



SEP Training

Individual & Family Markets

Telesales

Agenda

1 Section

Introduction to SEP

- SEP Transition + Sales Strategy
- Minimum Essential Coverage
- Prior Coverage Requirements
- Invalid SEPs
- Coverage Effective Dates
- Plan Category Limits
- Documentation Required

2 Section

Qualifying Events & Case Scenarios

- Loss of Employer-Sponsored Coverage
- Someone on the Plan Turned Age 26
- Policyholder Death
- Change in Household Size
- Marriage SEP
- Change in Residence
- IL Pregnancy SEP

3 Section

Marketplace Coverage

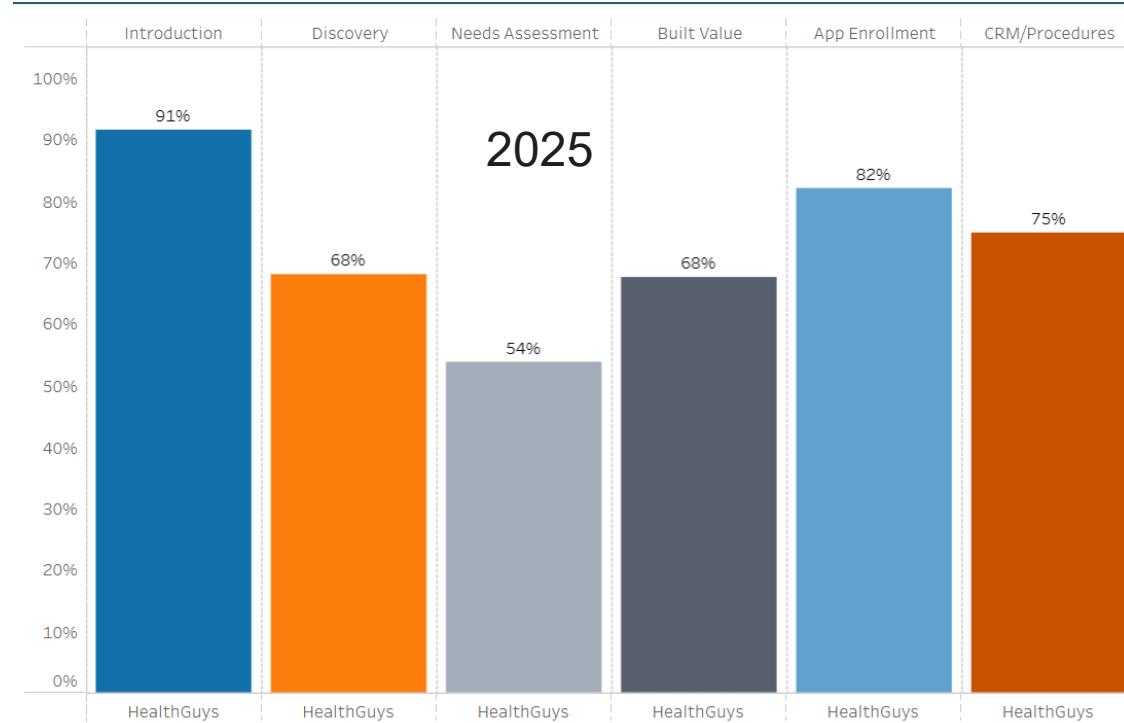
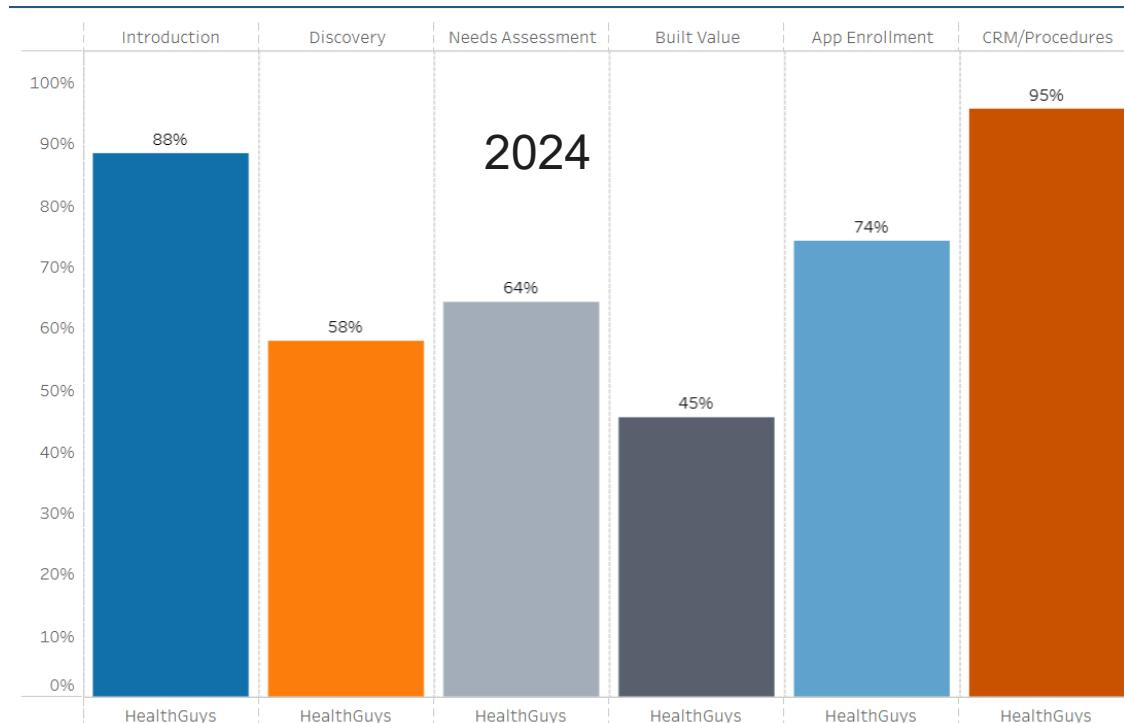
- Change in Eligibility
- Help Paying for Coverage
- Enrollment or Plan Error
- Medicaid / CHIP Denial
- Other Circumstances
- SEP Eligibility Appeals

