

Special Enrollment Period Reference Guide July 31, 2014

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Special Enrollment Period (SEP) Defined

Introduction

The Affordable Care Act (ACA) guarantees that almost everyone can obtain health insurance.

Consumers can sign up for a health plan during the Open Enrollment period, which for 2014, ended on March 31st or may be able to enroll in a health plan or make changes to an existing health plan during a special enrollment period (SEP).

To be eligible to enroll or make changes during a special enrollment period however, individuals must have had a qualifying "life event" within the past 60 days.

Important Notes:

- Applications can be submitted up to 60 days prior to the qualifying event for a loss of Minimum Essential Coverage SEP (after 5/31/14) and 60 days in advance for loss due to policy ending in a non-calendar year.
- All other applications may be submitted up to 60 days after the qualifying event.
- All qualifying events open up the opportunity for anyone in the tax family to purchase a plan regardless of whether or not they are currently insured.
- Tax family = IRS approved dependent filed on taxes.

Definition from the Marketplace (www.healthcare .gov)

SEP is defined as a time outside of the Open Enrollment period during which you and your family have a right to sign up for health coverage.

In the Marketplace, you generally qualify for a special enrollment period of 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage.

If you don't have a special enrollment period, you can't buy insurance through the Marketplace until the next Open Enrollment period.

Additional Definitions from HCSC for terminology used

Qualifying Event - What happened? Defines exactly what occurred to quality for Special Enrollment.

Enrollment Period - When can it happen? Defines the time period in which applicant can apply for Special Enrollment.

Trigger to Set Effective Date - Which event defines policy effective date? Defines the date/event to set effective date.

Effective Date - When is plan active? Defines when can the plan be used and claims processed.

Plan Selection

- Electronic Submission: Application Receive Date is the trigger of setting effective date.
- Paper Submission First contact date is the trigger of setting effective (First Contact must be within the enrollment period).

SEP Eligibility - For each SEP – the entire Tax Family is eligible to enroll.

Loss of Coverage: The following are not considered loss of coverage:

- Voluntarily canceling your health plan
- An example would be selecting COBRA coverage if you lose your employerbased plan, then cancelling it.
- Having your health plan canceled because you did not pay your premiums or because your health plan did not meet the requirements set by ACA.

First Contact Date explained

First Contact Date means the date the paper application is received within HCSC within the enrollment period.

For example:

- If the end of the enrollment period is July 21st, the paper application must be received anywhere within HCSC before or on July 21st.
- If the application is received on July 22nd, the application will be denied.

SEP Disclaimer

The Centers for Medicare/Medicaid Services (CMS) may interpret and announce new SEP rules based on marketplace needs. The information in this guide is subject to change.

What are the Special Enrollment Events?

Introduction

As a Licensed Sales Agent, you may have to explain to consumers what events would allow them to sign up for a health plan or make health plan changes both on and off the Marketplace.

Special Enrollment Period Qualifying Events Below is the list of eligible life events for the Special Enrollment Period and the corresponding application number designation for each event.

#	Special Enroll	ment Events (SEP)					
1	I gained a dependent due to marriage.	 This triggers for an uninsured family member to get new policy for anyone in the family). 					
2	I gained a dependent due to birth, adoption, placement for adoption.	 Other extended family members who are part of the "tax family" (i.e. dependent) are also eligible (e.g. grandparent, etc). 					
3	I am no longer eligible as a dependent under maximum age, legal separation, divorce, or d	my prior health insurance due to reaching the eath of the policyholder.					
4	I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment, loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits.						
5	I gained access to new health plan options because of a permanent move.						
6	I am newly ineligible for payments of the advance premium tax credit.						
7	I am no longer residing or living in my prior h	ealth insurance plan's HMO service area.					
8	An error occurred in my previous health plan	enrollment.					
9	I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me.						
10	I have lost Minimally Essential Coverage (MEC) for reasons other than non-payment of premium or rescission. Includes Group Members eligible for APTC or experience a change in Cost Sharing reduction because of job loss, or change/reduction income.						
11	Other Qualifying Event (as required or permi	tted by applicable laws).					

