



Special Enrollment Periods (SEP) Overview

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Carolyn Kraemer: Hi, everyone. I'm Carolyn, as was mentioned earlier. Today's presentation will feature an overview of special enrollment period eligibility, and we'll also talk about when coverage can start...so coverage effective dates. A couple of notes to set the context for this presentation, and I'll go ahead and move ahead.

This is an overall outline and some notes in terms of how you can fit this presentation into others you have already seen and will see at this conference. This presentation, like I said, covers SEP eligibility. I'm sure a lot of people have questions about SEP, or Special Enrollment Period, Verification as well; and that presentation will come next, right after this one. This presentation sets important groundwork for understanding SEP verification because we'll talk here about when consumers might actually qualify for an SEP and therefore, if they did need to send documents to prove their eligibility, what they would need to prove.

Looking at this outline slide, you can see that we're going to go through a couple of basics first. I should also mention that this slide deck is quite long, so I want to thank you in advance for your time and your patience. A few of the slides we'll go over more quickly than others, so I encourage folks to use this deck as a reference. I know that you'll get it as part of this conference. You can also find it online at www.Marketplace.CMS.gov. If you click on "Technical Assistance" and then click on the "Special

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Enrollment Period" category, you can find this presentation there as well. Some of the slides we'll go through more quickly, but you can always look them up and use them as a reference later.

I also want to note that throughout this presentation, I'll be incorporating questions that we have already received from assisters during presentations that we have done in the past. Thank you so much for your attention during those presentations as well because it's been really helpful in terms of better understanding what specifically we want to emphasize and address today.

Again, we'll get started with some SEP basics. We'll have a short just overview of the categories of qualifying events, and we'll return to those in the second section of this presentation. Then we'll talk about prior coverage requirements as they apply to certain SEPs, and then coverage effective dates because those are important things to understand when you're talking about SEPs.

This next slide illustrates a polling question. I know folks can respond online using the instructions provided. It looks like there are already a few answers. This is a basic SEP question we'll start out with, so I'll give folks just a moment to enter your answer.

[Pause for responses]

It looks like we've got a few. Just to clarify, we haven't gotten into this topic in a presentation yet; but this is just how much time does a consumer have to qualify for an SEP after their qualifying – excuse me, after "blank."

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[Laughter]

I apologize; I'm a little new to this polling question concept, so I might have given that one away a little bit. But it's the beginning of the presentation, so I'm going to have to ask folks to cut me some slack. It looks like – maybe partially due to my giveaway, but also I think you seem like a very smart bunch – it looks like folks got this question mostly right. The answer is qualifying event date. And I see a few people guessed application submission, but it's actually important to remember that's not the date where consumers are going to start out as far as their SEP window goes. It will be the date of that qualifying event.

For example, if somebody, say, loses coverage and submits their application and picks a plan 30 days after that coverage loss, at that time they will have 60 days left to actually enroll in coverage; and it's really important that they do so within that time frame. It will not be 60 days starting when they submit that application.

This slide just sets the context for SEPs in general by talking about when consumers can enroll. As you know, it's during the open enrollment period or during an SEP. This is a slide that we'll go through pretty quickly because I want to get to more details, but you can see it will be a shorter open enrollment period this year. Folks who attended the Market Stabilization Rule session will have heard more about that there as well.

This slide just presents an overview of qualifying event categories for SEPs; and, like I said, we'll return to that more later in this presentation. So this is just a list of different SEP categories; and within them, there are

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different kinds of qualifying events. So this is a good way to organize your thoughts, but we'll get more in detail to the qualifying events later.

So starting out with the prior coverage requirement that applies to certain SEPs, this is a good one to keep in mind. Some SEPs are available to anybody who experiences a certain qualifying event. Other SEPs, the consumer must have had qualifying coverage, sometimes referred to as minimum essential coverage, or MEC, for at least 1 of the 60 days before they experience their SEP qualifying event. Other SEPs are only available to consumers who are already enrolled in Marketplace coverage, and those SEPs would just allow someone to potentially change their Marketplace plan.

This next slide will illustrate a few examples; so SEPs that are available to anyone, regardless of whether they have coverage, include the Change in Immigration Status SEP. So if somebody experiences a change in status that makes them newly lawfully present and therefore newly eligible for Marketplace coverage, that person will qualify for an SEP regardless of whether they had coverage in the past.

This next slide covers a few examples of SEPs for which there is some kind of prior coverage requirement. You can see that one category of the prior coverage requirement requires consumers to have had coverage for at least 1 of the 60 days before their qualifying event. We'll get into more detail with regard to this specific requirement later when we cover some of the qualifying events to which it applies, but one example is the SEP related to a move. In order to qualify for an SEP related to a move, consumers must have had qualifying coverage for at least 1 of the 60 days prior to that move. We'll get more in depth, again, a little bit latter in this presentation; and we'll also talk about in what cases there may be exemptions.