SEP Transition + Sales Strategy

HG SEP Recap

AMPLIFYING OUR IMPACT 

	Q1	Q2	Q3	Compliance	QA Average
2024 Conversion / QA	46% / 8.7%	35% / 25.6%	26% / 51%	80.3%	31.3%
2025 Conversion / QA	28% / 52%	26% / 52.5%	27% / 69.6%	82.6%	58.6%



Strategy for Success

AMPLIFYING OUR IMPACT 

- **Probe and ask questions, avoid assumptions**
 - This can help identify valid and invalid QLEs.
 - No FPL SEP this year so will need other QLE.
- **Use SEP to educate callers and create urgency around QLEs**
 - Just because a caller is unfamiliar with SEP does not mean they aren't eligible
- **Manage Pipeline for retention throughout the month**
 - Collecting binders, SEP Documentation
- **Take your time during the call to gather information, lengthen discovery**
 - Volume will be lower allowing more time for interactions.
- **Ensure members understand what documents may be required from them**
 - Callers don't need document in hand at the time of enrollment but should be aware of what they need to obtain and submit. Repeat at end of call/

What is SEP?



Special Enrollment Period

- A **Special Enrollment Period (SEP)** is a period when you can sign up for health coverage or apply for a different plan due to a qualifying life event (QLE).
- **Special enrollment is available year-round for individuals who:**
 - Meet the criteria
 - Apply within their QLE enrollment window
 - Supply required documentation
- **Consumers can enroll in qualified health plans (QHPs):**
 - During the annual Open Enrollment Period (OEP) – November 1 through January 15 each year
 - During an SEP, if they have a qualifying life event.
 - ✓ An SEP qualifying event can happen at any time during the year.
 - ✓ In most cases, consumers have **60 days** from the date of the qualifying event to enroll in coverage.



SEP Types



- **Consumers may qualify for an SEP to enroll in or change plans if they experience a qualifying event in one of the following categories:**
 1. Loss of qualifying health coverage
 2. Change in household size
 3. Change in residence
 4. Change in eligibility for marketplace coverage or help paying for coverage
 5. Enrollment or plan error
 6. Exceptional circumstances
 7. Other situations



Minimum Essential Coverage

Minimum Essential Coverage



- **Minimum Essential Coverage**
 - Minimum essential coverage is health insurance coverage that meets Affordable Care Act's shared responsibility provision.
- **Examples of MEC**
 - The best way to define MEC is to list some examples of MEC from CMS:
 - Employer-sponsored coverage, including COBRA coverage and retiree coverage
 - Individual ACA qualified health plans, all of which have "essential health benefits"
 - Pre-ACA individual grandfathered and transitional plans
 - Medicare Part A and Medicare Advantage plans
 - Children's Health Insurance Program (CHIP) coverage and most Medicaid coverage
 - TRICARE and some types of veterans' health coverage administered by the Veterans Administration
 - Refugee Medical Assistance supported by the Administration for Children and Families
 - State high risk pool coverage established on or before November 26, 2014 – in any state

Prior Coverage Requirements

Prior Coverage Requirements



- Some SEPs are available to anyone who is eligible for coverage and experienced a qualifying event.
 - Example: SEP for consumers who become newly eligible for Marketplace coverage due to gaining lawfully present immigration status.
- For some, SEPs are only available to members who had qualifying prior coverage:
 - Consumers who had prior coverage for one or more days in the **60 days** preceding their SEP qualifying event.
 - Consumers who already have Marketplace coverage.
 - Example: Change in residence SEP *
 - Example: SEP for enrollees whose cost-sharing reduction (CSR) eligibility changes



** Unless they moved to the U.S. from a foreign country or U.S. territory; are a member of a federally recognized Tribe or are an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder; or lived for one or more days during the 60 days before their qualifying event or during their most recent enrollment period in a service area where no QHP was available through the Marketplace.*

SEP Overview



- **Two Qualifying Event Categories**

- 1) Caused the individual to lose MEC (such as aging off a policy or lose of employment)
- 2) Gained access to new coverage options (such as adding a dependent or moving to a new service area)

- **One-Time Use of Qualifying Event**

- Members that enrolled in coverage using a QLE and want plan change must wait for next OE or until they experience a new QLE.
- Once consumers effectuate coverage for their QLE, they cannot change their coverage even if they are still within their SEP window.
- If the required validation documents are not received with the application, the applicant has 30 calendar days from notification to provide them or the application will be withdrawn, resulting in no coverage for the applicant. However, if the SEP window is still open, the applicant **can** reapply with the same QLE.

