Health Reform: **Beyond the Basics**

healthreformbeyondthebasics.org

Special Enrollment Periods

Coverage Year 2018

Center on Budget and Policy Priorities

March 14, 2018

Center on Budget and Policy Priorities

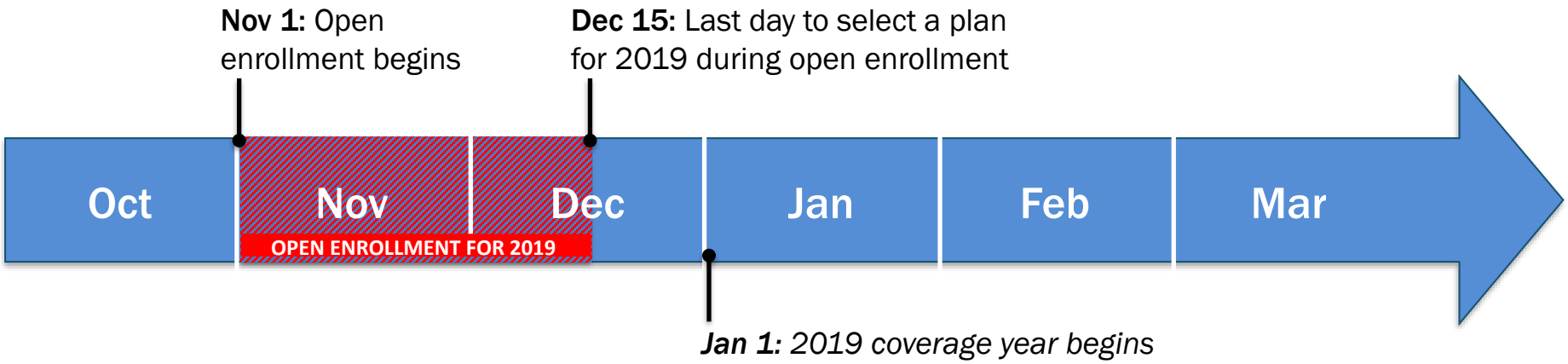
Special Enrollment Period Overview

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

Open enrollment

- For states using Healthcare.gov: November 1 through December 15
  - → State-Based Marketplaces can have a longer open enrollment period (most SBMs extended open enrollment in 2017)



Special Enrollment Period Overview

Timing

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

Coverage effective dates

- Regular coverage effective dates:
  - → If plan is selected between the 1st and 15th of the month, coverage is effective the first day of the month following plan selection
  - → If plan is selected between the 16th and the last day of the month, coverage is effective the first day of the second following month following plan selection
- Some SEPs have special coverage effective dates that allow coverage to start more promptly

Special Enrollment Period Overview

Requirement of prior coverage

- Certain SEPs require that person experiencing qualifying event must have had minimum essential coverage at least 1 day in 60 days prior to event to trigger SEP
- Exceptions:
  - → If person was living in a foreign country or U.S. territory in past 60 days
  - → If person is a member of federally-recognized Native American tribe or is an Alaska Native (referred to as AI/AN)

Special Enrollment Period Overview

Plan selection limitations for current enrollees

- In June 2017, certain restrictions on plan selection for people already enrolled in Marketplace coverage were finalized
- **For most SEPs:** Enrollees can only use an SEP to change plans within the same metal level as their current plan
  - → Exceptions include:
    - **Change in eligibility for cost-sharing reductions (CSR):** Enrollees can use SEP to change to a silver level plan if not already enrolled in one
    - **Marriage or birth/adoption/foster care placement:** If an enrollee gains a dependent or gets married, can only use SEP to add new dependent or spouse to current plan, OR enroll the new dependent or spouse in a separate plan
    - **SEPs exempt from selection limitations:** SEP for members of a federally-recognized Native American tribe or Alaska Natives (AI/AN); Errors or misrepresentation; Exceptional circumstances; Victims of domestic abuse or spousal abandonment

! **However: Healthcare.gov does not have the functionality to implement this provision at this time**

→ States with State-Based Marketplaces have additional time to implement this change and may take longer than Healthcare.gov to implement

Special Enrollment Period Overview

Notice of Benefit and Payment Parameters for 2019 proposed rule

- Proposed rule likely to be finalized in the coming months
- SEP changes include:
  - → Additional SEP for loss of pregnancy-related coverage provided through the Children's Health Insurance Program (CHIP) "unborn child" option
  - → Additional exemption from the prior coverage requirement for people who lived in a service area for at least 1 day during the 60 days before a qualifying event where no plans were offered through the Marketplace

Notice of Benefit and Payment Parameters for 2019:
www.federalregister.gov/documents/2017/11/02/2017-23599/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019

Events that Trigger a Special Enrollment Period

Main Categories of Events That Trigger an SEP

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 circumstances

examples:

- Exceptional circumstances
- Survivors of domestic violence

For more info on what events trigger SEPs, see our SEP Reference Chart:
www.healthreformbeyondthebasics.org/sep-reference-chart

Loss of Other Qualifying Coverage

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

→ 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)

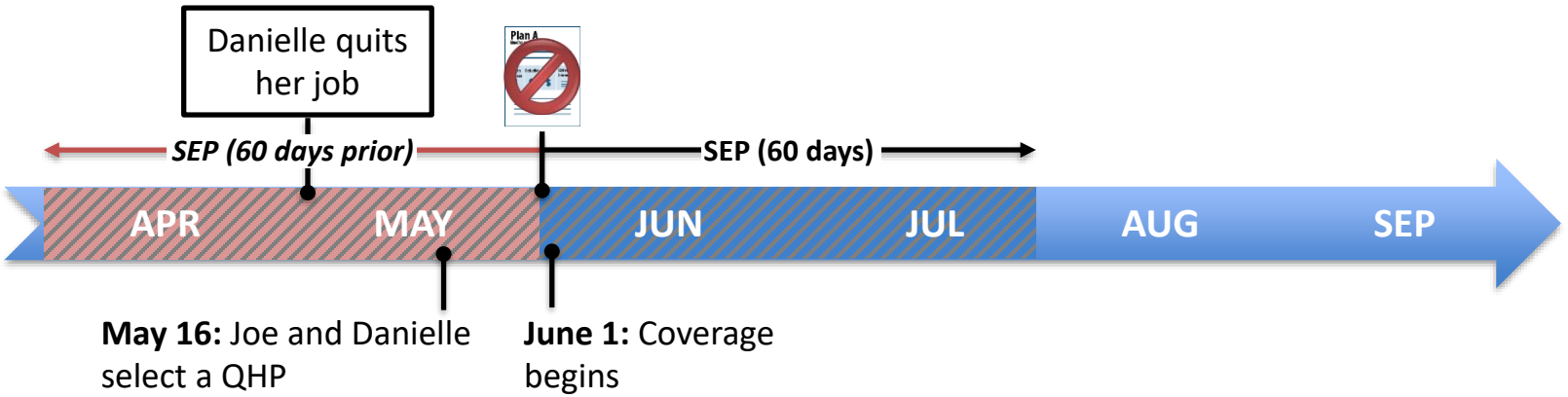
SEP Event	Timing	Coverage Effective Date
Loss of other coverage	Up to 60 days before loss of coverage	First day of the month following loss of previous coverage
	Up to 60 days after loss of coverage	First day of the month following plan selection