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The next and last broad category of prior coverage requirement is the prior coverage requirement that applies to certain SEPs that are restricted to consumers who already have Marketplace coverage. So one of the most often asked about qualifying event types is a change in income. Usually in order to qualify for a Special Enrollment Period related to a change in income, consumers must already be enrolled in Marketplace coverage. Again, we'll get into more detail about that later in the presentation.

This next brief section talks about coverage effective dates. This is an important concept to help consumers understand if they may qualify for an SEP because it affects when a consumer's coverage can actually get started. So it's helpful to think of coverage effective dates as based on two things; first, the consumer's type of SEP and, second, the date that the consumer actually picks their plan will determine their coverage effective date.

In terms of kinds of coverage effective dates that the Marketplace offers, we have regular prospective coverage effective dates. These are sometimes referred to as 15th of the month coverage effective dates. We have accelerated prospective coverage effective dates. Then finally, some SEPs provide retroactive coverage effective dates.

In previous presentations, we've also gotten some questions about when a consumer will receive a certain type of coverage effective date automatically versus when they actually need to call the Call Center and request it. So I'll touch on that as well, as we go through different SEP qualifying events.

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These next few slides just offer some examples of SEPs for which certain coverage effective dates apply, and I will move through these slides pretty quickly for the sake of time because we'll get more in-depth with regard to this as we get into qualifying events.

I believe this slide or the next one, we've got a knowledge check coming up; so that will give us a chance to enter the answer and wake up a little bit. This question asks: "All SEPs are available to anyone who's eligible for coverage and has experienced a qualifying event." This is a True or False question. I'll give folks a moment to think about it. I'm not going to give away any answer this time.

[Pause for responses]

Oh, someone is trying to phone a friend.

[Laughter]

It's not allowed; you've got to think of it yourself. Most people answered "False," and that's correct because as we discussed in the previous slide, some SEPs do require that folks have had coverage in the past in order to qualify.

This next section covers really the meat of the presentation, and we'll get into the details of qualifying events here.

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This is that list again of broad categories of qualifying events, and I'd like to reiterate that this is helpful to have a sense of to organize how you think about SEPs; but it's also important to be aware of the details within these categories when talking to consumers about Special Enrollment Periods.

So we'll start out with the first broad category, which is a loss of qualifying coverage. This is a really important one to understand because it's by far the largest volume of Special Enrollment Periods for which people qualify. Most people if they're going to qualify for a Special Enrollment Period will qualify for this one. This slide just covers a list of coverage that qualifies as minimum essential coverage in which this is the kind of coverage that a consumer would lose in order to qualify for this Special Enrollment Period.

A couple of highlights here is that this does include Medicaid or CHIP coverage; so if a consumer has this coverage and loses it, they could qualify for a Special Enrollment Period. We have also gotten quite a few questions in the past about what happens if the consumer has an offer of COBRA coverage.

A couple of points on that in response to very frequently asked questions...first, if a consumer knows that he or she is going to lose their employer-sponsored coverage, even if they get a COBRA offer, they can still be eligible for an SEP to enroll in Marketplace coverage. Regardless of whether they have that COBRA offer and regardless of whether they accept that COBRA offer, they can still qualify for a Special Enrollment Period to potentially enroll in Marketplace coverage for up to 60 days after they lose that employer-sponsored coverage.

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It is important to remember, though, that if a consumer does accept that offer of COBRA and has that COBRA coverage, then they will not be eligible for financial assistance because that is considered having other coverage. So that's something important to be aware of.

Another situation that we get asked about pretty frequently is what happens if an employer is making payments toward part of all of a consumer's COBRA premium payments and then those payments stop? The answer is that in that instance, consumers may also qualify for an SEP at the point when those payments stop.

So those are our answers to questions that we've gotten pretty frequently, and we'd really encourage anybody with questions about COBRA coverage to go to www.Healthcare.gov and just type "COBRA" into the Search bar. This is one of those cases where typing in the search term really will get you to the right place, and we have a good page on Healthcare.gov that addresses COBRA coverage in different situations consumers may find themselves in.

This next slide covers a couple of instances when consumers would *not* qualify for a loss of coverage SEP. This is also based on frequent sources of confusion, so it's important set of scenarios to be aware of. A couple of really important ones are that a consumer would not qualify for an SEP if they lose coverage because they did not make their premium payments. Another situation which a consumer wouldn't qualify for an SEP is if they voluntarily terminate their coverage or if the coverage they lost was not qualifying coverage. It didn't meet that minimum essential coverage standard.

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Moving on to this next slide, we have just a depiction of coverage effective dates for this type of SEP. This is a running series. We have charts like this throughout the presentation that just break down those coverage effective dates by qualifying event type really clearly for you. I'll move sort of quickly through some of these slides but encourage folks to use them as a reference because they are, like I said, available online.