Invalid SEPs

Invalid SEPs



- **Consumers do not qualify for the loss of qualifying health coverage SEP if:**
 - They **voluntarily** end their prior coverage.
 - **Exception:** Consumers may qualify if they voluntarily leave their job and, as a result, lose their health coverage, or if they drop their job-based plan because it no longer offers affordable coverage that meets MEC requirements.
 - Their coverage ends due to **nonpayment** of premiums.
 - **Exception:** Consumers may qualify if employer coverage ended because the employer didn't pay premiums.
 - The coverage they lost did not qualify as qualifying health coverage.
 - They lost coverage more than **60 days** ago.
 - They didn't provide required documentation when the Marketplace asked for more information.
- **Canceling or not paying a dependent's coverage does not give that dependent or any other family member SEP eligibility**
 - **Example 1:** A parent/policy holder has a dependent who's 22 years old. Coverage for both the policy holder and the dependent is canceled due to non-payment. The 22-year-old dependent is not SEP eligible (nor is the parent/policy holder).
 - **Example 2:** One spouse is the policy holder and voluntarily terminates coverage. Neither spouse is SEP eligible. (Note that if the policy holder becomes Medicare eligible and cancels coverage, then the spouse or other dependents may be SEP eligible.)

Invalid SEPs (continued)



- Voluntarily dropping job-based coverage during a coverage year while still working for an employer
- Loss of State or Federal benefits or assistance due to failure to provide documents or verification
- Voluntarily opting out of affordable employer-provided coverage (**Only able to enroll during OE**)
- Voluntarily canceling coverage before the policy renewal or end date

Coverage Effective Dates

Coverage Effective Dates



SEP Type	Coverage Effective Date
Loss of minimum essential coverage (MEC): Past loss of qualifying health coverage	First day of the month after plan selection
Loss of MEC: Future loss of qualifying health coverage	First day of the month following the last day of prior coverage
Change in primary place of living	First day of the month following plan selection
Marriage	First day of the month following plan selection
Adoption, foster care placement, or child support or other court order	Retroactive: Date of adoption, foster care placement, or effective date of the court order
Denial of coverage through Medicaid/CHIP *	First day of the month following plan selection following determination of ineligibility for Medicaid/CHIP; option to request retroactive start date back to the coverage effective date they would have gotten if the Marketplace had originally determined them eligible for Marketplace coverage

** Denial of coverage through Medicaid/CHIP is a qualifying event only in certain circumstances. Refer to Other Situations later in this presentation.*

Coverage Effective Dates (continued)



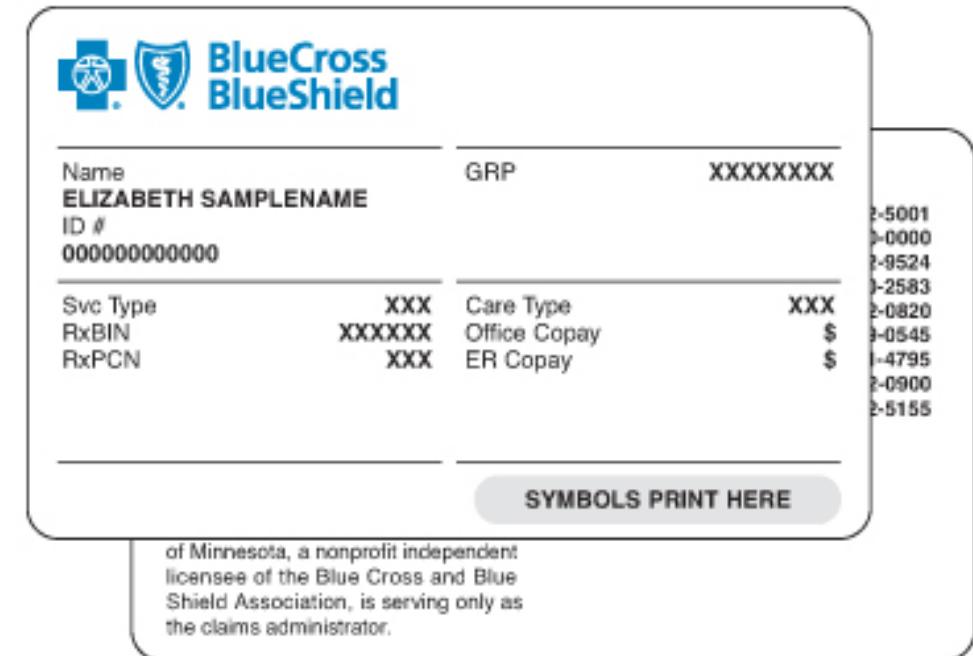
SEP Type	Coverage Effective Date
Change in eligibility for Marketplace coverage or help paying for coverage	First day of the month following plan selection
Newly gaining access to an Individual Health Coverage Reimbursement Arrangement (HRA) or to a Qualified Employer HAS (QSEHRA)	Plan selection prior to HRA start date: First of the month following HRA start date or on the HRA start date if the HRA starts on the first of a month Plan selection after HRA start date: First of the month after plan selection
Enrollment or plan error	First of the month after plan selection. In some situations, may allow retroactivity at option of consumer Note: There are some exceptions for certain types of errors
Did not receive timely notice of an SEP qualifying event	Retroactive to the earliest coverage effective date that would have been available if they had received timely notice of the event and selected a plan

