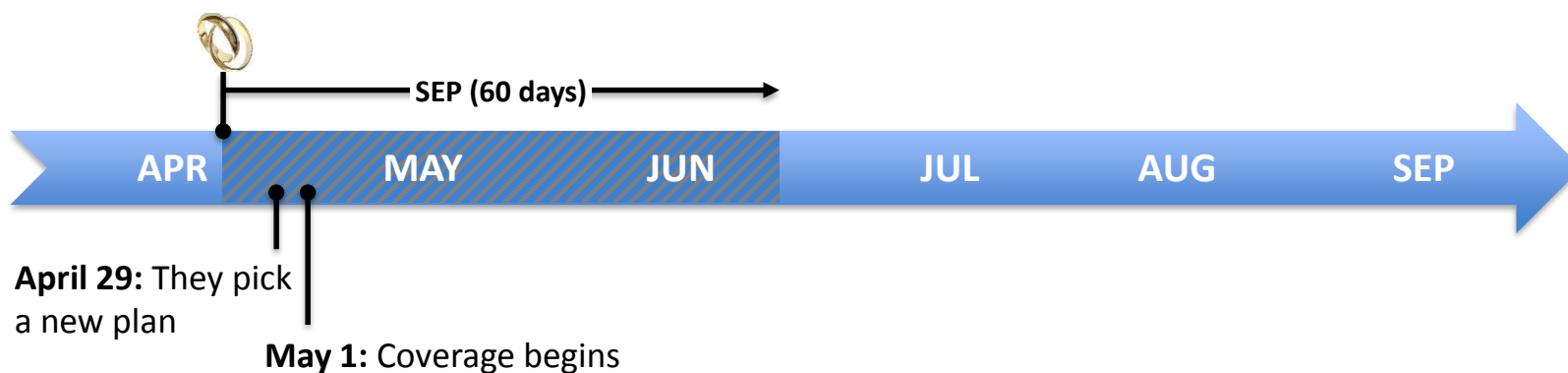
Special coverage effective dates: *Marriage SEP*

- Coverage is effective the 1st day of the month following plan selection

Special coverage effective dates: *Birth/adoption/foster care placement SEP*

- Coverage is effective:
 - Retroactively to the date of birth/adoption/placement, OR
 - 1st day of the month after birth/adoption/placement, OR
 - Regular coverage effective dates

- 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



- **Permanent move**

Must be enrolled in MEC at least 1 day in previous 60 days before move:

- ✓ Moving to a new state
- ✓ Moving to a different part of the same state provided they gain access to new QHPs (→ applies even if they are already enrolled in a QHP and are still within that plan's coverage area)
- ✓ A child or dependent moves back to parent's home
- ✓ A person moves to a different area for seasonal employment, but maintains another home elsewhere (such as a seasonal farmworker)

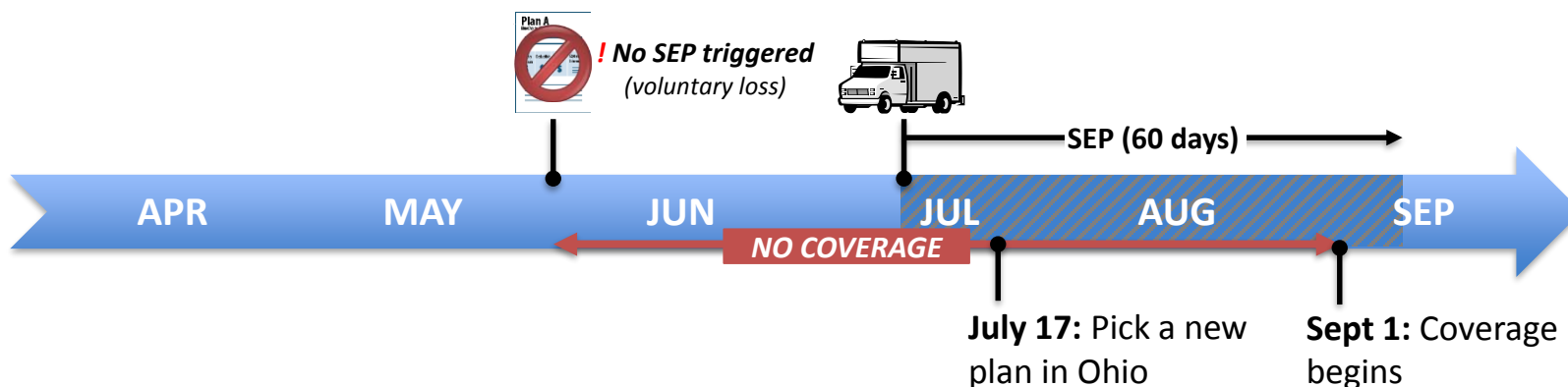
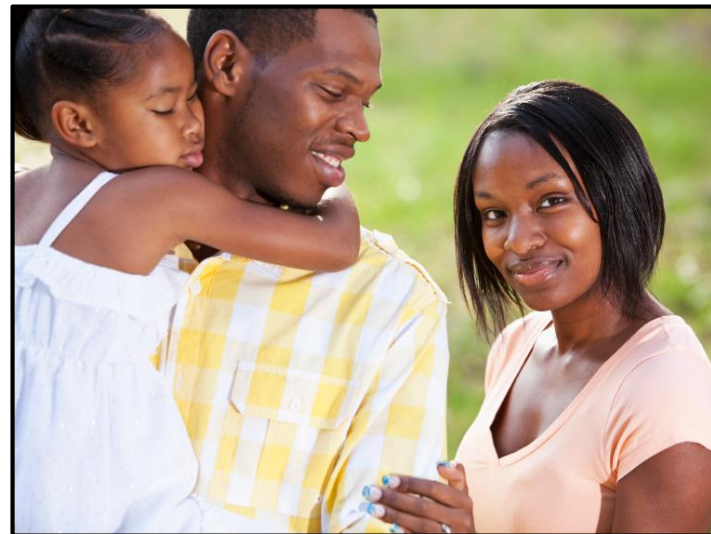
OR

