



Special Enrollment Periods, SEP Verification, and Complex Case Scenarios



April 2023

This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.

Agenda

- Special Enrollment Period (SEP) Basics
 - Qualifying Events Overview
 - Prior Coverage Requirements
 - Coverage Effective Dates
 - SEP Verification
 - Plan Category Limitations
- Qualifying Events and Case Scenarios
- Resources



When Consumers Can Enroll in Qualified Health Plan Coverage

Consumers can enroll in qualified health plans (QHPs):

- During the annual Open Enrollment Period (OEP) (November 1 through January 15 each year).
- During an SEP, if they have a qualifying event.
 - An SEP qualifying event can happen at any time during the year.
 - In most cases, consumers have 60 days from the date of the qualifying event to enroll in coverage.



SEP Qualifying Events

Consumers may qualify for an SEP to enroll in or change plans if they experience a qualifying event in one of the following categories:

1. Loss of qualifying health coverage
2. Change in household size
3. Change in residence
4. Change in eligibility for Marketplace coverage or help paying for coverage
5. Enrollment or plan error
6. Exceptional circumstances
7. Other situations



Prior Coverage Requirements

- Some SEPs are available to anyone who is eligible for coverage and experienced a qualifying event.
 - Example: SEP for consumers who become newly eligible for Marketplace coverage due to gaining lawfully present immigration status.



Prior Coverage Requirements (Cont.)



- Some SEPs are only available to:
 - Consumers who had prior coverage for one or more days in the 60 days preceding their SEP qualifying event.
 - Example: Change in residence SEP*
 - Consumers who already have Marketplace coverage.
 - Example: SEP for enrollees whose cost-sharing reduction (CSR) eligibility changes

*Unless they moved to the U.S. from a foreign country or U.S. territory; are a member of a federally recognized Tribe or are an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder; or lived for one or more days during the 60 days before their qualifying event or during their most recent enrollment period in a service area where no QHP was available through the Marketplace.

Coverage Effective Dates

SEP Type	Coverage Effective Date
Loss of minimum essential coverage (MEC): Past loss of qualifying health coverage	First day of the month after plan selection
Loss of MEC: Future loss of qualifying health coverage	First day of the month following the last day of prior coverage
Change in primary place of living	First day of the month following plan selection
Marriage	First day of the month following plan selection
Adoption, foster care placement, or child support or other court order	Retroactive: Date of adoption, foster care placement, or effective date of the court order
Denial of coverage through Medicaid/CHIP*	First day of the month following plan selection following determination of ineligibility for Medicaid/CHIP; option to request retroactive start date back to the coverage effective date they would have gotten if the Marketplace had originally determined them eligible for Marketplace coverage

***Denial of coverage through Medicaid/CHIP is a qualifying event only in certain circumstances. Refer to Other Situations later in this presentation.**

Coverage Effective Dates (Cont.)