Example: Loss of Employer Coverage

- Joe and Danielle are enrolled in health insurance that Danielle gets through her job
- Danielle quits her job in May, and her health benefits are scheduled to end on May 31

  → She is offered COBRA, but it would cost a lot

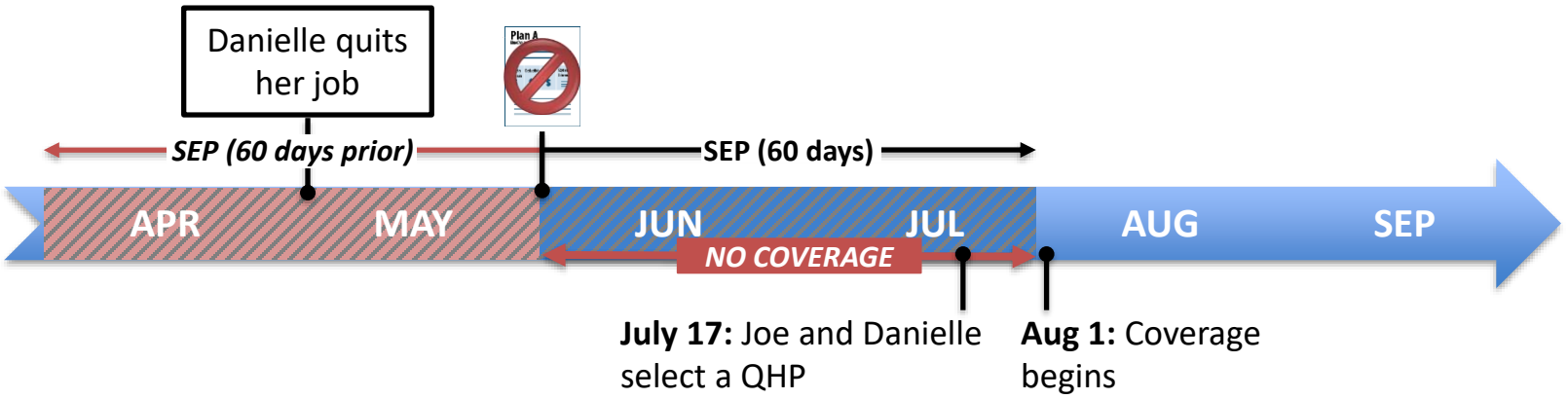
- Joe and Danielle are eligible for an SEP and have 60 days before and after Danielle's employer coverage ends to pick a plan in the Marketplace



Example: Loss of Employer Coverage

But what if they select a QHP after losing coverage?

- Joe and Danielle don't pick a plan until the end of July
- Because they waited until they lost coverage, they will have a gap in coverage in June and July



Changes in Household Size

Marriage

→ *Requirement of prior coverage* → SEP only triggered if at least one spouse:

- had at least one day of minimum essential coverage in the 60 days prior to the marriage
- was living in a foreign country or U.S. territory in past 60 days
- is an AI/AN

Birth / adoption / foster care / court order

→ Gaining a dependent through birth, adoption, or placement for foster care

→ Gaining a dependent through a child support order or other court order

SEP Event	Timing	Coverage Effective Date
Marriage	Up to 60 days after marriage	First day of month following plan selection
Birth / adoption / foster care / court order	Up to 60 days after birth, adoption, placement, or court order	Retroactively to the date of birth/adoption/placement/court order, OR 1st day of the month after birth/adoption/placement/court order

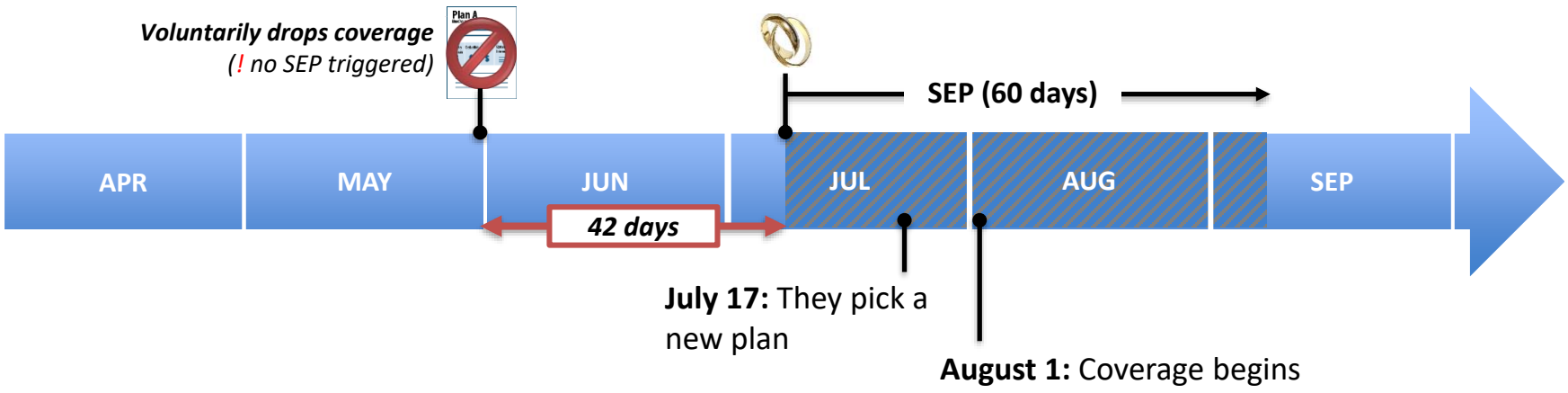
Example: Marriage (Prior Coverage Requirement)

- 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*



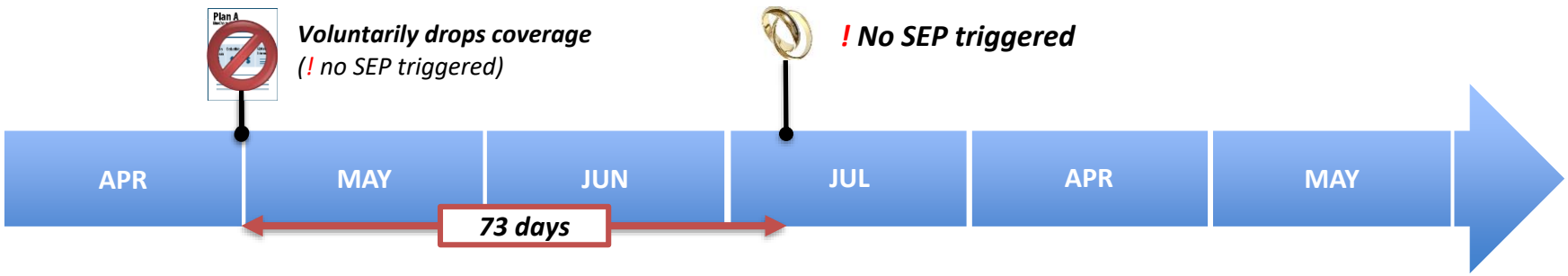
Example: Marriage (Prior Coverage Requirement)

- 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*



Changes in Primary Place of Living

Permanent move

→ Gains access to new Marketplace plans as a result of a permanent move. Includes:

- Moving within the same city, county, or state, as long as there are different plans available
- Moving to another state
- 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