- ✓ Moving to the U.S. from abroad (or from a U.S. territory)

Note: Permanent move does not include a short-term or temporary move where the person doesn't plan to stay in the new location, including if a person is admitted to a hospital for treatment in a different area.

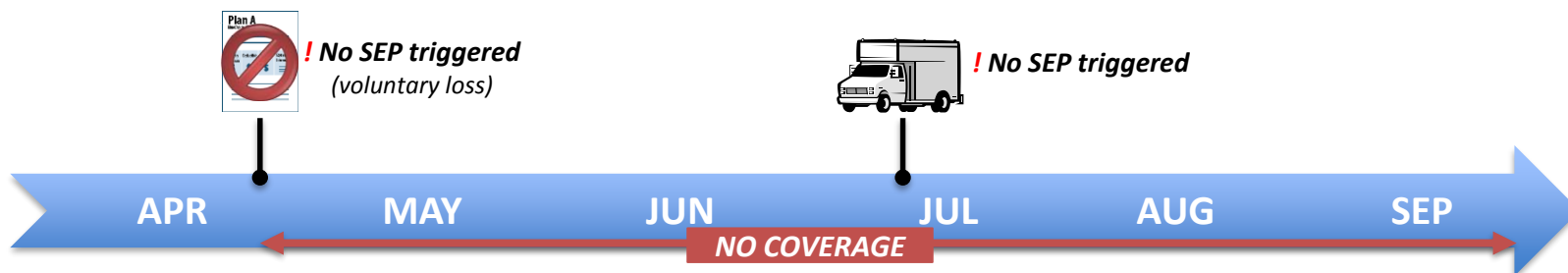
Example: Permanent Move

- Daniel, Marie and Amina live in Illinois
- They were all enrolled in coverage through Daniel's job, but that coverage was too expensive and they voluntarily dropped it at the end of May
- Marie gets a new job offer in Ohio and the family decides to move in early July
- They are eligible for the SEP triggered by a permanent move because they had coverage in the last 60 days



But what if they dropped their coverage way back in April?

- If the family voluntarily dropped their coverage through Daniel's employer in April, then they would not be eligible for an SEP based on moving to a new state
- They would not fulfill the requirement to have coverage within 60 days
- They would need to wait until the next open enrollment period to enroll in coverage



- **Moving out of the Medicaid coverage gap**
 - ✓ Previously ineligible for Medicaid due to state decision not to expand Medicaid, and income increases to a level above 100% of the poverty line creating eligibility for PTC
 - ✓ Person does not need to have had prior contact with the marketplace to be eligible
 - ✓ Also applies if person moves to state (including one that expanded Medicaid)
- **Current employer plan no longer considered qualifying employer coverage**
 - ✓ Becoming newly eligible for PTC due to a change in the plan resulting in it no longer being considered either adequate coverage or affordable
 - ✓ Must drop employer coverage to enroll in marketplace coverage with PTC

