

# Special Enrollment Periods in the Federally-facilitated Marketplace (FFM)

*A Topical Deep Dive  
for Agents and  
Brokers*

*April 29, 2015*



# Webinar Agenda

- Session Guidelines
- Webinar Objectives
- Review of Special Enrollment Period (SEP) Policies and Processes
- Question & Answer Session
- Resources
- Closing Remarks

# Webinar Objectives

## Topics to be covered:

- Definition of an SEP and the SEP screener tool
- Qualifying life events
- Where to report qualifying life events to qualify for an SEP
- Exceptional circumstances
- Determining eligibility for an SEP due to exceptional circumstances
- What happens once approved for an SEP
- Coverage effective date if approved for an SEP
- Additional resources

*Please note that the content in this presentation is limited to the FFM Individual Marketplace.*



# Special Enrollment Periods in the Federally-facilitated Marketplace



*Review of SEP  
Policies and  
Processes*

# Definition of an SEP

- An SEP is an opportunity to enroll in or change health insurance coverage outside of the annual Open Enrollment period for individuals who have:
  - Certain life changes called “qualifying life events” that occur during the plan year, or
  - Other exceptional circumstances that prevented them from obtaining coverage during the Open Enrollment period.
- Consumers can check if they may be eligible for SEPs by entering their information into the HealthCare.gov screener at: <https://www.healthcare.gov/screener/>.

# SEP Screener Tool

1. A consumer enters his or her zip code and selects, “Find out if you qualify for a Special Enrollment Period.”

A screenshot of the 'SEP Screener Tool' interface. The title at the top is 'See if you can get 2015 health coverage'. Below the title is a dark blue box containing the form. The first section is 'Enter your ZIP code' with a text input field showing 'Example: 60647'. The second section is 'What do you want to do first?' with three radio button options: 'Find out if you qualify for a Special Enrollment Period', 'Find out if you're eligible for Medicaid or CHIP', and 'Start a Marketplace application'. At the bottom is a green 'CONTINUE' button.

See if you can get 2015 health coverage

Enter your ZIP code

Example: 60647

What do you want to do first?

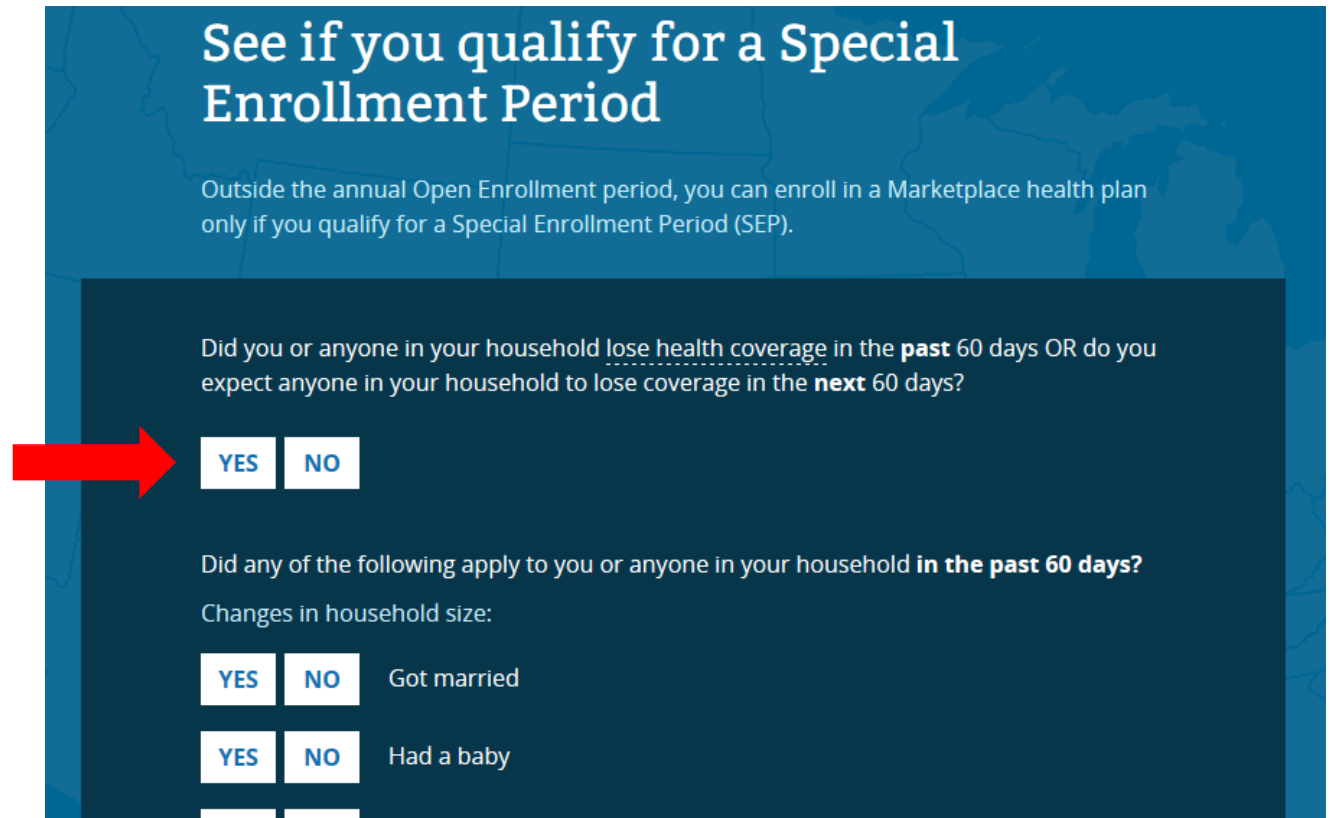
- **Find out if you qualify for a Special Enrollment Period.** If you qualify, you can enroll in a Marketplace health plan outside the annual Open Enrollment.
- **Find out if you're eligible for Medicaid or CHIP.** These programs cover millions of individuals and families with limited incomes and disabilities. If you qualify, you can enroll any time.
- **Start a Marketplace application.** If you know you qualify for a Special Enrollment Period or Medicaid/CHIP, apply or update now.