One important thing to note about the loss of qualifying coverage SEP is that consumers can report it ahead of time. This is really key because if somebody knows that they will be losing their coverage, they can come to the Marketplace up to 60 days ahead of time, report that coverage loss, and pick their plan. So this is a really good thing to be able to do, particularly for consumers who want their new Marketplace coverage to start right after their coverage loss because that what will happen if you report your coverage loss ahead of time. You will get it the 1st of the following month after you lose coverage. So it's a really good thing to be prepared for.

We sometimes get asked whether consumers can have their coverage from the Marketplace take effect in the middle of the month if they are going to lose coverage in the middle of a month; and the answer is, unfortunately, "No." This SEP does provide accelerated prospective effective date, so consumers will have their Marketplace coverage start on the first of the next month regardless of when during the month they choose a plan; but it will start on the 1st of the following month. Unfortunately, it cannot start in the middle of a month.

These next few slides cover an example of a loss of employer-sponsored coverage. There are a few knowledge checks in here, so everybody get your devices ready. This example describes a consumer who knows she's going to leave her job and will be losing her employer-sponsored

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coverage. Importantly here, she is voluntarily leaving her job; but she can still qualify for an SEP related to a loss of coverage because she's not voluntarily terminating that coverage. The decision is to leave her job; and as a result, she will lose coverage.

You can see the dates related to everything on this slide. She will be leaving her job on April 5th, and her coverage will be ending on April 30th. So the first knowledge check here is what would this consumer's qualifying event date be? Now remember, she is leaving her job on April 5th; and her employer-sponsored coverage will end at the end of that month on April 30th. I'll wait a moment for the answers to come in.

[Pause for responses]

All right, so it looks like the most popular answer by far is the date that she lost employer-sponsored coverage; and that is correct. It will be the date of her coverage loss. Even if there are other relevant dates around that time, like when she left her job, the date will still be when she actually lost that coverage.

So how much time does Emma have to select a plan? And remember, that will be based on her qualifying event date.

[Pause for responses]

It looks like...oh, the answers are fluctuating a bit; but it looks like the most popular answer is going to be 60 days after April 30th, and that is

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very close. It looks like the answers are changing a little bit and that more people are guessing the correct answer, which is "D," both "B" and "C" are correct. It's a little bit of a trick question, but it's an important one because it reminds you that consumers have 60 days ahead of time to report that coverage loss and pick a plan.

This last knowledge check is when will Emma's Marketplace coverage start? I'll give folks a moment; this is kind of a complicated question...thinking about coverage effective dates.

[Pause for responses]

It looks like "C" is the most popular answer, and that is correct. Since this SEP provides accelerated prospective coverage effective dates, her coverage will start on the 1st of the following month regardless of when she picks her plan.

These next few slides I'll move through very quickly because they just explain what we talked about through those knowledge checks and provide some additional details about the situation. These are some slides that I encourage folks to visit our website and return to – we actually walk through a couple of different scenarios depending on whether she reports coverage in the past or in the future. So it's a good one to go back to.

Now, congratulations to everyone; we got through that first qualifying event category, and it's the biggest. So we're getting there.

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The second qualifying event category is changes in household size. This is one of those categories where it's really important to understand the different types of events within it. You can see that really the main qualification for this event type is gaining or becoming a dependent through some type of event. So it might be a birth, an adoption, a foster care placement, or a child support or other court order. That's really the key...is that gaining or becoming a dependent.

We sometimes get asked if people can qualify for a Special Enrollment Period if they lose a dependent; and the answer is currently, "No, not at this time." Consumers cannot qualify for a Special Enrollment Period due to losing a dependent unless that losing a dependent or dependent status comes with an accompanying coverage loss, in which case it would be a Loss of Coverage SEP.

This slide touches on the prior coverage requirement for the Marriage SEP. This is another one where folks who were in the presentation on the Market Stabilization Rule will have heard about this before because it is new and started as of June 19th. Consumers, in order to qualify for this type of SEP, must have had qualifying coverage for at least 1 of the 60 days prior to the date of their qualifying event, which in this case is marriage.

Now, the exceptions to this requirement are if at least one of the members of the couple lived in a foreign country or in a U.S. territory for at least 1 of the 60 days prior to the marriage because in that case, they would have been unlikely to have had qualifying coverage if they were living abroad. And then importantly, people who are American Indians or Alaska natives are also *not* subject to this requirement if they qualify for an SEP related to a marriage.

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Finally, we've gotten questions as well about whether both members of the couple need to have had qualifying coverage; and the answer is, "No," only one of them actually needs to have had that qualifying coverage."

This is the effective date chart again that we had for loss of MEC as well, and it just breaks down those coverage effective dates. This is the coverage effective date for marriage, and marriage provides accelerated coverage effective dates just like loss of qualifying coverage does. That means the consumer's coverage will start on the 1st of the following month after they pick a plan, regardless of whether they pick their plan in the first or second half of the month.

