



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

2015 Special Enrollment Period (SEP) Reference Guide

Disclaimer: This content is current as of March 11, 2015. It is subject to change based on subsequent federal and state laws, regulations and guidance. This content is for informational purposes only. It does not constitute legal, tax or compliance guidance. Please contact your legal, tax or compliance professionals to obtain any applicable guidance.



Table of Contents

Special Enrollment Period (SEP) Defined.....	4
Introduction.....	4
Definition from the Marketplace (HealthCare.gov)	4
SEP Disclaimer	4
Additional Definitions from BCBSIL for terminology used	5
First Contact Date explained	5
What are the Special Enrollment Events?	6
Introduction.....	6
Off Exchange Special Enrollment Period Qualifying Events	6
Off Exchange Special Event Numbers.....	8
How does special enrollment work?	8
Do I need to submit proof or paperwork?	8
Uninsured and pregnant	8
What if I don't qualify for an SEP?.....	9
Tax Penalty Implications.....	9
Off Exchange Application Events #1-7 and Effective Dates for SEP Coverage.....	10
Introduction.....	10
1 - I and/or my dependent(s) lost minimum essential coverage:	10
1a - Involuntary loss due to reasons other than non-payment of premium or recession on:.....	10
1b - Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:	10
1c - 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 as of:	11
1d - I am no longer residing or living in my prior health insurance plan's HMO service area as of:.....	11
1e - I have a claim that would meet or exceed a lifetime limit on all benefits as of:	11
1f - I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:.....	11
1g - I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	11
2 - I gained or became a dependent due to marriage on:	11

3 - I gained or became a dependent due to birth, adoption, or placement for adoption or foster care on:..... 12

4 - An error occurred in my previous health plan enrollment on, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of: 12

5 - The Health Insurance Marketplace has determined that I or my dependents are newly eligible or ineligible for payments of the advance premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-marketplace entity as of: 12

6 - I gained access to new health plan options because of a permanent move on: 12

7 - My current policy is ending in a non-calendar year ending on: 12

Off Exchange Application Event #8 – Other Qualifying Events and Effective Dates for SEP Coverage13

Introduction..... 13

Lose coverage due to loss of Medicaid-pregnancy coverage..... 13

Note: This example may fall under Application Event #1 13

Loss of Medically Needy Coverage (optional group of Medicaid recipients such as the blind or disabled as defined by each state) 13

Beginning and concluding service in the AmeriCorps State and National, VISTA, or NCCC programs and are losing access to short-term limited duration coverage or self-funded coverage 13

On Exchange Qualifying Events and Examples14

Introduction..... 14

On Exchange Special Enrollment Period for Tax Season16

Introduction..... 16

Special Enrollment Period Dates 16

Who is eligible for this SEP? 16

Tax Penalty Information 17

Am I eligible for an exemption? 17

Contact the FFM 17

Making Changes for Off Marketplace (Exchange) Plans.....18

Introduction..... 18

Making Changes through the Retail Shopping Cart. 18

Making Changes for ON Marketplace (Exchange) Plans.....18

Introduction..... 18

Making changes through the Marketplace website..... 19

Special Enrollment Period (SEP) Defined

Introduction



In the individual health insurance market, consumers can sign up for a health plan during the Open Enrollment period, which for 2015, ended February 15, 2015. If a consumer experiences changes in their life, they 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 an SEP, individuals must have had a qualifying “life event.”

Important Notes:

- A qualifying event or SEP can occur at any point during the year.
 - 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 (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.

SEP Disclaimer

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

Continued on next page

Special Enrollment Period (SEP) Defined, Continued

Additional Definitions from BCBSIL for terminology used

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

Enrollment Period - When can enrollment 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 for Off Exchange policies:

- 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 as a Special Enrollment Event:

- Voluntarily canceling your plan
- Voluntarily canceling your plan due to non-calendar year rate increase
- Voluntarily canceling your COBRA coverage

First Contact Date explained

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

For example:

- If the end of the enrollment period is July 21st, the paper application must be received anywhere within BCBSIL before or on July 21st.
-

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.

Off Exchange Special Enrollment

Below is the list of eligible Off Exchange life events for the 2015 Special Enrollment Period (SEP) and the corresponding application number designation for each event.

Period Qualifying Events

Note: There may be differences in the SEPs for On and Off Exchange policies.