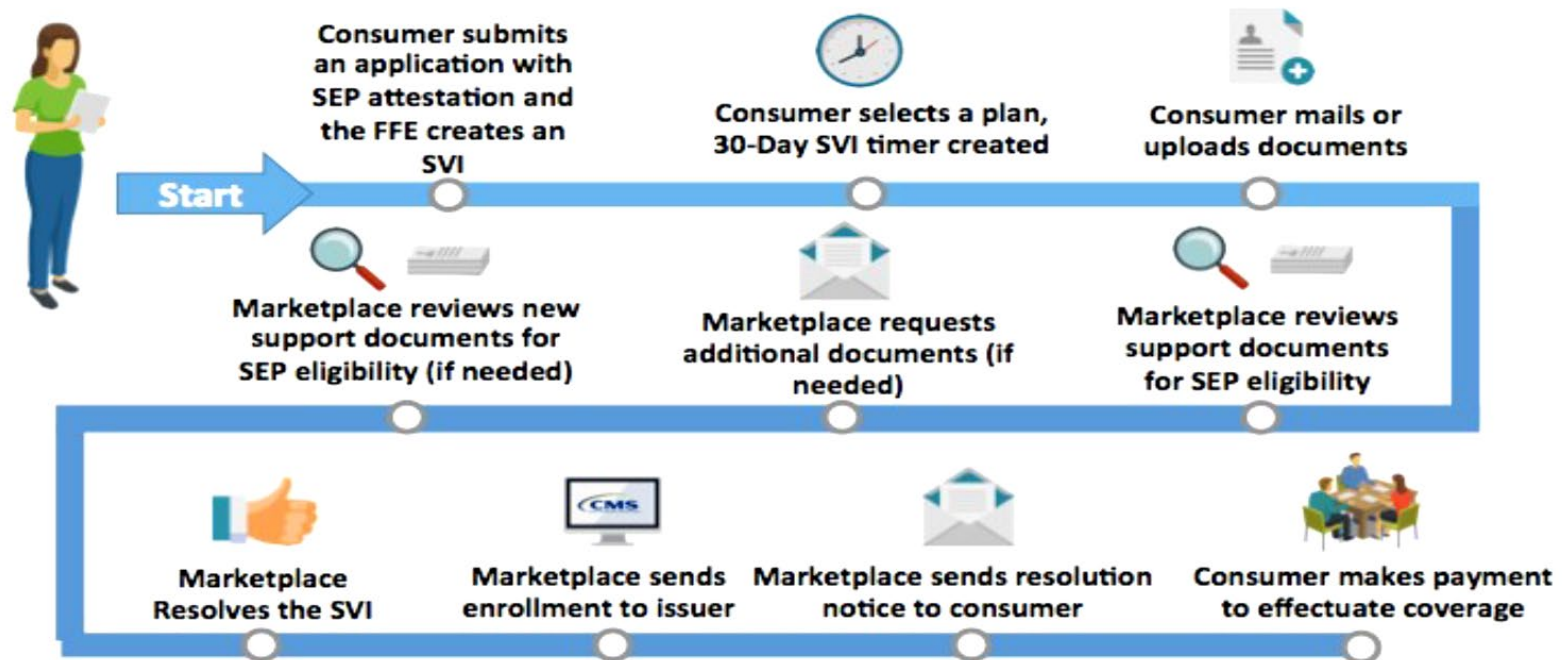
SEP Type	Coverage Effective Date
Change in eligibility for Marketplace coverage or help paying for coverage	First day of the month following plan selection
Newly gaining access to an Individual Health Coverage Reimbursement Arrangement (HRA) or to a Qualified Employer HAS (QSEHRA)	Plan selection prior to HRA start date: First of the month following HRA start date or on the HRA start date if the HRA starts on the first of a month Plan selection after HRA start date: First of the month after plan selection
Enrollment or plan error	First of the month after plan selection. In some situations, may allow retroactivity at option of consumer Note: There are some exceptions for certain types of errors
Did not receive timely notice of an SEP qualifying event	Retroactive to the earliest coverage effective date that would have been available if they had received timely notice of the event and selected a plan

SEP Verification

- When consumers apply for coverage under an SEP, they must attest that the information provided is true, including the facts that qualify them for an SEP.
- Consumers newly enrolling in Marketplace coverage due to loss of minimum essential coverage (MEC) are required to submit documents to prove SEP eligibility before they can start using their coverage. This is called an SEP Verification Issue (SVI).
- Consumers are notified in their Eligibility Determination Notice (EDN) if they need to send the Marketplace documents that confirm their qualifying event; consumers have 30 days after plan selection to submit documents to resolve their SVI.
- A list of acceptable documents consumers can submit to prove SEP eligibility is available at [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period).

Resolving an SVI

What is the process for resolving an SVI?