Special Event Numbers

Many of the special enrollment events have a number designation with them that associates with the actual application for making changes.

They are listed on the Off-Exchange Application and also listed next to the event type in this document for reference. (see above)

How does special enrollment work?

In most cases, consumers have 60 days prior to or after the qualifying life event to apply for or change their health plan.

Important Notes:

- When consumers sign up for or change their insurance plan during the Special Enrollment Period, their coverage may not start right away.
- The date their coverage starts is based on their specific life event and the exact date they apply.

Other Qualifying Events

The following are additional qualifying events that have been identified for special enrollment.

Due To

- Non-calendar year policy ending in 2014 even if person can renew their plan.
- A claim that would meet or exceed a lifetime limit on all benefits.
- Loss of coverage because a plan no longer offers benefits to the class of similarly situated individuals that includes the individual applicant.
- To loss of coverage through an HMO or other arrangement in the group market because the individual no longer resides, lives, or works in the service area and no other benefit package is available to the individual.
- Loss of Medicaid-pregnancy coverage.
- Loss of Medically Needy Coverage (Optional group of Medicaid recipients such as blind disabled etc. Defined by each state)
- Not appropriately enrolled, not receiving correct subsidies, non-exchange misconduct

Important note:

- If consumer selects #11 Other as their Special Enrollment Event on the Retail Shopping Cart online they will be directed to TeleSales (see page 21).

Do I need to submit proof or paperwork?

- For On Marketplace (On Exchange) health plans, the consumer may be required to provide proof of the qualifying event to obtain his/her SEP.
- For Off Marketplace (Off Exchange), HCSC currently does not require separate proof of the event for Special Enrollment since the application is viewed as a contractual agreement.

However, documentation may become a requirement in the future and as a best practice you may want to suggest to consumers to have that information readily available in case of dispute.

What are the Special Enrollment Events?, Continued

Uninsured and pregnant

If an uninsured woman gives birth the following is true

- Child is covered from date of birth (assuming plan selection is within 60 days of the child's birth
- Entire tax family is eligible to purchase a QHP
- For an Off Exchange plan, Mother is covered beginning the 1st of the month in which the child is born (assuming app is submitted within 60 days of child's birth), which means the delivery will be covered.

Note: For special enrollment due to birth (Newborn) in Montana a credit will be manually applied on the member's policy that effectively serves as the proration to make the first 31 days of coverage for a MT newborn free.

What if I don't qualify for an SEP?

If consumers missed Open Enrollment and don't qualify for the Special Enrollment Period, they may still be able to stay insured by buying short-term insurance directly from Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma or Texas.

We offer affordable short term plans that can keep consumers covered until their new health plan begins after the next Open Enrollment period.

Important Notes:

Short Term plans do not cover **ANY** pre-existing conditions, and do require five questions of underwriting and do not meet ACA's minimum requirements.

Tax penalty for Short-Term plans

Short-Term plans do not meet ACA's minimum requirements and consumers may still incur an Internal Revenue Service (IRS) penalty for choosing one and not having a Qualified Health Plan.

For 2014, this penalty is \$95 per adult and \$47.50 per child (the maximum penalty for a family is \$285) or 1% of income, whichever is greater.

This amount will increase each year. Consumers with specific questions about this penalty should be directed to the Marketplace.