CONTINUE

# SEP Screener Tool

*...continued*

2. Then, the consumer selects the appropriate answers to the questions prompted by the website.



**See if you qualify for a Special Enrollment Period**

Outside the annual Open Enrollment period, you can enroll in a Marketplace health plan only if you qualify for a Special Enrollment Period (SEP).

Did you or anyone in your household lose health coverage in the past 60 days OR do you expect anyone in your household to lose coverage in the **next 60 days**?

Did any of the following apply to you or anyone in your household **in the past 60 days**?

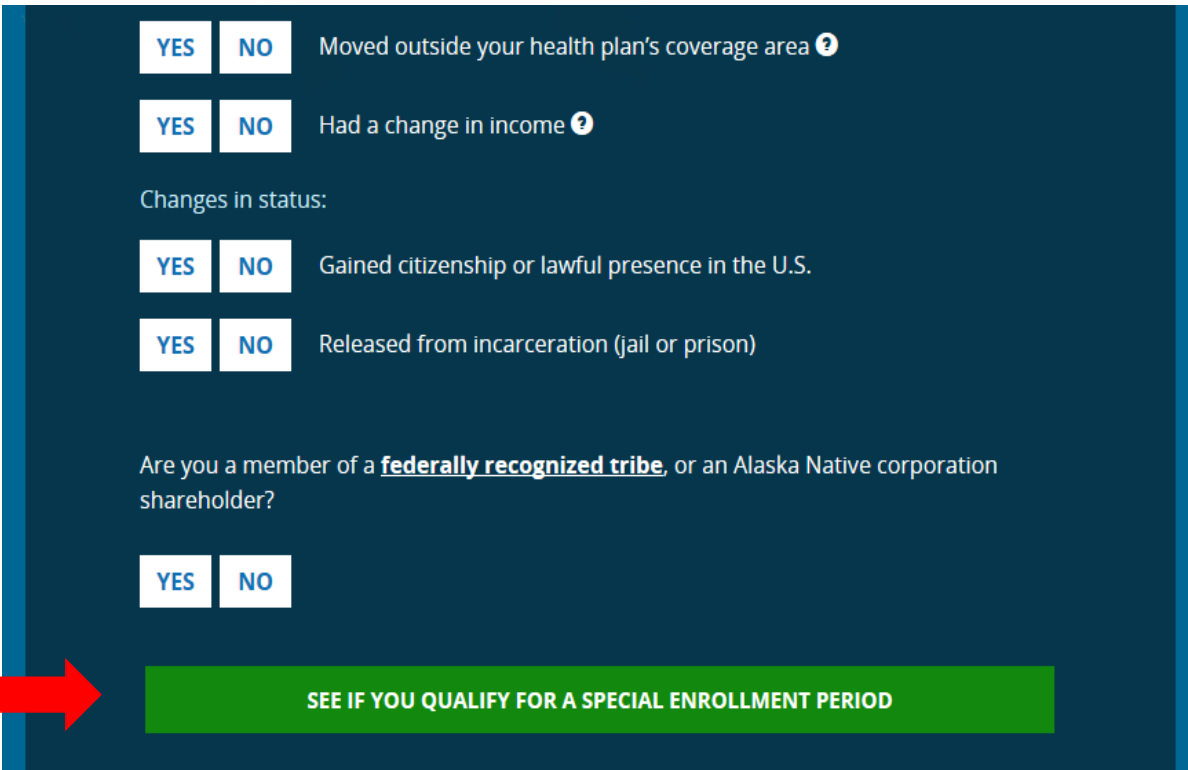
Changes in household size:

