



Health Reform: **Beyond the Basics**

[healthreformbeyondthebasics.org](http://healthreformbeyondthebasics.org)

# Special Enrollment Periods

## 2017 Changes and Pre-Enrollment Verification

*Center on Budget and Policy Priorities*

July 7, 2017

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# Review of Special Enrollment Periods

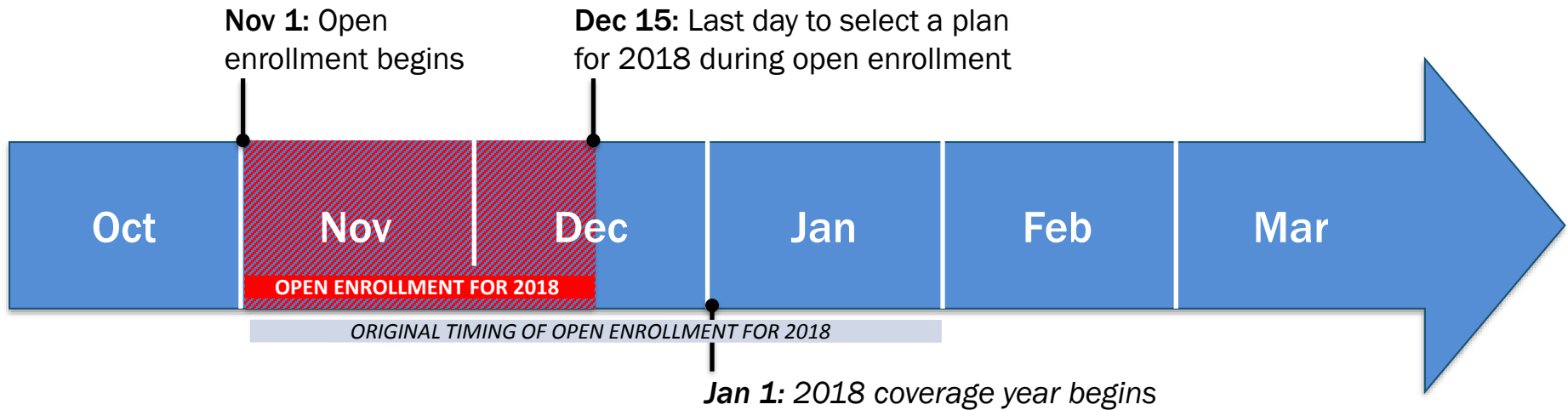
## What is a special enrollment period (SEP)?

- Period outside of open enrollment when a person can enroll in or switch Marketplace coverage
- Triggered by certain qualifying events

## Timing?

- SEP is generally available for 60 days after qualifying event
- Some SEPs also have advance availability (SEP available 60 days before qualifying event)

# Reminder: Shorter Open Enrollment



- Open enrollment will only run from November 1 through December 15, 2017: **45 days in total**
- State-Based Marketplaces can have a longer open enrollment period by adding a supplemental special enrollment period

*As of September 14, 2017, the following states with State-Based Marketplaces have extended their upcoming open enrollment past December 15:*

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- **California:** November 1, 2017 – January 31, 2018
- **Colorado:** November 1, 2017 – January 12, 2018
- **Connecticut:** November 1, 2017 – December 22, 2017
- **District of Columbia:** November 1, 2017 – January 31, 2018
- **Massachusetts:** November 1, 2017 – January 23, 2018
- **Minnesota:** November 1, 2017 – January 14, 2018
- **New York:** November 1, 2017 – January 31, 2018
- **Rhode Island:** November 1, 2017 – December 31, 2017
- **Washington:** November 1, 2017 – January 15, 2018

## 1 Loss of other qualifying coverage

*examples:*

- Loss of employer coverage or Medicaid
- Expiration of non-calendar year plan

## 2 Changes in household size

*examples:*

- Marriage
- Birth of a baby

## 3 Changes in primary place of living

*examples:*

- Moving to another city or state
- Moving to the U.S. after living abroad

## 4 Changes in eligibility for financial help

*examples:*

- Moving out of the Medicaid coverage gap
- Changes in eligibility for PTC or CSR
- Newly gained eligible immigration status

## 5 Enrollment or plan error

*examples:*

- Error or misconduct by Marketplace or insurer
- Plan or benefit display error

## 6 Other qualifying changes

*examples:*

- Exceptional circumstances
- Survivors of domestic violence

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# Changes to SEP Eligibility and Use

## *Changes to special enrollment periods eligibility*

- If a person gets married, an SEP is **only triggered if**:
  - At least one spouse had at least one day of minimum essential coverage in the 60 days prior to the marriage

### *Exceptions:*

- At least one spouse was living in a foreign country or U.S. territory in past 60 days
  - At least one spouse is a member of federally-recognized Native American tribe or is an Alaska Native (referred to as AI/AN)
- This mirrors the permanent move SEP prior coverage requirement



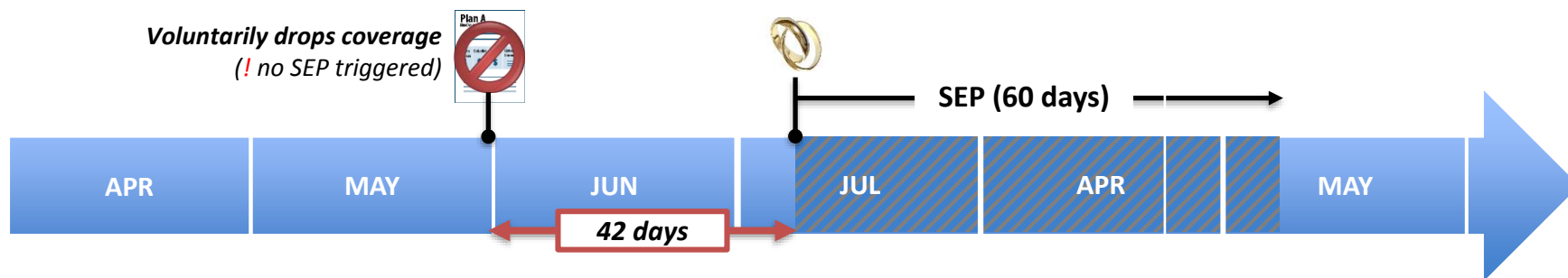
# Example: Prior Coverage Requirement

- Jay and Kim get married on July 12
- Kim was insured through her job and Jay was uninsured
- Kim drops her coverage prior to the marriage



## SCENARIO 1

Her coverage ends May 31



✓ Eligible for an SEP

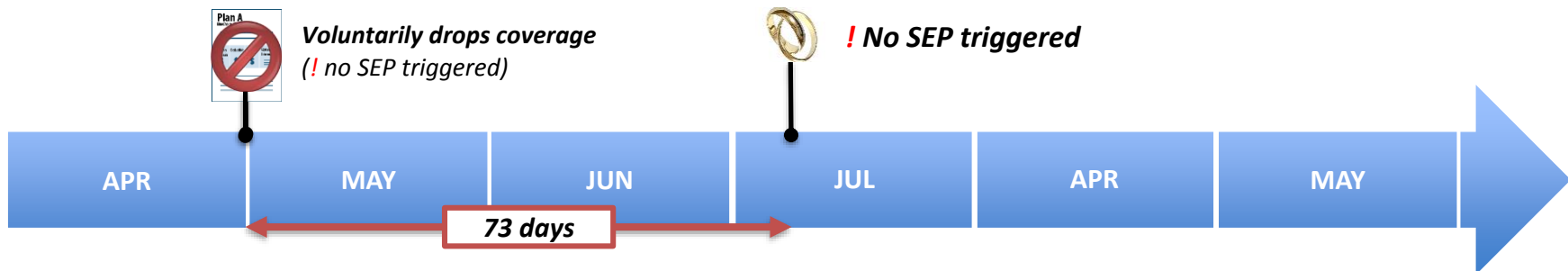
# Example: Prior Coverage Requirement

- Jay and Kim get married on July 12
- Kim was insured through her job and Jay was uninsured
- Kim drops her coverage prior to the marriage