App #	Qualifying Event	Enrollment Period
1	I and/or my dependent(s) lost minimum essential coverage:	60 days before or after the qualifying event (last day of coverage.)
1a	Involuntary loss due to reasons other than non-payment of premium or recession on:	
1b	Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:	
1c	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 as of:	
1d	I am no longer residing or living in my prior health insurance plan's HMO service area as of:	
1e	I have a claim that would meet or exceed a lifetime limit on all benefits as of:	
1f	I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:	
1g	I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	
2	I gained or became a dependent due to marriage on:	60 days after the qualifying event
3	I gained or became a dependent due to birth, adoption, or placement for adoption or foster care on: Notes: - For Qualified Health Plans (QHPs), newborns are treated as any other newborn meaning they will be subject to their own deductible and out of pocket maximums.	60 days after the qualifying event

App #	Qualifying Event	Enrollment Period
4	An error occurred in my previous health plan enrollment on, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	60 days after the qualifying event
5	The Health Insurance Marketplace has determined that I or my dependents are newly eligible or ineligible for payments of the advance premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-marketplace entity as of:	60 days before or after the qualifying event (last day of coverage.)
6	I gained access to new health plan options because of a permanent move on:	60 days after the qualifying event
7	My current policy is ending in a non-calendar year ending on:	60 days before or after the qualifying event (last day of coverage)
<p>Other qualifying event.</p> <p>If you do not see your circumstance listed, please work with your agent.</p> <p><u>These other qualifying events include the following:</u></p>		
8	Loss of Medicaid pregnancy coverage.	60 days before or after the qualifying event (last day of coverage.)
	Loss of medically needy coverage (optional group of Medicaid recipients such as the blind or disabled as defined by each state)	60 days before or after the qualifying event (last day of coverage.) Note: Can only qualify for this SEP once per calendar year outside of open enrollment

Continued on next page

What are the Special Enrollment Events?, Continued

Off Exchange Special Event Numbers

Many of the Special Enrollment events for Off Exchange policies 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.

Do I need to submit proof or paperwork?

BCBSIL currently does not require separate proof of the event for Special Enrollment for Off Exchange policies. However, documentation may become a requirement in the future so you may want to suggest to consumers to have that information readily available.

For **On** Exchange health plans, the consumer may be required to provide proof of the qualifying event to obtain his/her SEP.

Uninsured and pregnant

If an uninsured woman gives birth:

- The mother and the entire tax family are eligible for an SEP
 - The child is covered from date of birth (assuming plan selection is within 60 days of the child's birth)
 - For an Off Exchange plan, Mother (and any other family members being added) 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.
-

What if I don't qualify for an SEP?

If consumers missed Open Enrollment and don't immediately qualify for an SEP, they may be able to buy Short Term insurance directly from Blue Cross and Blue Shield of Illinois.

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 are not considered minimum essential coverage.

Tax Penalty Implications

Since short-Term plans are not minimum essential coverage, consumers may still face a tax penalty.¹

If you don't have coverage in 2015, a consumer may have to pay the higher of these two amounts:²

- 2% of your yearly household income. (Only the amount of income above the tax filing threshold, about \$10,000 for an individual, is used to calculate the penalty.) The maximum penalty is the national average premium for a bronze plan.
- \$325 per person for the year (\$162.50 per child under 18). The maximum penalty per family using this method is \$975.

¹ Source: <http://www.bcbstx.com/insurance-basics/health-insurance-is-important/benefits-of-insurance/tax-penalty>

² Source: <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>

Off Exchange Application Events #1-7 and Effective Dates for SEP Coverage

Introduction The table below highlights the Off Exchange only qualifying events and effective dates for Special Enrollment Period coverage for the application reasons 1-8. They are labeled and numbered as they would appear on each plan state application and business rule guidelines.

Note: Generally the last day of coverage IS the qualifying event. For example, if a consumer lost their job and coverage on 1/31/15, that consumer could let us know as late as 1/31 and still get coverage effective on 2/1/15.

Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange
1 - I and/or my dependent(s) lost minimum essential coverage:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1a - Involuntary loss due to reasons other than non-payment of premium or recession on:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1b - Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection

Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange
1c - 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 as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1d - I am no longer residing or living in my prior health insurance plan's HMO service area as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1e - I have a claim that would meet or exceed a lifetime limit on all benefits as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1f - I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
1g - I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	60 days before or after the qualifying event	Last date of coverage OR Date of Plan Selection	- If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage OR - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
2 - I gained or became a dependent due to marriage on:	60 days after the qualifying event	Date of Plan Selection	- First day of the month following plan selection

Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange
<p>3 - I gained or became a dependent due to birth, adoption, or placement for adoption or foster care on:</p> <p>Notes:</p> <ul style="list-style-type: none"> - For child-only policies, newborns are treated as any other newborn. - In MT, a credit is 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. 	60 days after the qualifying event	Date of Birth of Newborn, Placement for Adoption, Adoption or Placement for Foster Care	<ul style="list-style-type: none"> - Date of Qualifying Event for Dependent - First day of the month <u>of</u> the event for family <p>Note: Rate is prorated (Premium Credited) to the date of the qualifying event for the dependent only not for the other family members.</p>
4 - An error occurred in my previous health plan enrollment on, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	60 days after the qualifying event	Date of Plan Selection	<ul style="list-style-type: none"> - Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. <p>OR</p> <ul style="list-style-type: none"> - Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.
5 - The Health Insurance Marketplace has determined that I or my dependents are newly eligible or ineligible for payments of the advance premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-marketplace entity as of:	60 days before or after the qualifying event	Date of Plan Selection	<ul style="list-style-type: none"> - If plan selection occurred on or before the day of the qualifying event, effective date is 1st of the month following last day of coverage <p>OR</p> <ul style="list-style-type: none"> - If plan selection occurred after the qualifying event, effective date is first of the month following plan selection
6 - I gained access to new health plan options because of a permanent move on:	60 days after the qualifying event	Date of Plan Selection	<ul style="list-style-type: none"> - Plan selection occurred between the 1st through the 15th of the month the effective date is the 1st of the following month. <p>OR</p> <ul style="list-style-type: none"> - Plan selection occurred between the 16th through the last day of month the effective date is the 1st of the 2nd following month.
7 - My current policy is ending in a non-calendar year ending on:	60 days before or after the qualifying event	Date of Plan Selection	<ul style="list-style-type: none"> - If plan selection occurred on or before the last day of coverage, effective date is 1st of the month following last day of coverage <p>OR</p> <ul style="list-style-type: none"> - If plan selection occurred after the last day of coverage, effective date is first of the month following plan selection

Off Exchange Application Event #8 – Other Qualifying Events and Effective Dates for SEP Coverage

Introduction The following table highlights the Off exchange qualifying events and effective dates for Special Enrollment Period coverage for the application reason #8 - Other qualifying event (as required or permitted by applicable laws).

Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-477-2000. These other qualifying events include the following:

Other Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date Off Exchange
Lose coverage due to loss of Medicaid-pregnancy coverage	60 days prior to or on date of qualifying event	Last day of Coverage	- First day of the month following loss of coverage (last day of coverage)
Note: This example may fall under Application Event #1	60 days after qualifying event	Date of Plan Selection	- First of the month following plan selection.
Loss of Medically Needy Coverage (optional group of Medicaid recipients such as the blind or disabled as defined by each state)	60 days prior to or on date of qualifying event	Last day of Coverage	- First day of the month following loss of coverage (last day of coverage)
Notes: - This example may fall under Application Event #1 - 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.
Beginning and concluding service in the AmeriCorps State and National, VISTA, or NCCC programs and are losing access to short-term limited duration coverage or self-funded coverage.	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.

On Exchange Qualifying Events and Examples

Introduction The following table provides examples of the On Exchange only qualifying events for Special Enrollment Period coverage.

Special Enrollment Periods for On-Exchange Plans will be determined BY the Exchange.

See the table below for examples of On Exchange Only qualifying events that the Exchange found to be acceptable in 2014.

Qualifying Event Examples from 2014 for On Exchange Plans
Becoming a citizen, national or lawfully present
Misrepresentation by Exchange as determined by Exchange Note: Required Off Exchange as well
Becoming a Native American or gain Tribal Membership.
Misinformation, Misrepresentation, or Inaction as determined by the Exchange Misconduct by individuals or entities providing formal enrollment assistance (such as an insurance company, Navigator, certified application counselor, Call Center Representative, agent or broker) resulted in one of the following: <ul style="list-style-type: none">- 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 cost-sharing reductions for which they were eligible Note: Required Off Exchange as well
Enrollment Error as determined by the Exchange Enrolled through the Marketplace, but the insurance company didn't get their information due to technical issues. Note: Required for Off Exchange as well