<input type="button" value="YES"/> <input type="button" value="NO"/>	Got married
<input type="button" value="YES"/> <input type="button" value="NO"/>	Had a baby

# SEP Screener Tool

...continued

3. Once all questions are answered, the consumer clicks the “See if you qualify for a Special Enrollment Period” button to receive a response on whether he or she may qualify for an SEP.



YES NO Moved outside your health plan's coverage area ?

YES NO Had a change in income ?

Changes in status:

YES NO Gained citizenship or lawful presence in the U.S.

YES NO Released from incarceration (jail or prison)

Are you a member of a **federally recognized tribe**, or an Alaska Native corporation shareholder?

YES NO

**SEE IF YOU QUALIFY FOR A SPECIAL ENROLLMENT PERIOD**

*Please note that the screener is an estimate and not a determination. A consumer has not qualified for an SEP until he or she completes a Marketplace application and receives an official eligibility determination.*



# Qualifying Life Events

The types of changes that qualify for SEPs include:

Experiencing a change in family size, including:

- Having a baby
- Adopting a child
- Placing a child in foster care
- Getting married

Losing other coverage, including:

- Losing a job-based plan
- Aging off a parent's coverage at 26
- Losing coverage through divorce
- Losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- If a consumer leaves his or her job for any reason and loses job-based health coverage

**Note:** A consumer cannot qualify for an SEP if he or she:

- Voluntarily drops a job-based plan without leaving a job
- Voluntarily drops an individual insurance plan, an unexpired Consolidated Omnibus Budget Reconciliation Act (COBRA) plan, or any plan that does not qualify as minimum essential coverage

# Qualifying Life Events

*...continued*

The types of changes that qualify for SEPs include:

Gaining access to new qualified health plans (QHP) as a result of a permanent move.

Gaining United States (U.S.) citizenship

Being released from incarceration

Having membership in a federally recognized tribe or status as an Alaska Native shareholder. This allows members to enroll in Marketplace coverage any time of year. There is no limited enrollment period, and members can change plans as often as once a month.

# Qualifying Life Events

*...continued*

- The Health and Human Services (HHS) Notice of Benefit and Payment Parameters for 2016 (2016 Payment Notice) was finalized on February 20, 2015.
- The 2016 Payment Notice updates the allowable qualifying events for the 2016 plan year to:
  - Extend the availability of an SEP to a consumer whose current coverage is issued on a non-calendar year basis
  - Codify in regulation that an SEP is available to a consumer in a non-Medicaid expansion state who was previously ineligible for advance payments of the premium tax credit solely because the consumer had a household income below 100 percent of the Federal Poverty Level (FPL), but who was ineligible for Medicaid during that same timeframe, and experiences a change in household income that makes the individual newly eligible for advance payments of the premium tax credit
  - At the option of the Marketplace, make an SEP available for the loss of a dependent or dependent status due to death, divorce, or legal separation

## Question 1

Tom is not offered coverage through his employer and is enrolled in coverage through his wife's employer. However, Tom and his wife just finalized their divorce. Based on this information does Tom qualify for an SEP?

- A. Yes
- B. No
- C. It depends



## Question 1: *Answer*

Tom is not offered coverage through his employer and is enrolled in coverage through his wife's employer. However, Tom and his wife just finalized their divorce. Based on this information does Tom qualify for an SEP?



**A. Yes**

B. No

C. It depends

## Question 1: *Answer (continued)*

- *Since Tom is losing minimum essential coverage through his wife's employer, he qualifies for an SEP to enroll in a QHP through the Marketplace, if otherwise eligible.*
- *Since Tom does not have another offer of minimum essential coverage, he may be eligible to receive advance payments of the premium tax credit and/or cost-sharing reductions.*

## Question 2

Annabelle moves to a new state for a job. Her job does not offer coverage and has access to new coverage options in her new location. Based on this information, does she qualify for an SEP?