## SCENARIO 2

Kim drops her coverage earlier in the year → April 30



✗ NOT eligible for an SEP

# Restrictions on Plan Selection

## *Current Marketplace enrollees*

- **For most SEPs:** Enrollees (those already enrolled in Marketplace coverage) can only use an SEP to:
  - Change plans within the same metal level as their current plan

*Exceptions:*

  - *If there are no other plans available within the same metal level, can enroll in a plan one metal level higher or lower*
- **Change in eligibility for cost-sharing reductions (CSR):** Enrollees can only use the SEP to:
  - Change to a silver level plan if not already enrolled in one, **OR**
  - Change plans within the same metal level as their current plan

REMINDER: Levels of Cost-Sharing Reductions (Silver Plans)				
Actuarial Value	No CSR: 70% AV	CSR: 73% AV	CSR: 87% AV	CSR: 94% AV
Income Range	Above 250% FPL	201-250% FPL	151-200% FPL	Up to 150% FPL

# Example: Restrictions on Plan Selection

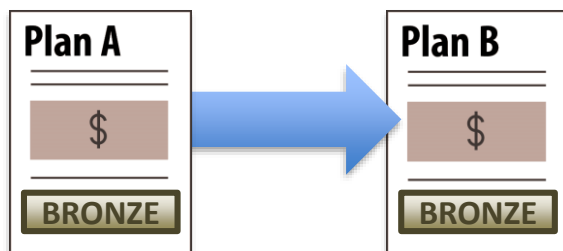
## Newly eligible for premium tax credits

- In June, Gloria loses a client and her income goes down from 410% to 300% FPL → She is newly eligible for PTC
- The family is enrolled in Plan A, a bronze plan, and eligible for an SEP
  - Plan selection options are **limited**



### How can the family use the SEP?

**CAN enroll in another bronze plan:**



**Same metal level**

✓ Can enroll in Plan B

**CANNOT enroll in a silver or gold plan:**



**Different metal level**

✗ Cannot enroll in Plan C or Plan D

# Example: Restrictions on Plan Selection

## Newly eligible for premium tax credits

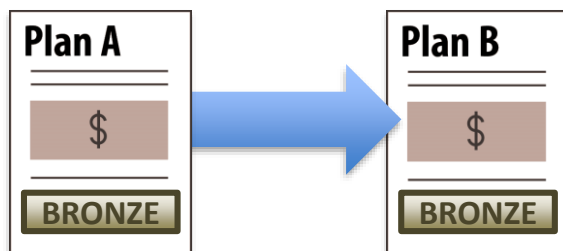
### UNLESS...

- The family is eligible for a different level of CSR
- Let's say Gloria's income drops to 233% FPL (making her newly eligible for CSR: 73% AV)
  - Plan selection options are **limited**, but may **enroll in a silver plan if not enrolled**



### How can the family use the SEP?

#### CAN enroll in another bronze plan:



#### Same metal level

✓ Can enroll in Plan B

#### CAN enroll in a silver plan:



#### Not enrolled in a silver plan

✓ Can enroll in Plan C

✗ Cannot enroll in Plan D

## *Current Marketplace enrollees*

- **Marriage or birth/adoption/foster care placement SEP:** If an enrollee gains a dependent or gets married, can only use an SEP to:
  - Add the new dependent or spouse to his or her current Marketplace plan, **OR**
  - Enroll the new dependent or spouse in a separate plan

### *Exceptions:*

- *If an enrollee's current plan doesn't cover dependents, the enrollee and dependent can enroll in a new plan together within the same metal level as the enrollee's current plan*

# Example: Adding a Dependent Through Marriage

## Newly enrolling in Marketplace coverage

### Let's revisit Jay and Kim:

- They got married on July 12 and are eligible for an SEP
- Kim was insured through her job until May 31, but now both her and Jay want to enroll in Marketplace coverage
- They are newly enrolling in Marketplace coverage
  - Plan selection options are **open**



CHOICE 1: Enroll in same plan	
PLAN OPTIONS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan A</b>  <hr/> <div style="background-color: #e0e0e0; width: 40px; margin: 0 auto; text-align: center;">\$</div> <hr/> <hr/> </div>
NEW ENROLLEES	✓ Kim ✓ Jay

CHOICE 2: Enroll in separate plans		
PLAN OPTIONS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan A</b>  <hr/> <div style="background-color: #e0e0e0; width: 40px; margin: 0 auto; text-align: center;">\$</div> <hr/> <hr/> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan B</b>  <hr/> <div style="background-color: #e0e0e0; width: 40px; margin: 0 auto; text-align: center;">\$</div> <hr/> <hr/> </div>
NEW ENROLLEES	✓ Kim	✓ Jay

# Example: Adding a Dependent Through Marriage

*One spouse is enrolled in Marketplace coverage*

**But what if Jay is already enrolled in coverage:**

- They got married on July 12 and are eligible for an SEP
- Jay is an enrollee and enrolled in Plan A
  - Plan selection options are **limited**
  - **Jay cannot switch plans\***



CHOICE 1: Kim joins Jay's plan	
PLAN OPTIONS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan A</b>  <hr/> <div style="background-color: #e0f0ff; width: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">\$</div> <hr/> </div>
CURRENTLY ENROLLED	Jay
NEW ENROLLEES	✓ Kim

CHOICE 2: Kim enrolls in separate plan		
PLAN OPTIONS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan A</b>  <hr/> <div style="background-color: #e0f0ff; width: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">\$</div> <hr/> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Plan B</b>  <hr/> <div style="background-color: #e0f0ff; width: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">\$</div> <hr/> </div>
CURRENTLY ENROLLED	Jay	---
NEW ENROLLEES	--	✓ Kim



# SEPs Exempt from Restrictions on Plan Selection

## *Current Marketplace enrollees*

- SEP for American Indian or Alaska Natives (AI/AN)
- Errors/misrepresentation from the Exchange or an exchange entity
- Exceptional circumstances
- Victims of domestic abuse or spousal abandonment

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# SEP Pre-Enrollment Verification Process

- People newly enrolling in Marketplace coverage through certain SEPs will be required to submit documentation that proves eligibility for a SEP before enrolling in and using marketplace coverage
  - Termed SEP Verification Issue (SVI)
  - SVIs are generated for new applicants who attest to an event that triggers certain SEPs
  - A person will have 30 days after selecting a plan to provide documentation of eligibility for the SEP
  - Once SEP eligibility is verified, enrollment file will be sent to the insurer and applicant will pay premiums to effectuate enrollment
- State-Based Marketplaces that do not use Healthcare.gov are not required to conduct pre-enrollment verification of SEP eligibility

- Pre-enrollment verification will eventually apply to all people newly enrolling in Marketplace coverage using SEPs
- **Phase 1: June 23, 2017** – Pre-enrollment verification started for:
  - Loss of other coverage
  - Permanent move
- **Phase 2: August 2017** – Pre-enrollment verification is scheduled to start for:
  - Marriage
  - Adoption, placement for adoption, placement in foster care, or a child support or other court order
  - Medicaid or CHIP denial

**Note:** In August phase in, pre-enrollment verification will **not apply to the SEP for birth of a baby**

## Loss of other coverage

→ Loss of minimum essential coverage (MEC). Includes:

- Loss of eligibility for an employer plan (e.g., loses job, quits a job, work hours reduced)
- Loss of eligibility for Medicaid or CHIP
- Cancellation of a plan
- Loss of eligibility for student health plan

*For more info on what is considered MEC:  
[www.healthreformbeyondthebasics.org/minimum-essential-coverage-reference-chart](http://www.healthreformbeyondthebasics.org/minimum-essential-coverage-reference-chart)*

→ 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)

