## Helping Consumers Enroll in Special Enrollment Periods for "Limited Circumstances" through the Health Insurance Marketplace

## Updated August 4, 2014

Open enrollment for 2014 Marketplace coverage ended on March 31, 2014. A Special Enrollment Period (SEP) allows a consumer to enroll in health coverage outside of the Open Enrollment. For instance, if a consumer has a life event like having a baby or getting married, they can enroll in or change coverage outside of the Open Enrollment Period. Visit <a href="www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment">www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment</a> to learn more about these life events.

This fact sheet describes two limited circumstances, beyond life events and other previously announced limited circumstances, that consumers may experience which make them eligible for an SEP.

- 1. A consumer who attempted to apply by March 31, 2014, and all four of the following occurred. The consumer:
  - a. Couldn't complete the application until April 1 through April 15, 2014 because of system issues.
  - b. Qualified for the "in line" SEP and completed a Marketplace application between April 1 through April 15 (a previously announced SEP allows a consumer who was transferred to the Medicaid agency before April 1 and subsequently denied) to receive a SEP as well). For more information visit http://marketplace.cms.gov/help-us/in-line-sep.pdf.
  - c. Was transferred to their state's Medicaid or CHIP agency.
  - d. Was later denied Medicaid or CHIP coverage by the state agency.
- 2. A consumer who applied at either the state Medicaid agency or the Marketplace, was denied Medicaid, and all three of the following conditions apply:
  - a. The consumer's state did not expand Medicaid.
  - b. When the consumer first applied, their income was below 100% of the Federal Poverty Level (FPL) and would have been covered by Medicaid if the state had expanded Medicaid.
  - c. The consumer experienced an income increase that makes them eligible for a Marketplace plan with advance payments of the premium tax credit or for cost-sharing reductions. (For more information visit <a href="https://www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums/">https://www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums/</a> and <a href="https://www.healthcare.gov/will-i-qualify-to-save-on-out-of-pocket-costs/">https://www.healthcare.gov/will-i-qualify-to-save-on-on-out-of-pocket-costs/</a>).



## **Process for initiating these Limited Circumstance SEPs:**

- A consumer who wants a Limited Circumstance Special Enrollment Period based on the circumstances outlined above must request the SEP by calling the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.
- 2. If the consumer has not already completed an eligibility application with the Marketplace, the call center representative will assist them in doing so.
- 3. The consumer must explain why they think they qualify for a Special Enrollment Period, using the eligibility criteria listed above. The Marketplace Call Center will ask the consumer a variety of questions to help understand if the consumer is eligible for a SEP.
- 4. The Call Center will forward special cases that need additional review to CMS caseworkers.
- 5. The consumer will be notified if the SEP was approved or denied.
  - If the SEP is approved right away, the Marketplace Call Center will activate the Special Enrollment Period and allow the consumer to complete enrollment.
  - If the SEP is approved after review by a CMS caseworker, the consumer must follow up by calling the Marketplace Call Center to "activate" the SEP. The consumer should wait two business days after being contacted by the CMS caseworker to proceed with completing enrollment.
- 6. To complete enrollment, after the SEP is activated, the consumer can select a plan either on the phone with the Marketplace Call Center or through HealthCare.gov.
- 7. The consumer should receive a welcome packet including member identification cards from the insurance company after enrolling.
- 8. If the SEP is denied, the consumer can appeal the decision. Please see https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/ for more information on how to appeal a Marketplace decision.

## Plan selection and effective dates:

Once an SEP is activated as described in step 5, a consumer will have 60 days to select a plan. Coverage effective dates will follow the regular effective dates based on the date of plan selection.

- Consumers who select a plan between the 1<sup>st</sup> and 15<sup>th</sup> of the month will have coverage effective the first of the following month.
- Consumers who select a plan between the 16<sup>th</sup> and the end of the month will have coverage effective the second following month.