This next slide covers coverage effective dates for folks who gain or become a dependent related to a birth, adoption, foster care placement, or child support or other court order. This is one of those SEP types for which there are alternate coverage effective date options. It's helpful to remember that consumers will automatically get a date retroactive to when they gained or became a dependent if they just go through the application to report this SEP; but if consumers prefer to have an effective date that's the 1st of the following month after they gained or became a dependent, or based on regular coverage effective dates, then they can call the Marketplace Call Center or request that.

The only exception is gaining a dependent or becoming a dependent related to a court order, in which case consumers can opt for regular coverage effective dates but not that accelerated prospective coverage effective date at this time.

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Moving on to the next example, the third category...so we're getting on halfway through...this is the SEP related to a change in primary place of living, which usually we just refer to as the Move Special Enrollment Period. This SEP type also has a prior coverage requirement, as you can see; and it looks exactly the same as the prior coverage requirement for the SEP related to marriage. So when helping consumers understand it, that's something you can keep in mind as an assister...that these requirements are parallel. So once you've learned it for one then you've learned it for both.

This next slide provides some examples of when a move might be considered a permanent move or a change in primary place of living. You can see that there are quite a few situations; and broadly, the change in plan service area is important because it's related to gaining access to new health care plans. But there are a couple of different life circumstances that might qualify.

One thing that we get questions about quite a bit for this SEP type is what happens if somebody is a seasonal worker; they live in one place, and they work in another. The answer is if they reside in both those places, they can qualify for an SEP potentially next time that they move. It's up to them. They don't have to do that if they prefer to just keep their same plan and not be changing every time they go from one area to the other, but they do have that option.

And the same goes – we often get this question about Snowbirds, so people who really do divide their time between a summer residence and a winter residence. If someone is just traveling and doesn't really live in an area, then that wouldn't be a permanent move; but if they actually have those two residences and they really live in both places, then that's

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another situation where they might qualify for this kind of SEP...again, if they wanted to try to use it.

An important reminder is that moving just for medical treatment or for going on vacation or some other non-living-related purpose, like a business matter, would not qualify for this type of SEP.

This is a coverage effective date chart again for the Move SEP, and the Move SEP provides regular coverage effective dates. So this is sometimes referred to as the "15th of the month" coverage effective date rule. This occurs when consumers, if they pick their plan during the first half of the month, then they will get their coverage effective the 1st of the following month. Then if they pick their plan during the second half of the month...so on or after the 16th of the month...they will get their coverage effective the 1st of the following month after that.

It kind of helps to have an example with this one. If someone, say, moves at the end of May and then they apply and pick a plan on June 5th, they'll have their coverage effective on July 1st; whereas if they go in and they don't pick a plan until June 16th or after, then their coverage will not start until August 1st.

This next slide includes some questions that might be helpful when talking to consumers about whether they qualify for an SEP related to a move. So this is one of those slides I won't spend too much time on, but I encourage folks to return and use it as a reference.

This next slide covers an example, and we'll have a couple of new knowledge checks in this as well. This example includes a consumer who

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is actually changing from one state to another. He is moving from Florida to New Jersey in order to be closer to family. You can see that he is moving on May 12th; and since he's in a new state, he's gained access to new Marketplace plans. He's also currently enrolled in a Marketplace plan in Florida, so he does have that prior coverage.

So based on what we've talked about previously in this presentation, what is Charles' qualifying event date?

[Pause for responses]

All right, well, that looks pretty straightforward. Either only one person replied and got it right, or everybody is correct; it's okay either way. It is the date of his move, so great job on that one.

Now, how much time does Charles have to enroll in coverage?

[Pause for responses]

All right, well, that one person is still getting it right...or everybody. I'm sure that everybody is replying. So up to 60 days after his move...oh, actually, I apologize. I misread. It looks like the most popular answer was the wrong one because he actually cannot apply before his move. So that question fooled me too though; so if you didn't get it right, then that's okay. But it is 60 days after his move because at this time, consumers cannot report their move and pick a plan ahead of time.

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This next question gets at the coverage effective date. So when will his plan start?

[Pause for responses]

Yeah, oh, of course...it is a little bit small. So the options are "A" as the first day of the following month, if a plan was selected between the 1st and the 15th day of the month; "B" is...oops, it's disappeared...the first day of the second following month if a plan was selected between the 16th and the last day of the month; and then "C" is the 1st of the month after he loses coverage and selects a plan, regardless of when during the month he selects a plan; and then "D" is both "A" and "B" are correct.

[Pause for responses]

It looks like folks...there's a lot of variation, but looks like most folks chose "D," which is correct. It's both "A" and "B" because this SEP provides regular coverage effective dates. And actually, I see there's one question.