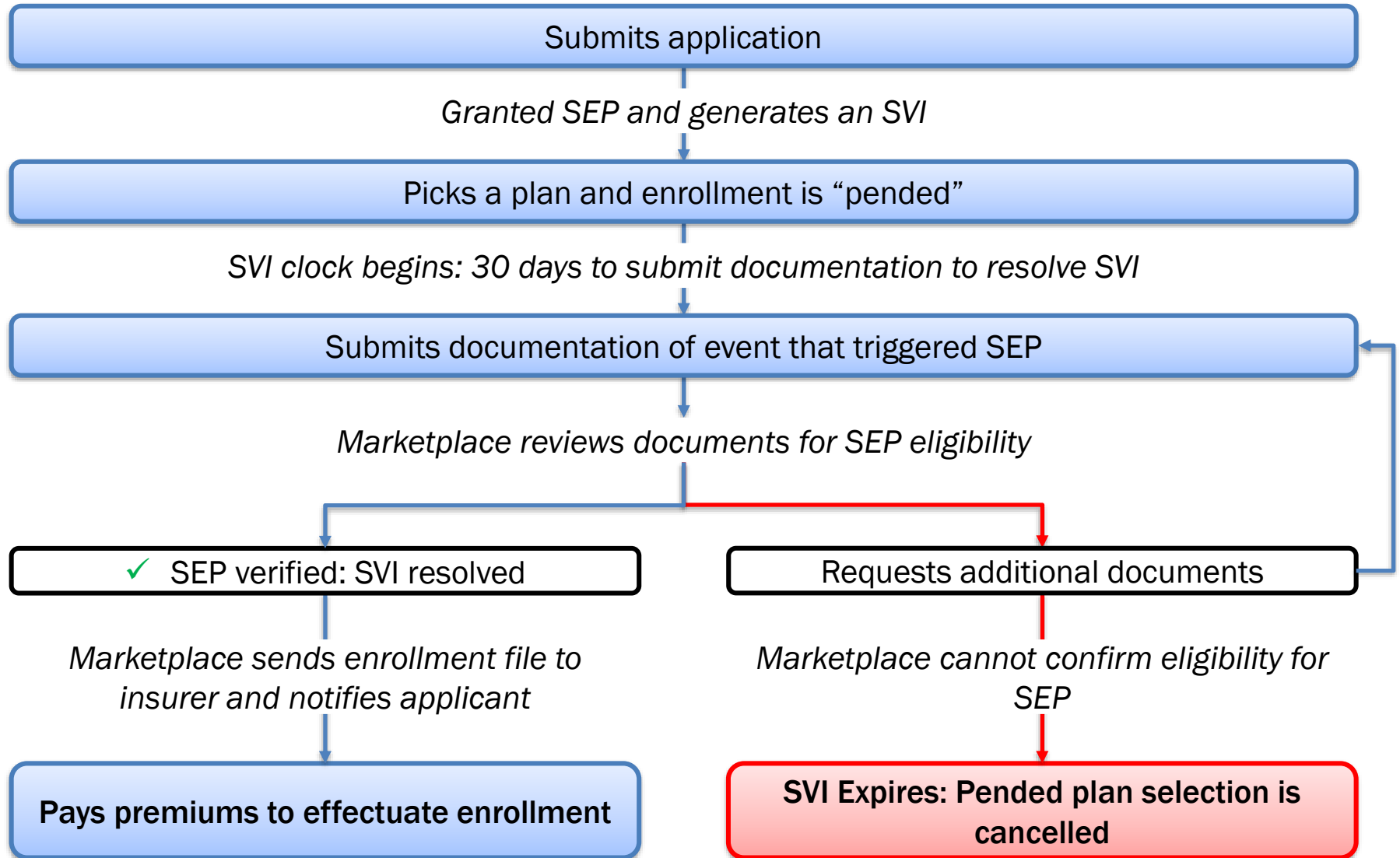
→ Expiration of a non-calendar year plan (even if there is an option to renew the plan)

SEP Event	Timing	Coverage Effective Date
Loss of other coverage	Up to 60 days before loss of coverage	First day of the month following loss of previous coverage
	Up to 60 days after loss of coverage	First day of the month following plan selection

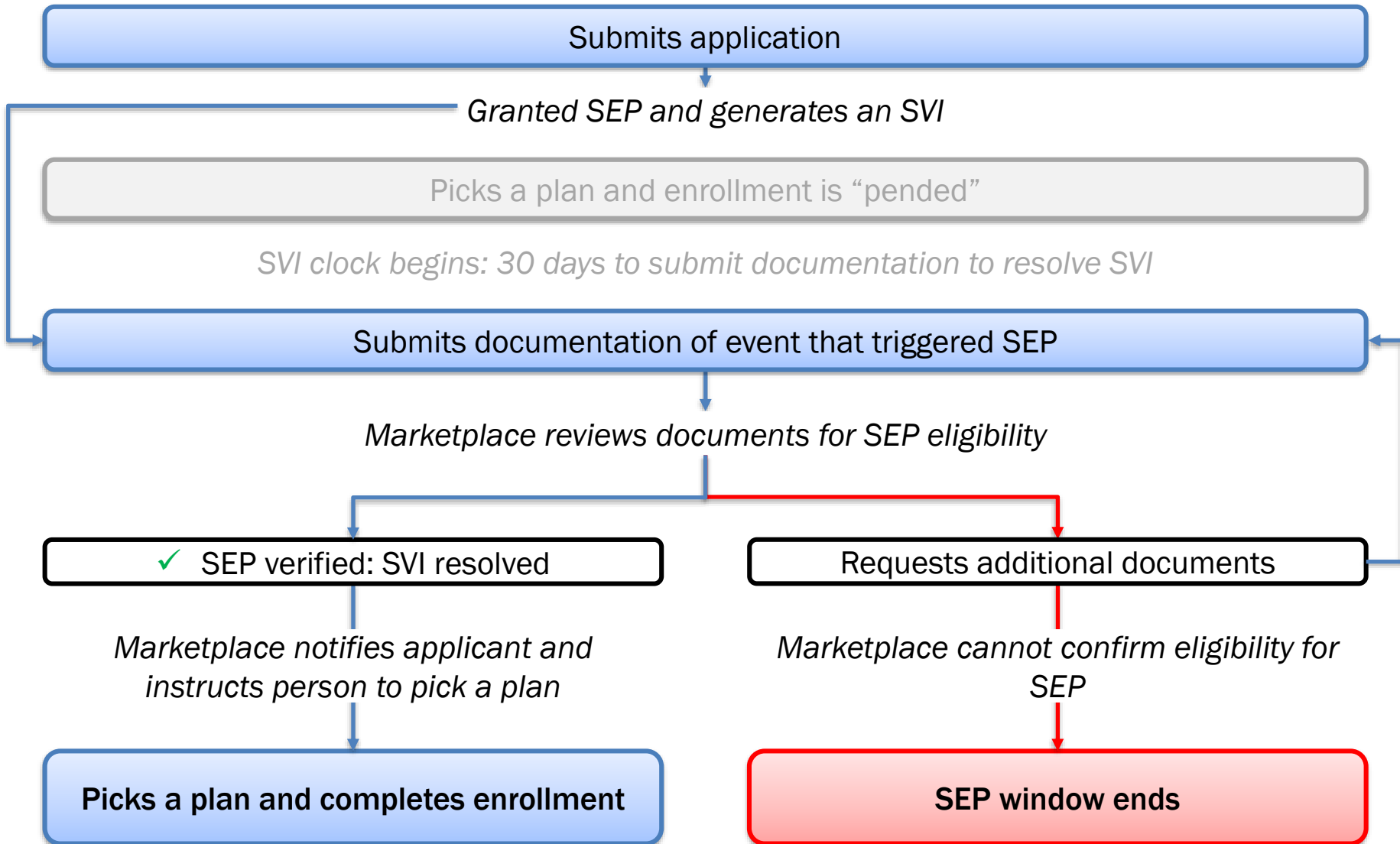
## Permanent move

- Gains access to new QHPs as a result of a permanent move (*prior coverage requirement applies*)
- Moving within the same city, county, or state, as long as there is a different set of QHPs available; or moving to another states
  - A child or other dependent moving back to parent's home
  - A student moving to or from where he or she attends school
  - Moving for seasonal employment, but maintaining another home elsewhere (such as a seasonal farmworker)
  - Moving to or from a shelter or other transitional housing
- Moves to the U.S. after living outside the country or in a U.S. territory

