

Helping Consumers Enroll in the Health Insurance Marketplace through Limited Circumstances or Qualifying Life Event Special Enrollment Periods



March 28, 2014

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Qualifying Life Event Special Enrollment Periods

- If a consumer has a **qualifying life event (e.g., losing minimum essential coverage, having a baby, adoption, foster care, or getting married)**, they may be eligible to receive an SEP to enroll or change coverage outside of open enrollment.
 - Activate through HealthCare.gov or through the Call Center.
 - Visit www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment to learn more about these qualifying life events.

What is a Limited Circumstance Special Enrollment Period (SEP)?

The majority of this presentation will cover limited circumstances beyond qualifying life events that may make a consumer eligible for an SEP.

These SEPs are limited to circumstances in which consumers were blocked from enrolling in coverage by March 31 (i.e., were “in-line”) and continue to be blocked after April 15. If, post-April 15, these consumers are able to successfully complete an application and receive an eligibility determination from the Marketplace, they may be eligible for an SEP to allow them to select a Marketplace plan for prospective coverage in 2014.

Limited Circumstance SEP Categories

Circumstances that may allow a Limited Circumstance SEP include:

- Enrollment errors
- Exceptional circumstances
- Misinformation, misrepresentation, or inaction
- Specific system issues
- Survivors of domestic violence

Examples of Enrollment Error SEPs

- Consumers enrolled through the Marketplace, but the insurance company didn't get their information due to technical issues.
 - Consumer's information is received by the insurance company and may be processed, but the enrollment file contains defective or missing data which makes the insurance company unable to enroll the consumer.
 - The insurance company was unable to process the consumer's enrollment because of a technical error between the Marketplace and the insurance company.

Examples of Exceptional Circumstance SEPs

- Consumer experienced a serious medical condition which prevented them from selecting a plan prior to the plan selection cutoff date (e.g., unexpected hospitalization, temporary cognitive disability)
- Consumer prevented from enrolling because of a natural disaster (e.g., earthquake, massive flooding, hurricane)
- Consumer couldn't enroll because of a planned system outage around plan selection deadlines (e.g., Social Security Administration outage)

Examples of Misinformation, Misrepresentation or Inaction SEPs

Misconduct by individuals or entities providing formal enrollment assistance* that resulted in one of the following:

- Failure to enroll the consumer in a plan
- Consumer enrolled in wrong plan
- Consumer was eligible but did not receive Advanced Payments of the Premium Tax Credit (APTC) or Cost-sharing Reductions

* Including: Insurance company, Navigator, Certified Application Counselor (CAC), Call Center representative, or agent or broker

Types of System Issue SEPs

1. System errors related to immigration status
2. Plan display errors on HealthCare.gov
3. Application transfer issues between Medicaid/CHIP and the Marketplace
4. Error messages
5. Unresolved casework issues
6. ID proofing failures
7. Other system issues

Examples of System Issue SEPs

- 1. Errors related to Immigration status:** An error in the application submitted by immigrants caused the consumer to get an incorrect eligibility result (for example, immigrant with income <100% FPL in non- Medicaid expansion state was incorrectly denied APTCs).
 - **Tip:** The application filer may be the one to call the call center and activate the SEP, even if they are not the person impacted by the defect. However, the Call Center will need the immigrant's name to process this SEP.
- 2. Display errors on HealthCare.gov:** Plan Data display errors (premiums, benefits, co-pay/deductibles, service area).
 - The consumer will receive a notice from the insurance company informing the consumer that there was a display error and they are eligible for an SEP. If the consumer believes there is a display error and have not received a notice they should contact the insurance company.

Examples of System Issue SEPs-- Medicaid/CHIP transfer

3. **Medicaid/CHIP transfer:** Consumers who were found ineligible for Medicaid or CHIP and their applications weren't transferred between the State Medicaid/CHIP agency and the Marketplace in time for the consumer to enroll in a plan during open enrollment.
- These consumers do **not** need to call the Call Center. They may “activate” this SEP either online **or** through the Call Center.
 - A question on the online application asks whether applicants who were denied Medicaid/CHIP by the state originally applied (either at the state or FFM) before 3/31/14. The consumer should select all appropriate applicants in the answer to be considered for SEPs.

Examples of System Issue SEPs-- Medicaid/CHIP transfer, cont'd

- **Screenshot of new online application questions:**

Were any of these people found not eligible to get Medicaid and Children's Health Insurance Program (CHIP) since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace, and if the family's income or household size haven't changed since the person was found not eligible.

