

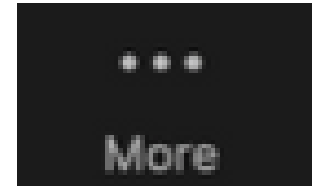
Beyond 
the Basics

Special Enrollment Periods

March 12, 2024

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.
- All participants are muted and in listen-only mode. If you'd like to ask a question:
 - Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
 - We will be monitoring questions and will pause for Q&A during the presentation.
 - We may not be able to answer every question asked, but we will have a record of all your questions and will use them as a guide for future resources and presentations.
 - You can also email your questions during and after the webinar to beyondthebasics@cbpp.org



Agenda

- Overview of Special Enrollment Periods
- Common Events That Trigger a Special Enrollment Period
- Less Common Events That Trigger a Special Enrollment Period
- Process for Accessing SEPs
- SEP Verification
- Restrictions on Plan Choice for Current Enrollees

Overview of Special Enrollment Periods



What is a special enrollment period (SEP)?

A period when someone who experiences a qualifying event can enroll in or switch marketplace coverage. People can get an SEP at any time of the year, during or outside the annual open enrollment period.

Open enrollment

- For states using HealthCare.gov: November 1 through January 15 (was January 16 in 2024 due to the federal holiday on 1/15)
- State-based marketplaces can have different open enrollment periods

NOVEMBER 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JANUARY 2024						
S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Categories of Events That Trigger an SEP



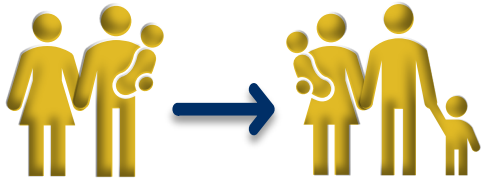
Loss of other qualifying coverage

- Loss of employer coverage
- Loss of Medicaid



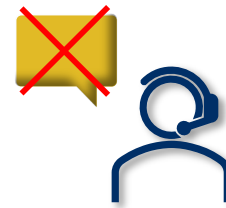
Changes in eligibility for financial help

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



Changes in household size

- Marriage
- Birth or adoption of a child



Enrollment or plan error

- Error or misconduct by broker, marketplace representative, or insurer
- Plan or benefit display error



Changes in primary place of living

- Moving to a different city or state
- Moving to the U.S. from another country



Other circumstances

- Survivors of domestic violence
- Impacted by FEMA-declared disaster



Temporary SEPs

- Medicaid Unwinding
- Income below 150% FPL*

*Effective 4/2/24, this SEP is no longer temporary. See Slide 18.

Timing of SEPs

Applying for coverage and selecting a plan

SEPs are generally available for 60 days after a qualifying event, though some SEPs are also available for 60 days before the qualifying event (known as “advance availability”).

NEW

As of January 1, 2024, the SEP for loss of Medicaid/CHIP will be available for 90 days after coverage loss (*in HealthCare.gov states and at the option of SBMs*)

BUT, keep in mind that the Medicaid Unwinding SEP is in effect through July 31, 2024*

Coverage effective dates

- For several SEPs, coverage now starts more promptly than in the past (*in HealthCare.gov states*)
 - First of the month after plan selection in many cases

NEW

If other coverage will end mid-month in the future, and if a person selects a marketplace plan *before* the first day of the month in which the coverage loss will occur, the new coverage will begin on the first day of the month *in which* the old coverage ends. *Note that as of April 3, 2024, this change has not yet been implemented on HealthCare.gov. It is available in SBMs at state option.*

*As of March 28, 2024, this SEP has been extended through 11/30/24 in HealthCare.gov states.

Requirement of Prior Coverage

- To qualify for certain SEPs, the person experiencing a qualifying event must have had minimum essential coverage (MEC) at least 1 day during the 60 days prior to the event
- Exceptions include:
 - If the person was living in a foreign country or U.S. territory in the past 60 days
 - If the person is a member of federally recognized Native American tribe or is an Alaska Native (referred to as AIAN)

SEPs for Other Types of Health Insurance

- Marketplace coverage, Medicare, employer coverage, and COBRA continuation health coverage have different qualifying events and SEP rules.
 - For more information on SEPs for Medicare, see: [Medicare Special Enrollment Periods](#)
 - For more information on SEPs for employer coverage, see: [FAQs on HIPAA Portability and Nondiscrimination Requirements for Workers](#)
 - For more information on qualifying events for COBRA, see: [FAQs on COBRA Continuation Health Coverage for Workers](#)
- Today's presentation will focus on marketplace SEPs only.

Common Events That Trigger a Special Enrollment Period



Loss of Other Qualifying Coverage

For more information on what counts as MEC, see the *Beyond the Basics* [MEC Reference Chart](#)

- Loss of minimum essential coverage (MEC), including:
 - 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 (by the insurer)
 - Loss of eligibility for student health plan
 - COBRA coverage expires or employer stops contributing to COBRA coverage
- 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 of loss of coverage (if coverage loss occurs mid-month and plan is selected before the first of the month when coverage ends)*
	Up to 60 days after loss of coverage	First day of the month following loss of coverage (if plan selected after the first of the month when coverage ends)
Loss of Medicaid/CHIP	Up to 60 days before or 90 days after loss of coverage**	First day of the month following plan selection

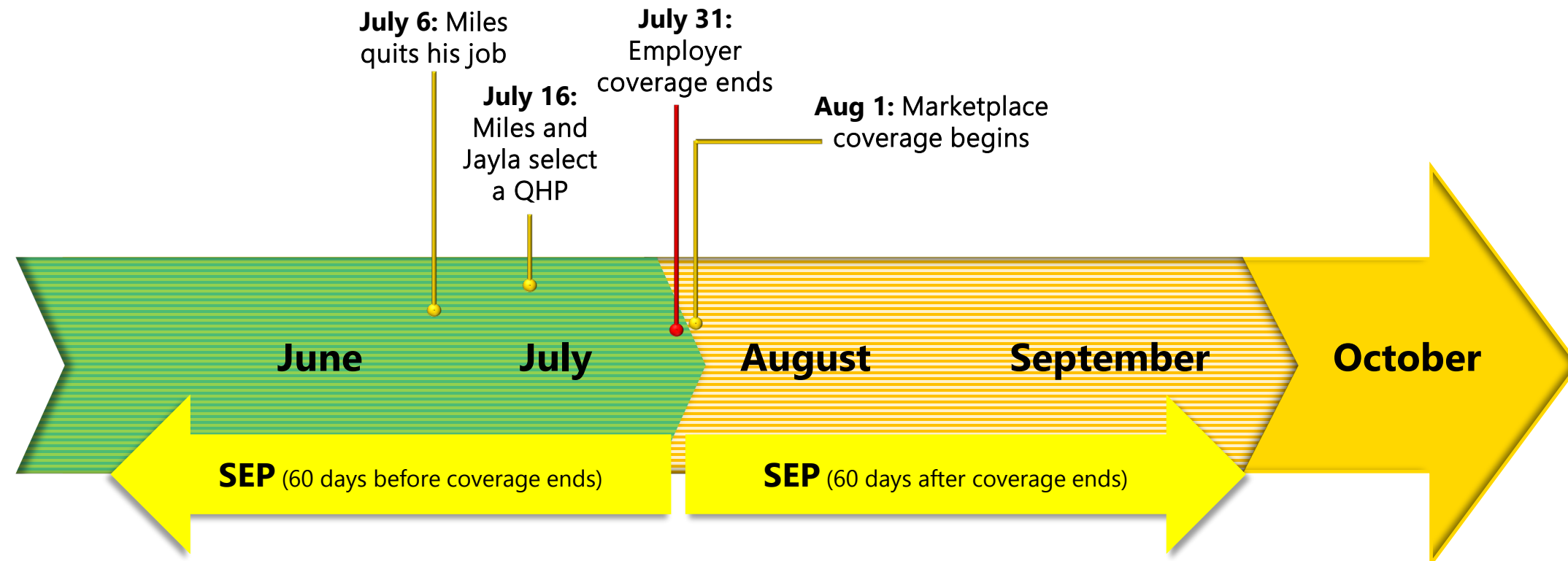
*As of April 3, 2024, this change has not yet been implemented on HealthCare.gov.