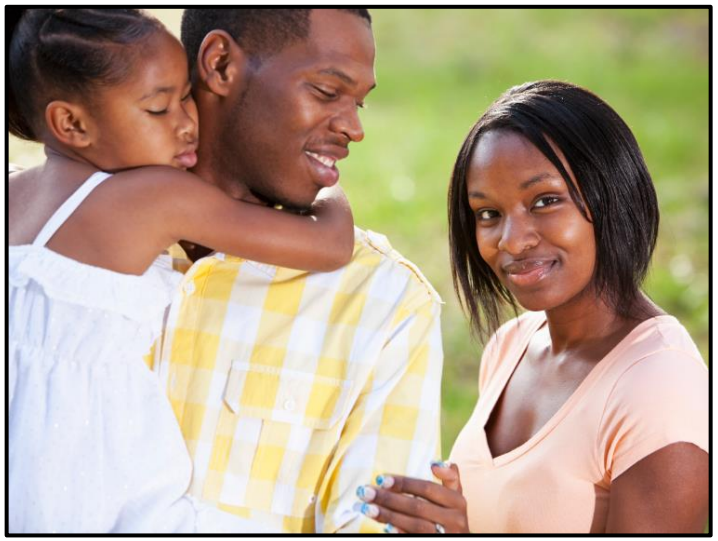
→ *Requirement of prior coverage* → SEP only triggered if person who moved:

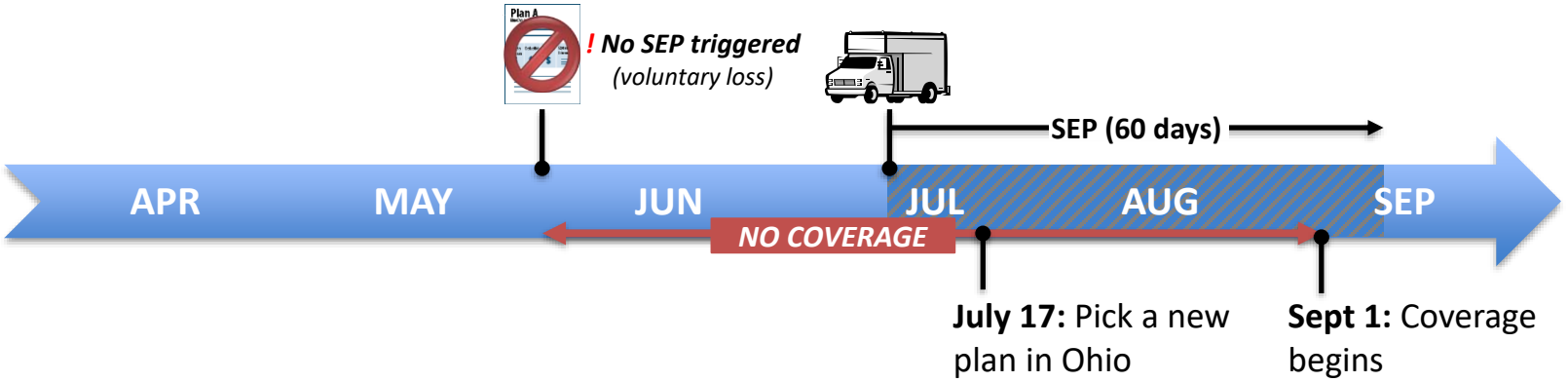
- had at least one day of minimum essential coverage in the 60 days prior to the move
- was living in a foreign country or U.S. territory in past 60 days
- is an AI/AN

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

Example: Permanent Move (Prior Coverage Requirement)

- Daniel, Marie and Amina live in Illinois
- They were all enrolled in coverage through Daniel's job, but that coverage was too expensive and they voluntarily dropped it at the end of May
- Marie gets a new job offer in Ohio and the family decides to move in early July
- They are eligible for the SEP triggered by a permanent move because they had coverage in the last 60 days





Changes in Eligibility for Financial Help

Moving out of the Medicaid coverage gap

→ Previously ineligible for Medicaid due to state decision not to expand Medicaid, and income increases to a level above 100% of the poverty line creating eligibility for PTC

→ Person does not need to have had prior contact with the Marketplace to be eligible

→ Applies in all states (i.e., applies if a person moves to a state that expanded Medicaid and has a change in income making them eligible for PTC)

Current employer plan no longer considered qualifying employer coverage

→ Becoming newly eligible for PTC due to a change in the plan resulting in it no longer being considered either adequate coverage or affordable

→ Must drop employer coverage to enroll in Marketplace coverage with PTC

SEP Event	Timing	Coverage Effective Date
Moving out of Medicaid coverage gap	Up to 60 days after change in income or move to new state	Regular coverage effective dates
Current employer plan no longer considered qualifying employer coverage	Up to 60 days before change to coverage	First day of the month following change
	Up to 60 days after change	First day of the month following plan selection

Changes in Eligibility for Financial Help

Newly gaining eligible immigration status

→ Becoming newly eligible for Marketplace coverage as a result of gaining a lawfully present status

Release from incarceration

→ Becoming newly eligible for Marketplace coverage after being released from incarceration (detention, jail, or prison)

American Indian and Alaska Native (AI/AN)

→ Is or becomes a member of a federally-recognized Native American tribe or an Alaska Native Claims Settlement Act Corporation Shareholder

→ Is or becomes a dependent of someone who is an AI/AN *and* is enrolled or enrolling in same QHP

SEP Event	Timing	Coverage Effective Date
Gaining an eligible immigration status	Up to 60 days after gaining status	Regular coverage effective dates
Release from incarceration	Up to 60 days after release date	Regular coverage effective dates
AI/AN	May enroll in or change QHPs one time per month	Regular coverage effective dates

Changes in Eligibility for Financial Help

Newly eligible or ineligible for premium tax credits (PTC)

→ Experiencing a change in income or household size that makes an enrollee or enrollee's dependent newly eligible or ineligible for premium tax credits

→ *Coverage requirement* → SEP only triggered if currently enrolled in a qualified health plan

Change in cost-sharing reduction (CSR) eligibility

→ Experiencing a change in income or household size that changes eligibility for CSR

→ Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs

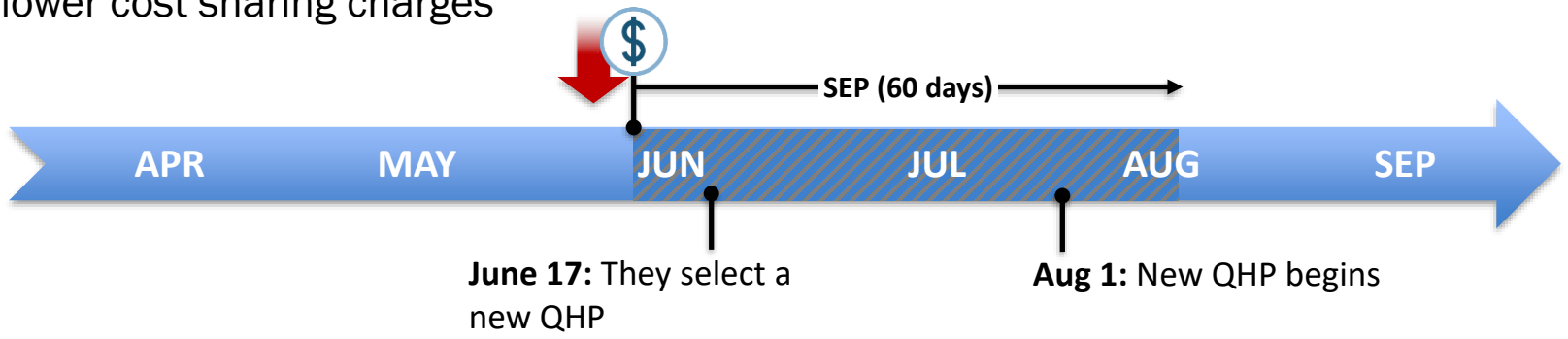
→ *Coverage requirement* → SEP only triggered if currently enrolled in a qualified health plan