SEP Event	Timing	Coverage Effective Date
Permanent move	Up to 60 days after move	Regular coverage effective dates



# General SVI Process When No Plan Is Selected





*When application is submitted:*

- **Eligibility determination notice (EDN):** Explains eligibility for coverage, financial assistance, and SEP (if applicable)
  - Everyone who submits an application or makes changes to existing applications will receive EDN
  - Notes if person is subject to SEP pre-enrollment verification (i.e. must resolve SVI)
  - Notes if person needs to resolve a data-matching issue

*When plan is selected:*

- **Pended plan selection notice (PPS):** Plan is selected, but enrollment is pended until eligibility for the SEP is verified
  - Explains that plan selection is pended and person must submit documents to resolve SVI
  - Includes next steps and list of acceptable documents to resolve SVI

*During SEP/SVI window:*

- **SVI insufficient document notice:** Asks for additional documentation
  - Explains why Marketplace can't resolve SVI with submitted documents
- **SVI clock extension notice:** Granted additional time to resolve SVI
  - Generally an additional 30 days granted to those attempting to submit documents
- **SVI warning notice:** 20 days left in 30-day SVI clock
  - Reminds to submit docs to resolve SVI
- **SVI reminder notice:** 20 days left in the 60-day SEP window
  - Reminds to pick a plan and submit docs to resolve SVI

- **SVI resolution notice:** SEP eligibility is verified
  - If person selected a plan, can pay premiums to effectuate coverage (notice includes coverage effective date)
  - If person hasn't selected a plan, can now select a plan and complete enrollment
- **SVI expiration notice:** SEP eligibility could not be verified
  - If within SEP 60-day window, can resubmit application and regenerate SVI (SEP 60-day window will not reset)
- **If SEP 60-day window expires before person picks a plan,** applicant will not receive a notice

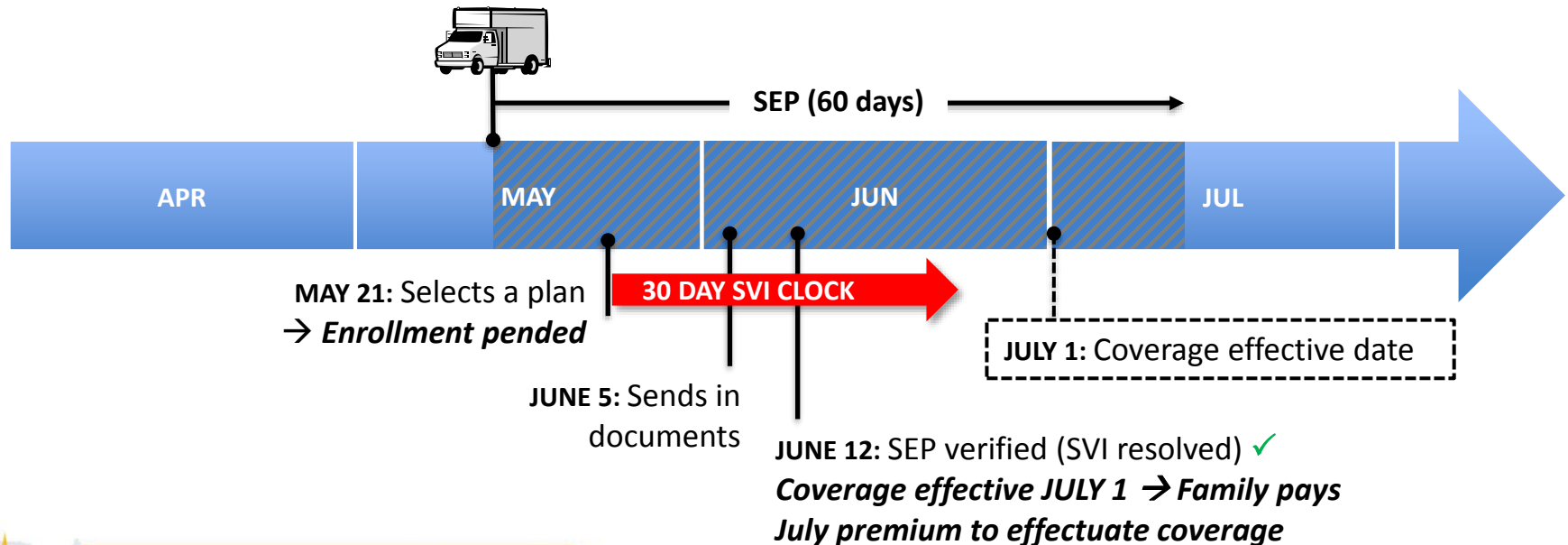
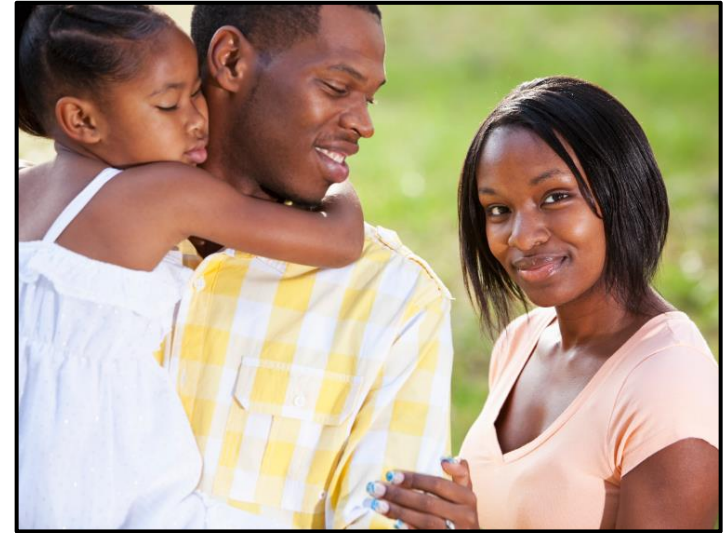
*Additional resolution notices:*

- **Existing enrollment notice:** Existing enrollment was found
  - SVI is closed and any pended plan selection is canceled
- **Confirmation and enrollment notice:** SEP is no longer subject to pre-enrollment verification
  - Documentation no longer needed and pended plan selection sent to insurer

- Once eligibility for an SEP is verified, coverage will generally begin on the original coverage effective date
  - Applicant will pay first month's premium to effectuate enrollment once SVI is resolved
- If SVI is resolved after the original coverage effective date, coverage will begin retroactively
  - Insurer will be responsible for paying claims on any covered services in that retroactive period
  - If an SVI is resolved more than 2 months from the original coverage effective date, can choose to have coverage begin 1 month later than original effective date