- **Newly becoming lawfully present**
 - ✓ Becoming newly eligible for marketplace coverage as a result of gaining a lawfully present status
- **Release from incarceration**
 - ✓ Becoming newly eligible for marketplace coverage after being released from incarceration (detention, jail, or prison)
- **Status as American Indian or Alaska Native**
 - ✓ Person is or becomes a member of federally recognized Native American or Native Alaskan tribe, or is or becomes a dependent of member of a tribe
 - ✓ May enroll in or change QHPs one time per month

- **Newly eligible or ineligible for PTC**

Must be currently enrolled in a qualified health plan (QHP):

- ✓ Experiencing a change in income or household size that makes an enrollee or enrollee's dependent newly eligible or ineligible for premium tax credits

- **Change in cost-sharing reduction eligibility**

Must be currently enrolled in a qualified health plan (QHP):

- ✓ Experiencing a change in income or household size that changes eligibility for cost-sharing reductions
- ✓ Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs

Note: Can be enrolled in a QHP inside or outside the Marketplace, as long as the plan meets the definition of a QHP. To receive PTC or CSR, must enroll in the Marketplace.

Advanced Availability: *Employer plan no longer qualifying coverage*

- SEP available 60 before change to coverage OR 60 days after change to coverage

Special coverage effective dates: *Employer plan no longer qualifying coverage*

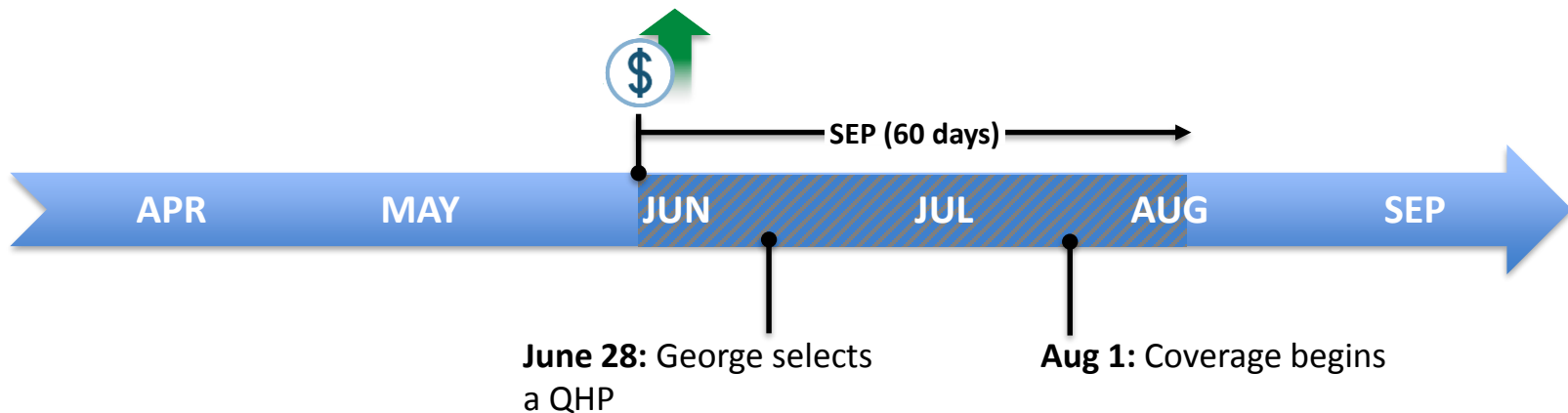
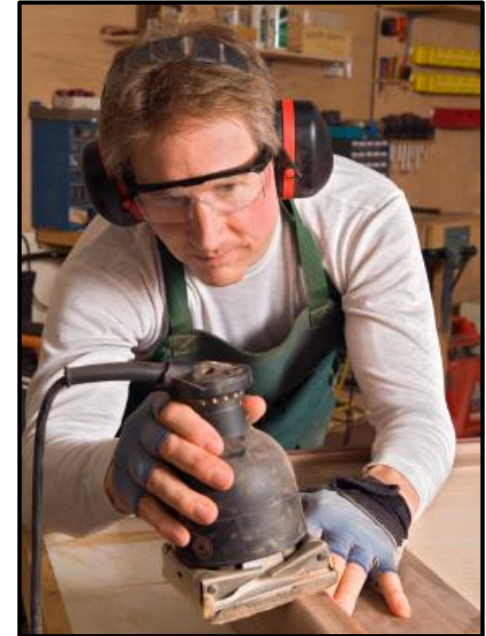
- Coverage is effective the 1st day of the month following:
 - Change to previous coverage (if using prospective availability), OR
 - Plan selection (regardless of when in the previous month the plan was selected)
- *NOTE: Exchange option to use regular coverage effective dates*