**Effective January 1, 2024 in HealthCare.gov states and, in SBM states, as soon as June 18, 2023 at state option. In states with SBMs that offer a Medicaid/CHIP reconsideration period of more than 90 days, the state may extend the SEP to align with the length of the state's reconsideration period for Medicaid/CHIP.

Example: Loss of Employer Coverage

The Auburn Family

- Miles, Jayla, their daughter are enrolled in health insurance that Miles gets through his job
- Miles quits his job in July, and his insurance is scheduled to end on July 31
 - He is offered COBRA, but it would cost a lot
- The family is eligible for an SEP
- They have 60 days before and 60 days after Miles's employer coverage ends to pick a plan in the marketplace



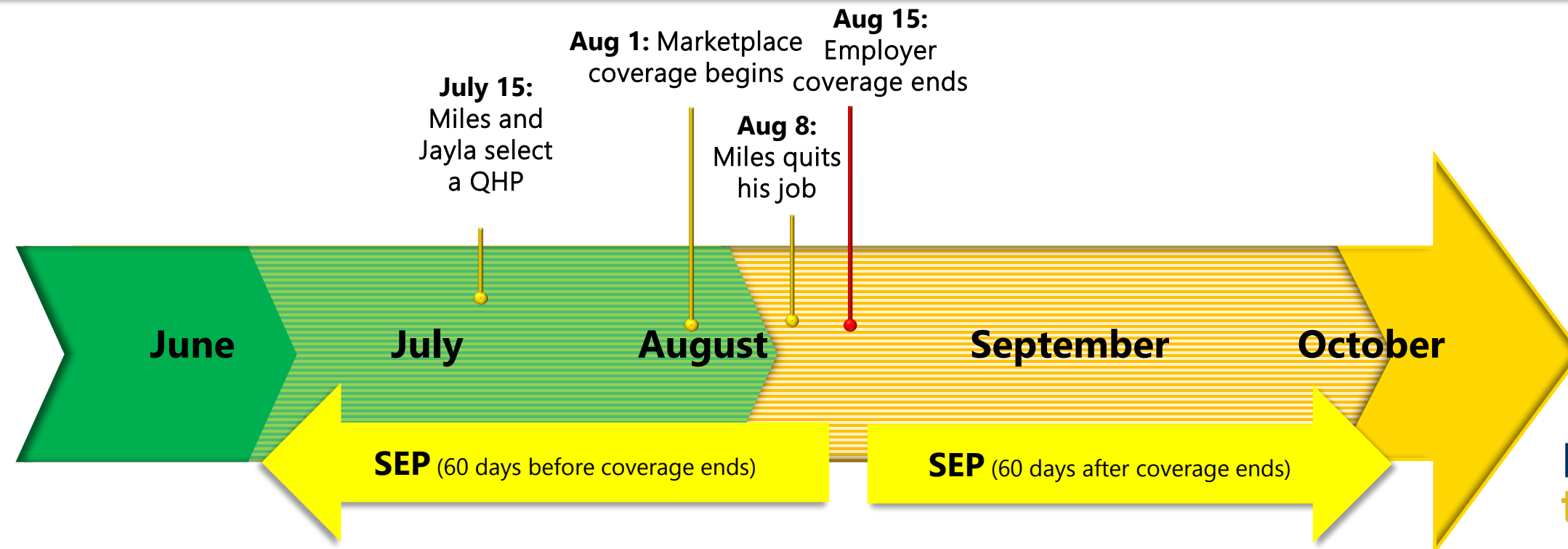
Example: Loss of Employer Coverage

What if their existing coverage ends mid-month?*

- If Miles and Jayla select a new plan *before* the first day of the month in which they will lose coverage, their new plan will begin on the first day of the month *in which* they lose coverage
 - Period of dual enrollment does not impact PTC or CSR eligibility
- If they select a new plan *after* the first day of the month in which they will lose coverage, their new plan will begin on the first day of the month *after* they lose coverage



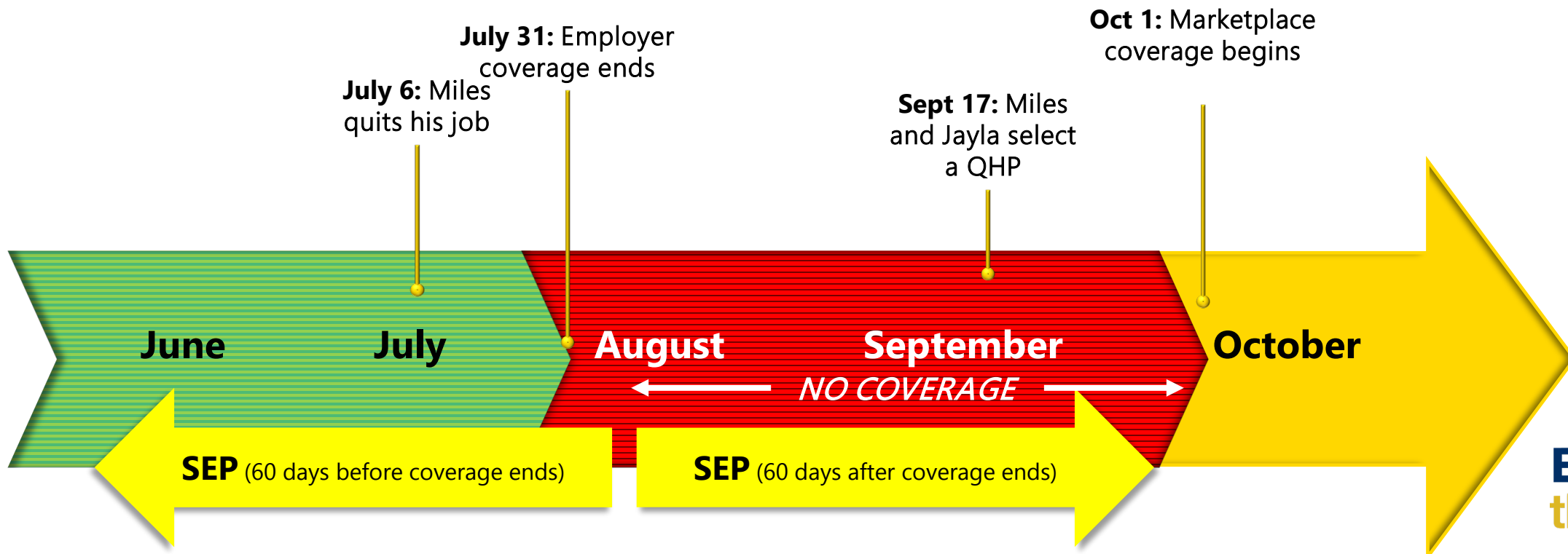
**As of April 3, 2024, this change has not yet been implemented on HealthCare.gov.*



Example: Loss of Employer Coverage

But what if they select a QHP after losing coverage?