- A. Yes
- B. No
- C. It depends



## Question 2: *Answer*

Annabelle moves to a new state for a job. Her job does not offer coverage and has access to new coverage options in her new location. Based on this information, does she qualify for an SEP?



**A. Yes**

B. No

C. It depends





## Question 2: *Answer (continued)*

- *Provided that (1) Annabelle has access to new health plans in her new location and (2) her location is in a state that participates in the FFM, and (3) there have been no other changes in Annabelle's circumstances to be considered, she qualifies for an SEP.*
- *Note: If a consumer moves to a state that operates a State-based Marketplace (SBM), he or she does not qualify for coverage through the FFM, but may qualify for an SEP through that state's SBM.*

# Reporting Qualifying Life Events to Qualify for an SEP

- All changes should be reported to the Marketplace as soon as possible.
- Changes can be reported to the Marketplace online by guiding the consumer to:
  1. Log in to his or her account on HealthCare.gov
  2. Select the existing application
  3. Choose "Report a life change" from the menu on the left
  4. Click on the "Report a life change" button

*For more information on how to upload documents, please visit:  
<https://www.healthcare.gov/help/how-to-upload-documents/>.*

# Reporting Qualifying Life Events to Qualify for an SEP

*...continued*

- Consumers can also report changes over the phone by contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
- Agents and brokers should advise consumers that changes cannot be reported via mail or the Direct Enrollment pathway.
- Once a change is reported, the consumer will receive an updated eligibility notice indicating whether or not the consumer is eligible for an SEP.

# Exceptional Circumstances

In addition to qualifying life events, other exceptional circumstances that prevented consumers from obtaining coverage during the Open Enrollment period may include:

1. A serious medical condition or natural disaster
2. Misinformation or misrepresentation by a Marketplace enrollment assister
3. Enrollment error
4. Systems errors related to immigration status
5. Display errors on HealthCare.gov
6. Medicaid to Marketplace transfers
7. Error messages
8. Unresolved casework
9. Other systems errors

# Exceptional Circumstances

*...continued*

1. A serious medical condition or natural disaster: The consumer faced a serious medical condition or natural disaster that kept him or her from enrolling. For example:
  - An unexpected hospitalization or temporary cognitive disability
  - A natural disaster, such as an earthquake, massive flooding, or hurricane
2. Misinformation or misrepresentation: Misconduct by a non-Marketplace enrollment assister (like an insurance company, Navigator, certified application counselor, or agent or broker) resulted in the consumer:
  - Not getting enrolled in a plan
  - Being enrolled in the wrong plan
  - Not receiving the advance payments of the premium tax credit or cost-sharing reduction he or she was eligible to receive

# Exceptional Circumstances

*...continued*

3. Enrollment error: The QHP issuer was unable to process the consumer's enrollment because of a technical error between the Marketplace and the issuer.
4. System errors related to immigration status: An error in the processing of applications or the system caused the consumer to receive an incorrect immigration eligibility result when he or she applied for coverage.
5. Display errors on HealthCare.gov: HealthCare.gov displayed incorrect plan data, such as benefit or cost-sharing information, at the time the consumer selected his or her QHP. This includes issues where some consumers were allowed to enroll in plans offered in a different service area, or enroll in plans that do not allow certain categories of family relationships to enroll together.

# Exceptional Circumstances

*...continued*

6. Medicaid to Marketplace transfers: During the Marketplace Open Enrollment period, a consumer applied for Medicaid through his or her state, or was assessed potentially eligible for Medicaid by the Marketplace and his or her application was sent to the state but was determined ineligible for Medicaid.
7. Error messages: The Marketplace stopped processing the consumer's application due to specific error messages. For example, the consumer received a "data sources down" error message or another error message that did not allow him or her to enroll.

# Exceptional Circumstances

*...continued*

8. Unresolved casework: The consumer is working with a caseworker on an enrollment issue that was not resolved before the end of the 60-day window for documentation following the Open Enrollment period.
9. Other system errors that kept the consumer from enrolling, as determined by CMS.



## Question 1

If Margaret enrolled in coverage during the 2015 Open Enrollment period and received confirmation that the enrollment processed but discovered she did not have coverage when she went for her annual physical, does she qualify for an SEP?

- A. Yes
- B. No
- C. It depends



## Question 1: *Answer*

If Margaret enrolled in coverage during the 2015 Open Enrollment period and received confirmation that the enrollment processed but discovered she did not have coverage when she went for her annual physical, does she qualify for an SEP?