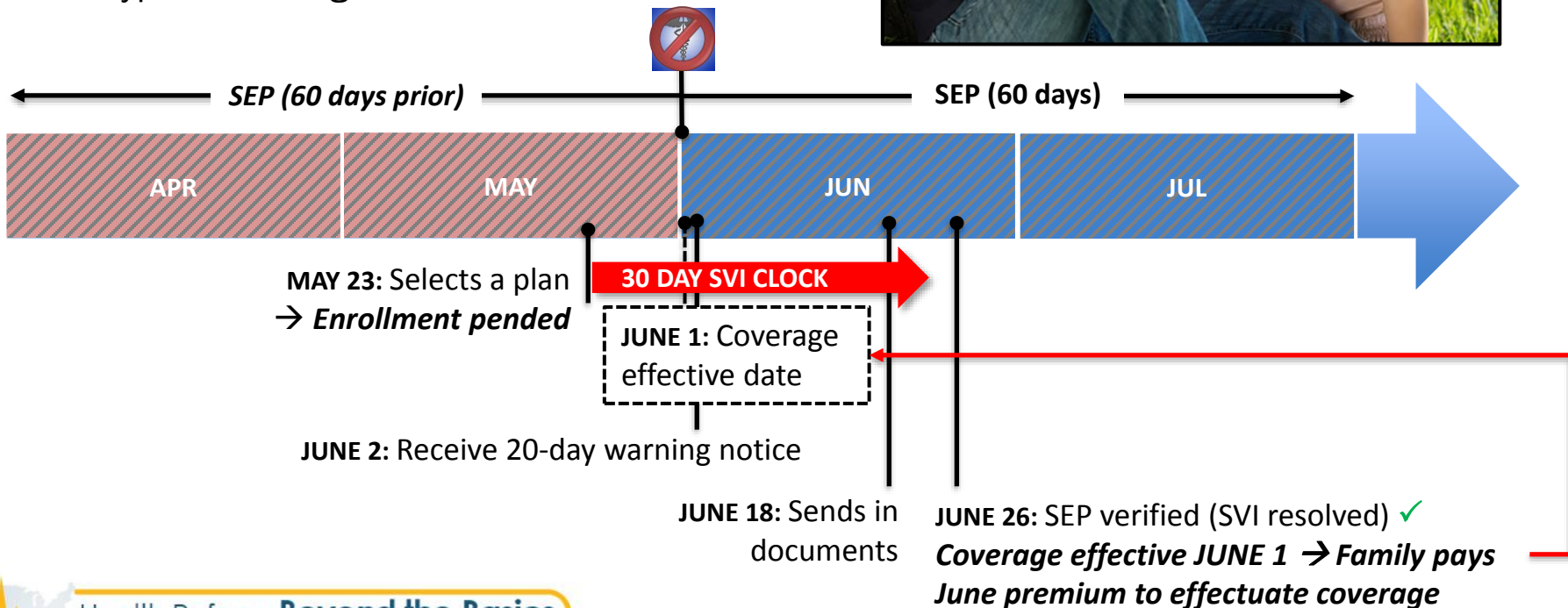
## Example: Permanent Move

- Daniel, Marie and Amina move from Illinois to Ohio on May 13
- They are eligible for an SEP, but enrollment is pended until they prove eligibility for SEP
- Need to submit documents proving:
  - A move (proof of old address and new address)
  - One day of coverage in last 60 days



## Example: Loss of Other Coverage

- Ricky and Eva are notified that they are losing eligibility for Medicaid coverage on May 31
- They are eligible for an SEP, but enrollment is pended until they prove eligibility for SEP
- Need to submit documents proving:
  - Coverage end date, who will lose coverage and type of coverage



## Submit documents that show that you or your dependent lost or will lose qualifying health coverage

*The following documents should be on official letterhead or stationary and include the name of the person who lost or is losing coverage and the date of the loss of coverage*

### A **letter from an insurance company**, including:

- A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage
- A decertification letter from your insurance company stating when coverage will no longer be offered

### A **letter from an employer**, that confirms one of these about you or your spouse or dependent family member:

- That your employer dropped or will drop your coverage or benefits
- That your employer stopped or will stop contributing to your cost of coverage
- That your employer changed or will change coverage or benefits, and your coverage will no longer be considered qualifying health coverage

A **letter if you lost student health coverage**, which shows when the coverage ended or will end

### A **letter about COBRA coverage**, like a letter from an employer or health insurance company that confirms these:

- Your employer's offer of COBRA coverage along with the date this coverage would start
- Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when

### A **health care program document**, including:

- A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end
- A letter from your state Medicaid or CHIP agency showing that your eligibility for Medicaid or CHIP was denied and when it was denied or that your Medicaid or CHIP coverage ended or will end
- A dated copy of your military discharge document (DD214)

*The following documents may include only some of the information needed to confirm loss or upcoming loss of coverage, so more than one of document may need to be submitted to prove loss of MEC*

**Pay stubs, if you lost employer-sponsored coverage, including:**

- 2 pay stubs from the past 1-3 months, one that shows a deduction for health coverage and another which shows that the deduction ended in the past 60 days
- If a reduction in work hours caused you to lose coverage, you can submit one previous pay stub that shows that you worked 30 or more hours and a deduction for health coverage, and a pay stub from the past 60 days that shows that you worked less than 30 hours and no deduction for health coverage

**Document showing you lost coverage because of divorce, legal separation, custody agreements, or annulment** within 60 days of submitting your application, including:

- Divorce or annulment papers that show the date responsibility ends for providing health coverage or proof that you stopped getting health coverage because of your relationship to your former spouse.

- Legal separation papers that show the date responsibility ends for providing health coverage.
- Other confirmation that you lost or will lose coverage because of divorce, legal separation, or annulment that shows the date that health coverage ends.

**Document showing you lost coverage due to death of a family member, including:**

- A death certificate or public notice of death and proof that you were getting health coverage because of your relationship to the deceased person, like a letter from an insurance company or employer that shows the names of the people on the health plan.
- Other confirmation that shows you lost or will lose coverage because of the death of a spouse or other family member.

*Other documents*

**If don't have a document showing loss of MEC**

- Submit a letter explaining the coverage you had, why and when you lost it or will lose it, and the reason you can't provide documents

**If in a plan that ended before the end of the calendar year, submit one of the following:**

- A dated and signed copy of written verification from an insurance agent
- A dated letter from your insurance company stating when the coverage year ends



## Submit documents that show that you or your dependent moved (must include your name and date of move)

**Bills or financial statements** that show a change of address or newly started services at your new address, including:

- Mail from a financial institution or a bank statement.
- An internet, cable, phone, electric or other public utility bill or service communication (this should show the date that your new utilities or services started)

**U.S. Postal Service change of address confirmation letter** that includes the mail forwarding date and the address the mail will be forwarded to

**Mortgage or rental document for your new address**, including:

- A mortgage deed that says the owner uses the property as a primary residence
- A rental or lease agreement that shows a start date at your new address

A **letter from a government organization**, on official letterhead or stationery, that shows a change of address to your new address, including:

- A Social Security statement
- A notice from SNAP (food stamps) or TANF (cash assistance) agency
- Mail from the Department of Motor Vehicles (DMV)
- Mail from the Internal Revenue Service (IRS)
- Mail from the Low Income Home Energy Assistance Program (LIHEAP)
- A voter registration card

A **letter from an insurance company**, like a homeowner's or renter's policy statement, that includes your policy start date at your new address

## *Other documents*

### **If don't have a document showing permanent move**

- Submit one document showing your new address (dated within 60 days prior to your move) and one document at your previous address dated within 12 months after your move
- Submit a letter with the date of your move, your old and new addresses, and the reason you can't submit documents

### **If homeless or in transitional housing**

- Submit a reference letter from a person in your state who can confirm that you live in the area permanently (could be a friend, family member or caseworker - this person must also confirm their own residency by including documents with address)



**If you moved within the U.S., must also submit a document that includes your name and shows that you had qualifying health coverage for at least 1 day in the past 60 days before your move**

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|---|--|
| <ul style="list-style-type: none"><li>• An insurance document, like a letter from an insurance company showing you or your dependent's health coverage, including COBRA. This should be on official letterhead or stationery.</li><li>• A document from an employer, like a letter about you or your dependent's health coverage, including COBRA. This should be on official letterhead or stationery.</li></ul> | <ul style="list-style-type: none"><li>• A document from a health care program, like a letter from a government health program, like Medicaid, CHIP, TRICARE, Veterans Affairs (VA), or Peace Corps. This should be on official letterhead or stationery.</li></ul> |
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**If you moved from a U.S. territory, must submit a document that confirms this information**

- A license, government issued ID card, voter registration card, or other form of official identification that shows that you previously lived in a U.S. territory.
- A document at your previous address dated within 12 months before your move and a document showing your new address (dated within 60 days after your move), or a document confirming your move (listed above).