- Miles and Jayla don't pick a plan until the end of September
- Because they waited until they lost coverage, they will have a gap in coverage in August and September



Temporary SEP for People Losing Medicaid/CHIP Coverage During “Unwinding”

For more information, see the *Beyond the Basics* webinar on [Unwinding the Medicaid COVID-19 Continuous Coverage Requirement](#)

- Temporary SEP for anyone who loses Medicaid/CHIP any time between 3/31/23 – 7/31/24*
 - Created in response to states resuming Medicaid/CHIP renewals and terminations after the end of the Medicaid COVID-19 continuous coverage requirement
- Access through HealthCare.gov (*optional in SBM states*)
- Attestation accepted; no documentation required
- Can report up to 60 days before loss of coverage

SEP Event	Timing	Coverage Effective Date
Loss of Medicaid/CHIP coverage	Any time between 3/1/23 – 7/31/24*	<p>In general: First day of month following plan selection</p> <p>If applicant loses coverage mid-month and selects a plan before the first day of that month: First day of the month of loss of coverage**</p> <p>If applicant also qualifies for an SEP with a retroactive coverage option: Retroactively to the date of the SEP event OR first day of the month after plan selection (must call marketplace to request)</p>

*Note: On March 28, 2024, CMS announced that this SEP would be extended through November 30, 2024 in HealthCare.gov states.

**As of April 3, 2024, this change has not yet been implemented on HealthCare.gov.

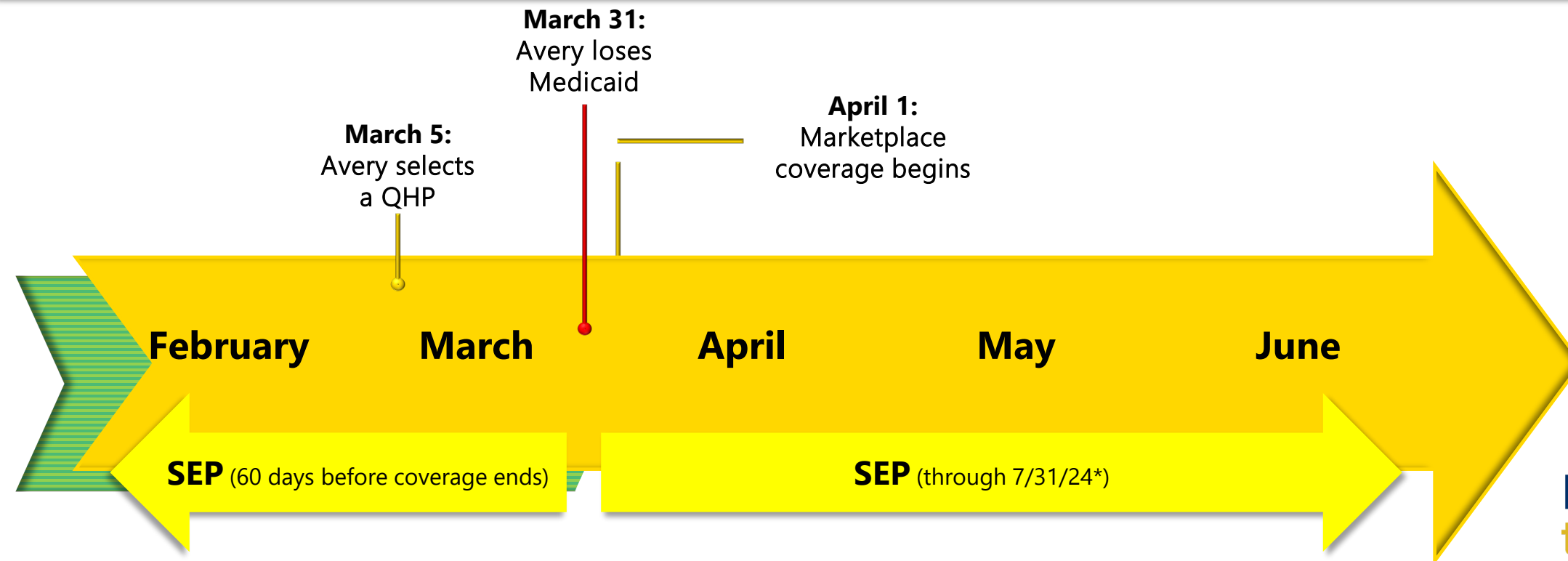
Example: Loss of Medicaid/CHIP Coverage During “Unwinding”

Avery

- Avery receives a letter stating that she is no longer eligible for Medicaid because her income is too high. Her Medicaid coverage ends in March
- Avery is eligible for an SEP
- She has 60 days before coverage ends or until 7/31/24* to pick a plan in the marketplace. If she acts quickly, she can avoid a gap in coverage



*As of March 28, 2024, this SEP has been extended through 11/30/24 in HealthCare.gov states.