[Learn more about how to answer this question](#)

- Parent One
- None of these people

Did any of these people apply for coverage between 10/01/2013 – 03/31/2014? (Select their name if they applied through their state or the Marketplace.)

- Parent One
- None of these people

Examples of System Issue SEP (Continued)

- 4. Error messages:** A consumer is not able to complete enrollment due to error messages (for example, error or box screen indicating that the data sources were down and they could not proceed with enrollment).
- 5. Unresolved casework:** A consumer is working with a caseworker on an enrollment issue that was not resolved prior to April 15.
- 6. Identity Proofing Failure:** Consumers who were required to submit supporting documentation to the Marketplace in order to clear their identity proofing failure before April 15.
- 7. Other system errors,** as determined by CMS, which hindered enrollment completion.

SEP for Survivors of Domestic Violence

A consumer who is married but living apart from his or her spouse and is a survivor of domestic violence can obtain APTC and CSRs -- as long as they are otherwise eligible. Due to system limitations, consumers in this unique circumstance must indicate on the Marketplace application that they are not married.

- If:
 1. Consumer is married, a survivor of domestic violence, and living apart from spouse; **AND**
 2. Unable to file a joint tax return with spouse (for example, it could be dangerous for the individual to contact the spouse).
- Then:
 - **If applying after open enrollment**, the consumer should call the Call Center to explain the situation and activate the SEP (see steps on next slide). Consumer should indicate that they are not married on the application. These consumers must select a plan by May 30.

Limited Circumstance SEP Process

Step 1: Consumer completes the Marketplace application (online or through the Call Center (1-800-318-2596 ; TTY 1-855-889-4325)) and receives an eligibility determination.

Step 2: Consumer calls the Marketplace Call Center and requests an SEP (Medicaid/CHIP transfer SEP can be activated online).

Step 3: Call Center will ask the consumer a variety of questions to help understand if the consumer is eligible for an SEP.

The Call Center will forward cases that need additional review to CMS caseworkers.

Step 4: If an SEP is granted, Call Center activates the SEP and allows the consumer to complete the enrollment. (If approved from a caseworker, the consumer will have to call the Call Center to activate the SEP.)

Step 5: Consumer enrolls online or through the Call Center.

Step 6: If the SEP is denied, the consumer can appeal the decision.

Limited Circumstance SEPs: Identifying Eligible Consumers and Enrollment

In general, a consumer who wants a Limited Circumstance SEP must call the Call Center.

Note: In the case of system defects, the consumer and assister should monitor that the system defect is fixed by **continuing to try to reprocess the application. Once the defect is fixed and the consumer gets an eligibility determination, the consumer or assister should contact the Call Center to activate the SEP.**

There are some circumstances in which **the Marketplace, insurance company, or state Medicaid or CHIP agency may be able to identify some consumers** who are eligible for a Limited Circumstance SEP. In these cases, the consumer will be contacted. These consumers should then call the Call Center to **activate the SEP.**

Plan Selection for Limited Circumstance SEPs

After following the guidelines for issuing an SEP described on previous slides, in most cases, consumers will have **60 days to select a plan from the date they are granted the SEP**, which could be one of the following “triggering events”:

1. The **date that the consumer receives a letter** informing them that they are eligible for an SEP;
2. The **date that the consumer contacts the Call Center and is found eligible** for an SEP; **OR**
3. The **date that the caseworker finds an individual eligible** for an SEP.

Limited Circumstance SEP Effective Dates

- Coverage effective dates will generally follow the regular effective dates, but in some instances, the coverage effective date will be the date of the triggering event.
 - Consumers who select a plan between the 1st and 15th of the month will have coverage effective the first of the following month.
 - Consumers who select a plan between the 16th and the end of the month will have coverage effective the second following month.
- Note that qualifying life event or exceptional circumstance SEPs may have different effective dates.

Requesting a Limited Circumstance SEP through State-Based Marketplaces

If a consumer is enrolling through their state's Marketplace and wants to request an SEP, the consumer should contact that State-based Marketplace.

Visit [HealthCare.gov/how-can-i-get-consumer-help-if-i-have-insurance](https://www.healthcare.gov/how-can-i-get-consumer-help-if-i-have-insurance) to get information for State-based Marketplaces.

Consumer Options Following Denial of a Limited Circumstance SEP

- Right to Appeal: A consumer has 90 days to request an appeal with the Marketplace from the date their SEP request is denied or 90 days from the date of the eligibility determination.
- How to file an appeal:
 - Visit [HealthCare.gov/can-i-appeal-a-marketplace-decision/](https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/) to find and complete the appeal request form for the consumer's state.
 - Mail appeal documents to:
Health Insurance Marketplace
465 Industrial Blvd.
London, KY 40750-0061

Qualifying Life Event Special Enrollment Periods

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 - Visit www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment to learn more about these qualifying life events.