Plan Category Limits

Plan Category Limits



- Most consumers who qualify for an SEP and want to change plans outside of Open Enrollment will be limited to choosing a new plan in a particular plan category.
- For example, someone who qualifies for an SEP and is already enrolled in a Bronze plan and wants to change plans will generally only be able to select a new Bronze category plan until the next OEP, when they may choose a plan in any category.



Plan Category Limits (continued)



- However, there are some circumstances that may allow a consumer to change plan categories:
 - Becoming newly eligible for CSRs. If consumers aren't already enrolled in a Silver plan, they can choose a plan in the Silver category to use their CSRs.
 - Becoming newly ineligible for CSRs. Marketplace enrollees who become newly ineligible for CSRs and are enrolled in a Silver plan can change to a Gold or Bronze plan.
 - Gaining SEP-eligible dependents due to marriage, birth, adoption, foster care, or court order if:
 - Their current health plan's business rules do not allow an existing enrollee to add newly enrolling household member to their existing plan
AND
 - No other plans in their current plan category are available. In this case, consumers can enroll in a plan that is one level up or one level down.
 - Gaining access to an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).
 - Qualifying for an SEP due to an exceptional circumstance.

Case Scenarios & Knowledge Check

Scenario #1: Loss of Employer-Sponsored Coverage



- Monique quit her job on April 5th to start her own business.
- Her employer-sponsored coverage (ESC) ended at the end of the month – April 30th
- Monique qualifies for a loss of qualifying health coverage SEP.



Scenario #1: Knowledge Check #1



- **What is Monique's qualifying event date?**
 - A. The first day of the next month after losing her coverage.
 - B. The date she starts her Marketplace application.
 - C. The date her ESC ended.
 - D. The date she left her job.



Scenario #1: Knowledge Check #1 Answer



- The correct answer is C, the date Monique's ESC ended.

✓ The qualifying event is the loss of coverage, which is the last day the consumer had coverage under their previous plan.



Scenario #1: Knowledge Check #2



- **When can Monique report her coverage loss to the Marketplace and select a plan?**
 - A. 60 days from the date she left her job on April 5.
 - B. 60 days before April 30.
 - C. 60 days after April 30.
 - D. Both B and C are correct.



Scenario #1: Knowledge Check #2 Answer



- The correct answer is D, both B and C are correct.

✓ A consumer can report loss of qualifying health coverage either 60 days before or 60 days after losing coverage.



Scenario #1: Knowledge Check #3



- **When will Monique's Marketplace coverage start if she selects a plan on April 23?**
 - A. May 1.
 - B. April 30.
 - C. June 1.
 - D. The date she picks a plan.



Scenario #1: Knowledge Check #3 Answer



- The correct answer is A, May 1.
 - ✓ When consumers who will lose coverage in the future pick a plan before coverage ends, the new coverage is effective the first day of the month after the coverage ends and they pick a plan.



Scenario #1: Knowledge Check #4



- **When will Monique's Marketplace coverage start if she selects a plan in May, after her coverage ended on April 30?**
 - A. May 1.
 - B. April 30.
 - C. June 1.
 - D. The date she picks a plan.



Scenario #1: Knowledge Check #4 Answer



- The correct answer is C, June 1.
 - ✓ For consumers who have already lost coverage, the new coverage is effective the first day of the month after they pick a plan.



Scenario #1: Knowledge Check #5



- Is Monique required to provide documentation that shows her loss of coverage?

- A. Yes
- B. No



Scenario #1: Knowledge Check #5 Answer



- The correct answer is A, Yes.

- ✓ To confirm eligibility for the loss of MEC SEP, consumers must submit documents that show they lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days.
- ✓ Documents should include the name of the person who lost coverage and the date of the coverage loss.



Scenario #1: Knowledge Check #6



- **How long after her plan selection does Monique have to provide documentation that shows her loss of coverage?**
 - A. 15 days
 - B. 30 days
 - C. 60 days
 - D. 90 days



Scenario #1: Knowledge Check #6 Answer



- The correct answer is B, 30 days.
 - ✓ If the SVI is not resolved within the 30-day window, Monique's plan selection is cancelled. However, if it is less than 60 days from the qualifying event date, she is still eligible for an SEP and may apply for coverage again on the Marketplace. A new SVI will not be triggered, and she will have to resolve it within a 30-day window.