- A. Yes
- ✓ **B. No**
- C. It depends



## Question 1: *Answer (continued)*

- *A consumer may receive confirmation that his or her enrollment processed, but the consumer was not actually enrolled in the chosen QHP due to a system error.*
- *In this circumstance, the consumer will qualify for an SEP and the coverage effective date will be retroactive to the correct date based on the consumer's enrollment date and selection.*
- *Please note that if the consumer enrolled into coverage but never made his or her initial premium payment, his or her issuer can cancel the coverage due to non-payment and the consumer will not be eligible for an SEP.*

## Question 2

If the FFM determined that Linda's 12-year old son may be eligible for coverage through the state's CHIP program and the state's CHIP agency notified Linda during the Marketplace Open Enrollment period that her son is not eligible for CHIP coverage, does her son qualify for an SEP?

- A. Yes
- B. No
- C. It depends



## Question 2: *Answer*

If the FFM determined that Linda's 12-year old son may be eligible for coverage through the state's CHIP program and the state's CHIP agency notified Linda during the Marketplace Open Enrollment period that her son is not eligible for CHIP coverage, does her son qualify for an SEP?

- ✓ **A. Yes**
- B. No
- C. It depends



## Question 2: *Answer (continued)*

- *Even though Linda was notified prior to the end of the 2015 Open Enrollment period that her son did not qualify for CHIP, her son will receive an SEP to enroll in coverage on the Marketplace. Individuals can qualify for SEPs both outside of and during the Open Enrollment period.*
- *Therefore, Linda will have 60 days to return to the Marketplace to enroll her son in prospective coverage for 2015.*

# Determining Eligibility for an SEP Due to Exceptional Circumstances

- Agents and brokers can advise consumers on whether they may qualify for an SEP due to one of these exceptional circumstance, but should advise the consumer to contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to confirm it.
  - The representative will ask for information about the consumer's situation to determine if his or her circumstances qualify the consumer for an SEP. The representative will assist the consumer in applying and enrolling in coverage.
  - If a consumer is already enrolled in a QHP and is eligible to change coverage via an SEP, the consumer can stay in his or her current plan, in most cases, or can switch plans. In some limited cases, the consumer may qualify for an earlier effective date of coverage. The consumer must make the first premium payment before this coverage becomes effective.

# Determining Eligibility for an SEP due to Exceptional Circumstances *...continued*

- If a consumer was denied an SEP, the agent or broker can notify the consumer that he or she can file for an appeal of the decision.
- For more information on how to file an appeal, direct the consumer to <https://www.healthcare.gov/sep-list/>.



# Once Approved for an SEP

## 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.



Use the table below to find out when your coverage will start. You can make changes as long as your plans coverage hasn't started - but any changes you make may change your coverage start date. For example, if you want your coverage to start on January 1, 2014, you should confirm your plan(s) by December 24, 2014. The earliest your coverage could start if you make changes after that date is February 1, 2014.

### Coverage Start Dates

If you confirm your plan(s) between these dates:	Your coverage start date will be*:
Oct 01, 2013 – Dec 24, 2013	Jan 01, 2014
Dec 25, 2013 – Jan 15, 2014	Feb 01, 2014
Jan 16, 2014 – Feb 15, 2014	Mar 01, 2014
Feb 16, 2014 – Mar 15, 2014	Apr 01, 2014
Mar 16, 2014 – Mar 31, 2014	May 01, 2014

\*To activate your new health coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days on how to pay, or you may visit your plan online to make your payment if your plan accepts online payment.

### Choosing a Health Plan

Answer questions about your household.

[? Explain this task](#)

SET

Select a health insurance plan  
1

[? Explain this task](#)

LOCKED

- An agent or broker can assist the consumer in selecting the consumer's preferred QHP coverage via the “Enroll To-Do List” page at HealthCare.gov.
- Depending on the qualifying life event, coverage can start at different times and the enrollment window for the SEP varies.

# Coverage Effective Dates

- During the Open Enrollment period, the consumer needed to enroll by the 15<sup>th</sup> of the month for coverage to start by the first day of the next month. If the consumer enrolls in coverage after the 15<sup>th</sup> of the month, coverage will start the first day of the second following month.
- This is the timeframe for coverage for some SEPs, such as when a consumer experiences a change in income or household size, making him or her newly eligible for advance payments of the premium tax credit or levels of cost-sharing reductions, or when a consumer becomes a citizen, national, or lawfully present individual.