Plan Category Limitations

- Most consumers who qualify for an SEP and want to change plans outside of Open Enrollment will be limited to choosing a new plan in a particular plan category.
- For example, someone who qualifies for an SEP and is already enrolled in a Bronze plan and wants to change plans will generally only be able to select a new Bronze category plan until the next OEP, when they may choose a plan in any category.



Plan Category Limitations (Cont.)

- However, there are some circumstances that may allow a consumer to change plan categories:
 - Becoming newly eligible for CSRs. If consumers aren't already enrolled in a Silver plan, they can choose a plan in the Silver category to use their CSRs.
 - Becoming newly ineligible for CSRs. Marketplace enrollees who become newly ineligible for CSRs and are enrolled in a Silver plan can change to a Gold or Bronze plan.
 - Gaining SEP-eligible dependents due to marriage, birth, adoption, foster care, or court order if:
 - Their current health plan's business rules do not allow an existing enrollee to add a newly enrolling household member to their existing plan, and
 - No other plans in their current plan category are available.

In this case, consumers can enroll in a plan that is one level up or one level down.

 - Gaining access to an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).
 - Qualifying for an SEP due to an exceptional circumstance.

Qualifying Events and Case Scenarios

Loss of Qualifying Health Coverage

- Consumers may qualify for an SEP if they (or anyone in their household who is seeking coverage) lose qualifying health coverage, also known as minimum essential coverage (MEC). Examples of qualifying health coverage include:
 - Coverage through a job or through another person's job
 - Most Medicaid or Children's Health Insurance Program (CHIP) coverage, including CHIP unborn child coverage, pregnancy-related coverage, and Medically Needy coverage (depending on state rules)
 - Medicare Part A (Hospital Insurance) or Medicare Advantage Plan (Part C) [but Medicare Part B (Medical Insurance) and Medicare drug coverage (Part D) by themselves don't count]
 - Some student health plans (check with the school to see if the plan counts as qualifying health coverage)
 - Dependent coverage that a consumer has through a parent's plan (and may lose, for example, by exceeding the maximum dependent age allowed)
 - COBRA continuation coverage

Loss of Qualifying Health Coverage (Cont.)

- Consumers may also qualify for an SEP due to a loss of qualifying health coverage if they (or anyone in their household who's seeking coverage):
 - Have individual or group health plan coverage with a non-calendar year renewal period, including if the coverage ends during the calendar year.
 - Have or had COBRA continuation coverage for which an employer is paying all or part of the premiums and their COBRA costs change because a former employer stops contributing.
 - Are determined newly eligible for APTC because their job-based plan no longer offers affordable coverage, and they drop their employer coverage. This applies to family members of an employee whose offer of employer coverage is no longer considered affordable due to the October 2022 change in IRS rules that went into effect on January 1, 2023.

When Consumers Do Not Qualify

Consumers **do not** qualify for the loss of qualifying health coverage SEP if:

- They voluntarily end their prior coverage.
 - Exception: Consumers may qualify if they voluntarily leave their job and, as a result, lose their health coverage, or if they drop their job-based plan because it no longer offers affordable coverage.
- Their coverage ends due to nonpayment of premiums.
 - Exception: Consumers may qualify if employer coverage ended because the employer didn't pay premiums.
- The coverage they lost did not qualify as qualifying health coverage.
- They lost coverage more than 60 days ago.
- They didn't provide required documentation when the Marketplace asked for more information.



Scenario #1: Loss of Employer-sponsored Coverage



- Emma quit her job on April 5 to start her own business.
- Her employer-sponsored coverage (ESC) ended at the end of the month, on April 30.
- Emma qualifies for a loss of qualifying health coverage SEP.

Scenario #1: Knowledge Check #1

What is Emma's qualifying event date?

- A. The first day of the next month after losing her coverage.
- B. The date she starts her Marketplace application.
- C. The date her ESC ended.
- D. The date she left her job.



Scenario #1: Knowledge Check #1

Answer

The correct answer is C, the date Emma's ESC ended.