Loss of Qualifying Health Coverage

Loss of Qualifying Health Coverage (QHC)



- **Consumers may qualify for an SEP if they (or anyone in their household who is seeking coverage) lose qualifying health coverage, also known as minimum essential coverage (MEC). Examples of qualifying health coverage include:**
 - Coverage through a job or through another person's job
 - Most Medicaid or Children's Health Insurance Program (CHIP) coverage, including CHIP unborn child coverage, pregnancy-related coverage, and Medically Needy coverage (depending on state rules)
 - Medicare Part A (Hospital Insurance) or Medicare Advantage Plan (Part C) [but Medicare Part B (Medical Insurance) and Medicare drug coverage (Part D) by themselves don't count]
 - Some student health plans (check with the school to see if the plan counts as qualifying health coverage)
 - Dependent coverage that a consumer has through a parent's plan (and may lose, for example, by exceeding the maximum dependent age allowed)
 - COBRA continuation coverage
- **Consumers may also qualify for an SEP due to a loss of qualifying health coverage if they (or anyone in their household who's seeking coverage):**
 - Have individual or group health plan coverage with a non-calendar year renewal period, including if the coverage ends during the calendar year.
 - Have or had COBRA continuation coverage for which an employer is paying all or part of the premiums and their COBRA costs change because a former employer stops contributing.
 - Are determined newly eligible for APTC because their job-based plan no longer offers affordable coverage, and they drop their employer coverage. This applies to family members of an employee whose offer of employer coverage is no longer considered affordable due to the October 2022 change in IRS rules that went into effect on January 1, 2023.

1a I and/or my dependent(s) lost Minimum Essential Coverage (MEC) for reasons beyond my control



One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter that shows the last day of employer coverage/COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage
- State benefits continuation or discontinuation notice with last day of coverage

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

***A letter from the applicant stating the reason for LOC & last date of coverage with a second formal document.**

***A document from the insurer stating the last day of coverage.**

Effective Date:

- If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month following the loss of coverage.
- If the plan selection occurs after the QLE, the effective date is the first of the month following the plan selection.

Enrollment Window:

- 60 days before or after the QLE

1d I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended



One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter (from the COBRA administrator) that shows the last day of employer coverage/COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage

OR

One Document from This List:

- Letter from applicant stating reason for loss of coverage and the last day of coverage
- Pay stubs from the past 1-3 months (one that shows a deduction for health coverage and another that shows the deduction ended in the past 30 days)

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

- If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month following the loss of coverage.
- If the plan selection occurs after the QLE, the effective date is the first of the month following the plan selection.

Enrollment Window:

- 60 days before or after the QE

Dependent on the Plan Turned Age 26



1b Someone on the plan turned age 26 *

Tips for a Successful Enrollment:

- ✓ Proof of age is not required if the DOB on the application supports the applicant turning age 26.
- ✓ The applicant does not have to have been enrolled in one of our policies as a dependent to qualify for SEP due to reaching age 26.
- ✓ Reaching maximum age does not open the entire tax family to apply for coverage using this QLE, only the dependent that is aging off current coverage is eligible for a SEP.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ The QE date should be the last day that the applicant was covered as a dependent under their parent's policy. Please verify that the QE date is either on or after the applicant's DOB.
- ✓ In some cases, CMS will allow a dependent who is turning age 26 to remain on their parent's on-exchange policy until the end of the plan year (Dec. 31). If the dependent's on-exchange coverage is terminated after they turn age 26, the QLE date should be their last day of coverage.

** In Illinois only: This QE is also for someone on the plan that turned 30 who is unmarried and has military veteran status.*



1b Someone on the Plan Turned Age 26 *

One Document from This List:

- Notification of reaching maximum age or termination of coverage letter/email from insurer with last day of coverage
- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

- If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month following the loss of coverage.
- If the plan selection occurs after the QLE, the effective date is the first of the month following the plan selection.

Enrollment Window:

- 60 days before or after the QLE

** In Illinois only: This QLE also is for someone on the plan that turned 30, is unmarried, has military veteran status and is aging off their plan. For these consumers, we would accept the same documents as someone on the plan who turned 26.*

Policyholder Death



1c The Policyholder Died

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

- The applicant has the option to begin coverage the day after the policyholder died **OR** after the first day of the month following loss of coverage.

Enrollment Window:

- 60 days after the QLE (either the date of death **OR** the last day of coverage)

Tips for a Successful Enrollment:

- ✓ This QE is only available to individuals who were covered as dependents of the policyholder at the time of death.
- ✓ No obituary, death certificate or copy of a death certificate is needed. Please do not supply this information
- ✓ If the policyholder had one of our policies, coverage will not overlap. If the policyholder had a policy from another carrier, the applicant can choose the effective date on the application or in a cover letter. If a choice is not made, the default will be the day after the policy terminates.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Change in Household Size

Changes in Household Size



- A consumer may qualify for an SEP if they (or anyone in their household):

- Got married.
- Had a baby, adopted a child, or place a child for foster care.
- Gained or became a dependent due to child support or other court order.