continued on next page

ON Exchange Qualifying Events and Examples, Continued

Qualifying Event Examples from 2014 On the Exchange	
System errors related to immigration status as determined by the Exchange	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.
Display errors on Marketplace Website as determined by the Exchange	Incorrect plan data was displayed at the time the consumer selected the QHP, such as plan benefit and cost-sharing information
Note:	Required Off Exchange as well
Medicaid/CHIP Marketplace transfer as determined by the Exchange	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.
Error messages as determined by the Exchange	A consumer is not able to complete enrollment due to error messages.
Unresolved casework as determined by the Exchange	<ul style="list-style-type: none"> - 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.
Victims of domestic abuse as determined by the Exchange	A consumer who is married, and is a victim of domestic abuse.
Other system errors, as determined by the Exchange, which hindered enrollment completion.	


On Exchange Special Enrollment Period for Tax Season

Introduction

The Centers for Medicare & Medicaid Services (CMS) has announced a Special Enrollment Period (SEP) for individuals and families who **did not** have health coverage in 2014 and are subject to the tax penalty fee or “shared responsibility payment” when they file their 2014 taxes in states which use the Federally-facilitated Marketplaces (FFM)³

Special Enrollment Period Dates

The Special Enrollment Period for tax season begins on March 15, 2015 and ends at 11:59 pm E.S.T. (10:59 p.m. C.S.T.) on April 30, 2015.

 **Key Dates**

<p>March 15th 2015</p> <p>SEP Period begins</p>	<p>April 30th 2015</p> <p>SEP Period ends at 11:59 pm E.S.T.</p>	<p>If a consumer enrolls in coverage before the 15th of the month, coverage will be effective on the first day of the following month.</p>
---	--	--

Qualifying Event	Enrollment Period	Effective Date Trigger	Effective Date ON Exchange
See Section Below for more information about eligibility.	3-15-15 through 4-30-15	Date of Plan Selection	<ul style="list-style-type: none"> - 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.

Who is eligible for this SEP?

Consumers who are eligible for this special enrollment period live in states with a Federally-facilitated Marketplace and:

- Currently are not enrolled in coverage through the FFM for 2015,
- Attest that when they filed their 2014 tax return they paid the fee for not having health coverage in 2014, and
- Attest that they first became aware of, or understood the implications of, the Shared Responsibility Payment after the end of open enrollment (February 15, 2015) in connection with preparing their 2014 taxes

³ Source – CMS - <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20.html>

On Exchange On Exchange Special Enrollment Period for Tax Season, Continued

Tax Penalty Information

Consumers that do not qualify for an exemption and went without health coverage in 2014 will have to pay a fee – \$95 per adult or 1 percent of their income, whichever is greater – when they file their taxes this year.

The fee increases to \$325 per adult or 2% of income for 2015.

Note: Consumers taking advantage of this Special Enrollment Period **will still owe a fee** for the months they were uninsured and did not receive an exemption in 2014 and 2015.

This special enrollment period is designed to allow such individuals the opportunity to get covered for the remainder of the year and avoid **additional** fees for 2015.

Am I eligible for an exemption?

Consumers that could not afford coverage or met other conditions may be eligible to receive an exemption for 2014.

To help consumers who did not have insurance last year determine if they qualify for an exemption, CMS has launched a [health coverage tax exemption tool](#) on HealthCare.gov and CuidadodeSalud.gov.

Contact the FFM

Consumers seeking to take advantage of the Special Enrollment Period can find out if they are eligible by visiting <https://www.healthcare.gov/get-coverage>.

Consumers can find local help at: Localhelp.healthcare.gov or call the Federally-facilitated Marketplace Call Center at 1-800-318-2596.

TTY users should call 1-855-889-4325. Assistance is available in 150 languages. The call is free.

Making Changes for Off Marketplace (Exchange) Plans

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

Making Changes through the Retail Shopping Cart. Consumers can make changes to their plan or enroll through the Retail Shopping Cart (RSC) 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 minimum essential coverage (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 as the qualifying event date so the consumer's effective date may be 6/1).
-

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**.⁴

Important Notes:

- As a Licensed Sales Agent, you cannot enroll consumers through these SEPs without contacting the Marketplace (Exchange).
 - The Center for Medicare and Medicaid Services (CMS) may modify the SEP and qualifying events based on marketplace needs.
-

Continued on next page

⁴ 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 for ON Marketplace (Exchange) Plans, Continued

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.

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 issuer. 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. <ul style="list-style-type: none"> - 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).

5



⁵ 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>