# Coverage Effective Dates

*...continued*

If the consumer has one of the qualifying life events outlined below, the consumer's coverage can start sooner:

- Having a baby, adopting, or fostering a child:
  - Coverage can take effect as of the date of birth, adoption, placement for adoption, or placement in foster care.
  - The enrollment window is up to 60 days after the event.
- Getting married:
  - Coverage can take effect the first day of the month after selecting a plan.
  - The enrollment window is up to 60 days after the marriage.
  - Qualifying for an SEP via marriage cannot take place until the marriage is official. Consumers cannot enroll in advance.

# Coverage Effective Dates

*...continued*

- Losing other health coverage, including losing a job-based plan, aging off a parent's coverage at 26, losing coverage through divorce, losing eligibility for Medicaid or CHIP, and similar events:
  - Coverage can take effect the first day of the month after the loss of coverage or after the date of plan selection, whichever of the two options is later.
  - The enrollment window is from 60 days before to 60 days after losing the other coverage.
- Being denied Medicaid or CHIP coverage after enrolling in one of these programs during the Open Enrollment period:
  - Coverage can take effect the first day of the month after the consumer enrolls.
  - The enrollment window is up to 60 days after the denial.

# Coverage Effective Dates

*...continued*

The HHS Notice of Benefit and Payment Parameters for 2016 provides that:

Circumstance	Effective Date
Consumers gaining a dependent or becoming a dependent due to a court order, including child support orders.	Coverage is effective beginning the effective date of the court order.
For gaining access to new QHPs as a result of a permanent move, the consumer will be able to report a move up to 60 days in advance.  This SEP is effective at the option of the Marketplace or beginning January 1, 2017.	Coverage can be effective on the first day of the month following the move if the consumer made a plan selection before or on the day of the move. If a plan selection is made after the permanent move, coverage may start the first of the following month or regular prospective coverage effective dates, at the option of the Marketplace.
Consumers losing a dependent or dependent status due to legal separation, divorce, or death.  This SEP is effective at the option of the Marketplace.	Coverage will be effective the first day of the month following the date of plan selection.

## Question 1

John lost his job in February and lost his employer-sponsored coverage at the end of the month. He filled out an FFM application in March and received approval for an SEP on March 11. With the help of his agent or broker he enrolled in coverage on March 18. What will his effective date be?

- A. March 18
- B. April 1
- C. May 1



## Question 1: *Answer*

John lost his job in February and lost his employer-sponsored coverage at the end of the month. He filled out an FFM application in March and received approval for an SEP on March 11. With the help of his agent or broker he enrolled in coverage on March 18. What will his effective date be?



- A. March 18
- ✓ **B. April 1**
- C. May 1

## Question 1: *Answer (continued)*

- *John qualified for an SEP because he lost his employer-sponsored coverage. As a result, his Marketplace coverage will begin the first of the month following his QHP selection.*
- *Please note that loss of minimum essential coverage is one of several SEPs that allow for accelerated coverage effective dates in order to minimize a consumer's gap in coverage. Therefore, the consumer does not need to select a plan prior to the 15<sup>th</sup> of the month for coverage to start the first of the following month.*



# Summary

The topics presented during this webinar included:

- Definition of an SEP and the SEP screener tool
- Qualifying life events
- Where to report qualifying life events to qualify for an SEP
- Exceptional circumstances
- Determining eligibility for an SEP due to exceptional circumstances
- What happens once approved for an SEP
- Coverage effective date if approved for an SEP
- Additional resources

# Additional Resources

- *Additional resources can be found on CCIIO's agent and broker webpage: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *For more information about technical assistance training and support, please visit: [www.REGTAP.info](http://www.REGTAP.info).*
- *To assist consumers to check if they may be eligible for SEPs, direct them to the HealthCare.gov screener at: <https://www.healthcare.gov/screener/>.*
- *For more information on how to upload documents, please visit: <https://www.healthcare.gov/help/how-to-upload-documents/>.*
- *For more information on how to file an appeal, direct the consumer to: <https://www.healthcare.gov/sep-list/>.*
- *To assist the consumer in selecting the consumer's preferred QHP coverage direct consumers to the "Enroll To-Do List" page on: [www.HealthCare.gov](http://www.HealthCare.gov).*

# Questions?



For questions/comments about agent/broker participation in the FFM:  
[FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov)

For questions/comments about the FFM application and enrollment:  
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the FF-SHOP:  
1-800-706-7893 (TTY: 711) available M-F 9:00am-7:00pm ET