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Special Enrollment Periods

The Affordable Care Act (ACA) designates an annual open enrollment period when eligible consumers can enroll in marketplace coverage. However, consumers who experience certain changes in circumstances outside of open enrollment may be eligible for a Special Enrollment Period (SEP) to enroll in or change marketplace health plans.

(Updated November 2018)

WHAT IS A SPECIAL ENROLLMENT PERIOD?

A Special Enrollment Period (SEP) is a period of time outside of open enrollment when consumers can enroll in marketplace coverage or change their marketplace plan. A consumer can qualify for an SEP after losing coverage or other life events, described below. If a consumer needs coverage but is not eligible for an SEP, she must wait until the next open enrollment period.

Most current enrollees who qualify for an SEP will be permitted to only switch between plans in the same metal level. There are some exceptions for situations where the nature of a consumer's qualifying event prevented them from enrolling in their desired plan—for example, in cases of domestic abuse, spousal abandonment, or error/misconduct/misrepresentation on the part of the marketplace. Native Americans are also exempt from this new rule. Additionally, if the consumer's qualifying event makes them newly eligible for cost-sharing reductions, they may switch to a silver-level plan.

WHAT TYPES OF SEPs ARE AVAILABLE?

A consumer may be eligible for an SEP under one of the following six categories:

1. ***Losing coverage or eligibility for coverage; including:***

- losing Minimum Essential Coverage (MEC);
- losing pregnancy-related or medically needy Medicaid coverage that is not MEC;
- losing access to affordable coverage, such as due to a reduction of work hours or employer contribution;
- cancellation or discontinuation of coverage (except for termination for nonpayment of premiums);
- coverage that has lost its MEC status; or
- expiration of a non-calendar year plan, even if able to renew.

2. ***Change in household size due to:***

- marriage, provided at least one spouse was enrolled in MEC or lived in a foreign country or U.S. territory for at least one day in the 60 days preceding the date of marriage (prior coverage requirement does not apply to Alaskan Indian/Alaskan Native consumers);
- birth*;
- adoption, placement for adoption or foster care, or otherwise gaining a dependent through a child support order or other court order; or
- losing a dependent or dependent status.

3. ***Change in primary place of living due to:***

- permanently moving to a different state or to a place within the same state that results in gaining access to new plans, and the individual was enrolled in MEC for at least one day in the 60 days

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Footnote on the Birth SEP

*According to CCIIO's interpretation, the birth SEP is available only if the baby is eligible for Marketplace coverage. If the baby is eligible for Medicaid or CHIP, the parents are not eligible for an SEP.

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prior to the move, unless living in a foreign country or U.S. territory, living in a Medicaid non-expansion state, or incarcerated (prior coverage requirement does not apply to Alaskan Indian/Alaskan Native consumers).

4. *Change in eligibility for coverage or financial help due to:*

- a current Qualified Health Plan (QHP) enrollee becoming (or having one's dependent become) newly eligible or ineligible for Advanced Premium Tax Credits (APTCs) or having a change in Cost-Sharing Reduction (CSR) eligibility;
- becoming newly eligible for marketplace coverage as a U.S. citizen, U.S. national or lawfully present individual;
- having one's income rise above 100% FPL in a Medicaid non-expansion state thus becoming newly eligible for APTCs;
- being released from incarceration; or
- being or becoming a member of a federally recognized American Indian or Alaska Native tribe (can enroll in a QHP at any time, and can change QHPs once per month).

5. *Enrollment or plan error due to:*

- unintentionally, inadvertently, or erroneously being enrolled (or not enrolled) in a QHP due to the error, misrepresentation, misconduct or inaction of the marketplace, the Department of Health and Human Services (HHS) or its employees or agents, or by a non-marketplace entity providing enrollment assistance;
- having one's QHP substantially violate a "material provision" of its contract;
- experiencing an enrollment error that prevented the consumer from enrolling; or
- viewing inaccurate plan data at the time of plan selection.

6. *Complex SEPs, such as:*

- being a survivor of domestic violence or spousal abandonment;
- applying for Medicaid or CHIP during open enrollment but the state determined that the consumer wasn't eligible for Medicaid or CHIP after open enrollment ended (also referred to as "Medicaid/CHIP denial");

- other "exceptional circumstances" that HHS determines "prevented enrollment in coverage," such as a serious medical condition or natural disaster; Or
- prevailing on a marketplace appeal after receiving an incorrect eligibility determination or incorrect coverage effective date.

Note: State-based marketplaces may have additional SEPs, depending on their state's policies.