3 I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent by court order



Tips for a Successful Enrollment:

- ✓ The new dependent can be added to exiting coverage or enrolled in new coverage in a child-only policy.
- ✓ A U.S. Department of Homeland Security (DHS) immigration document that shows the name of the person who was adopted, and the date of the adoption can also be accepted.
- ✓ This QLE allows anyone in the family to either change their current plan or purchase a new plan regardless of whether or not they are currently insured as long as the new dependent is included in the coverage. For example, a sibling won't be approved for new coverage if the new baby isn't included.
- ✓ In Texas, consumer can also use this QLE if they have a child that is the subject of a suit of adoption.

3 I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent by court order



No supporting documents are needed to enroll a newborn in a policy if the child's Date of Birth is within 60 calendar days of the application received date.

One Document from This List:

- Court-issued documents* showing foster or adoption placement, legal or medical guardianship, or health care coverage responsibility for a dependent and also includes the effective date, Judge's signature (or Court's stamp) and dependent's name
- Dependency verification letter from adoption agency

**Only pages that display what is noted above are required due to the sensitive nature of such court documents.*

Effective Date:

- Date of the QLE.
- For court ordered dependent coverage, the QLE date will either be the date specified in the order, or the date the order went into effect.

Enrollment Window:

- 60 days before or after the QLE

Marriage

Prior Coverage Requirements for Marriage SEP



- To qualify for an SEP due to a marriage, at least one spouse must have:
 - Had qualifying health coverage; **OR**
 - Lived in a foreign country or U.S. Territory for one or more days during the 60 days before the marriage; **OR**
 - Lived for one or more days during the **60 days** preceding the marriage or during their most recent preceding enrollment period in a service area where no Marketplace plans were available.



2 I Got Married



One Document from This List:

- Marriage certificate or marriage affidavit from officiant or witness
- Domestic partner affidavit (accepted in IL, NM, OK and TX)
- Civil union certificate (accepted in IL)
- Notarized affidavit of common law marriage (accepted in MT, OK and TX)

AND

One Document from This List:

- Letter/email from insurer showing at least 1 day of MEC in the 60 days prior to the QE (insurer may include a government program such as Medicaid, CHIP, TRICARE, Veterans Affairs or Peace Corps)
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QLE
- COCC showing at least 1 day of MEC in the 60 days prior to the QLE

Effective Date:

- The effective date is the first of the month following the plan selection

Enrollment Window:

- 60 days before or after the QLE

Case Scenarios & Knowledge Check

Scenario #2: Change in Household Size



- Robby and Barrett adopted a baby girl, Julia, on August 10.
- They are enrolled in a Gold plan.
- They reported their change in household size on their Marketplace application on August 17 and are eligible for an SEP to enroll Julia in coverage.



Scenario #2: Knowledge Check #1



- **What are Robby and Barrett's options to enroll Julia in coverage?**
 - A. Add Julia to their Gold plan.
 - B. Enroll Julia in her own plan in any category.
 - C. Enroll together in a new Gold plan.
 - D. A and B.
 - E. A and C.



Scenario #2: Knowledge Check #1 Answer



- The correct answer is D. Robby and Barrett can add Julia to their Gold plan or enroll Julia in her own plan in any category.
 - ✓ **Note:** If a plan's business rules prevent an existing Marketplace enrollee from adding a newly enrolling household member to their plan, the household can enroll together in a different plan in the same category. If no other plans are available in this category, the household can enroll together in a plan with a category that is one level up or down.



Scenario #2: Knowledge Check #2



- **When is Julia's coverage effective date?**

- A. August 10
- B. August 17
- C. August 1
- D. September 1



Scenario #2: Knowledge Check #2 Answer



- The correct answer is A, August 10, retroactive to the date of Julia's adoption.
 - ✓ Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces that use the Federal Platform (SBM-FPs) automatically establish retroactive effective dates for SEP types related to adding a dependent (i.e., birth, adoption, placement for adoption or foster care, or due to child support or other court order).
 - ✓ However, if they prefer, consumers can call the Marketplace Call Center to request a coverage effective date of the first of the month following a plan selection.