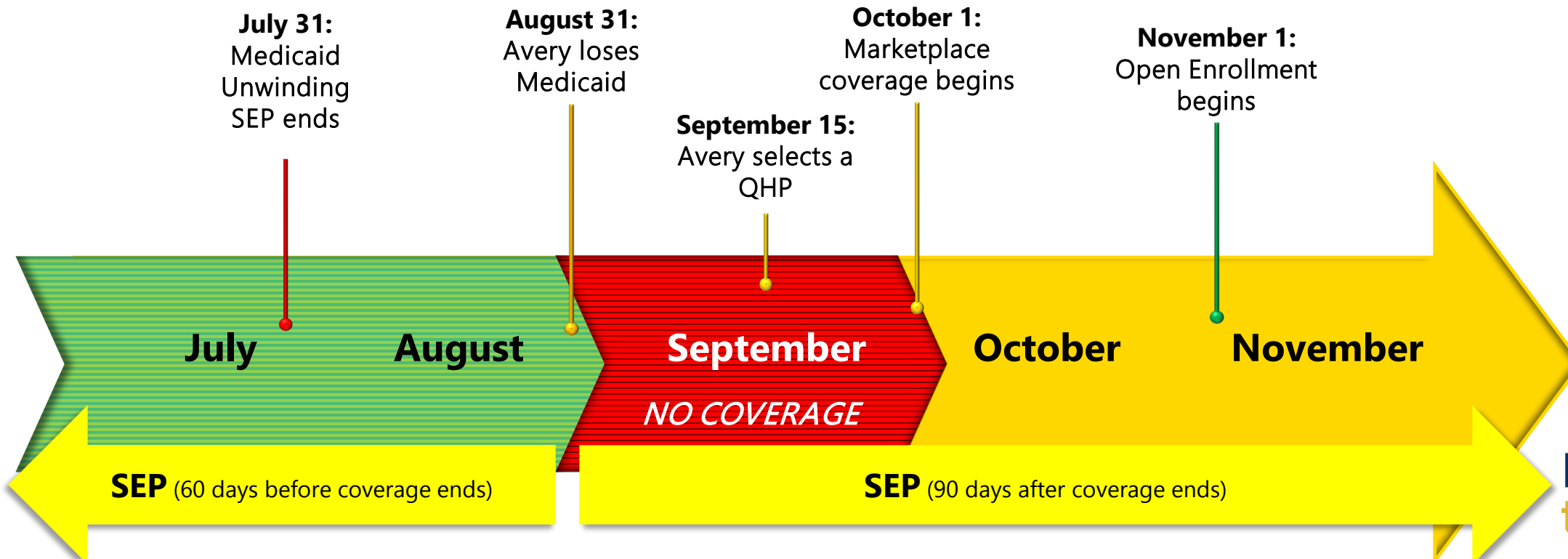
Example: Loss of Medicaid/CHIP Coverage After “Unwinding”

What if Avery loses Medicaid after 7/31/24*?

- She has 60 days before losing coverage and 90 days after losing coverage to apply for coverage and pick a plan in the marketplace
- Her coverage begins the first day of the month following plan selection



*As of March 28, 2024, this SEP has been extended through 11/30/24 in HealthCare.gov states.



Still Available: SEP for People with Income \leq 150% FPL

For more information, see the *Beyond the Basics* FAQ [New Low-Income Special Enrollment Period](#)

- Access to coverage and financial help for some people with low incomes
 - Household income is expected to be no greater than 150% of the federal poverty level
 - \$21,870 for an individual (using 2023 federal poverty guidelines; marketplaces use these guidelines for the 2024 coverage year)
 - Must be eligible for the premium tax credit
 - No prior coverage required
 - May enroll in a QHP or change from one QHP to another one time per month
 - Currently, this SEP is only available in years when increased PTC allows people with income \leq 150% FPL to buy a benchmark plan (second lowest cost silver plan) with a zero-dollar premium.
 - Under the American Rescue Plan, enhancements to the premium tax credit ensure that everyone under 150% has access to a \$0 plan
 - The Inflation Reduction Act extended the PTC enhancements through the end of 2025
 - If finalized as proposed, a new rule would make this SEP available even if the PTC enhancements expire*

*On April 2, 2024, CMS finalized a rule that makes this SEP available even if the PTC enhancements expire.

Example: Income ≤150% FPL



Jane

- Jane is uninsured and lives in Florida
- She earns \$19,000 per year (130% FPL)
- Jane recently heard that she could get a plan for \$0 per month so she went to HealthCare.gov to complete an application

Jane's income

If Jane has more than one source of income, you'll be able to enter more later.

Select a type of income Jane currently gets this month.

[Learn more about types of income to report.](#)

Job (like salary, wages, commissions, or tips) ▾

[Learn more about reporting job income.](#)

Enter the employer name.

ABC Co.

Enter the amount Jane gets paid.

[Learn how to calculate income.](#)

\$ 19,000

How often is Jane paid this amount?

- Hourly
- Daily
- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- One time only

Example: Income ≤150% FPL



Jane

- Jane is eligible for the low-income SEP because she earns less than 150% FPL
 - 150% FPL = \$21,870 for a household of 1
- She has 60 days to enroll in a plan

Health Insurance Marketplace

May 10, 2024

Application ID # 4389927905
Application date: May 10, 2024

2024 Marketplace Eligibility Notice

Remember to update your application during the year with any changes.

Primary contact

Jane Doe

Eligibility overview

Jane Doe

✔ Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$520 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period. You must pick a plan by July 9. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Choose a Silver plan to get cost-sharing reductions. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.

•

Learn more about how you could qualify for Medicaid. See [Eligibility Guide](#), page 7.

•

You can appeal your eligibility results now. See [Eligibility Guide](#), page 8.

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Changes in Household Size

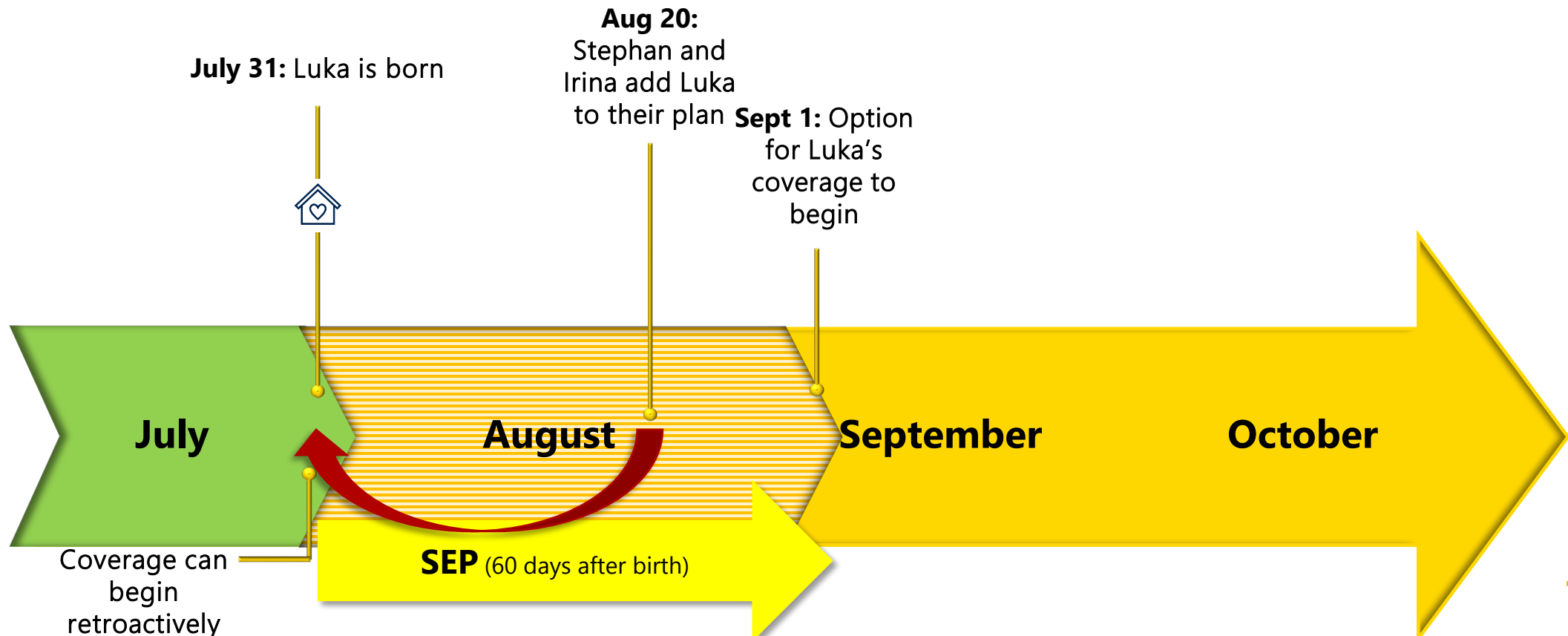
- Marriage
 - SEP only triggered if at least one spouse:
 - Had at least one day of MEC in the 60 days prior to the marriage (*prior coverage requirement*), or
 - Was living in a foreign country or U.S. territory in past 60 days, or
 - Is AIAN
- Birth, adoption, foster care placement, or court order
 - 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 placement, or court order	Up to 60 days after SEP event	Retroactively to the date of the SEP event OR first day of the month after plan selection (must call marketplace to request)