Application Events #1-10 and Effective Dates for SEP Coverage

Introduction

The table below highlights the On and Off Exchange only qualifying events and effective dates for Special Enrollment Period coverage for the application reasons 1-10. They are labeled and numbered as they would appear on each plan state application and business rule guidelines. The color shading illustrates the following:

First Day of month	Date of Qualifying Event	Effective Date 1 st of month following or	Enrollment Period 60 days
Effective Date	Effective Date	1 st of second month following event	prior to or after event

Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange	Effective Date On Exchange	Example
Gained a dependent due to marriage	 60 days after the qualifying event 	- Date of Plan Selection	First day of the mor	nth following plan selection	Married on 7/10/14Plan Selection on 7/21/14Effective date 8/1/14
 Gained a dependent due to birth, adoption, placement for adoption, or foster care Note: For child-only policies, newborns are treated as any other newborn. 	 60 days after the qualifying event 	 Date of Birth of Newborn Date of Placement for Adoption Date of Adoption Date of Placement for Foster Care 	 Date of Qualifying Event for Dependent First day of the month of the event for family 	 Date of Qualifying Event for Dependent First day of the month of the event for family Exchange can permit to elect effective date on the first day of the month following event. 	 Baby born on 8/10/14 Plan Selection on 8/24/14 Effective date 8/10/14 for dependent Effective date 8/1/14 for family Off Exchange Note: Rate is prorated (Premium Credited) to the date of the qualifying event for the dependent only not for the other family members.
3. Not eligible as a dependent under prior health insurance due to reaching the maximum age, legal separation, divorce, or death of policyholder	 60 days after the qualifying event 	 Date Dependent reached maximum age, not eligible due to legal separation, not eligible due to divorce, not eligible due to death of Policy Holder 	- First day of the mo	onth following the Qualifying	 Aging off on 9/9/14 Plan Selection on 9/19/14 Effective date 10/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date Off Exchange	Effective Date On Exchange	Example
 4. Employee or dependents no longer eligible for prior health insurance plan because of: termination of employment. reduction in number of hours of employment. loss of employer contribution toward premiums. have exhausted COBRA benefits. 	- 60 days after the qualifying event	 Date of termination of employment Date of reduction of hours Date loss of employer contribution towards premiums Date of exhausted Cobra Benefits 	- First day of the mont Event	h following the Qualifying	 Termination on 8/2/14 Plan Selection on 8/20/14 Effective date 9/1/14
5. For special enrollment due to gaining access to new health plan options (QHP) because of a permanent move	 60 days after the qualifying event 	- Date of Plan Selection	date is the 1st of the OR - Plan selection occurre through the last day of	he month the effective following month.	 Moved on 7/3/14 Plan Selection on 7/12/14 Effective date 8/1/14 OR Moved on 7/3/14 Plan Selection on 7/19/14 Effective date 9/1/14
6. Newly eligible or ineligible for the Advanced Premium Tax Credit (APTC)	 60 days after the qualifying event 	- Date of Plan Selection	date is the 1st of the OR - Plan selection occurre through the last day of	he month the effective following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
7. No longer residing or living in prior HMO health plan's service area	 60 days after the qualifying event 	 Date of not living or residing in current HMO Health Plan Service Area. 	First day of the month event	following the qualifying	 Event on 9/05/14 Plan Selection on 9/7/14 Effective date 10/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date Off Exchange	Effective Date On Exchange	Example
 8. Enrolled or non-enrolled in QHP and experienced an unintentional, inadvertent, erroneous result due to: Error Misrepresentation Inaction of An Officer of Exchange or HHS Inaction of An Employee of Exchange or HHS Inaction of An Agent of Exchange or HHS Or Instrumentalities as evaluated by exchange 	- 60 days after the qualifying event	- Date of Plan Selection	date is the 1st of the OR - Plan selection occurre	ne month the effective following month. ed between the 16th of month the effective	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
9. Adequately demonstrating that previous health plan or issuer substantially violated a material provision on contract in the current QHP	 60 days after the qualifying event for OFF Exchange Determined by exchange but no longer than 60 days ON Exchange 	 Date of Plan Selection for OFF Exchange OR Determined by the Exchange for ON Exchange 	 Plan selection occurre between the 1st thro the 1sth of the month effective date is the 1 the following month. OR Between the 16th throthe last day of month effective date is the 1 the 2nd following month 	- Effective date is determined by the exchange If Exchange is silent than Off Exchanges rules used	 Eligible on 9/1/14 Plan Selection on 9/12/14 Effective date 10/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
10. For special enrollment due to loss of MEC and reasons other than non-payment of premium or rescission. Includes Group	 60 days prior to or on date of qualifying event 	- Loss of Coverage (Last day of Coverage)	First day of the month of coverage	following the loss of	 Loss MEC on 5/12/14 Plan Selected on 5/1/14 Effective date 6/1/14
Members eligible for APTC or experience a change in Cost Sharing reduction because of job loss, or change/reduction	 60 days after the qualifying event 	- Date of Plan Selection	First of the month follo	wing plan selection.	Loss MEC on 5/12/14Plan Selected on 6/7/14Effective date 7/1/14