Special Timing: *Status as American Indian or Alaska Native*

- May enroll in or change QHPs one time per month

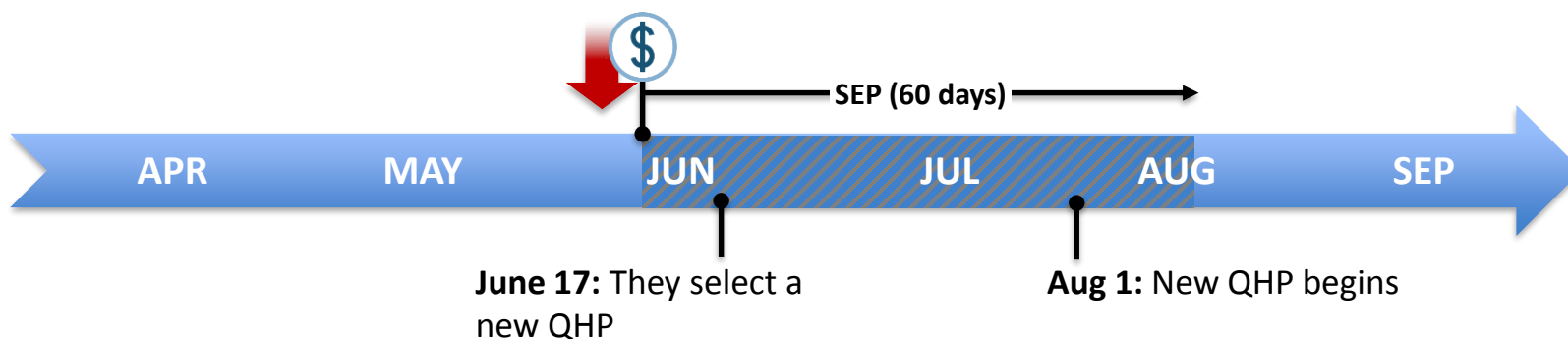
Example: No Longer in the Medicaid Coverage Gap

- 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



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
- The family enrolls in a bronze plan at full cost
- In June, Chad's hours are reduced at work, dropping the family income and making them newly eligible for PTCs
- They change their coverage to a silver plan, with lower cost sharing charges



- **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
 - ✓ Includes technical errors that occurred when applying for coverage that prevented enrollment
 - ✓ Marketplace determines whether this SEP applies

- **Plan or benefit display error**

- ✓ Error related to plan benefits, service area, or premiums was displayed at the time a person selected his or her plan and this influenced the person's decision to enroll in a plan
- ✓ Marketplace determines whether this SEP applies

- **Health plan violation**

- ✓ Demonstrate that QHP substantially violated a material provision of its contract
- ✓ Marketplace determines whether this SEP applies

- **Being determined ineligible for Medicaid or CHIP**
 - ✓ Applied for coverage during open or special enrollment period and state Medicaid agency determined the individual or his or her dependent ineligible for Medicaid or CHIP after enrollment period ended
 - ✓ Applies regardless of whether person applied through the Marketplace or directly through state Medicaid agency
 - ✓ Medicaid/Marketplace transfers that kept a person from enrolling in coverage during open enrollment
- **Resolving a data-matching issue (DMI)**
 - ✓ DMI is resolved after person's coverage is terminated due to end of initial inconsistency period
 - ✓ Income under 100% FPL and did not enroll in coverage while waiting for the marketplace to verify that the person was eligible for PTC based on immigration status

- **Survivors of domestic violence or spousal abandonment**

Must be currently enrolled in MEC:

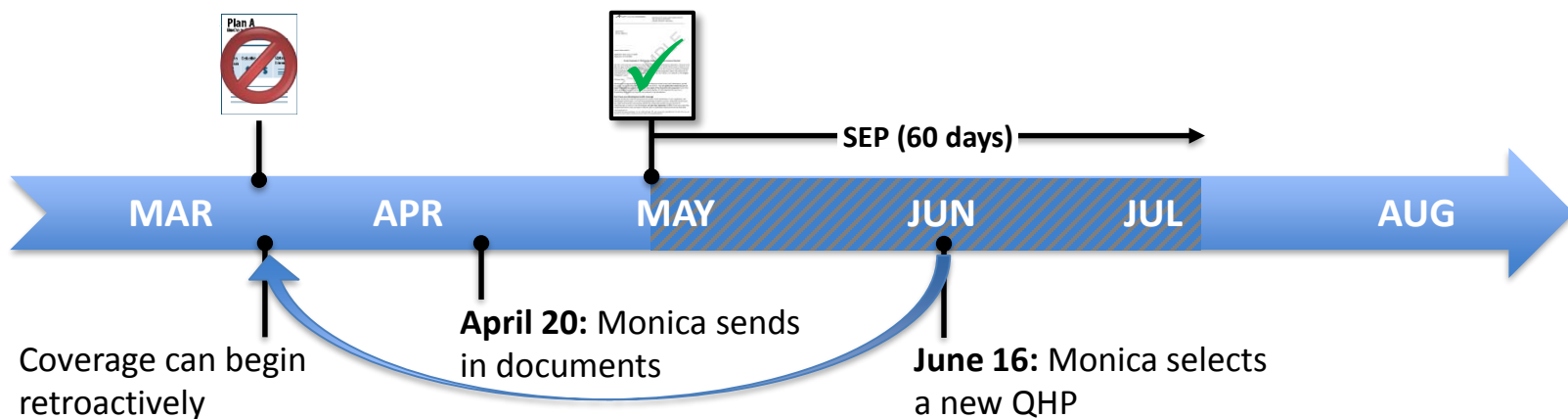
- ✓ Experiences domestic violence or spousal abandonment and wants to enroll in a health plan separate from abuser or spouse
- ✓ Applies to dependents who can enroll in the same plan as the person experiencing domestic violence or spousal abandonment