(Inaudible question from audience member)

It sounds like you experienced an event that doesn't sound like it was quite in line with the typical rules. So I think we would probably need to talk more in order to understand exactly what happened. But definitely, please provide your information. If you do put the question in the fishbowl and get in touch with your Project Officer or other CMS point of contact, I'm happy to talk more about that...yeah, absolutely.

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These next few slides – or *this* slide just describes how the situation would play out, and we just went through this in the knowledge checks. It also includes a helpful tip, which is that if a consumer is moving from one state to another and had Marketplace coverage in their former state, then they will need to cancel that coverage in their former state and then enroll in a new plan. It's important to remember that.

This next knowledge check gets at a question we get asked quite a bit, and I touched on it a little bit in the presentation. The question is: Does a consumer qualify for the Move SEP if he or she moves within the same state, zip code, and county? I'll give folks a moment to answer Yes or No.

[Pause for responses]

It looks like the most popular answer was "No," and that's correct. If somebody moves within that same plan service area, then they wouldn't qualify for a Move SEP because they didn't gain access to new Marketplace plans. We do get this question sometimes; for example, if someone just moves in the same apartment building from one unit to another...you know, folks laugh; but there are a lot of challenging details, so it's important to remember that you actually do have to change service areas.

A key thing to remember, as with all of these SEP types, if you help the consumer fill out the application correctly...in particular, for this SEP...then they will get the right result. So that's a good tip to remember as well.

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Moving on to the next category of SEP-qualifying event...so we're halfway through at this point, I always like to tell folks when we get to this point because we're at the halfway point...is the change in eligibility for Marketplace coverage or help paying for coverage. This is a really broad category, and there are a lot of specific qualifying events within it. I'm going to go through a couple of them in particular about which we tend to get a lot of questions.

This slide covers one of the situations that we actually get asked about the most and which I touched on previously when we talked about the prior coverage requirement. If a consumer experiences a change in income that makes them newly-eligible for financial help...so newly-eligible for APTC or newly ineligible for financial help or APTC or eligible for a different level of cost sharing reductions, or newly-eligible for CSRs...then they can qualify for an SEP only if they're already enrolled in a Marketplace plan, with one exception and we'll talk about that in a moment.

But we get a lot of questions about that...about whether if somebody chooses not to enroll during open enrollment and then has a change in income that makes them want to purchase health insurance, they need to already have been enrolled in Marketplace coverage in order to qualify for this kind of SEP in most cases of an income change.

This next category on this slide reflects when somebody's eligibility status would change. So if somebody is released from incarceration, they become newly-eligible for a Marketplace plan for a QHP; so they would qualify for an SEP in that case.

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This next slide covers an SEP type that I also mentioned before, which is changing to a lawfully present citizenship status. We get a lot of questions about this SEP type as well because folks wonder if changing from one lawfully present status to another can qualify someone for SEP; and the answer is, "No." Someone would only qualify for this kind of SEP if they are becoming newly-eligible for Marketplace coverage because of their changes in status. So that's an important thing to help folks understand.

The next SEP is probably pretty straightforward for a lot of you who work with this group of consumers. Consumers who gain or maintain American Indian or Alaska native status can qualify for an SEP. They qualify to enroll once a month...they can qualify for an SEP.

This next slide covers that one exception to an income change that might qualify somebody for a Special Enrollment Period, and that is coming out of a coverage gap sometimes referred to as a Medicaid gap. Folks who work in Medicaid non-expansion states are probably very familiar with this type of SEP, and it happens if somebody is previously not eligible for Medicaid coverage because their state did not expand Medicaid; and they were also at the same time not eligible for financial assistance to purchase a Marketplace plan because their income was below 100% of the Federal poverty level.

In this case, the qualifying event is their change in income; and consumers *would* qualify for this kind of an SEP even if they weren't previously enrolled in coverage. This is another specific qualifying event type about which we get a lot of questions. So one thing that we get asked about a lot is whether someone actually needs to have that Medicaid denial in order to qualify for this SEP; and the answer is, "No, the consumer does not need to have a denial from Medicaid, and

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consumers do not need to submit any documents related to this type of SEP."

In order to access this type of SEP, they need to call the Marketplace Call Center and describe their situation. Importantly, they also need to be determined eligible for premium tax credits because that's part of a qualifying event. So one thing that assisters can do – that you can do when you're working with folks – is help them fill out a Marketplace application. They can also do this when they call the Call Center. But if they prefer to do it online and create that Marketplace account with you, then getting that APTC new eligibility determination is part of the process as well.

These next few slides include an example of a couple who experiences an SEP related to a change in income. This example features Juana and Alex, and they are a couple in the same tax household. They're married, and they currently have a Marketplace plan. One of them, Alex, in this example knows that she is going to leave her job in order to spend more time caring for the couple's daughter...just having a basic life change. So she heard from the assister she was working with that she needed to update her Marketplace application whenever she was going to have a life change; so she goes in and does that or works with an assister to do so, and she knows that she'll have a resulting decrease in income so she fills that in. When she fills in that new income, they become newly-eligible for cost-sharing reductions.