income.

Application Event #11 – Other Qualifying Events and Effective Dates for SEP Coverage

Introduction

The following table highlights the On and Off exchange qualifying events and effective dates for Special Enrollment Period coverage for the application reason #11 - Other qualifying event (as required or permitted by applicable laws).

Note: Shading on the chart is visual cue of separation of each qualifying event (far left column). Some qualifying events allow an enrollment period up to 60 days prior to the event.

Other Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date Off Exchange	Effective Date On Exchange	Example
11-1. Non-calendar year policy ending in 2014 even if person can	 60 days prior to or on date of qualifying event 	 Loss of Coverage (Last day of Coverage) 	- First day of the month fo coverage (last day of cov		 Loss of coverage 8/12/14 Plan Selection 8/1/14 Effective Date 9/1/14
renew their plan	 60 days after qualifying event 	- Date of Plan Selection	- First of the month follow	ring plan selection.	 Loss of coverage 9/1/14 Plan Selection 9/5/14 Effective Date 10/1/14
11-2. Claim would meet or exceed a lifetime limit on all benefits	 60 days after qualifying event 	- Date of Claim	- First day of the month fo	ollowing the qualifying	 Claim Date – 8/4/14 Plan Selection – 8/29/14 Effective Date – 9/1/14
11-3. Loss of coverage because a plan no longer offers benefits to the class of similarly situated individuals that includes the individual applicant	- 60 days after qualifying event	 Loss of Coverage (Last day of Coverage) 	- First day of the month for coverage (last day of cov	~	 Loss of coverage 10/12/14 Plan Selection 10/21/14 Effective date 11/1/14
11-4. Loss of coverage through an HMO or other arrangement in the group market because the individual no longer resides, lives, or works in the service area and no other benefit	- 60 days after qualifying event	- Loss of Coverage (Last day of Coverage)	- First day of the month fo coverage (last day of cov	~	 Loss of coverage 10/05/14 Plan Selection 10/10/14 Effective date 11/1/14

package is available to the individual.						
Other Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange	Example		
11-5. Lose coverage due to loss of Medicaid-pregnancy coverage	 60 days prior to or on date of qualifying event 	 Loss of Coverage (Last day of Coverage) 	- First day of the month following loss of coverage (last day of coverage)	 Loss of coverage 8/12/14 Plan Selection 8/1/14 Effective Date 9/1/14 		
intedicalu-pregnancy coverage	- 60 days after qualifying event	- Date of Plan Selection	- First of the month following plan selection.	Loss of coverage 9/1/14Plan Selection 9/5/14Effective Date 10/1/14		
11-6. For special enrollment due to Loss of Medically Needy Coverage (Medically Needy Coverage is a special form of medical assistance	 60 days prior to or on date of qualifying event 	 Loss of Coverage (Last day of Coverage) 	- First day of the month following loss of coverage (last day of coverage)	 Loss of coverage 8/12/14 Plan Selection 8/1/14 Effective Date 9/1/14 		
for individuals whose income or resources do not qualify them for regular Medicaid.) Includes optional group of Medicaid recipients such as blind disabled etc. Defined by each state Selection can be made only once per calendar year outside of Open Enrollment.	- 60 days after qualifying event	- Date of Plan Selection	- First of the month following plan selection.	 Loss of coverage 9/1/14 Plan Selection 9/5/14 Effective Date 10/1/14 		
11.7- Off Exchange - Not appropriately Enrolled, Not receiving Correct Subsidies or Non-Exchange Misconduct.	- 60 days after the qualifying event	- Date of Plan Selection	 Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. OR Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month. 	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14 		
11.7 - On Exchange - Not appropriately Enrolled, Not receiving Correct Subsidies or Non-Exchange Misconduct as determined	 Enrollment period is determined by Exchange but no more than 60 days 	- As determined by Exchange	- As determined by Exchange			

by the Exchange.

after event.