Change in Residence

Change in Residence



- **A consumer may qualify for an SEP if they (or anyone in their household):**
 - Gained access to new Marketplace plans because of a change in their residence; **AND**
 - Had qualifying health coverage; * **OR**
 - Lived in a foreign country or in a U.S. territory for at least one of the 60 days preceding the date of the move; **OR**
 - Lived for one or more days during the **60 days** preceding the move or during their most recent preceding enrollment period in a service area where no Marketplace plans were available
- **Example of qualifying changes in residence:**
 - Moving to a new home in a new ZIP code or county where new QHPs are available
 - Moving to the U.S. from a foreign country or U.S. territory
 - A student moving to or from the place they reside to attend school
 - A seasonal worker moving to or from the place they live or work
 - Moving to or from a shelter or other transitional housing

** Unless they moved to the U.S. from a foreign country or U.S. territory; are a member of a federally recognized Tribe or are an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder; or lived for one or more days during the 60 days before their qualifying event or during their most recent enrollment period in a service area where no QHP was available through the Marketplace.*

6 I got new health plan options when I moved



One Document from This List:

- Driver's license/state ID showing new address, issued within 60 days of QLE
- Utility bill (gas, electric, water, etc.) showing new address and start date of new service within 60 days of QLE
- Signed lease agreement or mortgage closing documents showing new address and possession date within 60 days of QLE
- Vehicle registration showing new address and effective date within 60 days of QLE
- USPS "Change of Address" confirmation showing former and current address and effective date within 60 days of QLE

AND

One Document from This List:

- Letter/email from insurer showing at least 1 day of MEC in the 60 days prior to the QLE (insurer may include a government program such as Medicaid, CHIP, TRICARE, Veterans Affairs or Peace Corps)
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QLE
- COCC showing at least 1 day of MEC in the 60 days prior to the QLE
- Passport, visa or immigration documents showing that your client lived outside the U.S. (or a U.S. territory) no more than 60 calendar days prior to the QLE date

Effective Date:

- If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month following QLE. If the plan selection occurs after the QLE, the effective date is the first of the month following the plan selection.

Enrollment Window:

- 60 days before or after the QLE

New! IL ONLY Pregnancy SEP

Insurance coverage due to Pregnancy

AMPLIFYING OUR IMPACT 

Provision and Documentation:

This new provision advises pregnancy as a qualifying life event for QHPs for PY 2026 for individual and family coverage both on and off the Exchange. A pregnant person will have the right to enroll in a QHP within 60 days after a qualified health care professional (including a certified professional midwife, licensed or certified under the laws of this state or any other state to provide pregnancy related health care) certifying the person is pregnant.

Effective Date:

Upon enrollment, coverage shall be effective on or after the first day of the month in which the qualified health care professional certifies that the person is pregnant, unless the person elects for coverage to begin on the first day of the month following the date that the person receives certification of pregnancy

Off- Exchange:

Select SEP 8 for other circumstances when filling out a paper applications. This new SEP has yet to be built into our systems.

Case Scenarios & Knowledge Check

Scenario #3: Change in Residence



- Brad lives in Orlando, Florida and is enrolled in a Marketplace plan.
- On May 12, he moves to Humble, TX to be closer to his family.
- Brad gains access to new Marketplace plans as a result of his move and qualifies for an SEP due to a change in his residence.



Scenario #3: Knowledge Check #1



- **What is Brad's qualifying event date?**
 - A. The day he completes a change of address form at the Post Office.
 - B. The day he reserves online movers.
 - C. The day he applies for Marketplace coverage.
 - D. The day he moves to Humble, Texas.



Scenario #3: Knowledge Check #1 Answer



- The correct answer is D, the day he moves to Humble, Texas.



Scenario #3: Knowledge Check #2



- **In a FFM State, how long does Brad have to enroll in coverage?**
 - A. Up to 60 days after he updates his Marketplace application.
 - B. Up to 60 days after he buys a home in Texas.
 - C. Up to 60 days after his move on May 12.
 - D. Up to 60 days before his move on May 12.



Scenario #3: Knowledge Check #2 Answer



- The correct answer is C, up to 60 days after his move on May 12.



Scenario #3: Knowledge Check #3



- **If Brad chooses a plan on June 1, when will his new Marketplace coverage start?**
 - A. June 1
 - B. July 1
 - C. May 1
 - D. May 12



Scenario #3: Knowledge Check #3 Answer



- The correct answer is B, July 1.
 - ✓ For a change in residence SEP, coverage starts the first of the month after plan selection.



Scenario #3: Assister Tips



- A change in residence SEP is only available to an individual who applies for coverage within **60 days** of a move that resulted in the individual being able to access different Marketplace plans than were available at the previous place of residency. If neither the county nor ZIP code changed, generally no new Marketplace plans would be available.
- Consumers eligible for this SEP must complete a new application in their Marketplace account. They should also end their current Marketplace coverage, either online through their Marketplace account or by calling the Marketplace Call Center. Their termination can become effective the day they request it, or they can schedule it for a future date.
- Moving only for medical treatment or staying somewhere for vacation doesn't qualify consumers for a change in residence SEP.

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage



- A consumer may qualify for an SEP if they (or anyone in their household):
 - Are enrolled in Marketplace coverage and report a change that makes the consumer:
 - Newly eligible for help paying for coverage *
 - Eligible for a different amount of help paying-out-of-pocket costs (i.e., CSRs).