I think I gave away this answer a little bit too, but I'll still give folks a moment to answer. Do Juana and Alex qualify for an SEP related to their change in eligibility for CSRs?

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[Pause for responses]

It looks like the overwhelmingly popular answer is, "Yes," and that's true. This couple is already enrolled in a Marketplace plan, and they experienced a change in income that made them newly-eligible for CSRs. So because of that, they qualify for a Special Enrollment Period. For example, if they didn't have a Silver Level plan before, then they might want to use that option now in order to benefit from the CSRs.

These next questions get into when their coverage will start...their coverage effective date. This is a True or False question: Juana and Alex have until June 20th to select a new plan, 30 days after their change in household income on May 22nd. Is that True or False?

[Pause for responses]

All right, it looks like a number of folks selected "True," although it's changing. Oh, this one is very controversial.

[Pause for responses]

Let's see...all right, well, it looks like the numbers are almost in; and it's pretty much 50/50, so it's a nail-biter. But the answer is actually "False" because that change in income is their qualifying event date. Hopefully folks remember...how many days after their qualifying event date?

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(Inaudible response from audience)

60...yes, exactly...so they actually have 60 days after that change in household income to pick a plan.

This next slide is just the coverage effective dates for these SEP types. These SEP types have regular coverage effective dates; so that's that "15th of the month" rule, where coverage starts on when during a month consumers pick a plan. This is a helpful thing to help consumers understand if they want to plan ahead and make sure to apply earlier in the month so that their coverage starts the 1st of that following month rather than during the second half of the month.

Moving on to the fifth and second-to-last qualifying event category...we're going to talk a little bit now about an enrollment or plan error. Broadly, this kind of qualifying event involves some kind of error on the part of the Marketplace, possibly a health insurance plan. Another thing to note is that this kind of SEP is very rare. Not many people actually experience this qualifying event, and so it's one of the less common types of SEPs.

Looking at the sort of subcategories of what someone might experience to qualify for an SEP like this, you have if someone experiences misinformation or misrepresentation or misconduct or an action of someone working in an official capacity to have them enroll, then they might qualify for a Special Enrollment Period to enroll in Marketplace coverage or to change their plan.

What this would look like...when we talk about someone working in an official capacity, you can generally think of that in terms of is the person a

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CMS employee; or is the person formally certified to work with CMS in some way. That would include assisters because you guys are certified to work with the Marketplace, and then it would also include like agents and brokers, Call Center representatives...people in that kind of official role. If there is some kind of misinformation there that results in the consumer *not* enrolling or not enrolling in their desired plan, that could be an SEP triggering event.

These other two categories of technical error or wrong plan data being displayed at the time of plan selection also tend to be very specific. Usually consumers who experience this kind of event will get some kind of outreach from the Marketplace. So they'll get a notice in the mail letting them know that this kind of error was present when they chose their plan, or possibly an e-mail or a phone call...something to that effect. So when talking to consumers about a situation like this, you can point to them to that outreach and ask them about it and move from there.

This next slide covers coverage effective dates for this type of SEP; and this is another SEP type, like gaining or becoming a dependent, where consumers have a couple of options. Consumers will access this type of SEP by calling the Marketplace Call Center, so there's not an automatic coverage effective date at play. Consumers will request their preferred coverage effective date. In most cases, they can elect....well, in *all* cases, they can elect coverage, retroactive back to the date that they *would* have had coverage absent the error; or they can elect regular prospective coverage effective dates if they prefer.

The sixth and final category of SEP type is Other Qualifying Changes. This is a pretty broad category, so I'll walk through the details of a few of these as well.

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The first item on this list of qualifying event types under this category is what's sometimes referred as the Medicaid or CHIP Coverage Denial SEP. This is one that we get questions about pretty frequently because folks want to understand exactly when it applies. Specifically, this is if a consumer applies for Marketplace coverage through the Marketplace during open enrollment or after another SEP qualifying event and then is referred to Medicaid, is assessed eligible for Medicaid; but then they are denied Medicaid after open enrollment or after their 60-day window has passed, after their qualifying event. Then they can qualify for an SEP to come back and get Marketplace coverage.

This is another one where they have the option for coverage effective back to the date they would have had their Marketplace coverage absent the error. So that's an important thing to help people understand. In order to get that retroactive coverage effective date, consumers will need to call the Call Center and request it. It's helpful to know that this question is actually also on the application. So if you're helping somebody fill out an application and they have experienced this situation, they can attest to this question correctly. The coverage effective date that they'll automatically get when they fill out that question is accelerated prospective. That's the one where they can pick a plan anytime during the month, and their coverage will start the 1st of the next month.