ON Exchange Only Qualifying Events and Effective Dates for SEP Coverage

Introduction

The following table highlights the On Exchange only qualifying events and effective dates for Special Enrollment Period coverage. The dates provided below are based on ACA Rules. However, if the Exchange provides a different effective date we honor that date.

Note: Shading on the chart is visual cue of separation of each qualifying event.

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
- Released from incarceration (prison or detention)	- 60 days after the qualifying event	- Date of Plan Selection	 Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. OR Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month. 	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
- Becoming a citizen, national or lawfully present	- 60 days after the qualifying event	- Date of Plan Selection	 Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. OR Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month. 	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
- Misrepresentation by Exchange as determined by Exchange	 Enrollment period is determined by Exchange but no more than 60 days after event. 	- Date of Plan Selection	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

			is the 1st of the 2nd following month.	
Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
- Becoming a Native American or gain Tribal Membership.	- 60 days after the qualifying event	- Date of Plan Selection	 Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. OR Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month. 	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
 Exceptional Circumstance Encountered exceptional circumstances as determined by the Exchange such as a natural disaster, medical emergency, and planned system outages that occur on or around plan selection deadlines. Examples Include: Natural Disaster such as an earthquake, massive flooding, or hurricane A serious medical condition, such as an unexpected hospitalization or a temporary cognitive disability A planned Marketplace system outage, such as SSA system outage 	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
 Misinformation, Misrepresentation, or Inaction Misconduct by individuals or entities providing formal enrollment assistance (like an insurance company, Navigator, certified application counselor, Call Center Representative, agent or broker resulted in one of the following: A failure to enroll the consumer in a plan Consumers being enrolled in the wrong plan against their wish The consumer did not receive advanced premium tax credits or costsharing reductions for which they were eligible 	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
 Enrollment Error Enrolled through the Marketplace, but the insurance company didn't get their information due to technical issues. Examples include: Information is received by the insurance company and may be processed, but the enrollment file contains defective or missing data which makes the insurance company unable to enroll the consumer. Consumer's application may have been rejected by the issuer's system because or errors in reading the data 	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
System errors related to immigration status - An error in the processing of applicants submitted by immigrants caused the applicant to get an incorrect eligibility result when they tried to apply for coverage. - Examples include: - Immigrants with income under 100% of the poverty line who are eligible for premium tax credits and cost-sharing reductions did not receive proper determination	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
Display errors on Marketplace Website - Incorrect plan data was displayed at the time the consumer selected the QHP, such as plan benefit and cost sharing information Examples include: - Data errors on premiums, benefits or co-pay/deductibles - Errors that resulted in the display of a QHP to applicants that was in ineligible enrollment groups. - Errors that didn't allow consumers with certain categories of family relationships to enroll together in a single plan with their family members	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
Medicaid/CHIP Marketplace transfer Found ineligible for Medicaid or CHIP and their applications weren't transferred between the State Medicaid or CHIP agency and the Marketplace in time for the consumer to enroll in a plan during open enrollment. Examples include: Applied at the FFM, were assessed eligible for Medicaid or CHIP, were found ineligible for Medicaid or CHIP by the state agency and then weren't transferred back in time for an FFM determination during open enrollment. Applied at the state Medicaid or CHIP agency during open enrollment and ended up having their cases referred to the Marketplace after a denial of Medicaid or CHIP.	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
			As determined by Exchange	
 Error messages A consumer is not able to complete enrollment due to error messages. Examples include Error or box screen indicating that the data sources were down and they could not proceed with enrollment. 	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	 If Exchange is silent on effective date use: If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month. 	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

