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 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
Special Enrollment Periods

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
Coverage Effective Dates

• Regular coverage effective dates:
  – If plan is selected between the 1\textsuperscript{st} and 15\textsuperscript{th} of the month, coverage effective the first day of the month following plan selection
  – If plan is selected between the 16\textsuperscript{th} 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
Qualifying Events That Trigger an SEP
# Main Categories of Events That Trigger an SEP

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<th>Example</th>
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<td><strong>1. Loss of other qualifying coverage</strong></td>
<td>- Loss of employer coverage or Medicaid</td>
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<td>- Expiration of non-calendar year plan</td>
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<td><strong>2. Changes in household size</strong></td>
<td>- Marriage</td>
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<td>- Birth of a baby</td>
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<td><strong>3. Changes in primary place of living</strong></td>
<td>- Moving to another city <em>(NOTE: must be enrolled in coverage at least 1 day in previous 60)</em></td>
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<td>- Moving to the U.S. after living abroad</td>
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<td><strong>4. Changes in eligibility for financial help</strong></td>
<td>- Moving out of the Medicaid coverage gap</td>
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<td>- Changes in eligibility for PTC or CSR</td>
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<td><strong>5. Enrollment or plan error</strong></td>
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<td>- Plan or benefit display error</td>
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<td><strong>6. Other qualifying changes</strong></td>
<td>- Exceptional circumstances</td>
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<td>- Survivors of domestic violence</td>
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</table>
Loss of Other Qualifying Coverage

- **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](http://www.healthreformbeyondthebasics.org/minimum-essential-coverage-reference-chart)
Loss of Other Qualifying Coverage

- **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
Special Timing or Coverage Effective Dates

Advanced availability:
• SEP available 60 before loss of coverage OR 60 days after loss of coverage

Special coverage effective dates:
• Coverage is effective the 1\textsuperscript{st} 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)
• \textit{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.

**Timeline:**
- **SEP (60 days prior):** Danielle quits her job.
- **May 16:** Joe and Danielle select a QHP.
- **June 1:** Coverage begins.

**Calendar:**
- APR
- MAY
- JUN
- JUL
- AUG
- SEP

**Notes:**
- Health Reform: Beyond the Basics
Example: Loss of Employer Coverage

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

Danielle quits her job

**SEP (60 days prior)**

APR | MAY | JUN | JUL | AUG | SEP

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**July 17**: Joe and Danielle select a QHP

**Aug 1**: Coverage begins
Changes in Household Size

• **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 Timing or Coverage Effective Dates

Special coverage effective dates: *Marriage SEP*
- Coverage is effective the 1\textsuperscript{st} 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
  - 1\textsuperscript{st} day of the month after birth/adoption/placement, OR
  - Regular coverage effective dates
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

April 29: They pick a new plan
May 1: Coverage begins
Changes in Primary Place of Living

• **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

<table>
<thead>
<tr>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
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<td>! No SEP triggered (voluntary loss)</td>
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<td>SEP (60 days)</td>
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<td></td>
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<td></td>
<td>July 17: Pick a new plan in Ohio</td>
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<td>Sept 1: Coverage begins</td>
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</table>
Example: Permanent Move

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.

![Timeline showing no SEP triggered due to voluntary loss of coverage](image-url)
Changes in Eligibility for Financial Help

• **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
Changes in Eligibility for Financial Help

• 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

For a list of “lawfully present” immigration statuses eligible for marketplace coverage, see [www.healthcare.gov/immigrants/immigration-status](http://www.healthcare.gov/immigrants/immigration-status)
Changes in Eligibility for Financial Help

• 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.
Special Timing or Coverage Effective Dates

**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 1\textsuperscript{st} 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

![Timeline Diagram]

- **June 28:** George selects a QHP
- **Aug 1:** Coverage begins

**Health Reform: Beyond the Basics**
• 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

**Example: Income Change Resulting in Eligibility Change**

- **June 17**: They select a new QHP
- **Aug 1**: New QHP begins
Enrollment or Plan Error

• 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
Enrollment or Plan Error

• 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
Other Qualifying Changes

• 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

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

• 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

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

Coverage can begin retroactively.

April 20: Monica sends in documents.

June 16: Monica selects a new QHP.
Part III:

Events That Do NOT Trigger an SEP
What does **not** trigger a SEP in Healthcare.gov?

- 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

Jan 31: Open enrollment 4 ends

Nov 1: Open enrollment 5 scheduled to begin
Part IV:

Process for Accessing SEPs
Reporting Changes

• 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
How Do You Access a SEP?

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

For more information, see June 2016 slides from the Marketplace:
marketplace.cms.gov/technical-assistance-resources/special-enrollment-confirmation-process_june-2016_062916_final_0618_ck508-mm.pdf
## Example Documents: SEP Confirmation Process

<table>
<thead>
<tr>
<th>Loss of MEC: Submit proof that you lost or will lose qualifying health coverage</th>
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<tbody>
<tr>
<td>• 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</td>
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<td>• Letter or other document from an employer stating that the employer stopped or will stop contributing to the cost of coverage</td>
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<tr>
<td>• 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</td>
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<td>• Letter showing an employer’s offer of COBRA coverage, or stating when the employee’s COBRA coverage ended or will end</td>
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<td>• Letter from health insurance company showing a coverage termination date, including a COBRA coverage termination date</td>
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<td>• Proof that you had qualifying health coverage within the last 60 days, like a pay stub showing deductions for health insurance</td>
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<td>• Letter from school stating when student health coverage ended or will end</td>
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<td>• Letter or notice from Medicaid or the Children’s Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end</td>
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<tr>
<td>• Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end</td>
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<tr>
<td>• 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</td>
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<td>• Divorce or annulment papers that include the date of ending responsibility for providing health coverage</td>
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<tr>
<td>• 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</td>
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<tr>
<td>• 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</td>
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<td>• Copy of pay stubs of both current and previous hours if a reduction in work hours caused you to lose coverage</td>
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<tr>
<td>• 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</td>
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</tbody>
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**Source:** Sample Eligibility Notices for SEPs (2016 coverage), marketplace.cms.gov/applications-and-forms/notices.html
**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