- **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)
- ✓ Demonstrate to the Marketplace that an individual meets other exceptional circumstances
- ✓ Marketplace determines whether this SEP applies

Example: Resolving a Data-Matching Issue

- Roberto and Monica are married and have two children, Miguel and Elena
- When applying for coverage, Monica — a derived citizen — gets a data-matching issue and is asked to send in documentation to prove her citizenship
- She sends in insufficient documentation and her coverage is terminated at the end of March
- In April, she sends in more documentation and her DMI is resolved May 14th



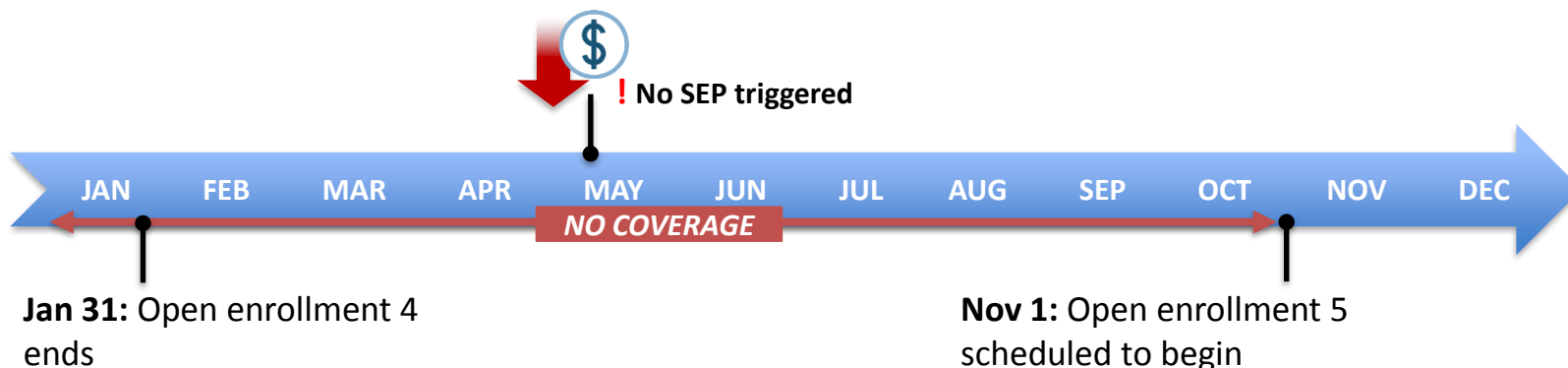
Part III:

Events That Do NOT Trigger an 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 PTC 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 does not also lose coverage as a result
 - There is an exchange option for State-Based Marketplaces to implement a SEP for divorce or death of a family member if the person is already enrolled in a QHP
- Becoming pregnant
- Moving within the U.S. if the person did not have coverage in at least one day in the past 60 days

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



Part IV:

