

Helping Consumers with Complex Cases Enroll in Special Enrollment Periods in the Health Insurance Marketplace

Open enrollment for 2014 Marketplace coverage will end on March 31, 2014. A Special Enrollment Period allows a consumer to enroll in health coverage outside of the open enrollment period and have it be effective for that coverage year. For instance, if a consumer has a qualifying life event like having a baby or getting married, they can enroll in or change coverage outside of the open enrollment period. Visit www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment to learn more about these qualifying life events.

This fact sheet describes other limited circumstances, beyond qualifying life events, which consumers may experience related to system errors which make them eligible for an SEP. Depending on a consumer’s situation they may be eligible for a Special Enrollment Period in specific circumstances that blocked them from enrolling in coverage.

Limited Circumstances Special Enrollment Period Descriptions

There are several systems issues that may have prevented timely application submission, produced incorrect eligibility determinations, or hindered enrollment in the Marketplace during the initial open enrollment period. A consumer’s problem may not have been resolved in time to allow enrollment before March 31. Special Enrollment Periods for these issues will ensure that consumers will have an opportunity to get Marketplace coverage for 2014.

If a consumer experiences any of these circumstances, the Marketplace may be able to provide a Special Enrollment Period allowing the consumer to enroll in coverage through the Marketplace. Circumstances that may allow for a Limited Circumstance Special Enrollment Period includes:

Limited Circumstance Special Enrollment Periods	Description	Examples
Exceptional Circumstances	A consumer faces exceptional circumstances as determined by CMS, such as a natural disaster, medical emergency, and planned system outages that occur on or around plan selection deadlines.	<ul style="list-style-type: none"> • A 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
Misinformation, Misrepresentation, or Inaction	Misconduct by individuals or entities providing formal enrollment assistance (like an insurance company, Navigator, certified application counselor, Call Center Representative, or agent or broker) resulted in one of the following:	<ul style="list-style-type: none"> • Representative enrolled a consumer in a plan that the consumer did not want to enroll in

	<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. 	
Enrollment Error	Consumers enrolled through the Marketplace, but the insurance company didn't get their information due to technical issues.	<ul style="list-style-type: none"> • Consumer's 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 of errors in reading the data.
System errors related to immigration status	An error in the processing of applications submitted by immigrants caused the consumer to get an incorrect eligibility result when they tried to apply for coverage.	<ul style="list-style-type: none"> • Immigrants with income under 100% of the poverty line who are eligible for premium tax credits and cost-sharing reductions did not receive the proper determination.
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.	<ul style="list-style-type: none"> • Data errors on premiums, benefits, or co-pay/deductibles. • Errors that resulted in the display of a QHP to applicants that were outside of the QHP's service area or that were 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.
Medicaid/CHIP - Marketplace transfer	Consumers who were 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	<ul style="list-style-type: none"> • Consumers, who 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.

	during open enrollment.	<ul style="list-style-type: none"> Consumers who 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.
Error messages	A consumer is not able to complete enrollment due to error messages.	<ul style="list-style-type: none"> Error or box screen indicating that the data sources were down and they could not proceed with enrollment.
Unresolved casework	A consumer is working with a caseworker on an enrollment issue that is not resolved prior to March 31 st .	<ul style="list-style-type: none"> Consumers who began the case work process but it was not resolved prior to the end of open enrollment.
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.	<ul style="list-style-type: none"> 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.
Other system errors	Other system errors, as determined by CMS, which hindered enrollment completion.	

Process to Initiate a Limited Circumstance Special Enrollment Periods

1. In general, a consumer who wants a Limited Circumstance Special Enrollment Period based on the circumstances outlined above must call the Marketplace Call Center at 1-800-318-2596 and ask the Call Center to request the Special Enrollment Period. TTY users should call 1-855-889-4325.
2. The Call Center will ask the consumer a variety of questions to help understand if the consumer is eligible for a Special Enrollment Period.
 - The Call Center will forward cases that need additional review to CMS caseworkers. The consumer’s situation will be evaluated by a caseworker to determine whether to grant a Special Enrollment Period.
 - The consumer will be notified if the Special Enrollment Period was approved or denied. If approved from a case worker, the consumer will have to call the call center to “activate” the Special Enrollment Period.
3. If the Special Enrollment Period is granted, the Call Center will activate the Special Enrollment Period and allow the consumer to complete enrollment.
4. The consumer should receive information from the issuer once they are enrolled.
5. If the Special Enrollment Period is denied, the consumer can appeal the decision, as described below.

- **Please note that for some circumstances, the Marketplace or issuer may reach out to the consumer to tell them about their potential Special Enrollment Period.**
 - **Please note that for benefit display errors**, the consumer may also receive a notice from the insurance company informing the consumer that there was a display error and they are eligible for a Special Enrollment Period.
- **Please note that for any system defects that hinder the completion of enrollment**, assisters and consumers should be vigilant in monitoring when the defect is resolved and to call the call center to request the appropriate Special Enrollment Period. Consumers and assisters can monitor the status of defect fixes by continuing to try to reprocess their applications. Consumers will then have 60 days from the time the defect is fixed and the call center approves of the Special Enrollment Period.

If a consumer is enrolling through their state’s Marketplace and wants to request a Special Enrollment Period, the consumer should contact that state. Visit [HealthCare.gov/how-can-i-get-consumer-help-if-i-have-insurance](https://www.healthcare.gov/how-can-i-get-consumer-help-if-i-have-insurance) to get information for state-based Marketplaces.