Reminders and Tips

- Since open enrollment is over, consumers **are** able to begin a Marketplace application online, however they will not be able to select a plan and complete enrollment unless they qualify for a Special Enrollment Period (SEP).
 - Consumers may always enroll in Medicaid or CHIP if they are determined eligible.
- For **Limited Circumstance SEPs**, the Call Center generally must activate the SEP.
 - Consumers will then be able to complete enrollment through the Call Center or on HealthCare.gov.
- **Qualifying life event SEPs** are activated online or through the Call Center.

Reminders and Tips (Continued)

- When calling the Call Center to request an SEP, the Call Center will ask the consumer questions to help understand if the consumer is eligible for an SEP.
- For issues related to system defects, consumers and assisters will need to monitor their HealthCare.gov application to see if the defect is fixed. Be aware that the Call Center will not be able to resolve a system defect on its own.
 - Consumers and assisters should continue to attempt to reprocess the application.
 - When the defect is fixed the consumer will be able to submit their application without error.
 - Once the consumer receives an eligibility determination, they should call the Call Center to activate their SEP and “unlock” Plan Compare.
 - For system defects and immigration related issues, the name of the consumer on the application who was impacted by the defect will need to be provided.
 - Once the SEP is granted, and the consumer can select a plan to enroll, the consumer will have 60 days to enroll.

Reminders and Tips (Continued)

- If a consumer has already enrolled in coverage and then receives a Limited Circumstance SEP, they have the option to change plans or stay in their current plan, depending on what is offered to them on the Marketplace.
- A consumer who is married but living apart from his or her spouse and is a survivor of domestic violence, can obtain APTC and CSRs -- as long as they are otherwise eligible.
 - Due to system limitations, consumers in this unique circumstance must indicate on the Marketplace application that they are not married.

Appendix: Special Enrollment Period due to Qualifying Life Event

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Application Eligibility Results **Enroll** HELP

Enroll To-Do List

You're not enrolled yet.

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're eligible for a Special Enrollment Period (SEP). You need to complete the tasks below before your SEP ends to get coverage. You can find your SEP dates in your "Eligibility Results."

Complete each unlocked task below. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

Choosing a Health Plan

Set premium tax credit usage (Susan)	? Explain this task	SET
Answer questions about your household.	? Explain this task	LOCKED
Select a health insurance plan 1	? Explain this task	LOCKED

Consumers who apply for new coverage and have a qualifying life event that grants an SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.

Appendix: Special Enrollment Period due to Change in Circumstance

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Application Eligibility Results Enroll HELP

Enroll To-Do List

You're not enrolled yet.

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're eligible for a Special Enrollment Period (SEP). You need to complete the tasks below before your SEP ends. You can find your SEP dates in your "Eligibility Results."

Complete each unlocked task below. You may need to update your tax credit usage, and you need to either enroll in your current plan or choose a new one. If you want to keep the plan you have now, you can select "My Plans & Programs" to get the name and plan ID. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

Task	Status
Set premium tax credit usage (Susan) ? Explain this task	SET
Answer questions about your household. ? Explain this task	LOCKED
Select a health insurance plan 1 ? Explain this task	LOCKED

Consumers who are already enrolled & report a life change that grants them a SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.

They can choose to re-enroll in their current plan or choose a new plan during their SEP window.

Updates from their application will not take effect until the consumer completes the final "Review & Confirm" task on their Enroll To-Do List.

Appendix: Reporting Life Changes with no SEP

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Application Eligibility Results Enroll HELP

Enroll To-Do List

You're not enrolled yet.

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're not eligible for a Special Enrollment Period (SEP), so you'll stay enrolled in your current plan. You need to complete the tasks below, so we can send updates to your plan.

Complete each unlocked task below. You may need to update your tax credit usage. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

Task	Status
Set premium tax credit usage (Susan) ? Explain this task	SET
Answer questions about your household. ? Explain this task	LOCKED
Select a health insurance plan 1 ? Explain this task	LOCKED

Consumers who are already enrolled & report life changes but are not eligible for a SEP will see a reminder message on their Enroll To-Do List.

Consumers who are eligible for APTC can update the amount they would like to use each month and can review any changes to their premium amount in their current plan based on their life changes.

Updates from their application will not be sent to their insurance plan until the consumer completes the final "Review & Confirm" task on their Enroll To-Do List. It's important consumers do this in a timely manner to make sure their enrollment information is up-to-date with their plan.