**If you moved from a foreign country, must submit a document that confirms this information**

- An Arrival/Departure Record (I-94/I-94A) (in a foreign passport or separately) that shows your date of entry into the U.S.
- A passport with an admission stamp showing your date of entry into the U.S.

**Marriage** (*prior coverage requirement applies*)

**Adoption, placement in foster care, gain a dependent through a court order** (*Note: in August phase in, pre-enrollment verification will not apply to the SEP for birth of a baby*)

**Being determined ineligible for Medicaid or CHIP**

→ Applied for Medicaid or CHIP coverage during open enrollment (or during an SEP) and was determined ineligible for Medicaid or CHIP after the enrollment period ended

SEP Event	Timing	Coverage Effective Date
Marriage	Up to 60 days after date of marriage	First day of the month following plan selection
Adoption, foster care placement, or court order	Up to 60 days after birth, adoption, or placement	Date of the adoption, placement, or court order; <i>May allow consumer to choose effective date of first day of month after birth, adoption, or placement, OR regular coverage effective dates</i>
Being determined ineligible for Medicaid or CHIP	Up to 60 days after being determined ineligible	Effective date appropriate to circumstances

## Phase 2: Examples of Documents to Resolve SVI

**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*

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| <ul style="list-style-type: none"> <li>• Adoption letter or record showing date of adoption dated and signed by a court official</li> <li>• Government-issued or legal document showing the date that the child was placed in the home</li> <li>• Government-issued or legal document showing the date legal guardianship was established</li> </ul> | <ul style="list-style-type: none"> <li>• Court order showing the effective date of the order</li> <li>• U.S. Department of Homeland Security immigration document for foreign adoptions</li> <li>• Medical support order</li> <li>• Foster care papers dated and signed by a court official</li> </ul> |
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**Marriage:** *Submit proof of the marriage AND proof of prior coverage in past 60 days*

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| <ul style="list-style-type: none"> <li>• Marriage certificate showing the date of the marriage</li> <li>• Marriage license showing the date of the marriage</li> <li>• An official public record of the marriage, including a foreign record of marriage</li> <li>• A religious document that recognizes the marriage</li> </ul> | <ul style="list-style-type: none"> <li>• Affidavit or statement signed by the person who officiated the marriage</li> <li>• Affidavit or statement signed by a person who was an official witness to the marriage</li> </ul> |
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**Medicaid or CHIP Denial:** *Submit proof that have been determined ineligible for Medicaid or CHIP*

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| <ul style="list-style-type: none"> <li>• Denial letter from state Medicaid or CHIP agency, stating name, that you've been determined ineligible for Medicaid or CHIP, and when this determination was made</li> <li>• Letter from the Health Insurance Marketplace telling you that your information application was transferred to the Marketplace from the state Medicaid or CHIP agency</li> </ul> | <ul style="list-style-type: none"> <li>• Screenshot of an eligibility results page from Medicaid or CHIP state agency's online application</li> <li>• Letter explaining why can't provide denial letter from state Medicaid/CHIP agency or have requested another copy and haven't yet received it, and why you're eligible for SEP</li> </ul> |
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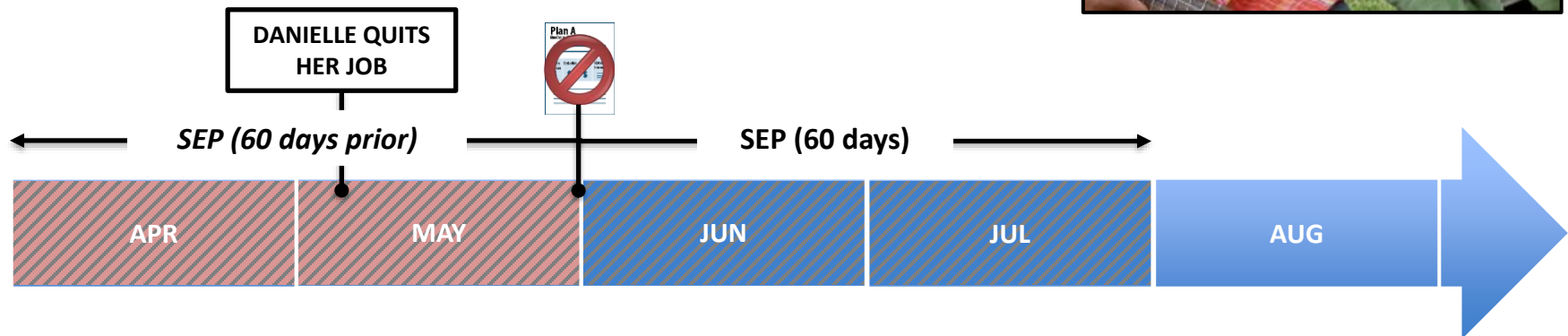
# Complex Example



	<b>Identity (ID) Proofing</b>	<b>Data-Matching Issue (DMI)</b>	<b>SEP Verification Issue (SVI)</b>
<b>WHAT NEEDS TO BE PROVEN</b>	Identity (in order to have full access to an online account)	Eligibility factor, such as citizenship/immigration status or income	Eligibility for enrollment through an SEP (i.e. that an SEP qualifying event occurred)
<b>ENROLLMENT IMPACT</b>	Can enroll in coverage via Call Center or paper application (can send documents at same time)	Can enroll in and use coverage while resolving DMI	Can pick a plan, but enrollment will be pended until eligibility for SEP is proven
<b>DEADLINE TO SUBMIT DOCUMENTS</b>	None	90 or 95 days after applying for coverage	30 days after selecting a plan
<b>IF UNRESOLVED</b>	Coverage is not affected. Cannot use online account to submit application, pick a plan, or receive notices, among other things	Depending on eligibility factor, person will either lose subsidy eligibility, lose coverage, or have subsidy amount adjusted	Will not be allowed to enroll in coverage (plan selection will be cancelled)

## Example: SVI and DMI

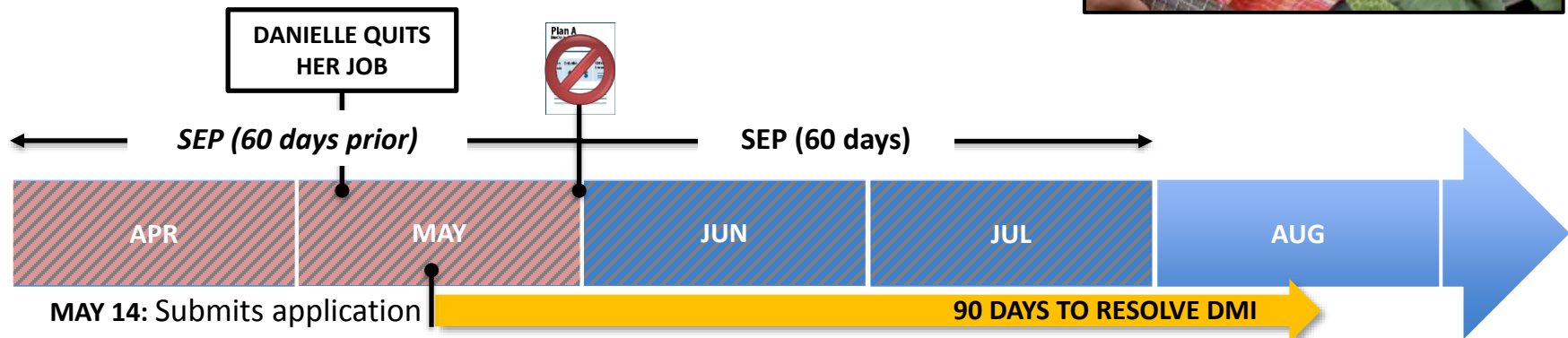
- Danielle quits her job in May, and her health benefits through her job are scheduled to end on May 31
- Eligible for an SEP → 60 days before and 60 days after May 31 to pick a plan in the Marketplace