Qualifying Event	Enrollment Period	Trigger to set Effective Date	Effective Date On Exchange	Example
 Unresolved casework A consumer is working with a caseworker on an enrollment issue that is not resolved prior to March 31st. Began the case work process but it was not resolved prior to the end of open enrollment. 	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
Victims of domestic abuse A consumer who is married, and is a victim of domestic abuse. Consumers who are in this category can apply and select a plan through May 31, 2014. Examples include: Prior to clarifying guidance from Treasury and HHS, consumer assumed or was informed that APTC were unavailable to consumers who are married and not filing a joint tax return. Consumer may or may not have attempted to apply.	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14
Other system errors, as determined by the Exchange, which hindered enrollment completion.	- Enrollment period is determined by Exchange but no more than 60 days after event.	- As determined by Exchange	As determined by Exchange If Exchange is silent on effective date use: - If the plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. - If the plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.	 Eligible on 8/1/14 Plan Selection on 8/05/14 Effective date 9/1/14 OR Eligible on 7/1/14 Plan Selection on 7/29/14 Effective date 9/1/14

Making Changes for Off Marketplace (Exchange) Plans

Introduction

If a consumer has a SEP event for a plan that was purchased Off Exchange, they have several options to initiate a SEP change to those plans.

Electronic Application Submission issue

The [updated/new] Business and/or Effective Date Rules will not be available for electronic application submission (Retail Shopping Cart & Producer Portal)

Electronic Submission is scheduled for September 27th.

As of 7/28 the Off-Exchange Application will have [updated/new] - Business and/or Effective Date Rules for the following Application Reasons:

App No.	App Reason	Status
1	I gained a dependent due to marriage on	Effective Date Change
5	I gained access to new heath plan options because of a permanent move on	Business Rule Change Only
10	I and / or my dependent(s) lost minimum essential coverage (due to reasons other than non-payment of premium or rescission) on	Effective Date Change & Business Rule Change
11 [1,5,6,7]**	Other qualifying event (as required or permitted by applicable laws). Please specify here:	New Business Rules , Business Rule Change, & Effective Date Change

Making Changes through the Retail Shopping Cart. Consumers can make changes to their plan or enroll through the Retail Shopping Cart online if they have had a qualifying Special Enrollment Event.

Consumers must be logged in to the RSC to make those changes

Important Notes:

- For the loss of MEC, confirm the last day of coverage as the ending date on the application. (For example, if coverage terminates at the end of May, use 5/31 so the consumer's effective date may be 6/1.
- If the consumer selects SEP Event 11 (for Other enrollment event) they will be directed to contact TeleSales directly for assistance in processing after a production update scheduled for 5/31/14.

Contacting Customer Service

If an applicant enrolls or an application is submitted electronically between 7/28 & 9/27 (Retail Shopping Cart /Producer Portal) – the member can call Customer Service to change their effective date rules under the following criteria:

Submit application between July 28th 2014 and September 27th 2014 "AND"

- Gained a dependent due to marriage or Lost minimum essential coverage

TeleSales Contact Phone Numbers

The telephone numbers for the TeleSales locations by plan state are listed below.

Plan State	TeleSales Number
IL	800-477-2000
MT	855-593-1515
ОК	866-303-2583
TX	800-531-4456
NM	866-445-1396

Making Changes for ON Marketplace (Exchange) Plans

Introduction

Any request to change a plan purchased On the Marketplace (Exchange) must be handled either through the Marketplace via www.healthcare.gov or the Marketplace Call Center at **1-800-318-2596**.¹

Important Notes:

- As a Licensed Sales Agent, you cannot qualify consumers with these SEPs without contacting the Marketplace (Exchange).
- CMS may modify the SEP and qualifying events based on marketplace needs.