Example: Birth

Stephan, Irina, and Luka

- Stephan and Irina have Marketplace coverage
- Their son, Luka is born on July 31. They have 60 days to add Luka to their plan or select a new plan for him
- Coverage for Luka begins retroactively, unless Stephan and Irina request that it begin on the first of the month following plan selection



Changes in Primary Place of Living

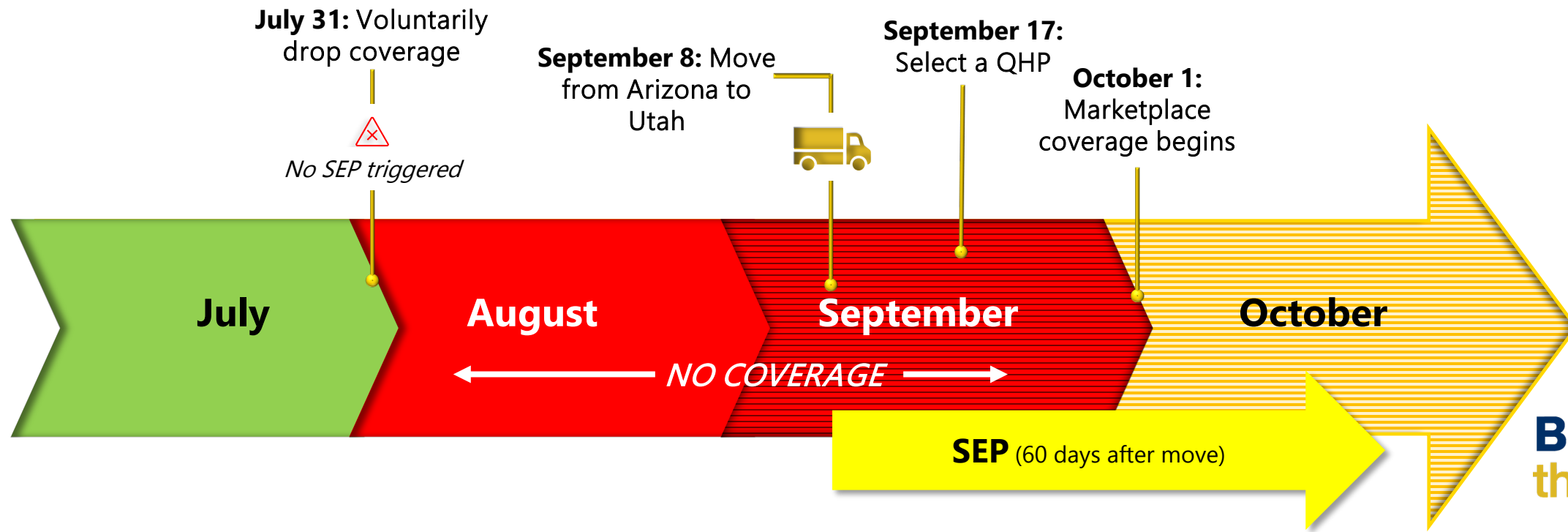
- Permanent move (gaining access to new marketplace plans as a result of a permanent move)
 - Moving within the same city, county, or state, as long as there are different plans available
 - Moving to another state
 - A child or other dependent moving back to parent's home
 - A student moving to or from where they attend 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
- Move to the U.S. after living outside the country or in a U.S. territory
- **SEP only triggered if the person:**
 - Had at least one day of MEC in the 60 days prior to the move (*prior coverage requirement*), or
 - Was living in a foreign country or U.S. territory in past 60 days, or
 - Is AIAN
- The date of the qualifying event is the date of the move, as defined by the person moving

SEP Event	Timing	Coverage Effective Date
Permanent move	Up to 60 days after move	First day of the month after plan selection

Example: Permanent Move (Prior Coverage Requirement)

Mickey, Kai, and Ronin

- Mickey, Kai, and Ronin live in Arizona
- They were enrolled in coverage through Mickey's job, but that coverage was too expensive, so Mickey voluntarily dropped it at the end of July
- Mickey gets a new job offer in Utah and the family moves in early September
- 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% FPL, resulting in PTC eligibility
 - Previously ineligible for Medicaid due to state decision not to expand Medicaid, and moves to a new state (including a state that has expanded Medicaid), resulting in PTC eligibility
 - Person does not need to have had prior contact with the marketplace to be eligible

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	First day of the month after plan selection

Changes in Eligibility for Financial Help

For more information about the family glitch fix, see the *Beyond the Basics* fact sheet, [New Rule Eliminates the "Family Glitch"](#)

- 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
 - Employee's family members are newly eligible for PTC because of the change in the affordability test for family coverage ("family glitch fix")
 - Must drop employer coverage to enroll in marketplace coverage with PTC*

SEP Event	Timing	Coverage Effective Date
Current employer plan no longer considered qualifying employer coverage	Up to 60 days before loss of coverage	First day of the month of loss of coverage (if coverage loss occurs mid-month and plan is selected before the first of the month when coverage ends)**
		First day of the month following loss of coverage (if plan selected after the first of the month of loss of coverage)
	Up to 60 days after loss of coverage	First day of the month following plan selection

*If employer coverage ends mid-month, the employee and their family members will be eligible for the PTC during the month in which their employer coverage ends (in HealthCare.gov states).

**As of April 3, 2024, this change has not yet been implemented on HealthCare.gov.

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 eligible for marketplace coverage after being released from incarceration (jail, prison, detention)
- American Indian and Alaska Native (AIAN)
 - Individual is or becomes a member of a federally-recognized Native American tribe or an Alaska Native Claims Settlement Act Corporation Shareholder
 - Individual is or becomes a dependent of someone who is an AIAN 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	First day of the month after plan selection
Release from incarceration	Up to 60 days after release date	First day of the month after plan selection
AIAN	Can enroll or change QHPs one time per month	First day of the month after plan selection

Changes in Eligibility for Financial Help

- Newly eligible or ineligible for premium tax credits (PTC)
 - Experiences a change in income or household size that makes an enrollee or enrollee's dependent newly eligible or ineligible for premium tax credits
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)
- Change in cost-sharing reduction (CSR) eligibility
 - Experiences a change in income or household size that changes an enrollee's or dependent's eligibility for CSR
 - Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)
- Newly eligible for PTC after decreased income
 - Experiences a decrease in household income and is determined newly eligible for PTC
 - SEP only triggered if the person had at least one day of MEC in past 60 days (*prior coverage requirement*)

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.