Now, if a consumer goes in and fills out the application and gets that accelerated prospective coverage effective date, they could still call the Marketplace Call Center and request that retroactive coverage effective date. So that's an important thing to understand as well.

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Now, this also applies if a consumer applies for Medicaid or CHIP coverage directly with their state during open enrollment and then outside of open enrollment is denied Medicaid or CHIP coverage. But it wouldn't apply to consumers if they apply for Medicaid directly through their state after another SEP-qualifying event and are later denied eligible for Medicaid. If they potentially experience an SEP-qualifying event, consumers *do* need to come in and apply through the Marketplace.

Another SEP on this list about which we do get questions sometimes is the Special Enrollment Period for folks who are survivors of domestic abuse or who have experienced spousal abandonment. An important thing to note about this SEP is that it does apply to folks who need to get coverage apart from their abuser or abandoner. So this would be for folks who already have coverage and need to get it outside of that relationship.

These next few SEPs are also not common but important to understand the details for consumers to whom they apply. This first one is for consumers who submit a document and cleared a data matching issue after their coverage was already ended. So if folks have worked with somebody who experienced a data matching issue where they had to submit documents to confirm their citizenship or immigration status, as some of you may have experienced...if they don't do that in time, their coverage may end. If that happens and they *do* submit documents, they can call the Marketplace Call Center to explain their situation; and that is an SEP qualifying event.

A couple of other situations that are less common here, I'll generally leave for folks to reference. But fighting the Exceptional Circumstance SEP, that is one for which consumers may qualify only if the exceptional circumstance they experienced actually prevented them from enrolling during open enrollment period. So that's an important thing to note.

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Unfortunately...I apologize...this chart of coverage effective dates for this qualifying event type is not very informative because coverage effective dates just vary based on the circumstance. But with regard to a few of these SEP types, applying for Medicaid or CHIP during an open enrollment period and being denied later, that will provide folks with the option to have retroactive coverage effective dates like we talked about or those accelerated prospective coverage effective dates. So that's one specific one to note about those.

Wrapping up this presentation, I want to congratulate everyone again. I know this is a lot of information to get through all six SEP types, so thank you for hanging in there with me. Thank you also for your attention during presentations on this topic that we have done in the past. I know it's a lot to take in; and we really, really value your input and your questions because we know those come from experiences that you've had with consumers. And we really appreciate the opportunity to answer them and better understand how to help you.

So this last knowledge check asks: Which of the following events trigger an SEP?

I'll read them because the text is a little small. "A" is voluntarily dropping COBRA in the middle of the year outside of open enrollment; "B" is being terminated from other coverage because you did not pay premiums; "C" is just divorce or death of a family member without resulting loss of coverage; "D" is moving solely for medical treatment or vacation; "E" is changing from one legally present status to another; and "F" is none of the above.

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And, sorry to end on a trick question, but the answer is actually "None of the above." We put these questions at the end because they're a little harder, and we get questions about them pretty frequently.

So I think it looks like we have a little bit of time to take questions from the audience, which is great. I can't promise that we will be able to answer everything, but I can promise that we will try and get back to you if we don't have an answer now.

I'm joined by my colleague, Rachel Arguello, who is another SEP expert at CMS.

Lindsey Bryan: Hi, I'm Lizzie Bryan from the Maine Mobile Health Program in Maine. Did you say that if people resolve data matching issues after they lost coverage that they can get a Special Enrollment Period? So like if they submitted documents...did that include if they submitted their verifying documents past the deadline to submit those?

Rachel Arguello: Hi, everyone. The Special Enrollment Period for resolved data matching issues post expiration...right now, that's talking about resolved data matching issues for citizenship and immigration status because that's currently the *only* DMI for which we terminate coverage. This Special Enrollment Period will be available to consumers who submit their documents and their documents are processed within an applicable window. So there is the 90-day window that all consumers receive. Some consumers receive what's known as a good faith extension. So if they submit their documents within that window, then they will have access to the Special Enrollment Period.

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Lindsey Bryan: Thanks for clarifying that. Another thing...I guess just a comment is that I've recently had several different Marketplace representatives give incorrect information about people's eligibility, particularly becoming newly eligible for help paying for coverage because they moved out of the coverage gap. I don't have any idea what the training is like for Marketplace representatives. I know that there is a ton to know. But three different Marketplace Call Center representatives, including a Tier 2 Specialist, incorrectly told me that a consumer would not qualify for an SEP when I understood and what I've heard here is that they would. So I don't know if you have any suggestions around when that happens.

Rachel Arguello: That's great feedback to hear. This is – and Carolyn can chime in – this is a Special Enrollment Period that is unfortunately very complicated. So should that happen, we would encourage you to report that case to whoever your contact is in CSG so they can escalate it and we can take a look. Make sure to include the consumer's full name and application ID so that we can do some quality control and retraining. Unfortunately, this is just a complicated Special Enrollment Period that we unfortunately don't have an automated process right now to verify. So what we actually do is our Call Center training staff goes back and listens to the recording and figures out how to address the issue moving forward and retrain if needed.