Qualifying SEP changes made directly through the Marketplace (Exchange) website Changes to the following qualifying events can be completed on www.healthcare.gov:

Enrollment due to:

- a permanent move.
- release from incarceration.
- to becoming lawfully present.
- gaining Native American status.
- loss of MEC up to 60 days in advance.
- birth, adoption or placement for adoption or foster care.

Qualifying SEP changes made through the Marketplace (Exchange) Call Center Any of the following qualifying events **require the insured to call the Marketplace Call Center** at **1-800-318-2596** and **cannot** be processed through the Marketplace website:

- Enrollment due to one's claims exceeding lifetime of benefits from a prior grandfathered health plan.
- Enrollment due to unintentional qualifying health plan (QHP) enrollment.
- Enrollment due to a violation of the contract in the current QHP.
- Applicant is newly eligible, or ineligible for premium credits.
- Enrollment is due to exceptional circumstances.
- Enrollment is a loss of coverage due to a legal separation/divorce.

¹ Source: CMS Memo titled: Bulletins on Enrollment and Termination Policies and Processes for FFM and SPM Issuers http://www.healthreformgps.org/wp-content/uploads/provider-networks-2-11.pdf

Making changes through the Marketplace website The guidance below provides the process to allow consumers to make changes to their application through the Marketplace using www.healthcare.gov. HCSC Licensed Agents from TeleSales are also available to assist consumers with these changes:

Plan State	TeleSales Number
IL	800-477-2000
MT	855-593-1515
OK	866-303-2583
TX	800-531-4456
NM	866-445-1396

	14141
Step	Action
1	Consumers log in to their account and press the "Report a Life Change" button (this button is only enabled for consumers who have already submitted an application).
2	Consumers will land on a page with information about the types of changes that must be reported to the Marketplace or both the Marketplace and the issuer2. Changes which do not impact eligibility, such as an address change within the same zip code, must be reported to both the issuer and the Marketplace, as an 834 transaction code will not be generated.
3	If Consumers have changes to report that may affect eligibility, a new copy of their application is created, pre-populating some information and attestations from their earlier application.
4	Consumers complete the new application and answer questions which determine whether the applicants for whom new information is being provided are eligible for QHP enrollment through the Marketplace, and if so, whether the new information triggers an SEP.
5	If the consumer is eligible for an SEP, the consumer's eligibility determination notice will contain SEP eligibility language.
6	If any applicants for whom new information is being provided are eligible to enroll in a QHP through a Marketplace (i.e., they are qualified individuals), the qualified individual will proceed to the enrollment to-do list page. - If the applicant for whom new information is being provided is a qualified individual and his/her addition to coverage is based on an event that triggers an SEP, the qualified individual will have the ability to compare and select from all QHPs available to the applicants in the service area. - If the new information being provided does not trigger an SEP, the qualified individual will be limited to updating his or her enrollment information in the QHP in which he or she is currently enrolled.
7	The qualified individual will select a new plan (or the existing plan, depending on the situation) and set the amount of premium credit the tax household will use.
8	Once the qualified individual selects a plan, the system will generate an 834 termination transaction to the issuer with whom the individual was initially enrolled, and an 834 enrollment transactions will be sent to the gaining issuer (in cases where the qualified individual updates his or her existing enrollment, the enrollment transaction will go to the same issuer and should be treated as a modification, rather than a new enrollment).

Version Control

Revision History Table

The table below records the changes to this document.

Date	Version	Description	Author
07/17/2014	1	Drafted document	J. Palmer
07/23/2014	2	Updated with information about electronic submission scheduled for Sept. 27	J. Palmer
07/23/2014	3	Clarification on MEC and Medically Needy Coverage Business Rules	J. Palmer
07/24/2014	4	Signoff from SME with Process Improvement Manager Center of Process Excellence	J. Palmer
07/28/2014	5	Signoff and Approval from Legal Dept.	J. Palmer
07/31/2014	6	Updated RSC and electronic submission information.	J. Palmer