## Example: SVI and DMI

They complete an application on May 14:

- Receive an EDN → Eligible for PTC and SEP
- But...
  - Must **resolve an SVI** → Can select a plan, but plan selection will be pended
  - Must **resolve an income data-matching issue (DMI)**





## Example: SVI and DMI

### ***Why do they have an income DMI?***

- Since Danielle quit her job, Joe and Danielle expect that their income will be much lower for the rest of the year
- Last year, they made around \$50,000, but this year, they project that their income will be closer to \$24,000
  - DMI is triggered because their income doesn't match data available to Healthcare.gov
  - Have 90 days to submit documentation to prove income and resolve DMI
  - Can still enroll in coverage

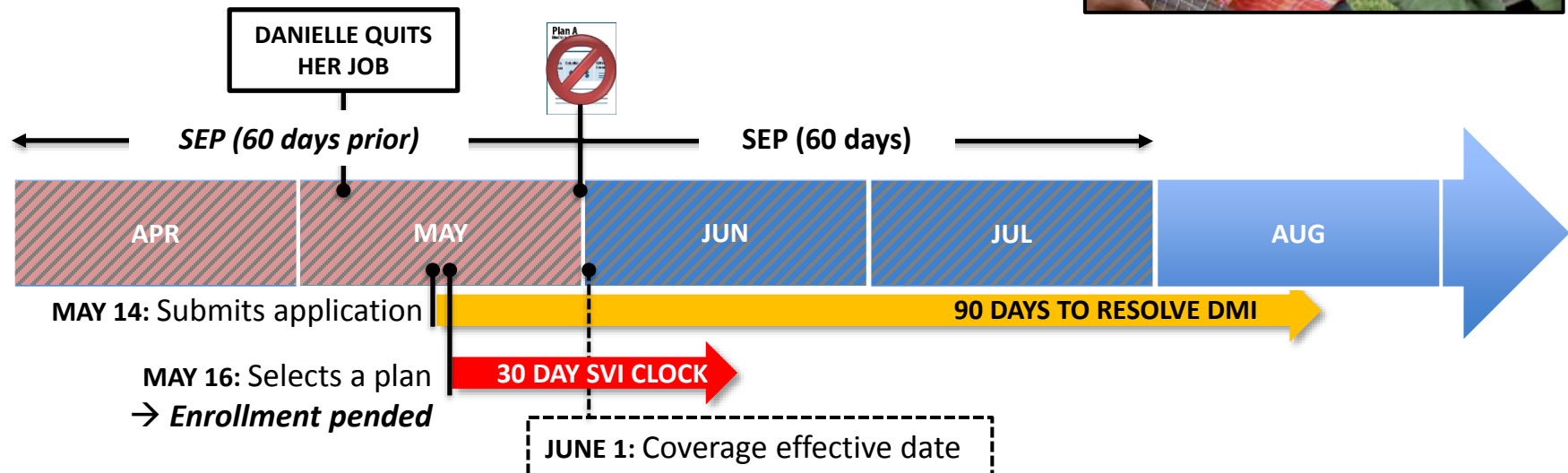
### ***Why do they have an SVI?***

- SEP for loss of other coverage is subject to pre-enrollment verification
- Once they pick a plan, they will have 30 days to submit documentation of loss of other coverage to prove eligibility for SEP
  - Enrollment will be pended until SEP eligibility is verified

## Example: SVI and DMI

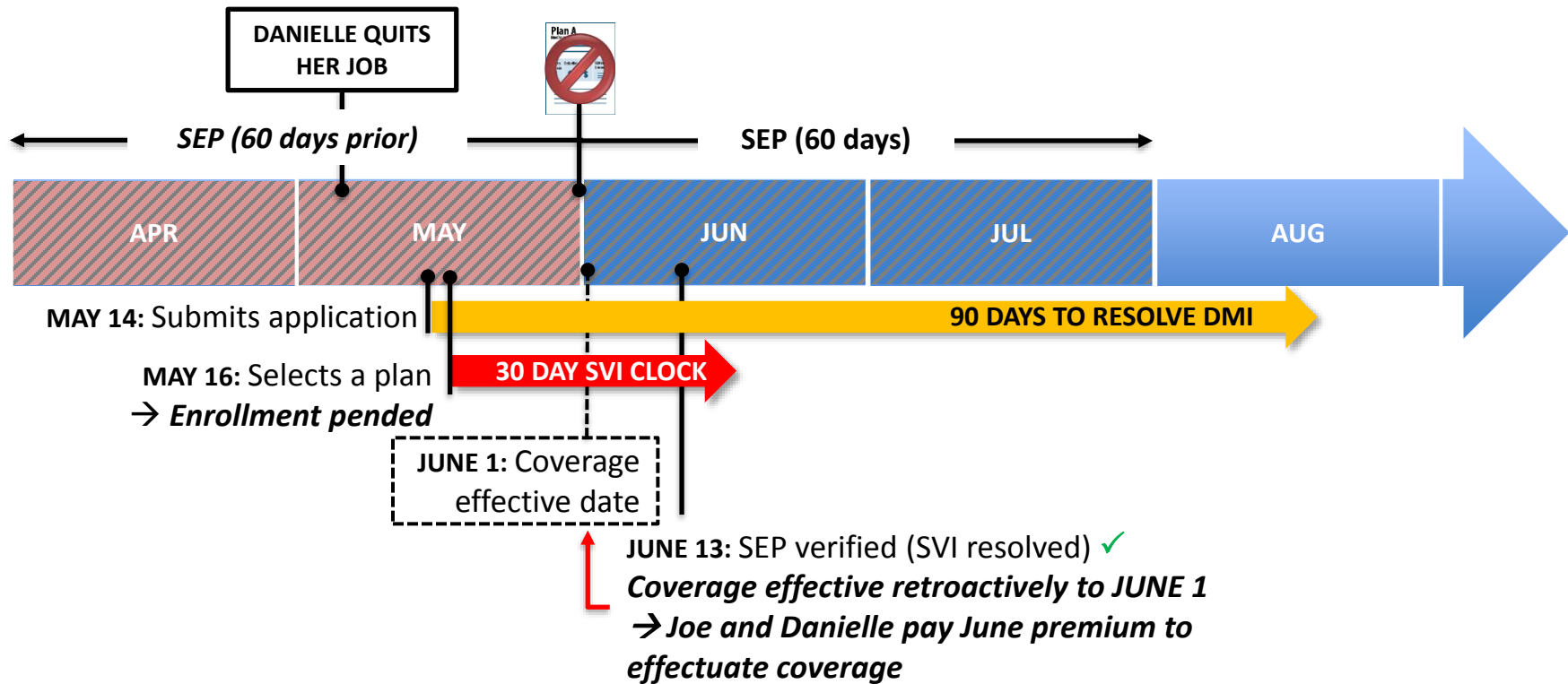
Plan selection on May 16 (after taking a couple days to weigh plan options):

- Receive a PPS notice
  - Starts SVI clock → 30 days to submit documentation of eligibility for SEP for losing coverage
  - Enrollment is pended until SVI is resolved
  - Coverage effective date will be June 1 once SVI resolved