SEP Event	Timing	Coverage Effective Date
Newly eligible or ineligible for PTCs	Up to 60 days after determination	Regular coverage effective dates
Change in CSR eligibility	Up to 60 days after determination	Regular coverage effective dates

Note: *Can be enrolled in a QHP inside or outside the Marketplace, as long as the plan meets the definition of a QHP. To receive PTC or CSR, must enroll in the Marketplace.*

Example: Income Change Resulting in Eligibility Change

- Miguel and Jane are married and have one daughter, Isabella
- Their income is greater than 400% FPL and they do not qualify for subsidies
- The family enrolls in a bronze plan at full cost
- In June, Miguel's hours are reduced at work, dropping the family income and making them newly eligible for PTC and CSR
- They change their coverage to a silver plan, with lower cost sharing charges



Note: Plan selection limitations for current enrollees will affect this family when the policy is fully implemented. But because the family is eligible for an SEP based on change in eligibility for CSR, they will still be allowed to switch to a silver plan.

Enrollment or Plan Error

Error/misconduct/inaction by the Marketplace, HHS, or non-Marketplace entity aiding in enrollment

→ Was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTC or CSR for which they were eligible due to the error, misrepresentation, misconduct or inaction

→ Experienced a technical error when applying for coverage that either prevented enrollment or prevented insurer from receiving enrollment information

Plan or benefit display error

→ Experienced an error related to plan benefits, service area, or premium displayed on a Marketplace website at the time of plan selection which influenced the decision to select (or not select) a plan

Health plan violation

→ Plan substantially violated a material provision of its contract

→ *Coverage requirement* → SEP only triggered if currently enrolled in a qualified health plan

SEP Event	Timing	Coverage Effective Date
All enrollment and plan error SEPSs	Up to 60 days after determination	Effective date appropriate to circumstances

Other Circumstances

Being determined ineligible for Medicaid or CHIP

→ Applied for Medicaid or CHIP coverage during open enrollment (or during an SEP) and the state Medicaid agency determined the individual or their dependent ineligible for Medicaid or CHIP after the enrollment period ended

→ Applies regardless of whether person applied through the Marketplace or directly through state Medicaid agency

Resolving a data-matching issue (DMI)

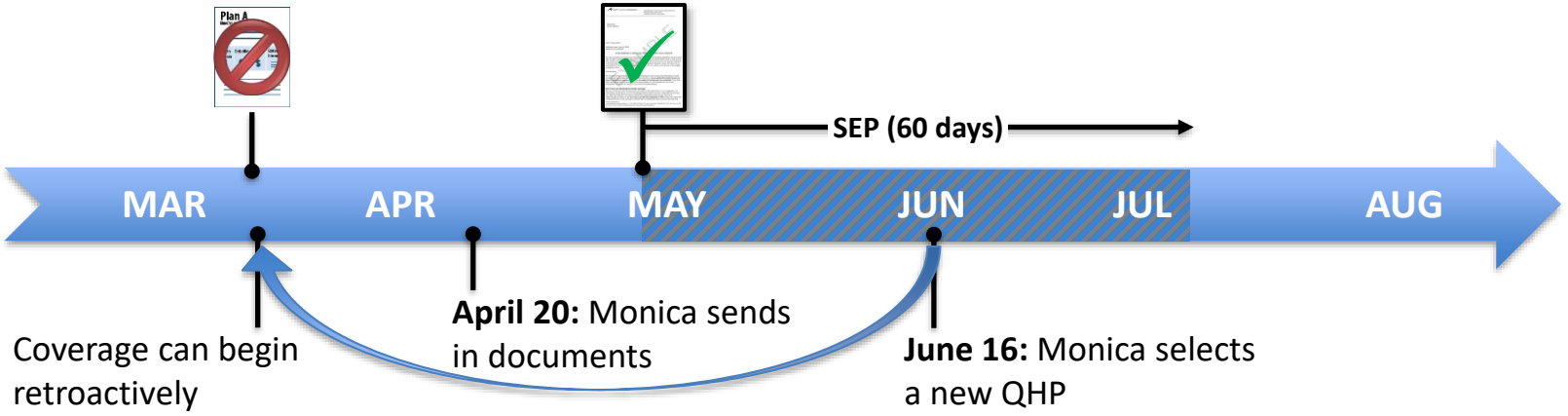
→ DMI is resolved after person's coverage is terminated due to end of initial inconsistency period

→ Income under 100% FPL and did not enroll in coverage while waiting for the Marketplace to verify that the person was eligible for PTC based on immigration status

SEP Event	Timing	Coverage Effective Date
Being determined ineligible for Medicaid or CHIP	Up to 60 days after being determined ineligible	Effective date appropriate to circumstances
Resolving a data-matching issue (DMI)	Up to 60 days after DMI is resolved	Effective date appropriate to circumstances (retroactive coverage available)

Example: Resolving a Data-Matching Issue

- Roberto and Monica are married and have two children, Miguel and Elena
- When applying for coverage, Monica — a derived citizen — gets a data-matching issue and is asked to send in documentation to prove her citizenship
- She sends in insufficient documentation and her coverage is terminated at the end of March
- In April, she sends in more documentation and her DMI is resolved May 14, triggering an SEP



Other Circumstances

Survivors of domestic violence or spousal abandonment

→ Experiences domestic violence or spousal abandonment and wants to enroll in a health plan separate from abuser or spouse

→ *Coverage requirement* → SEP only triggered if currently enrolled in MEC

→ Applies to dependents who can enroll in the same plan

Exceptional circumstances

→ Exceptional circumstances prevented enrollment in coverage during open enrollment (e.g., unexpected hospitalization or temporary cognitive disability, or a natural disaster)