The qualifying event is the loss of coverage, which is the last day the consumer had coverage under their previous plan.



Scenario #1: Knowledge Check #2

When can Emma report her coverage loss to the Marketplace and select a plan?

- A. 60 days from the date she left her job on April 5
- B. 60 days before April 30
- C. 60 days after April 30
- D. Both B and C are correct



Scenario #1: Knowledge Check #2

Answer

The correct answer is D, both B and C are correct.

A consumer can report loss of qualifying health coverage either 60 days before or 60 days after losing coverage.



Scenario #1: Knowledge Check #3

When will Emma's Marketplace coverage start if she selects a plan on April 23?

- A. May 1
- B. April 30
- C. June 1
- D. The date she picks a plan



Scenario #1: Knowledge Check #3

Answer

The correct answer is A, May 1.

When consumers who will lose coverage in the future pick a plan before coverage ends, the new coverage is effective the first day of the month after the coverage ends and they pick a plan.



Scenario #1: Knowledge Check #4

When will Emma's Marketplace coverage start if she selects a plan in May, after her coverage ended on April 30?

- A. May 1
- B. April 30
- C. June 1
- D. The date she picks a plan



Scenario #1: Knowledge Check #4

Answer

The correct answer is C, June 1.

For consumers who have already lost coverage, the new coverage is effective the first day of the month after they pick a plan.



Scenario #1: Knowledge Check #5

Is Emma required to provide documentation that shows her loss of coverage?

- A. Yes
- B. No



Scenario #1: Knowledge Check #5

Answer

The correct answer is A, yes.

- To confirm eligibility for the loss of MEC SEP, consumers must submit documents that show they lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days.
- Documents should include the name of the person who lost coverage and the date of the coverage loss.



Scenario #1: Knowledge Check #6

How long after her plan selection does Emma have to provide documentation that shows her loss of coverage?

- A. 15 days
- B. 30 days
- C. 60 days
- D. 90 days



Scenario #1: Knowledge Check #6

Answer

The correct answer is B, 30 days.

If the SVI is not resolved within the 30-day window, Emma's plan selection is cancelled. However, if it is less than 60 days from the qualifying event date, she is still eligible for an SEP and may apply for coverage again on the Marketplace. A new SVI will be triggered, and she will have to resolve it within a new 30-day window.



Changes in Household Size

A consumer may qualify for an SEP if they (or anyone in their household):

- Got married
- Had a baby, adopted a child, or placed a child for foster care
- Gained or became a dependent due to a child support or other court order



Prior Coverage Requirement for Marriage SEP

To qualify for an SEP due to a marriage, at least one spouse must have:

- Had qualifying health coverage; OR
- Lived in a foreign country or in a U.S. territory for one or more days during the 60 days before the marriage; OR
- Lived for one or more days during the 60 days preceding the marriage or during their most recent preceding enrollment period in a service area where no Marketplace plans were available.



Scenario #2: Change in Household Size

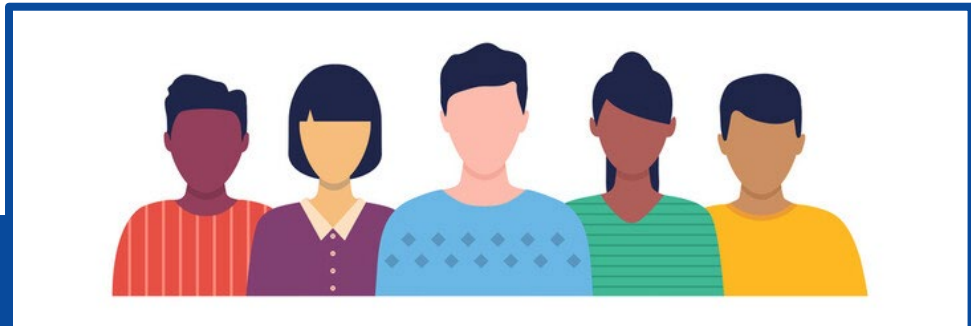
- Avery and Miguel adopted a baby girl, Lola, on August 10.
- They are enrolled in a Gold plan.
- They reported their change in household size on their Marketplace application on August 17 and are eligible for an SEP to enroll Lola in coverage.