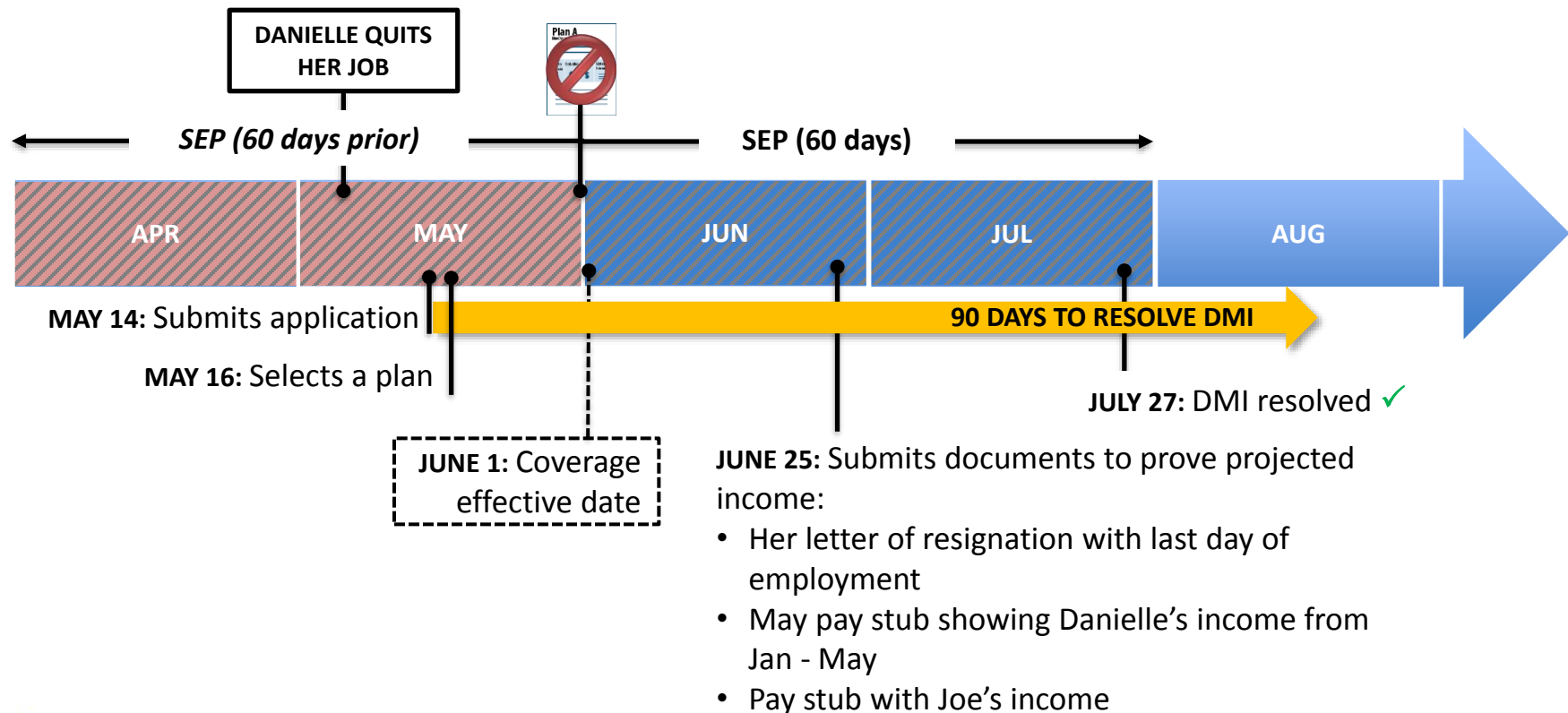
## Example: SVI and DMI

- To resolve SVI and prove SEP eligibility, Danielle sends in:
  - Her letter of resignation with last day of employment
  - May pay stub showing employee contributions to an employer plan
- SVI resolved June 13 → Coverage begins retroactively on original coverage effective date



## Example: SVI and DMI

- To resolve income DMI, they need to show why their projected income is lower than income from previous years
- DMI resolved July 27 → Coverage continues without modification



## SEP Reference Chart:

(available at [www.healthreformbeyondthebasics.org/sep-reference-chart](http://www.healthreformbeyondthebasics.org/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

SEP REFERENCE CHART						PAGE 1 OF 8
TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
LOSS OF OTHER QUALIFYING COVERAGE	<b>LOSS OF MINIMUM ESSENTIAL COVERAGE (MEC)</b> <b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b> <ul style="list-style-type: none"> <li>• Loses employer coverage due to, for example:                             <ul style="list-style-type: none"> <li>→ Loss of a job</li> <li>→ Voluntarily quitting a job</li> <li>→ Reduction in work hours that causes loss of eligibility for employer plan</li> </ul> </li> <li>• Discontinuation of employer plan</li> <li>• Loses eligibility for Medicaid or CHIP</li> <li>• COBRA coverage expires</li> <li>• Non-group plan is canceled</li> <li>• Loses eligibility for student health plan</li> <li>• Loses coverage due to a divorce or legal separation</li> <li>• Loses coverage because no longer a dependent</li> <li>• Loses eligibility for coverage under a parent's plan</li> <li>• Loses coverage due to a death of another person in the family</li> <li>• Current QHP is decertified</li> <li>• No longer living, working, or residing in the area of the plan</li> <li>• Must pay full cost of COBRA coverage due to termination of employer contributions to COBRA coverage</li> </ul> <b>NOTES:</b> "Loss of MEC" does not include voluntarily dropping coverage or termination by the insurer due to nonpayment of premiums.	YES: Only applies if: <ul style="list-style-type: none"> <li>• Losing other coverage in next 60 days</li> <li>• Lost other coverage in past 60 days</li> </ul>	<b>ADVANCE AVAILABILITY</b>  Up to 60 days BEFORE loss of coverage  Up to 60 days AFTER loss	IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage  IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection	YES: Current Marketplace enrollees can only use SEP to: <ul style="list-style-type: none"> <li>• Change plans within same metal level as current plan</li> </ul>	Marketplace Application
	<b>LOSS OF PREGNANCY-RELATED MEDICAID COVERAGE</b> <b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b> <ul style="list-style-type: none"> <li>• Loses coverage for pregnancy-related services through Medicaid</li> </ul> <b>NOTES:</b> SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC	YES: Only applies if: <ul style="list-style-type: none"> <li>• Losing other coverage in next 60 days</li> <li>• Lost other coverage in past 60 days</li> </ul>	<b>ADVANCE AVAILABILITY</b>  Up to 60 days BEFORE loss of coverage  Up to 60 days AFTER loss	IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage  IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection	YES: Current Marketplace enrollees can only use SEP to: <ul style="list-style-type: none"> <li>• Change plans within same metal level as current plan</li> </ul>	Marketplace Application

- Regulations are found at 45 CFR 155.420
- Special Enrollment Period Reference Chart: [www.healthreformbeyondthebasics.org/sep-reference-chart](http://www.healthreformbeyondthebasics.org/sep-reference-chart)
- HHS Market Stabilization Rule (finalized April 18, 2017): [www.federalregister.gov/documents/2017/04/18/2017-07712/patient-protection-and-affordable-care-act-market-stabilization](http://www.federalregister.gov/documents/2017/04/18/2017-07712/patient-protection-and-affordable-care-act-market-stabilization)
- HHS Notice of Benefit and Payment Parameters for 2018; [s3.amazonaws.com/public-inspection.federalregister.gov/2016-30433.pdf](https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-30433.pdf)
- SEP Pre-Enrollment Verification Information: [www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period](http://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period)
  - Document List: Loss of MEC: [www.healthcare.gov/help/prove-coverage-loss](http://www.healthcare.gov/help/prove-coverage-loss)
  - Document List: Permanent Move: [www.healthcare.gov/help/prove-move](http://www.healthcare.gov/help/prove-move)

- Shelby Gonzales, [gonzales@cbpp.org](mailto:gonzales@cbpp.org), Twitter: @shelbytg74
- Sarah Lueck, [lueck@cbpp.org](mailto:lueck@cbpp.org), Twitter: @sarahL202
- Halley Cloud, [cloud@cbpp.org](mailto:cloud@cbpp.org)
- General inquiries, [beyondthebasics@cbpp.org](mailto:beyondthebasics@cbpp.org)

For more information and resources, please visit:

[www.healthreformbeyondthebasics.org](http://www.healthreformbeyondthebasics.org)

*This is a project of the Center on Budget and Policy Priorities, [www.cbpp.org](http://www.cbpp.org)*