→ Wins a Marketplace appeal

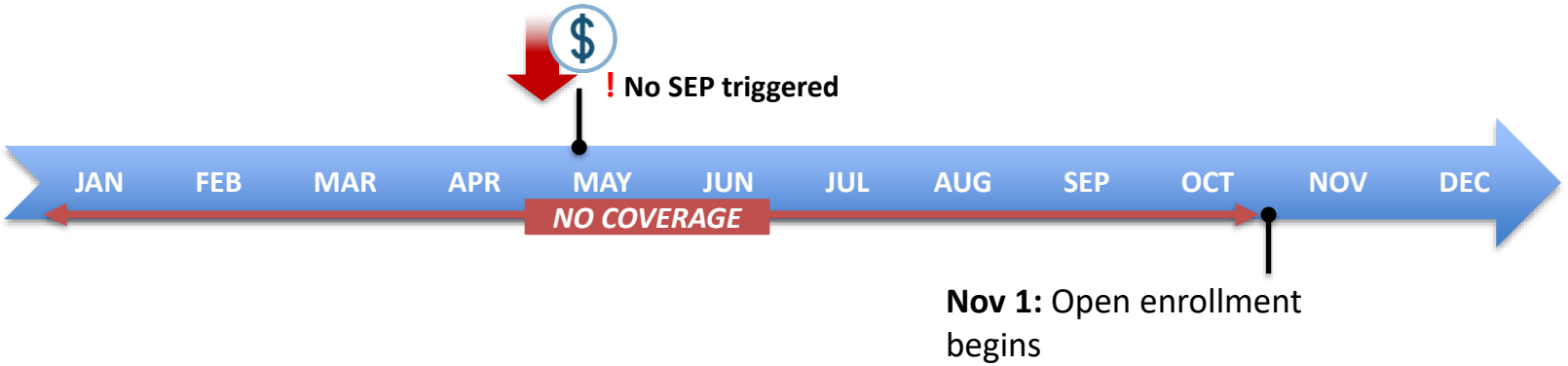
SEP Event	Timing	Coverage Effective Date
Survivors of domestic violence or spousal abandonment	Up to 60 days after requesting SEP	Regular coverage effective dates
Exceptional circumstances	Up to 60 days after determination	Effective date appropriate to circumstances

What does not trigger a SEP in Healthcare.gov?

- Voluntarily dropping other coverage
- Loss of eligibility for coverage when the person was not enrolled in it (i.e., loses job, but was not in the employer's health plan)
- Being determined newly eligible for PTC unless already enrolled in a QHP (or coming out of the Medicaid coverage gap)
- Being terminated from other coverage for not paying premiums or for fraud
- Divorce or death of a family member if person does not also lose coverage as a result
  - → There is an exchange option for State-Based Marketplaces (SBMs) to implement a SEP for divorce or death of a family member if the person is already enrolled in a QHP
- Becoming pregnant
  - → Note: An SEP is available for people who become pregnant in New York (SBMs not using Healthcare.gov are always allowed to implement additional/more expansive SEPs)

Example: No SEP for Income Change

- Carla's employer offers coverage, but she does not enroll
- Carla finds out in May that her work hours are being reduced and she is no longer eligible for employer coverage
- Her income is dropping and she no longer has an offer of coverage from her employer, so she would be eligible for subsidies in the exchange
  - ! But this does not trigger a SEP
- Carla must wait to get coverage until the next open enrollment period to enroll in coverage



Process for Accessing SEPs

Reporting Changes

- People enrolled in Marketplace coverage must report changes to their original application
- Not all changes will result in a SEP
  - → Some will adjust the amount of APTC a person is eligible to receive
- Changes to report include:
  - → Changes to income
  - → Changes to a person's household
  - → Moving to a new permanent address (if moving out of state, will need to start a new application in the new state)
  - → Changes in status, such as tax filing status, citizenship or immigration status

How Do You Access an SEP?

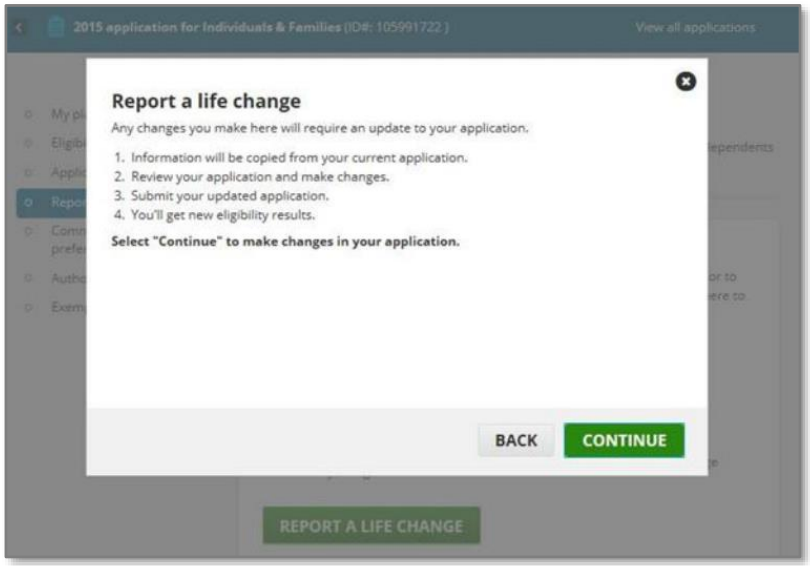
If already enrolled in a marketplace plan:

→ Return to a marketplace application and "report a life change"

→ Go through the application and edit information that has changed

If not enrolled in a marketplace plan:

→ Go to the marketplace and start a new application



- Once application is completed, the eligibility determination notice (EDN) will inform consumer of access to a SEP
- Consumer will then be able to switch plans or enroll in a new plan during the SEP

Note: *Not all SEPs are available through the application and will need to go through the Marketplace Call Center (1-800-318-2596; TTY: 1-855-889-4325) or a caseworker*

SEP Pre-Enrollment Verification

- On Healthcare.gov, people newly enrolling in Marketplace coverage through certain SEPs are 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

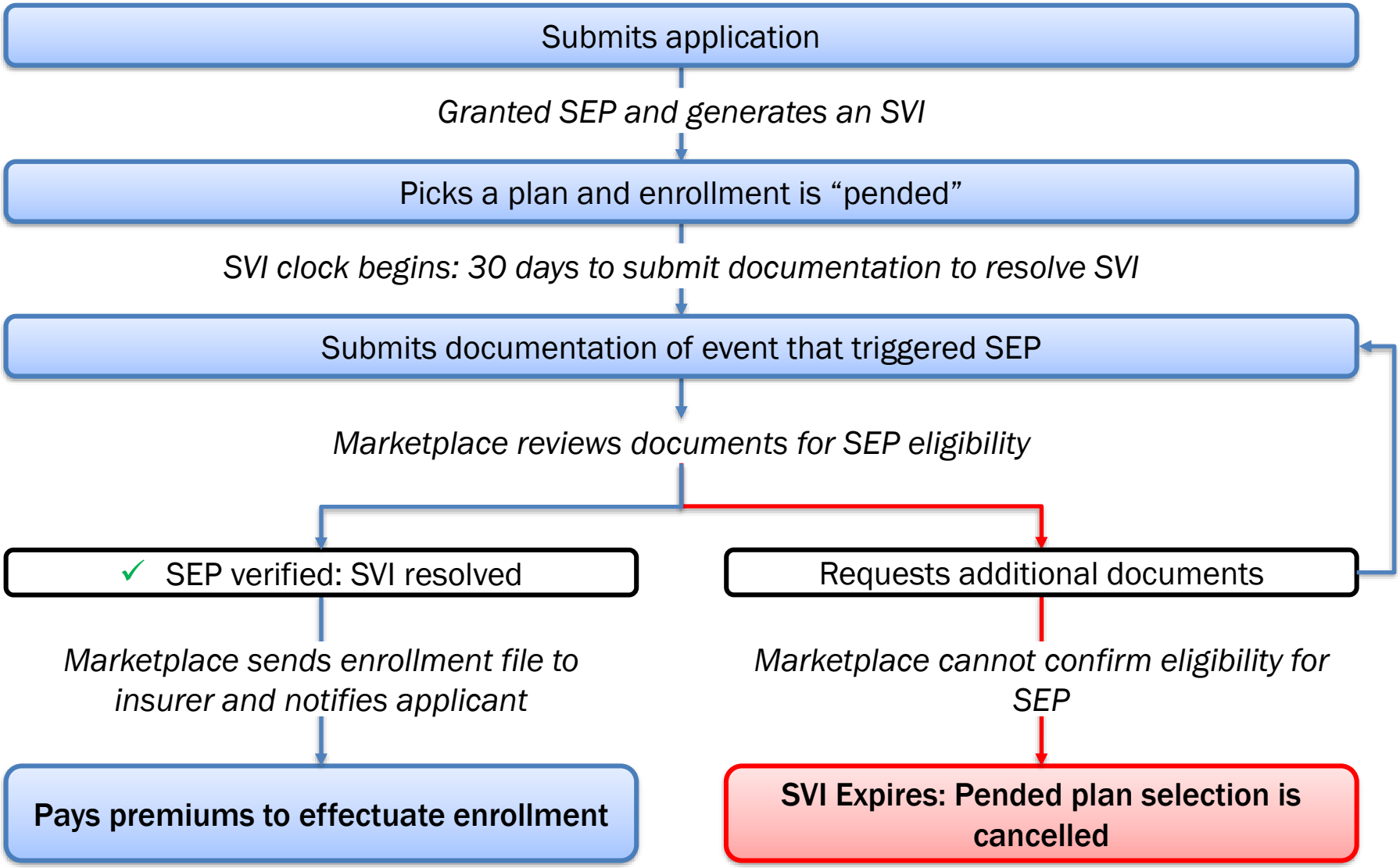
Which SEPs Will Require SVI?