Less Common Events That Trigger a Special Enrollment Period



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, cost-sharing, 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
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)

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

Other Circumstances

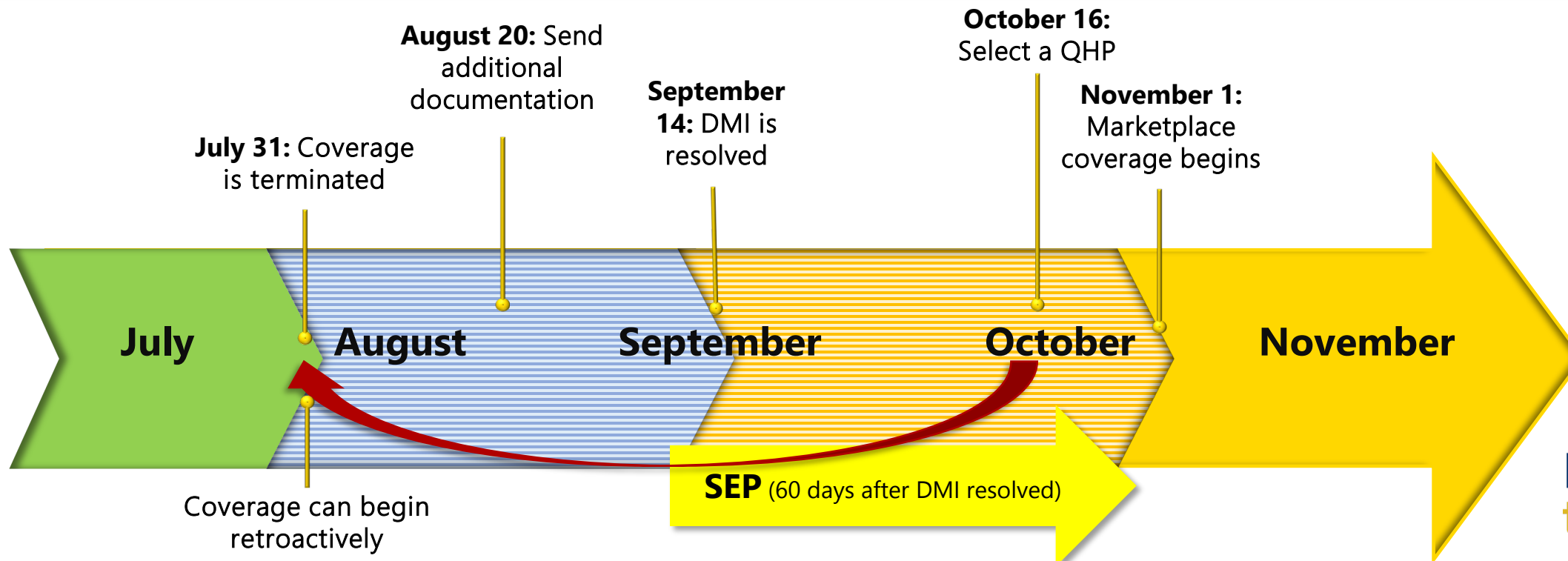
- Being determined ineligible for Medicaid or CHIP
 - Applied for Medicaid or CHIP during open enrollment (or during an SEP) and the state Medicaid agency determined the individual or their dependent ineligible for Medicaid or CHIP after the enrollment period ended
 - Available regardless of whether the person applied through the marketplace or directly through the 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 eligibility 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 DMI	Up to 60 days after DMI is resolved	Effective date appropriate to circumstances (retroactive coverage available)

Example: Resolving a Data-Matching Issue

The Edwards Family

- Roger and April Edwards are married and have a daughter
- When applying for coverage, April gets a data matching issue (DMI) and is asked to send in documentation to prove her citizenship
- The documentation she sends is insufficient, so her coverage is terminated at the end of July
- In August, she sends in more documentation and her DMI is resolved on September 14, triggering an SEP
- April selects a plan on October 16. Her coverage will begin on November 1 (or she has the option for his coverage to begin retroactive to his termination date if she pays premiums for the previous months)



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
 - Applies to dependents who can enroll in the same plan
 - SEP only triggered if currently enrolled in MEC (*coverage requirement*)
- Gaining eligibility for a health reimbursement account (HRA)
 - Newly gains access to an individual coverage HRA (ICHRA), or qualified small employer HRA (QSEHRA)
 - Applies to dependents who can enroll in the same plan
 - If the person is given notice 90 days before their HRA goes into effect, they must enroll up to 60 days before the start date of the HRA

SEP Event	Timing	Coverage Effective Date
Survivors of domestic violence or spousal abandonment	Up to 60 days after requesting SEP	First day of the month after plan selection
Gains eligibility for an HRA	Up to 60 days before start date of HRA;	Date the HRA takes effect (first day of month after plan selection if HRA starts mid-month)
	Up to 60 days before or after start date of HRA	First day of the month after plan selection

Other Circumstances

- Exceptional circumstances
 - Exceptional circumstances prevented enrollment in coverage during open enrollment (e.g., unexpected hospitalization, temporary cognitive disability)
 - Wins a Marketplace appeal
- Emergency and major disaster declarations by the Federal Emergency Management Agency (FEMA)
 - Applies if an enrollee or dependent:
 - Resides in a FEMA-declared disaster or emergency area;
 - Qualified to enroll through an open or special enrollment period during the FEMA incident period;
AND
 - Did not enroll due to impacts from the FEMA-declared disaster

SEP Event	Timing	Coverage Effective Date
Exceptional circumstances	Up to 60 days after determination	Effective date appropriate to circumstances
FEMA Emergency and Major Disaster Declarations	Up to 60 days after end of FEMA declaration period	First day of the month after plan selection (option to request an earlier effective date based on initial enrollment opportunity)

What does not trigger a SEP in HealthCare.gov?