Scenario #2: Knowledge Check #1

What are Avery and Miguel's options to enroll Lola in coverage?

- A. Add Lola to their Gold plan
- B. Enroll Lola in her own plan in any category
- C. Enroll together in a new Gold plan
- D. A and B
- E. A and C



Scenario #2: Knowledge Check #1

Answer

The correct answer is D. Avery and Miguel can add Lola to their Gold plan or enroll Lola in her own plan in any category.

Note: If a plan's business rules prevent an existing Marketplace enrollee from adding a newly enrolling household member to their plan, the household can enroll together in a different plan in the same category. If no other plans are available in this category, the household can enroll together in a plan with a category that's one level up or down.



Scenario #2: Knowledge Check #2

When is Lola's coverage effective date?

- A. August 10
- B. August 17
- C. August 1
- D. September 1



Scenario #2: Knowledge Check #2 Answer

The correct answer is A, August 10, retroactive to the date of Lola's adoption.

- Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces that use the Federal Platform (SBM-FPs) automatically establish retroactive effective dates for SEP types related to adding a dependent (i.e., birth, adoption, placement for adoption or foster care, or due to a child support or other court order).
- However, if they prefer, consumers can call the Marketplace Call Center to request a coverage effective date of the first of the month following plan selection.



Change in Residence

A consumer may qualify for an SEP if they (or anyone in their household):

- Gained access to new Marketplace plans because of a change in their residence; and
 - Had qualifying health coverage;* OR
 - Lived in a foreign country or in a U.S. territory for at least one of the 60 days preceding the date of the move; OR
 - Lived for one or more days during the 60 days preceding the move or during their most recent preceding enrollment period in a service area where no Marketplace plans were available.

*This prior coverage requirement does not apply to members of a federally recognized Tribe or shareholders of Alaska Native Corporations (sometimes referred to as AI/AN).

Change in Residence (Cont.)



- Examples of qualifying changes in residence:
 - Moving to a new home in a new ZIP code or county where new QHPs are available
 - Moving to the U.S. from a foreign country or U.S. territory
 - A student moving to or from the place they reside to attend school
 - A seasonal worker moving to or from the place they live and work
 - Moving to or from a shelter or other transitional housing

Scenario #3: Change in Residence

- Charles lives in Orlando, Florida and is enrolled in a Marketplace plan.
- On May 12, he moves to Raleigh, North Carolina to be closer to his family.
- Charles gains access to new Marketplace plans as a result of his move and qualifies for an SEP due to a change in his residence.



Scenario #3: Knowledge Check #1

What is Charles' qualifying event date?

- A. The day he completes a change of address form at the Post Office
- B. The day he reserves movers online
- C. The day he applies for Marketplace coverage
- D. The day he moves to Raleigh, North Carolina



Scenario #3: Knowledge Check #1 Answer

The correct answer is D, the day he moves to Raleigh, North Carolina.



Scenario #3: Knowledge Check #2

In an FFM State, how long does Charles have to enroll in coverage?

- A. Up to 60 days after he updates his Marketplace application
- B. Up to 60 days after he buys a home in North Carolina
- C. Up to 60 days after his move on May 12
- D. Up to 60 days before his move on May 12



Scenario #3: Knowledge Check #2 Answer

The correct answer is C, up to 60 days after his move on May 12.



Scenario #3: Knowledge Check #3

If Charles chooses a plan on June 1, when will his new Marketplace coverage start?

- A. June 1
- B. July 1
- C. May 1
- D. May 12



Scenario #3: Knowledge Check #3 Answer

The correct answer is B, July 1.