- Pre-enrollment verification applies to the following SEP events:
  - → Loss of other coverage
  - → Permanent move
  - → Marriage
  - → Adoption, placement for adoption, placement in foster care, or a child support or other court order
  - → Medicaid or CHIP denial

Note: Pre-enrollment verification does **not currently apply to the SEP for birth of a baby**

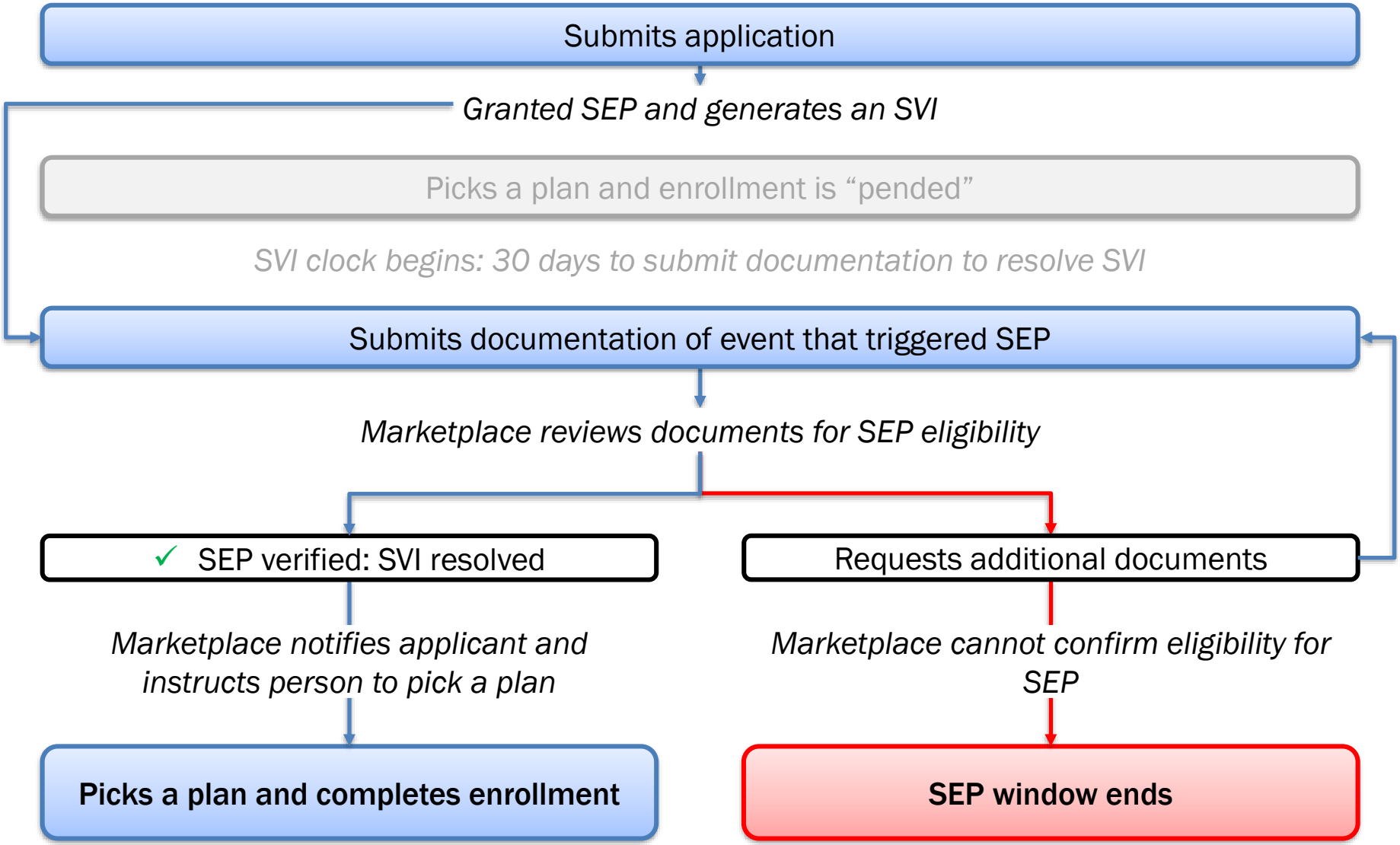
- Pre-enrollment verification will eventually apply to all people newly enrolling in Marketplace coverage using an SEP

General SVI Process When Selected Plans Are Pended



NOTE: If **within the 60-day SEP window** after SVI expires, can resubmit application and regenerate an SVI.