Carolyn Kraemer: Just to echo that real quick, if you can also provide the time of the call...I know that sometimes that is helpful with your CMS point of contact.

Kyle Lowe: Hi, I'm Kyle Lowe with Covering Kids and Families of Indiana. You might have answered this, but I just wanted to make sure. I do a lot with people who recently gain their legal permanent residence status for a 60-day SEP. Almost always, their identities do not verify and we have to submit and usually they're waiting until the last minute. So if they submit their

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documents before that 60-day period but their identity gets verified after the deadline for that SEP, are they still able to enroll in coverage after...once the identity *is* verified?

Rachel Arguello: That is a tricky one.

Kyle Lowe: You're telling me.

Rachel Arguello: We might actually want to take this one back because especially if it is out of a consumer's control...they're waiting for their identity to be verified, and the 60-day window is rapidly winding down. In those situations, the consumer is definitely – the appeals route is a great path for those consumers. But let us take that back and see if there is another option available. But since those consumers did qualify, they were ultimately verified, our Appeals Department can then retroactively fix things.

Kyle Lowe: Okay.

Carolyn Kraemer: Yeah, and again, if you can be in touch with your CMS point of contact, we can get you more detailed information.

Ronnette Ome: Aloha, my name is Ronette. I'm here from Legal Aid Society of Hawaii. I just had a question in regard to Hawaii. We take care of a population spread out among eight different islands in Hawaii. Each one of the islands has a different county, and each town has their own zip code. If they're moving from island to island, would they qualify for the Special Enrollment in regard to a move?

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Rachel Arguello: Do you want to take one?

Carolyn Kraemer: Like you said, because they are changing zip code, if they fill out the application correctly, if they have a current Marketplace application, enter their new information, attest to the move, and enter their zip code directly, then they should...yes.

Ronnette Ome: Even if they did not have (inaudible)?

Carolyn Kraemer: That prior coverage requirement would still apply, unless they have American Indian or Alaska native status.

Sonja Smith: Hi, I'm Sonja Smith from Enroll Alabama. Just to clarify with the change in income, if someone is coming out of the Medicaid gap and then they start to earn more so that they're eligible for a tax credit, would they have needed to have an application on file; or can they just come from not having had anything and still qualify for the SEP?

Rachel Arguello: There is no requirement that they have a prior application on file. There is no requirement, just as Carolyn mentioned during the presentation, that they have an official Medicaid denial. We do encourage consumers to have specifics available if they are asked...so what their prior income was and what it is now. And there is an income estimator tool on our website that they can use. But, no, there is no official document requirement.

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Sonja Smith: So what documents would you accept to verify that they didn't have income previously?

Rachel Arguello: For this one, there are no documents that they need to submit to verify. Our Call Center representatives who are assisting that consumer will be looking to make sure that the consumer is now eligible for APTC, which is a requirement of the Special Enrollment Period. And that must align with the consumer's story of a change in household income that must have occurred within the past 60 days.

Carolyn Kraemer: Just to flag really quick, again, no documents are needed to prove this Medicaid gap SEP. So that's important to remember; there is no document submission requirement for the Medicaid gap SEP.

Kate Ende: Hi, my name is Kate; and I'm from Consumers for Affordable Health Care in Maine. I just have a quick question kind of building off of what you were asking about with the moving. If somebody moves to a new zip code, if they did have the qualified coverage beforehand but the area where they're moving has the same exact plans that were offered in their previous zip code, does that still qualify as an SEP if they didn't gain access to new coverage options?

Rachel Arguello: You are asking a great question. The parameters of the Special Enrollment Period are that someone has gained access to the QHP. The way that our application verifies that, we use a proxy of a change of zip code or county because service areas on the Marketplace are based on zip code or county. So this consumer should not qualify if he or she has not gained access to any new QHPs. However, what you're pointing out is it's a limitation in our system. So if that consumer was to come in and

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report a change in zip code, he or she -- assuming he or she also meets the prior coverage requirement -- would be able to qualify.

Kate Ende: Thank you.

Carolyn Kraemer: Thank you again so much. Please continue to submit your questions and be in contact with your point of contact at CMS because it's just so helpful for us. Thank you again and have a great day.

[Applause]

Stacey Plizga: Our next session will begin at 3:30 p.m. If you would like to participate in Special Enrollment Periods Verification, you will stay here in the Grand Auditorium.

To join Building Robust Organizations: Best Practices for Hiring, Retention and Managing, subgrantees proceed to room C111.

To join Helping Consumers with Employment-Related Coverage Issues, please proceed to C112.

These sessions, again, will begin at 3:30 p.m. If any of those rooms fill up, you're always welcome to come back here to the Grand Auditorium.
Thank you.