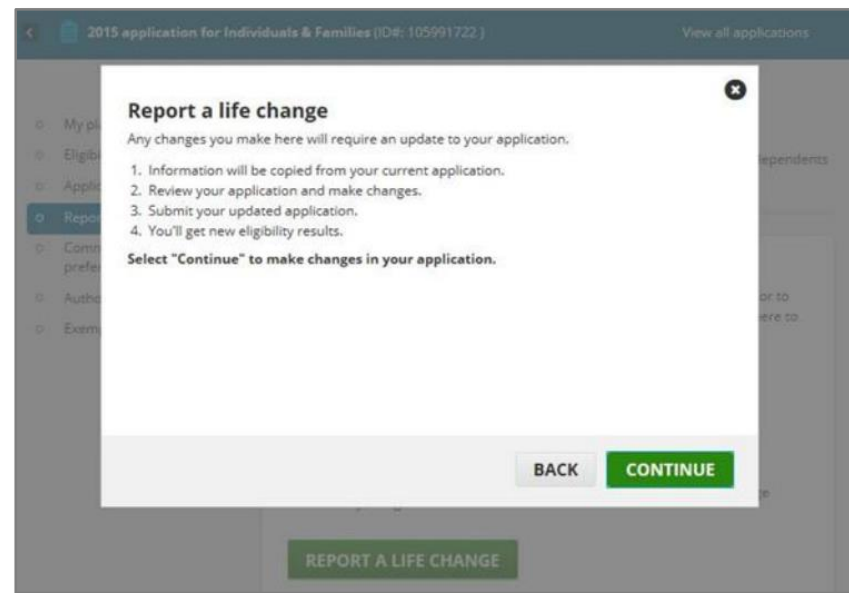
Process for Accessing SEPs

- 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
 - Changes to a person's household
 - Moving to a new permanent address (*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

The screenshot shows a web interface for reporting a life change. On the left is a sidebar menu with options: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted in blue), 'Communication preferences', 'Authorized users', and 'Exemptions'. The main content area is titled 'Report a life change' and asks, 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. Below this, a section titled 'What kinds of changes should be reported?' explains that changes in household or income can affect program eligibility and provides a list of examples: change in citizenship/immigration status, change in household members, change in American Indian/Alaska Native status, marriage, birth, or adoption, and gain or loss of health coverage. A green button at the bottom says '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

Note: Not all SEPs are available through the application and will need to go through the Marketplace Call Center or a caseworker

Documentation of Certain SEP Qualifying Events

- For the following SEPs, consumers enrolling through Healthcare.gov will need to provide documentation of the qualifying 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
- For states using Healthcare.gov, though some State-Based Marketplaces may move to conduct SEP verification

☒ 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.

HC.gov SEP Attestation

Loss of MEC: *Submit proof that you lost or will lose qualifying health coverage*

- Letter or other document from an employer stating that the employer dropped or will drop coverage or benefits for the employee or employee's spouse or dependent family member, including the date coverage ended or will end
- Letter or other document from an employer stating that the employer stopped or will stop contributing to the cost of coverage
- Letter or other document from an employer stating that the employer changed or will change coverage or benefits for the employee, or for the employee's spouse or dependent family member, so it's no longer considered qualifying health coverage
- Letter showing an employer's offer of COBRA coverage, or stating when the employee's COBRA coverage ended or will end
- Letter from health insurance company showing a coverage termination date, including a COBRA coverage termination date
- Proof that you had qualifying health coverage within the last 60 days, like a pay stub showing deductions for health insurance
- Letter from school stating when student health coverage ended or will end
- Letter or notice from Medicaid or the Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end
- Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end
- Dated copy of military discharge papers or Certificate of Release including the date that coverage ended or will end, if you're losing coverage because you're no longer active duty military
- Divorce or annulment papers that include the date of ending responsibility for providing health coverage
- Death certificate or public notice of death that includes proof of the date that you lost or will lose coverage due to the death of a spouse or other family member
- Dated and signed copy of written verification from an agent or dated letter from the issuer, if you are or were enrolled in a non-calendar year plan that's ending
- Copy of pay stubs of both current and previous hours if a reduction in work hours caused you to lose coverage
- Letter of explanation about the coverage you had, why and when you lost or will lose it, and the reason you can't provide any other documents proving you're eligible for SEP

Permanent Move: *Submit proof of BOTH where you lived before and where you live now*

- Lease or rental agreement
- Insurance documents, like homeowner's, renter's, or life insurance policy or statement
- Mortgage deed, if it states that the owner uses the property as the primary residence
- Mortgage or rental payment receipt
- Mail from the Department of Motor Vehicles, like a driver's license, vehicle registration, or
- change of address card
- State ID
- Official school documents, including school enrollment, ID cards, report cards, or housing documentation
- Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hook up or work order)
- Telephone bill showing your address (cell phone or wireless bills are acceptable)
- Mail from a government agency to your address, like a Social Security statement, or a notice from TANF or SNAP agency
- Mail from a financial institution, like a bank statement
- U.S. Postal Service change of address confirmation letter
- Pay stub showing your address
- Letter from a current or future employer showing you relocated for work
- Voter registration card showing your name and address
- Moving company contract or receipt showing your address
- If you're living in the home of another person, like a family member, friend, or roommate, you may send a letter/statement from that person stating that you live with them and aren't just temporarily visiting. This person must prove their own residency by including one of the documents listed above.
- Document from the Department of Corrections, jail, or prison indicating recent release or parole, including an order of parole, order of release, or an address certification
- If you're homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify that you live in the area and aren't just temporarily visiting. This person must prove their own residency by including one of the documents listed above.
- Letter from a local non-profit social services provider or government entity (including a shelter) that can verify that you live in the area and aren't just visiting.
- Naturalization Papers signed and dated within the last 60 days or Green Card, Education Certificate, or VISA (if you moved to the U.S. from another country)
- Letter of explanation providing the date of your move, your old and new address (or where you're staying), and the reason you can't provide any other documents proving you're eligible for SEP