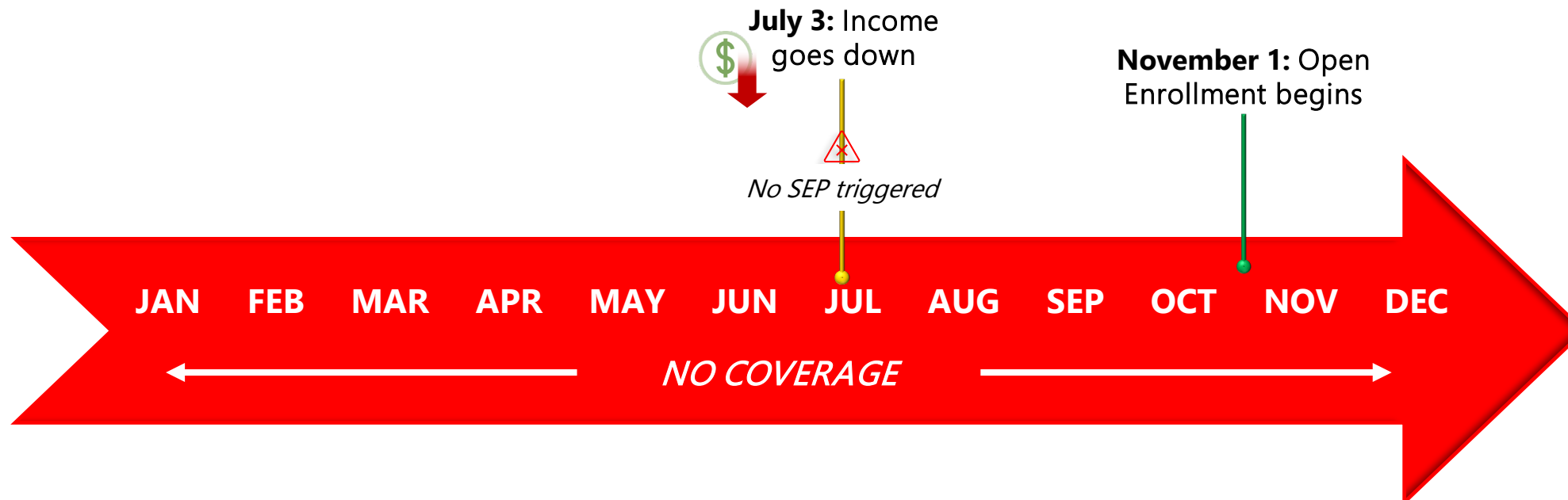
- Voluntarily dropping other coverage
- Loss of eligibility for coverage when the person was not enrolled in it (i.e., loses job, but was not in the employer's health plan)
- Being determined newly eligible for PTC when the person was previously uninsured (unless the person has income of no more than 150% FPL)
- 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 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:** Several states (CT, DC, ME, MD, NJ, NY) consider pregnancy a trigger for a SEP. SBMs not using HealthCare.gov are allowed to implement additional/more expansive SEPs.

Example: No SEP for Income Change

Rowan

- Rowan's employer offers coverage, but he does not enroll
- Rowan finds out in July that his employer is reducing his hours, so he is no longer eligible for employer coverage
- His income will drop (though not to 150% FPL) and he no longer has an offer of coverage from her employer, so he would qualify for PTC
- ! **But this does not trigger a SEP at HealthCare.gov**
- Rowan must wait until the next open enrollment period to enroll in coverage



Q & A



Process for Accessing SEPs



How Do You Access a SEP?

- *If already enrolled in a marketplace plan:*
 - Return to the 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 the application is completed/updated, the eligibility determination notice (EDN) will inform the individual of whether they are eligible for a SEP
 - If determined eligible for a SEP, they 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 some can only be granted by the marketplace call center (1-800-318-2596; TTY: 1-855-889-4325).

Reporting Changes

- People enrolled in marketplace coverage must report changes to their original application
 - Not all changes will trigger an SEP
 - Some changes 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 complete a new application in the new state
 - Changes in status, such as tax filing status, citizenship, or immigration status
 - Changes in eligibility for other forms of coverage (employer, Medicaid/CHIP, Medicare)

Reporting Changes on the HealthCare.gov Application



My plans & programs

My plan profile

Eligibility & appeals

Applications details

Report a life change

Communication preferences

Exemptions

Tax forms

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Delaware Medicaid or Delaware Healthy Children Program coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

SEPs That Require the Call Center or A Caseworker



Note: Start at the call center for these SEPs. Depending on the SEP, the call center may refer the case to a CMS Caseworker.

Moving Out of the
Medicaid
Coverage Gap

Determined
ineligible for
Medicaid/CHIP*

Resolving a Data-
Matching Issue

Error/Inaction/
Misrepresentation
/Misconduct

Plan or Benefit
Display Error

Health Plan
Violation

Survivors of
Domestic Violence,
Abuse, or Spousal
Abandonment

Gaining Eligibility
for a Health
Reimbursement
Arrangement

Exceptional
Circumstances

Emergency and
Major Disaster
Declarations by
FEMA

*If assessed Medicaid/CHIP eligible during Open Enrollment or when applying for marketplace coverage due to an SEP qualifying event but ultimately determined ineligible after OE or more than 60 days after the SEP-qualifying event

SEP Verification



SEP Verification

- Some people who complete a new application on HealthCare.gov outside of open enrollment may be required to submit documentation to prove that they are eligible for a SEP *before* enrollment in a QHP is effective and they can use their coverage.
 - This is called an SEP Verification Issue (SVI).
 - People can still pick a plan while they are waiting for their SVI to be resolved.
- Pre-enrollment verification applies **only to the loss of coverage SEP**.
- Pre-enrollment verification **does not apply** to people who lose Medicaid/CHIP coverage between March 31, 2023 and July 31, 2024* (people who qualify for the “Unwinding SEP”).

*As of March 28, 2024, this SEP has been extended through 11/30/24 in HealthCare.gov states.

SEP Verification for Loss of Other Coverage

How to document loss of coverage:

- Letter from an insurance company
- Letter from an employer
- Letter about COBRA coverage
- Letter from government health care program
- Dated military discharge document
- Letter documenting loss of student health coverage

Other documents that can help if none of the above is available:

- Pay stubs, if lost employer coverage
- Document showing proof of divorce, legal separation, custody agreements, or annulment that affects health coverage
- Document showing death of a family member that affects health coverage

Note: People unable to produce the required documentation can submit a letter of explanation to the marketplace. A template is available here:

<https://www.healthcare.gov/downloads/letter-of-explanation.pdf>

- When a new applicant attests to losing other coverage:
 - HealthCare.gov will use electronic data sources to automatically verify SEP eligibility when possible.
 - Some applicants may be asked to provide documentation of eligibility for the SEP. People in this situation have **30 days to provide documentation**. Refer to the pended plan selection notice for the deadline to submit documents.
 - Once SEP eligibility is verified, the enrollment file will be sent to the insurer and the applicant will need to pay for their first month's premium for their coverage to begin.
- State-based marketplaces that do not use HealthCare.gov are not required to conduct pre-enrollment verification of SEP eligibility.

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 must 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, the person can choose to have coverage begin 1 month later than original effective date.

SEP Verification vs. Data Matching Issue vs. ID Proofing

	SEP Verification Issue (SVI)	Data Matching Issue (DMI)	Identity (ID) Proofing
What needs to be proven	Eligibility for enrollment through the loss of coverage SEP	Eligibility factor, such as citizenship, immigration status, or income	Identity (in order to have full access to an online account)
Enrollment impact	Can pick a plan, but enrollment will be pended until eligibility for SEP is proven	Can enroll in and use coverage while resolving DMI	Can enroll in coverage via Call Center or paper application (can send documents at same time)
Deadline to submit documents	30 days after selecting a plan	90 or 95 days after applying for coverage	None
If unresolved	Will not be allowed to enroll in coverage (plan selection will be cancelled)	Depending on eligibility factor, person will either lose subsidy eligibility, lose coverage, or have subsidy amount adjusted	Coverage is not affected. Cannot use online account to submit application, pick a plan, or receive notices, among other things

Restrictions on Plan Choice for Current Enrollees



Restrictions on Plan Selection

- For most SEPs, current marketplace enrollees can only change plans **within the same metal level as their current plan**
 - Exception: If there are no other plans available within the same metal level, they can enroll in a plan one metal level higher or lower
- Enrollees can use the SEP triggered by a change in eligibility for CSRs 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
- Enrollees in silver plans who become *ineligible* for cost-sharing reductions can use their SEP to enroll in a bronze or gold plan.