For a change in residence SEP, coverage starts the first of the month after plan selection.



Scenario #3: Assister Tips

- A change in residence SEP is only available to an individual who applies for coverage within 60 days of a move that resulted in the individual being able to access different Marketplace plans than were available at the previous place of residency. If neither the county nor ZIP code changed, generally no new Marketplace plans would be available.
- Consumers eligible for this SEP must complete a new application in their Marketplace account. They should also end their current Marketplace coverage, either online through their Marketplace account or by calling the Marketplace Call Center. Their termination can become effective the day they request it, or they can schedule it for a future date.
- Moving only for medical treatment or staying somewhere for vacation doesn't qualify consumers for a change in residence SEP.

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage

A consumer may qualify for an SEP if they (or anyone in their household):

- Are enrolled in Marketplace coverage and report a change that makes the consumer:
 - Newly eligible for help paying for coverage.*
 - Newly ineligible for help paying for coverage.
 - Eligible for a different amount of help paying out-of-pocket costs (i.e., CSRs).



*Consumers newly eligible for a maximum APTC of \$0 are considered APTC-ineligible for purposes of eligibility for the change in eligibility for Marketplace coverage or help paying for coverage SEP.

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage (Cont.)

A consumer may qualify for an SEP if they (or anyone in their household) (cont.):

- Become newly eligible for Marketplace coverage after being released from incarceration.
- Become newly eligible for Marketplace coverage because the consumer becomes a citizen, national, or lawfully present individual.
- Gain or maintain status as a member of a federally recognized Tribe or ANCSA Corporation shareholder.
 - Consumers with this status may change plans once per month, and their dependents may enroll in or change plans with them.



Change in Eligibility for Marketplace Coverage or Help Paying for Coverage (Cont.)

A consumer may qualify for an SEP if they (or anyone in their household) (cont.):

- Become newly eligible for help paying for Marketplace coverage because of a change in income or move to a different state and the consumer was previously:
 - Ineligible for Medicaid coverage because they lived in a state that hasn't expanded Medicaid;
- AND**
- Ineligible for help paying for coverage because their household income was below 100 percent of the federal poverty level (FPL).



Enrollment or Plan Error

Consumers are eligible for an SEP if they:

- Weren't enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help them enroll (like an insurance company, Navigator, certified application counselor, agent, or broker).
 - A technical error or other Marketplace-related enrollment delay.
 - A plan display error that resulted in wrong plan data (like plan benefit, service area, or premium information) displayed on HealthCare.gov at the time that they enrolled in the plan. If issuers make changes to plan data that displays on HealthCare.gov and these changes are determined to be adverse to consumers, consumer remediation is required.
- Can prove their Marketplace plan violated a material provision of its contract in relation to the enrollee.

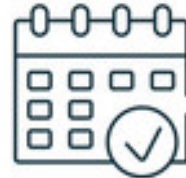
Scenario #5: Exceptional Circumstances Due to FEMA-declared Emergency or Disaster



- Mary's ESC ended on June 1. Because Mary lost MEC, she qualifies for an SEP and has 60 days from the loss of MEC – through July 31 – to select a QHP.
- However, Mary was unable to complete her FFM application and QHP selection by July 31 because a severe tropical storm flooded the ground floor of her home in Mobile County, Alabama. She stayed with relatives in nearby Clark County for several days until the flood waters receded and then spent the next several weeks cleaning up the damage.
- On July 7, FEMA announced a Major Disaster Declaration related to the storm and flooding with an incident period of June 20-22. FEMA designated several Alabama counties, including Mobile, as eligible to apply for public assistance.

Scenario #5: Exceptional Circumstances Due to FEMA-declared Emergency or Disaster (Cont.)

- Even though her SEP for loss of MEC has expired, Mary is now eligible for an exceptional circumstances SEP and may apply for and select FFM coverage through August 21 (60 days from June 22, the end of the FEMA-designated incident period).
- Mary can request a retroactive coverage effective date based on when she would have picked a plan if not for the disaster.