Plan Selection for Limited Circumstance Special Enrollment Period

After following the process above, in most cases consumers will have 60 days to select a plan from the date they are granted the Special Enrollment Period, which could be one of the following:

- The **date that the consumer receives a letter** informing them that they are eligible for a Special Enrollment Period;
- The **date that the consumer contacts the call center and is found eligible** for a Special Enrollment Period; or
- The **date that the caseworker finds an individual eligible** for a Special Enrollment Period.

If a consumer experienced any of these limited circumstances, or others deemed by the Marketplace, prior to the end of open enrollment they may be able to complete their enrollment for the first time. If a consumer has already enrolled in coverage and then receives a Limited Circumstance Special Enrollment Period, they have the option to change plans or stay in their current plan, depending on what is offered to them on the Marketplace.

Limited Circumstance Special Enrollment Period Coverage Effective Dates

Coverage effective dates will generally follow the regular effective dates.

Filing an Appeal

If a request for a Special Enrollment Period is denied, a consumer has the right to file an appeal. A consumer has 90 days to request an appeal with the Marketplace from the date of a Special Enrollment Period denial notice or 90 days from the date of the eligibility determination. Each Special Enrollment Period appeal request will be reviewed on a case-by-case basis, in accordance with the regulations governing appeals, 45 C.F.R., Sections 155.500-155.545, and decisions will be promulgated ordering coverage retroactive to the date of the incorrect determination if appropriate, see 155.545(c)(1)(ii). If the determination to deny a request for a Special Enrollment Period is found to have been incorrect on appeal, the consumer has the option to get coverage retroactive to the date of the incorrect determination. The consumer can file an appeal in one of these ways:

- Visit [HealthCare.gov/can-i-appeal-a-marketplace-decision/](https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/) to find and complete the appeal request form for the consumer's state.
- Mail appeal documents to:
 - Health Insurance Marketplace
 - 465 Industrial Blvd.
 - London, KY 40750-0061

Additionally, when possible, it is preferable but not required, that consumers requesting an eligibility appeal to include a copy of the Special Enrollment Period denial notice and of any other eligibility determination documentation the consumer may have received.

When mailing the appeal request to the Health Insurance Marketplace, it is preferable, but not required, that consumers include the last four digits of the London, KY zip code (40750-0061) to ensure efficient processing of the appeal request.

Assisting consumers who are trying to enroll by March 31? We can help.

We know you are working hard to finish enrolling consumers for coverage in the Health Insurance Marketplace. Although we are enrolling more consumers every day, CMS anticipates that high traffic across consumer enrollment channels (i.e., HealthCare.gov, CuidadoDeSalud.gov, or the Marketplace Call Center) leading up to the March 31 deadline could potentially keep consumers from completing the enrollment process despite their efforts to meet the deadline. If a consumer is “in line” and has tried to enroll through the website, our Call Center, or a state Medicaid or CHIP agency by the March 31 enrollment deadline for coverage in 2014, we will help make sure they can complete the application process in order to get covered.

Sometimes, despite your best efforts, you may run into delays caused by heavy traffic to HealthCare.gov or our Call Center, maintenance periods, or another issue that prevents you from helping consumers finish the process on time. If this happens, don't worry – we will take steps to get individuals affected by these issues insured in 2014.

If you are still in the process of trying to enroll consumers when Open Enrollment ends on March 31 and can't finish, keep trying. If consumers are “in line” working on the application process by March 31, they will have a chance to complete their enrollment.

After March 31, assisters should help these “in line” consumers complete their applications either online at HealthCare.gov or CuidadoDeSalud.gov or through the Marketplace Call Center at 1-800-318-2596; TTY users should call 1-855-889-4325. Individuals applying online must attest that they tried to enroll in coverage through either the Health Insurance Marketplace or a state Medicaid or Children's Health Insurance Program (CHIP) agency, either online or over the phone, by March 31, 2014, and didn't complete enrollment in Marketplace coverage because of a problem that wasn't their own fault. If people you are assisting call the Call Center, be sure that they tell the customer service representative that they've been trying to enroll the consumer and explain why they couldn't finish by the March 31 deadline. Information related to paper applications will be processed if they are received by April 7 to ensure that consumers who were “in line” with paper applications and supporting documentation on March 31 are able to complete enrollment.

Other reminders:

- If you continue to experience difficulty enrolling consumers due to system errors, please contact the Call Center and continue to keep a record of those issues and tell the Marketplace about them, as you have been doing for the past several months.
- If you are assisting a consumer who is waiting to receive an eligibility notice via U.S. mail, we suggest that consumers utilize the Call Center to learn the status of their application. If the Call Center is not able to identify the status of the application, consumers should consider starting a new application online or through the Call Center, attesting that they had problems doing so on or before March 31. These consumers are considered “in line” by March 31.
- Finally, if you are assisting a consumer who is not able to successfully pass identity proofing by answering the identity proofing questions on HealthCare.gov or by working with the Experian

Help Desk, we recommend the consumer upload documents to their HealthCare.gov My Account as soon as possible. These consumers are considered “in line” by March 31.

Thank you again for your dedication and support in enrolling consumers, many for the first time, in health coverage.