Levels of Cost-Sharing Reductions (Silver Plans)

Actuarial Value	CSR: 94% AV	CSR: 87% AV	CSR: 73% AV
Income Range	Up to 150% FPL	151-200% FPL	201-250% FPL

Restrictions on Plan Selection

- Current marketplace enrollees who qualify for the marriage or birth/adoption/foster care placement SEP, can only:
 - Add the new dependent or spouse to their current marketplace plan, **or**
 - Enroll the new dependent or spouse separately in any 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

SEPs Exempt from Restrictions on Plan Selection

- SEP for American Indian or Alaska Natives (AIAN)
- Errors/misrepresentation from the Exchange or an exchange entity providing enrollment assistance or conducting enrollment activities
- Survivors of domestic abuse or spousal abandonment
- Gaining eligibility for a health reimbursement arrangement
- Exceptional circumstances
- Emergency and major disaster declarations by the Federal Emergency Management Agency (FEMA)

Q & A



Resources



SEP Reference Chart

Reference Chart: Guide to Special Enrollment Periods

- The circumstances that trigger a SEP
- Who can trigger a SEP
- Effective date of coverage once a plan is selected
- Plan selection limitations
- How to access the SEP



REFERENCE CHART GUIDE TO SPECIAL ENROLLMENT PERIODS					
Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
LOSS OF OTHER QUALIFYING COVERAGE					
Unwinding/Loss of Medicaid or CHIP <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Loses Medicaid or CHIP any time between 3/31/23 and 7/31/24 • Gives time for people who lose coverage during the "unwinding" of the Medicaid continuous coverage requirement to enroll in a marketplace plan <i>Notes: Available in HealthCare.gov states and optional in SBM states</i>	YES <ul style="list-style-type: none"> • Must attest to losing Medicaid or CHIP within the applicable time period 	Can apply up to 60 days BEFORE last day of Medicaid/CHIP; or Any time between 3/31/23 and 7/31/24 <i>Notes: Must select plan within 60 days of submitting new application or updating an existing one</i>	1st day of month following plan selection	NO	Marketplace Application
Loss of Minimum Essential Coverage (MEC) <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Loses employer coverage due to, for example: <ul style="list-style-type: none"> → 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 the Children's Health Insurance Program (CHIP) • COBRA coverage expires • Non-group plan is canceled • Loses eligibility for student health plan that is MEC • 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 <i>Notes: "Loss of MEC" does not include voluntarily dropping coverage or termination by insurer due to the enrollee's nonpayment of premiums</i>	YES <ul style="list-style-type: none"> • Losing coverage in next 60 days • Lost coverage in past 60 days 	Up to 60 days BEFORE & AFTER loss of coverage	1st day of month following loss of previous coverage; or 1st day of month following plan selection	YES <ul style="list-style-type: none"> • Same metal level as current plan¹ If dependent uses SEP: <ul style="list-style-type: none"> • Add to current plan² • Enroll in separate plan at any metal level 	Marketplace Application

Community Catalyst SEP Outreach Materials

- Our partners at Community Catalyst provide a variety of print and digital SEP [outreach resources](#)
 - Many of the resources are editable
 - They offer resources in several different languages



For more information, please contact OutreachHub@communitycatalyst.org

Additional Resources

- Special enrollment period regulations can be found at [45 CFR 155.420](#)
- Information from HealthCare.gov/CMS:
 - [HealthCare.gov SEP information](#)
 - [List of SEPs for complex issues](#)
 - [Documenting loss of MEC](#)
 - [Information on the temporary "Unwinding SEP" for loss of Medicaid/CHIP coverage](#)
 - [Information on the low-income SEP](#)
 - [Sample marketplace notices](#)
- Information from Beyond the Basics:
 - [Webinar on Unwinding the Medicaid COVID-19 Continuous Coverage Requirement](#)
 - [Webinar on Marketplace Appeals](#) (including SEP appeals)
 - [Employer Coverage & Premium Tax Credit Eligibility Tool](#)

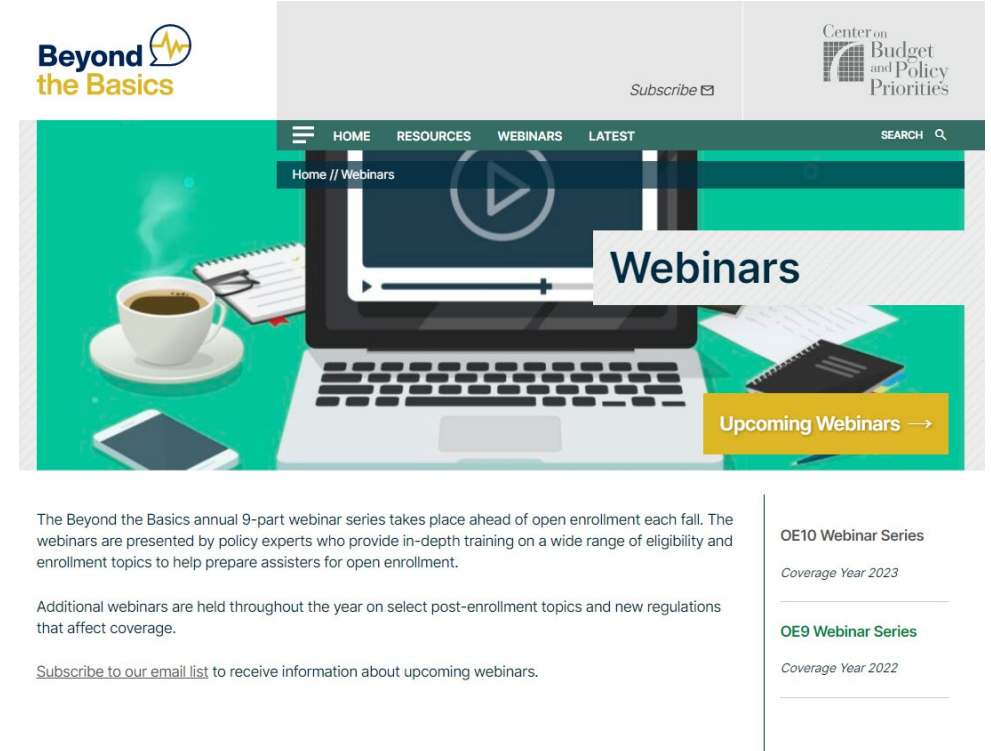
Upcoming Webinars

Seminario para asistentes bilingües: Períodos Especiales de Inscripción

- Thursday, March 21 | 2-3:15 pm ET (11 am – 12:15 pm PT)

Non-MAGI Medicaid Eligibility

- Tuesday, April 16 | 2 pm ET (11 am PT)



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Additional webinars are held throughout the year on select post-enrollment topics and new regulations that affect coverage.

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