General SVI Process When No Plan Is Selected



Notices

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

For sample notices, see SEP Pre-enrollment Verification Notices at marketplace.cms.gov/applications-and-forms/notices.html

Notices

Other possible notices 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

- **Warning notice:** 10 days left in 30-day SVI clock
  - → Reminds to submit docs to resolve SVI

- **Reminder notice:** 20 days left in the 60-day SEP window
  - → Reminds to pick a plan and submit docs to resolve SVI

Notices

- **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

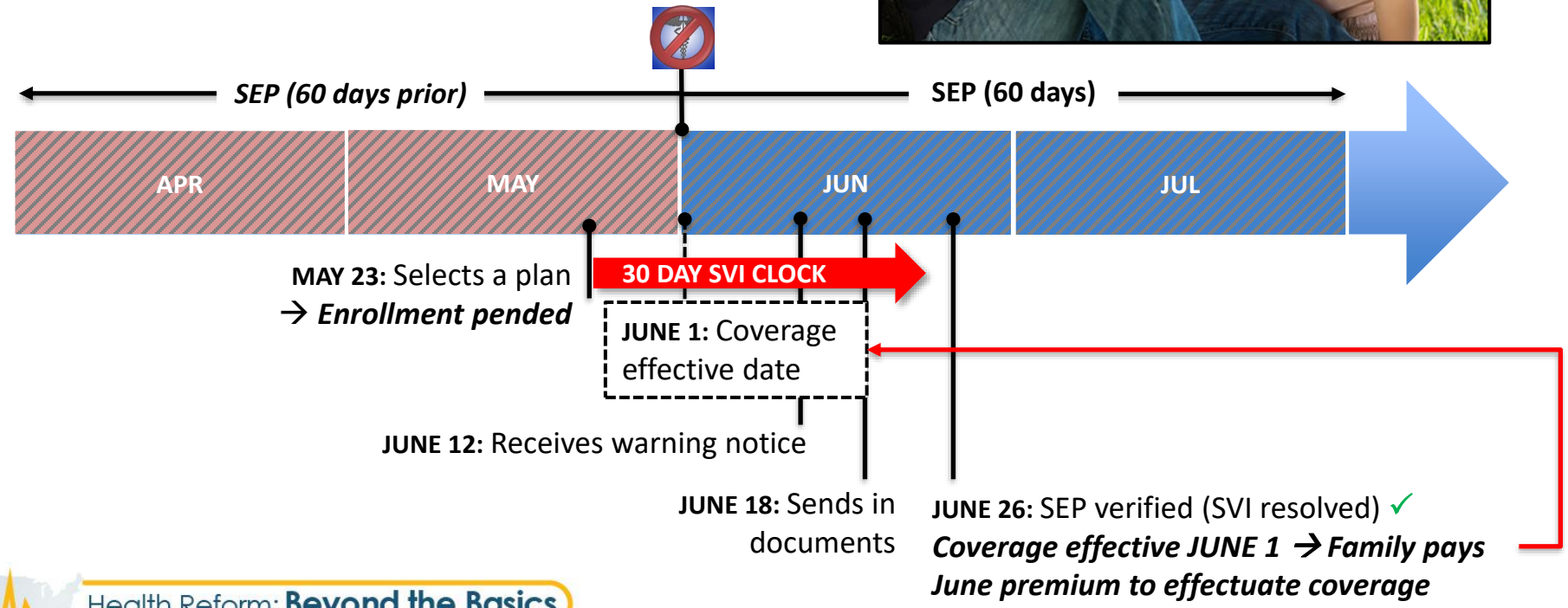
Coverage Effective Date Once SVI is Resolved

- 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: 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**



SEP Verification vs. Data-Matching Issue vs. ID Proofing

	Identity (ID) Proofing	Data-Matching Issue (DMI)	SEP Verification Issue (SVI)
WHAT NEEDS TO BE PROVEN	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)
ENROLLMENT IMPACT	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
DEADLINE TO SUBMIT DOCUMENTS	None	90 or 95 days after applying for coverage	30 days after selecting a plan
IF UNRESOLVED	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)

Resolving SVI: Submitting Documentation

Loss of MEC: *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)

Source: *Healthcare.gov, www.healthcare.gov/help/prove-coverage-loss/*

Resolving SVI: Submitting Documentation

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

Source: *Healthcare.gov, www.healthcare.gov/help/prove-coverage-loss/*

Resolving SVI: Submitting Documentation

Permanent Move: *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)

Source: *Healthcare.gov, www.healthcare.gov/help/prove-move/*

Resolving SVI: Submitting Documentation

Permanent Move (cont.): 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	
• 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. • 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.	• 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.
If you moved from a U.S. territory, must submit a document that confirms this information	If you moved from a foreign country, 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).	• 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.

Source: *Healthcare.gov, www.healthcare.gov/help/prove-move/*

Resolving SVI: Submitting Documentation

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*	
• **Adoption letter or record** showing date of adoption dated and signed by a court official • **Government-issued or legal document** showing the date that the child was placed in the home • **Government-issued or legal document** for legal guardianship • **U.S. Department of Homeland Security immigration document** for foreign adoptions	• **Court order** showing the effective date of the order • **Medical support order** that shows the name of the person who became a dependent and the effective date of the order • **Foster care papers** dated and signed by a court official • A **letter of explanation**, including the name of who was adopted, placed in foster care, or became a dependent through a court order
Marriage: *Submit proof of the marriage*	
• **Marriage certificate** showing the date of the marriage • **Marriage license** showing the date of the marriage • An **official public record of the marriage**, including a foreign record of marriage • A **religious document** that recognizes the marriage	• **Affidavit or statement** signed and dated by the person who officiated the marriage or the official witness of the marriage • A **letter of explanation**, including the names of the people who were married, and the date of the marriage
Medicaid or CHIP Denial: *Submit proof that have been determined ineligible for Medicaid or CHIP*	
• **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 • **Letter from the Health Insurance Marketplace** telling you that your information application was transferred to the Marketplace from the state Medicaid or CHIP agency	• **Screenshot of an eligibility results** page from Medicaid or CHIP state agency's online application • A **letter of explanation**, including the names of who was denied coverage, and the date they were denied coverage

Source: *Healthcare.gov, www.healthcare.gov/help/prove-change-for-child, www.healthcare.gov/help/prove-marriage, www.healthcare.gov/help/confirm-medicaid-chip-denial*

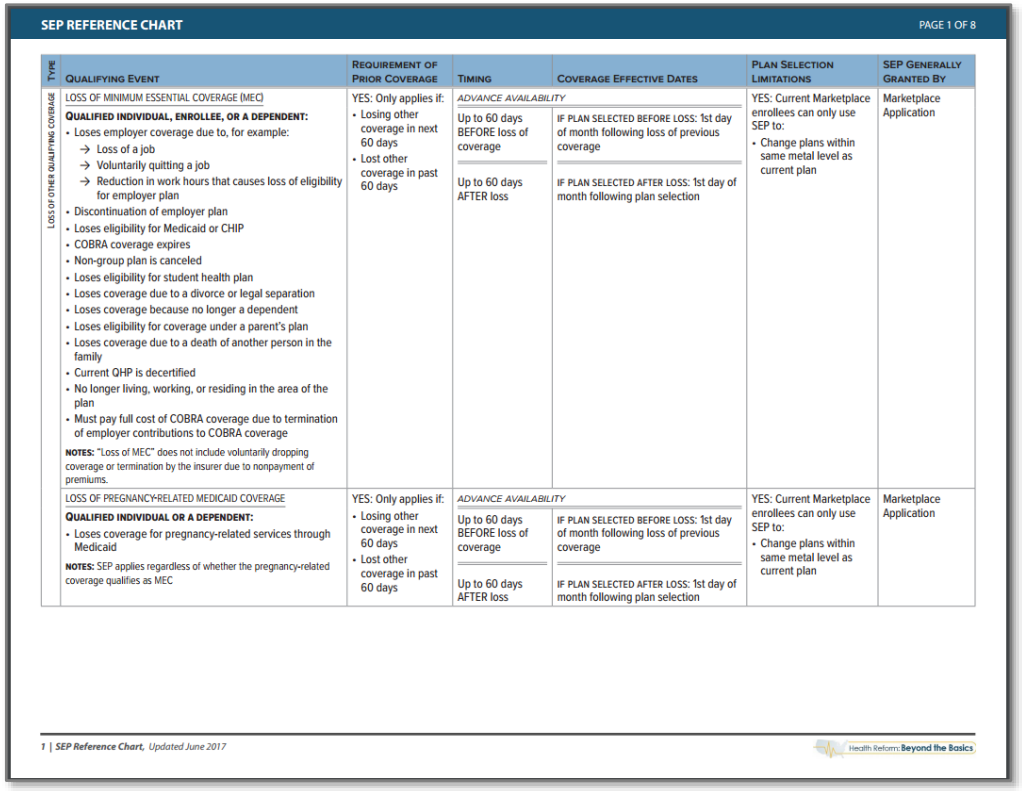
Resources

SEP Reference Chart

SEP Reference Chart:

(available at 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



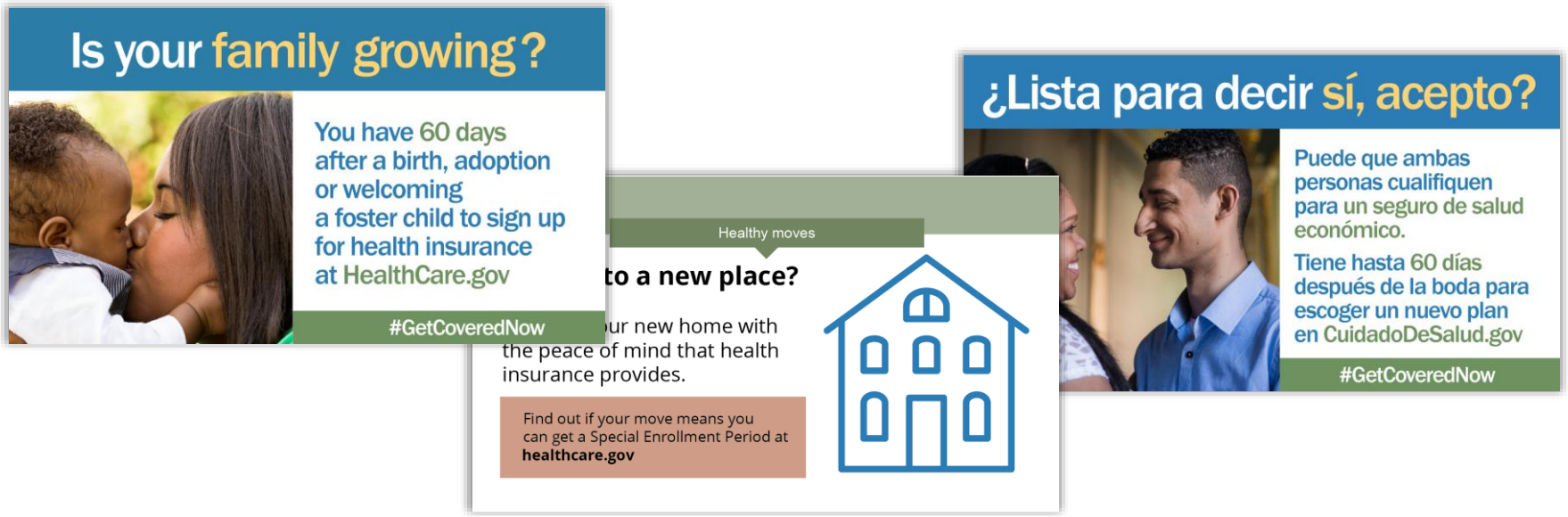
SEP REFERENCE CHART PAGE 1 OF 8

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
LOSS OF OTHER QUALIFYING COVERAGE	LOSS OF MINIMUM ESSENTIAL COVERAGE (MEC) **QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:** • Loses employer coverage due to, for example: → Loss of a job → Voluntarily quitting a job → Reduction in work hours that causes loss of eligibility for employer plan • Discontinuation of employer plan • Loses eligibility for Medicaid or CHIP • COBRA coverage expires • Non-group plan is canceled • Loses eligibility for student health plan • Loses coverage due to a divorce or legal separation • Loses coverage because no longer a dependent • Loses eligibility for coverage under a parent's plan • Loses coverage due to a death of another person in the family • Current QHP is decertified • No longer living, working, or residing in the area of the plan • Must pay full cost of COBRA coverage due to termination of employer contributions to COBRA coverage **NOTES:** "Loss of MEC" does not include voluntarily dropping coverage or termination by the insurer due to nonpayment of premiums.	YES: Only applies if: • Losing other coverage in next 60 days • Lost other coverage in past 60 days	*ADVANCE AVAILABILITY* 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: • Change plans within same metal level as current plan	Marketplace Application
	LOSS OF PREGNANCY-RELATED MEDICAID COVERAGE **QUALIFIED INDIVIDUAL OR A DEPENDENT:** • Loses coverage for pregnancy-related services through Medicaid **NOTES:** SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC	YES: Only applies if: • Losing other coverage in next 60 days • Lost other coverage in past 60 days	*ADVANCE AVAILABILITY* 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: • Change plans within same metal level as current plan	Marketplace Application

1 | *SEP Reference Chart, Updated June 2017* Health Reform: Beyond the Basics

Community Catalyst SEP Outreach Materials

- Community Catalyst released consumer-facing print and digital outreach materials on SEPs
  - → SEP-specific social media outreach guide: English, Spanish
  - → Downloadable SEP social media graphics, flyers and editable slides
  - → For more information, please contact OutreachHub@communitycatalyst.org



Resources

- Regulations are found at 45 CFR 155.420
- Healthcare.gov SEP info: www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period
  - → SEPs for complex issues: www.healthcare.gov/sep-list
- Special Enrollment Period Reference Chart: www.healthreformbeyondthebasics.org/sep-reference-chart
- Community Catalyst: SEP outreach materials
  - → SEP-specific social media outreach guide: English, Spanish
  - → Downloadable SEP social media graphics, flyers and editable slides
  - → For more information, please contact OutreachHub@communitycatalyst.org

Resources

- HHS Market Stabilization Rule: 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; www.federalregister.gov/documents/2016/12/22/2016-30433/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2018
- HHS Notice of Benefit and Payment Parameters for 2019; www.federalregister.gov/documents/2017/11/02/2017-23599/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019
- SEP Pre-enrollment verification info: www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period
  - → Sample notices: marketplace.cms.gov/applications-and-forms/notices.html
  - → Loss of MEC: www.healthcare.gov/help/prove-coverage-loss
  - → Permanent Move: www.healthcare.gov/help/prove-move
  - → Marriage: www.healthcare.gov/help/prove-marriage
  - → Adoption / Foster Care / Court Order: www.healthcare.gov/help/prove-change-for-child
  - → Medicaid/CHIP Denial: www.healthcare.gov/help/confirm-medicaid-chip-denial

Contact Info

- Sarah Lueck, lueck@cbpp.org, Twitter: @sarahL202
- Halley Cloud, cloud@cbpp.org
- General inquiries, beyondthebasics@cbpp.org

For more information and resources, please visit:

www.healthreformbeyondthebasics.org

This is a project of the Center on Budget and Policy Priorities, www.cbpp.org