*Source: Sample Eligibility Notices for SEPs (2016 coverage), marketplace.cms.gov/applications-and-forms/notices.html*
### Birth: Submit proof of the child’s date of birth

- 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
- 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

- 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
- 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

- 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
- 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

**Source:** Sample Eligibility Notices for SEPs (2016 coverage), marketplace.cms.gov/applications-and-forms/notices.html
New Pre-Enrollment Verification Pilot Program

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

For more information, see CMS fact sheet: www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Pre-Enrollment-SEP-fact-sheet-FINAL.PDF
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
## Coverage Effective Dates Cheat Sheet

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<th>SEP Triggering Event</th>
<th>Timing</th>
<th>When Does Coverage Start?</th>
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<tbody>
<tr>
<td>Loss of MEC (or non-MEC pregnancy-related Medicaid or medically needy Medicaid)</td>
<td>Up to 60 days before loss of coverage</td>
<td>First day of the month following loss of previous coverage if plan is selected before the loss of coverage</td>
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<td>Up to 60 days after loss of coverage</td>
<td>First day of the month following plan selection if plan is selected after the loss of coverage; or</td>
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<td><strong>EXCHANGE OPTION:</strong> Regular coverage effective dates</td>
</tr>
<tr>
<td>Expiration of a non-calendar year plan</td>
<td>Up to 60 days before plan expires</td>
<td>First day of the month following loss of previous coverage if plan is selected before plan expires</td>
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<td>Up to 60 days after plan expires</td>
<td>First day of the month following plan selection if plan is selected after plan expires; or</td>
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<td></td>
<td></td>
<td><strong>EXCHANGE OPTION:</strong> Regular coverage effective dates</td>
</tr>
<tr>
<td>Marriage</td>
<td>Up to 60 days after date of marriage</td>
<td>First day of the month following plan selection</td>
</tr>
<tr>
<td>Birth, adoption, or foster care placement</td>
<td>Up to 60 days after birth, adoption, or placement</td>
<td>Date of the birth, adoption, or placement; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>EXCHANGE OPTION:</strong> May allow consumer to choose effective date of first day of month after birth, adoption, or placement, OR regular coverage effective dates</td>
</tr>
<tr>
<td>Permanent move</td>
<td>Up to 60 days after move</td>
<td>Regular coverage effective dates; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>EXCHANGE OPTION:</strong> First day of the month following plan selection</td>
</tr>
</tbody>
</table>
## Coverage Effective Dates Cheat Sheet

<table>
<thead>
<tr>
<th>SEP Triggering Event</th>
<th>Timing</th>
<th>When Does Coverage Start?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving out of the Medicaid coverage gap</td>
<td>Up to 60 days after change in income or move to new state</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Employer coverage no longer MEC</td>
<td>Up to 60 days before change to coverage</td>
<td>First day of the month following loss of previous coverage if plan is selected before the loss of coverage</td>
</tr>
<tr>
<td></td>
<td>Up to 60 days after change to coverage</td>
<td>First day of the month following plan selection if plan is selected after the loss of coverage; or <strong>EXCHANGE OPTION:</strong> Regular coverage effective dates</td>
</tr>
<tr>
<td>Gaining an eligible immigration status</td>
<td>Up to 60 days after gaining status</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Release from incarceration</td>
<td>Up to 60 days after release date</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Status as American Indian or Alaska Native</td>
<td>May enroll in or change QHPs one time per month</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Newly eligible or ineligible for PTCs</td>
<td>Up to 60 days after determination</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Change in CSR eligibility</td>
<td>Up to 60 days after determination</td>
<td>Regular coverage effective dates</td>
</tr>
</tbody>
</table>
## Coverage Effective Dates Cheat Sheet

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<thead>
<tr>
<th>SEP Triggering Event</th>
<th>Timing</th>
<th>When Does Coverage Start?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error/inaction/misconduct</td>
<td>Up to 60 days after determination of error</td>
<td>Effective date appropriate to circumstances</td>
</tr>
<tr>
<td>Plan or benefit display error</td>
<td>Up to 60 days after determination of error</td>
<td>Effective date appropriate to circumstances</td>
</tr>
<tr>
<td>Health plan violation</td>
<td>Up to 60 days after determination of violation</td>
<td>Effective date appropriate to circumstances</td>
</tr>
<tr>
<td>Being determined ineligible for Medicaid or CHIP</td>
<td>Up to 60 days after being determined ineligible</td>
<td>Effective date appropriate to circumstances</td>
</tr>
<tr>
<td>Resolving a data-matching issue (DMI)</td>
<td>Up to 60 days after DMI is resolved</td>
<td>Effective date appropriate to circumstances (retroactive coverage available)</td>
</tr>
<tr>
<td>Survivors of domestic violence or spousal abandonment</td>
<td>Up to 60 days after requesting SEP</td>
<td>Regular coverage effective dates</td>
</tr>
<tr>
<td>Exceptional circumstances</td>
<td>Up to 60 days after determination</td>
<td>Effective date appropriate to circumstances</td>
</tr>
</tbody>
</table>
• Regulations are found at 45 CFR 155.420
• Special Enrollment Period Reference Chart: www.healthreformbeyondthebasics.org/sep-reference-chart
• 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
• 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