** Consumers newly eligible for a maximum APTC of \$0 are considered APTC-ineligible for purposes of eligibility for the change in eligibility for Marketplace coverage or help paying for coverage SEP.*



Change in Eligibility for Marketplace Coverage or Help Paying for Coverage (continued)



- A consumer may qualify for an SEP if they (or anyone in their household):
 - Become newly eligible for Marketplace coverage after being released from incarceration.
 - Become newly eligible for Marketplace coverage because the consumer becomes a citizen, national, or lawfully present individual.
 - Gain or maintain status as a member of a federally recognized Tribe or ANCSA Corporation shareholder.
 - Consumers with this status may change plans once per month, and their dependents may enroll in or change plans with them
 - Become newly eligible for help paying for Marketplace coverage because of a change in income or move to a different state and the consumer was previously:
 - Ineligible for Medicaid coverage because they lived in a state that hasn't expanded Medicaid;
AND
 - Ineligible for help paying for coverage because their household income was below 100 percent of the federal poverty level (FPL).



1f I lost coverage when my plan stopped covering people in my situation

One Document from This List:

- Letter/email from insurer with reason for loss of coverage and last day of coverage
- Printout from a benefits administration website showing reason for loss of coverage and the last day of coverage

Effective Date:

- If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month following the loss of coverage.
- If the plan selection occurs after the QLE, the effective date is the first of the month following the plan selection.

Enrollment Window:

- 60 days before or after the QLE

Enrollment or Plan Error

Enrollment or Plan Error



- **Consumers are eligible for an SEP if they:**
 - Weren't enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, or misconduct, or inaction of someone working in an official capacity to help them enroll (like an insurance company, Navigator, certified application counselor, agent, or broker).
 - A technical error or other Marketplace-related enrollment delay.
 - A plan display error that resulted in wrong plan data (like plan benefit, service area, or premium information) displayed on HealthCare.gov at the time that they enrolled in the plan. If issuers make changes to plan data that displays on HealthCare.gov and these changes are determined to be adverse to consumers, consumer remediation is required.
 - Can prove their Marketplace plan violated a material provision of its contract in relation to the enrollee.



Medicaid / CHIP Denial

Medicaid / CHIP Denial



- **A consumer is eligible for an SEP if they were determined ineligible for Medicaid or CHIP in the following circumstances:**
 - They applied for coverage on the Marketplace during the annual OEP, were assessed by the Marketplace as potentially eligible for Medicaid or CHIP, and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency after Open Enrollment ended;
 - They applied for coverage at the state Medicaid or CHIP agency during the annual OEP and were determined ineligible for Medicaid or CHIP after Open Enrollment ended; or
 - They applied for coverage on the Marketplace due to qualifying event, were assessed by the Marketplace as potential eligible for Medicaid or CHIP and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency more than 60 days after the qualifying event.



Other Circumstances

7 My current policy ends on a date other than December 31



Tips for a Successful Enrollment:

- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ Declining group coverage when starting a new job is not a valid QLE. However, if an employee chooses not to renew group coverage during the employer's enrollment period, that event falls under this QLE.
- ✓ A group plan not covering certain conditions, not offering a level of coverage or not being priced in a way that is satisfactory to the employee are not valid QLEs.
- ✓ A document from health program, like Medicaid, CHIP, TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end can also be accepted as proof of loss of MEC.
- ✓ A letter from the employer indicating a mid-year renewal or group open enrollment period can also be accepted as proof of loss of MEC.

Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

- a. My employer is newly offering participation in an ICHRA or a QSEHRA.
- b. I am a new employee and my employer is offering participation in an ICHRA or QSEHRA.

This Document:

- Letter/email from the employer indicating the client's eligibility to participate in an ICHRA or a QSEHRA with the effective date of the arrangement.

Effective Date:

- If the application is received ON or BEFORE the QLE date, the effective date of coverage is the QE date. (Note that the QLE date is the date the employer will start providing ICHRA and QSEHRA coverage as outlined in the offer letter)
- If the application is received AFTER the QLE date, the effective date is the first day of the month following application submission.

Enrollment Window:

- 60 days before or after the QLE

Other Circumstances



- **A consumer (or anyone in their household) is eligible for an SEP if they:**
 - Are a victim of domestic abuse or spousal abandonment and want to enroll in a QHP separate from their abuser or abandoner; dependents on the same application may enroll in a coverage at the same time as the victim.
 - Resolve a data matching issue (DMI) or verify citizenship/lawful presence status.
 - Do not receive timely notice of an SEP qualifying event and were otherwise reasonably unaware that the qualifying event occurred.
 - Submitted documents and cleared their DMI after the Marketplace took action and their coverage was ended.
 - Is under 100 percent of the FPL, submitted documents to prove that they have an eligible immigration status, and didn't enroll in coverage while they waited for their documents to be reviewed.
 - Has or had COBRA continuation coverage, and subsidies from a government entity and or employer contributions completely cease .
 - Leaving incarceration
 - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder

SEP Eligibility Appeals

SEP Eligibility Appeals



- If a consumer's request for an SEP is denied, they can file an appeal. If the denial is found incorrect, they can get coverage back to the date they would have had, had their SEP not been denied. To file an appeal, consumers should either:
 - Complete and submit their state's appeal form online at HealthCare.gov/marketplace-appeals/appeal-forms, OR
 - Download the form, fill it out, and mail it to: **Health Insurance Marketplace...**

**Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061**