Other Situations

150 Percent of the FPL SEP

- APTC-eligible consumers in the Marketplaces on the federal platform with a projected annual household income at or below 150 percent of the FPL are eligible for a monthly SEP to enroll in a qualified health plan (QHP) or change from one QHP to another.
 - State-based Marketplaces operating their own platforms (SBMs) have the option to offer this SEP.
 - This SEP will be available while the applicable percentage for purposes of calculating premium tax credits (PTCs) for eligible consumers is zero percent, such as the enhanced premium subsidies under the American Rescue Plan Act (these were extended in the Inflation Reduction Act and will last until December 31, 2025).



Medicaid/CHIP Denial

A consumer is eligible for an SEP if they were determined ineligible for Medicaid or CHIP in the following circumstances:

- They applied for coverage on the Marketplace during the annual OEP, were assessed by the Marketplace as potentially eligible for Medicaid or CHIP, and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency after Open Enrollment ended;
- They applied for coverage at the state Medicaid or CHIP agency during the annual OEP and were determined ineligible for Medicaid or CHIP after Open Enrollment ended; or
- They applied for coverage on the Marketplace due to a qualifying event, were assessed by the Marketplace as potentially eligible for Medicaid or CHIP, and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency more than 60 days after the qualifying event.

Other Circumstances

A consumer (or anyone in their household) is eligible for an SEP if they:



- Are a victim of domestic abuse or spousal abandonment and want to enroll in a QHP separate from their abuser or abandoner; dependents on the same application may enroll in coverage at the same time as the victim.
- Resolve a data matching issue (DMI) or verify citizenship/lawful presence status.
- Do not receive timely notice of an SEP qualifying event and were otherwise reasonably unaware that the qualifying event occurred.

Other Circumstances (Cont.)

A consumer (or anyone in their household) is eligible for an SEP if they (cont.):

- Submitted documents and cleared their DMI after the Marketplace took action and their coverage was ended.
- Is under 100 percent of the FPL, submitted documents to prove that they have an eligible immigration status, and didn't enroll in coverage while they waited for their documents to be reviewed.
- Has or had COBRA continuation coverage, and subsidies from a government entity end or employer contributions completely cease.
- Has newly gained access to an ICHRA or is provided a QSEHRA.



SEP Eligibility Appeals

If a consumer's request for an SEP is denied, they can file an appeal. If the denial is found incorrect, they can get coverage back to the date they would have had, had their SEP not been denied. To file an appeal, consumers should either:



- Complete and submit their state's appeal form online at [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms), or
- Download the form, fill it out, and mail it to: Health Insurance Marketplace®

Attn: Appeals

465 Industrial Blvd.

London, KY 40750-0061



Resources

- Special Enrollment Periods job aid at [Marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-fact-sheet.pdf](https://www.Marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-fact-sheet.pdf)
- For more information on qualifying events, prior coverage requirements, and coverage effective dates, visit:
 - [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://www.HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period)
 - [Marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf](https://www.Marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf)
 - [Regtap.cms.gov/uploads/library/ENR_FFEFFSHOPEnrollmentManual2022_5CR_072822.pdf](https://www.Regtap.cms.gov/uploads/library/ENR_FFEFFSHOPEnrollmentManual2022_5CR_072822.pdf)
 - [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period](https://www.HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period)

Resources (Cont.)

- For more information on plan category limitations, visit:
 - [HealthCare.gov/choose-a-plan/plans-categories](https://www.healthcare.gov/choose-a-plan/plans-categories)
 - [HealthCare.gov/coverage-outside-open-enrollment/changing-plans](https://www.healthcare.gov/coverage-outside-open-enrollment/changing-plans)
 - [Marketplace.cms.gov/technical-assistance-resources/review-of-plan-category-limitations.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/review-of-plan-category-limitations.pdf)