Birth: *Submit proof of the child's date of birth*

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|--|--|
| <ul style="list-style-type: none">• Medical record from a clinic, hospital, physician, midwife, institution, or other medical provider showing the date of birth• Letter from hospital, clinic, physician, or other medical provider attesting the date of birth• Letter or other document from the health insurance company, like an Explanation of Benefits, showing that services related to birth or post-birth care were provided to either the child or the mother, including the dates of service | <ul style="list-style-type: none">• Birth certificate or application for a birth certificate for the child• Application for a Social Security Number (SSN) for the child• A foreign birth record showing the child's date and place of birth• Military record showing the child's date and place of birth• Religious record showing the child's date and place of birth• Social Security card for the child |
|--|--|

Adoption/Foster Care Placement/Court Order: *Submit proof of the adoption, placement for adoption, placement in foster care, or child support or other court order*

- | | |
|--|---|
| <ul style="list-style-type: none">• Adoption letter or record showing date of adoption dated and signed by a court official• Government-issued or legal document showing the date that the child was placed in the home• Government-issued or legal document showing the date legal guardianship was established | <ul style="list-style-type: none">• Court order showing the effective date of the order• U.S. Department of Homeland Security immigration document for foreign adoptions• Medical support order• Foster care papers dated and signed by a court official |
|--|---|

Marriage: *Submit proof of the marriage*

- | | |
|---|---|
| <ul style="list-style-type: none">• Marriage certificate showing the date of the marriage• Marriage license showing the date of the marriage• An official public record of the marriage, including a foreign record of marriage• A religious document that recognizes the marriage | <ul style="list-style-type: none">• Affidavit or statement signed by the person who officiated the marriage• Affidavit or statement signed by a person who was an official witness to the marriage |
|---|---|

What We Know






- Beginning June 2017, 50% of applicants will be required to submit documentation that proves eligibility for a SEP before that person can enroll in coverage
 - Will be able to submit application and pick a plan, but enrollment will be “pending” until the marketplace verifies eligibility for the SEP
 - To do this, a person will have 30 days to provide documentation of the SEP
 - Once SEP eligibility is verified, enrollment file will be sent to the insurer and consumer will pay premiums to effectuate enrollment
 - Coverage effective date will generally be the **original coverage effective date**
 - However, there will be situations where consumers can request a prospective coverage effective date if verification is delayed for 2 months or longer
- This pilot program will be implemented in all states using Healthcare.gov

SEP Reference Chart:

(available at www.healthreformbeyondthebasics.org/sep-reference-chart)

• Focuses on:

- The circumstances that trigger a SEP
- Who can trigger a SEP
- Effective date of coverage once a health plan is selected