ADDITIONAL RESOURCES:

[SEP Reference Chart](#), CBPP: Beyond the Basics

[Coverage Options Outside OE](#), Healthcare.gov

[Complex SEPs](#), Healthcare.gov

[FAQs on SEPs No Longer Used by the FFM](#), CMS

[FAQs on Marketplace Residency Requirement and Permanent Move SEP](#), CMS

[SEP Streamlined List](#), CMS

[Updates on the Permanent Move SEP](#), *In the Loop*

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WHAT CHANGES DO NOT TRIGGER SEPs?

While many changes in circumstance or life events can trigger SEPs, consumers should know that not all changes they are required to report to the marketplace will allow them to enroll in a new plan.

Some changes that do not trigger an SEP include:

- loss of MEC due to failure to pay premiums;
- voluntary COBRA cancellation;
- pregnancy (although pregnancy may lead to Medicaid eligibility);
- income changes, unless a consumer is currently enrolled in a QHP or has her income rise above 100% FPL in a Medicaid non-expansion state; and
- cancellation or termination of coverage due to a consumer's fraud or "intentional misrepresentation of a material fact."

WHAT IS THE LENGTH OF AN SEP?

Generally, an SEP lasts 60 days from the date of the triggering event. For example, if a consumer gives birth or gets married, the SEP is open for 60 days from the date of birth or the marriage. However, in certain situations consumers can apply for an SEP prior to the event triggering an SEP. For example, when a consumer knows that employer coverage is ending (due to leaving a job or the employer stopping coverage), he can request an SEP up to 60 days prior to the end of coverage.

HOW DOES SOMEONE APPLY FOR AN SEP?

Consumers can apply for SEPs through their marketplace application or by contacting the Call Center. In June 2017, HealthCare.gov states transitioned to a pre-enrollment verification system of SEP eligibility, called "SEP Verification" or SEPV, which requires certain consumers to prove their eligibility for an SEP by submitting verifying documents *before* proceeding with enrollment.

Under this process, consumers must select a plan within the 60 days following the SEP qualifying event, and will then have 30 days from the date of plan selection to submit documents.

The process currently applies to SEPs related to loss of other coverage, a permanent move, marriage, adoption and placement in foster care, and denial of Medicaid or the Children's Health Insurance Program (CHIP).

The SEPV rules apply only to *new* marketplace consumers.

WHAT IS THE EFFECTIVE DATE OF COVERAGE AFTER AN SEP?

Effective dates depend on the qualifying event for the SEP and the date of plan selection. The table below outlines coverage effective dates for various SEPs and other options available.

SEP Verification will require certain consumers to prove their eligibility for an SEP by submitting verifying documents *before* proceeding with enrollment.

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Basis of SEP	When Coverage Begins	Where to Apply?
Loss of Coverage	<p>EITHER:</p> <ul style="list-style-type: none"> 1st day of the month after plan selection, following the coverage end date (if a plan is selected on/before the day coverage ends); <i>or</i> 1st day of the month following plan selection (if a plan is selected after coverage ends). 	Application
Change in household size: birth (*see footnote on page 1), adoption, placement for adoption or foster care, or court order; death; marriage; divorce or legal separation	<ul style="list-style-type: none"> Effective on the date of the birth/adoption/placement (can be retroactive), unless Marketplace allows consumers to choose effective date on the 1st day of the month following birth/adoption/placement. If enrollee or enrollee's dependent dies, coverage is effective on the 1st day of month following plan selection. If gaining or becoming a dependent through marriage, coverage is effective on the 1st day of the month after plan selection. If there is a change in dependent status due to divorce or legal separation, regular coverage effective dates apply. 	Application
Change in Primary Place of Living	<p>EITHER:</p> <ul style="list-style-type: none"> 1st day of the month following the plan selection (if plan is selected between the 1st and 15th day of the month); <i>or</i> 1st day of the second month following plan selection (if plan is selected between the 16th and last day of the month) 	Application
Change in Eligibility for Coverage or Financial Help	<p>Regular prospective effective dates.</p> <p><i>NOTE:</i> Marketplaces have the option to allow consumers to apply for an SEP up to 60 days <i>before</i> the qualifying event; in these cases, coverage effective dates may differ depending on whether the plan is selected before or after the qualifying event.</p>	<p>Application</p> <p><i>EXCEPTION:</i> SEP for moving out of the Medicaid coverage gap must be accessed through the Marketplace Call Center</p>
Error, Misrepresentation, Misconduct, or Inaction; QHP Violation	Marketplaces must ensure coverage is effective on an appropriate date based on the circumstances.	<p>Marketplace Call Center</p> <p><i>EXCEPTION:</i> SEP for being determined ineligible for Medicaid/CHIP outside of open enrollment must be accessed through the application</p>
Complex SEPs	Marketplaces must ensure coverage is effective on an appropriate date based on the circumstances	Marketplace Call Center