SEP REFERENCE CHART						
PAGE 2 OF 5						
Situation	Triggering Event: Details / Examples	Who Can Trigger SEP	Triggered Only by Current Enrollees	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
CHANGE IN HOUSEHOLD SIZE	Marriage: • Gaining or becoming a dependent through marriage		No	Up to 60 days after date of marriage	1st day of month following plan selection	Application
	Birth, Adoption, Placement for Adoption or Foster Care, or Court Order: • Gaining or becoming a dependent through birth, adoption, or placement for foster care • Gaining or becoming a dependent through a child support order or other court order		No	Up to 60 days after birth, adoption or placement	Date of birth, adoption or placement, or effective date of court order (MARKETPLACE MAY ALLOW CONSUMERS TO CHOOSE EFFECTIVE DATE OF 1ST DAY OF MONTH AFTER BIRTH/ADOPTION/PLACEMENT)	Application
	MARKETPLACE OPTION: Death: • Losing a dependent or no longer being considered a dependent because enrollee or enrollee's dependent dies		Yes	Up to 60 days after death	1st day of month following plan selection	N/A
	MARKETPLACE OPTION: Divorce or Legal Separation: • Losing a dependent or no longer being considered a dependent due to divorce or legal separation • Losing a dependent through a child support order or other court order		Yes	Up to 60 days after divorce or legal separation	Regular coverage effective dates	N/A
	Permanent Move: • Gaining access to new QHPs as a result of a permanent move. Must be enrolled in MEC at least one day in previous 60 days before move to be eligible for this SEP. Examples of a permanent move include: → Moving within the same city, county, or state as long as there is a different set of qualified health plans available → Moving to another state → A child or other dependent moving back to parent's home → A student moving to or from where her or she attends school → Moving for seasonal employment, but maintaining another home elsewhere (such as a seasonal farmworker) → Moving to or from a shelter or other transitional housing • Moving permanently to the U.S. after living outside the country or in a U.S. territory <i>Note: A short-term or temporary move for medical treatment or vacation is not considered a permanent move. For more information, see FAQs on the permanent move.</i>		No (in most cases, must be enrolled in MEC at least one day in previous 60 days)	Up to 60 days after move MARKETPLACE OPTION: 60 days before move	Regular coverage effective dates IF PLAN SELECTED BEFORE DATE OF MOVE: 1st day of month following move IF PLAN SELECTED AFTER DATE OF MOVE: Regular coverage effective dates (MARKETPLACE OPTION: 1ST DAY OF THE MONTH FOLLOWING PLAN SELECTION)	Application
CHANGES IN PRIMARY PLACE OF LIVING						

2 | SEP Reference Chart, Updated August 2016

Health Reform: Beyond the Basics

SEP Triggering Event	Timing	When Does Coverage Start?
Loss of MEC (or non-MEC pregnancy-related Medicaid or medically needy Medicaid)	Up to 60 days before loss of coverage	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	First day of the month following loss of previous coverage if plan is selected before plan expires
	Up to 60 days after plan expires	First day of the month following plan selection if plan is selected after plan expires; or <i>EXCHANGE OPTION: Regular coverage effective dates</i>
Marriage	Up to 60 days after date of marriage	First day of the month following plan selection
Birth, adoption, or foster care placement	Up to 60 days after birth, adoption, or placement	Date of the birth, adoption, or placement; or <i>EXCHANGE OPTION: May allow consumer to choose effective date of first day of month after birth, adoption, or placement, OR regular coverage effective dates</i>
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>

SEP Triggering Event	Timing	When Does Coverage Start?
Moving out of the Medicaid coverage gap	Up to 60 days after change in income or move to new state	Regular coverage effective dates
Employer coverage no longer MEC	Up to 60 days before change to coverage	First day of the month following loss of previous coverage if plan is selected before the loss of coverage
	Up to 60 days after change to 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>
Gaining an eligible immigration status	Up to 60 days after gaining status	Regular coverage effective dates
Release from incarceration	Up to 60 days after release date	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
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

SEP Triggering Event	Timing	When Does Coverage Start?
Error/inaction/misconduct	Up to 60 days after determination of error	Effective date appropriate to circumstances
Plan or benefit display error	Up to 60 days after determination of error	Effective date appropriate to circumstances
Health plan violation	Up to 60 days after determination of violation	Effective date appropriate to circumstances
Being determined ineligible for Medicaid or CHIP	Up to 60 days after being determined ineligible	Effective date appropriate to circumstances
Resolving a data-matching issue (DMI)	Up to 60 days after DMI is resolved	Effective date appropriate to circumstances (retroactive coverage available)
Survivors of domestic violence or spousal abandonment	Up to 60 days after requesting SEP	Regular coverage effective dates
Exceptional circumstances	Up to 60 days after determination	Effective date appropriate to circumstances

- Regulations are found at 45 CFR 155.420
- Special Enrollment Period Reference Chart:
www.healthreformbeyondthebasics.org/sep-reference-chart
- HHS Notice of Benefit and Payment Parameters for 2018;
s3.amazonaws.com/public-inspection.federalregister.gov/2016-30433.pdf
- Fact sheet on 2017 pre-enrollment verification pilot program:
www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Pre-Enrollment-SEP-fact-sheet-FINAL.PDF
- Jan 2016 FAQs on SEP due to a permanent move:
www.regtap.info/uploads/library/ENR_FAQ_ResidencyPermanentMove_SEP_5CR_011916.pdf
- Feb 2016 fact sheet on SEP confirmation process:
www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-24.html
- SEPs for complex issues:
www.healthcare.gov/sep-list

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For more information and resources, please visit:

www.healthreformbeyondthebasics.org

This is a project of the Center on Budget and Policy Priorities, www.cbpp.org