



**Special Enrollment
Quick Reference Guide
December 2015**



Special Enrollment Quick Reference Guide

This Quick Reference Guide is designed to assist you to understand Special Enrollment.

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1. Special Enrollment Overview

What is Special Enrollment?

- a. Special Enrollment periods follow certain qualifying events that result in enrollment status changes for an individual or group of individuals. It is important for individuals to be aware of these triggering events and to understand that if a triggering event occurs, they are encouraged to review and then make changes to their current health insurance if needed.
- b. Unlike Annual Open Enrollment, Special Enrollment can happen at any time during the year. Special Enrollment allows individuals to enroll or change their coverage outside of Annual Open Enrollment.
- c. Most triggering events allow for a Special Enrollment period of **60 days**.

2. Common Qualifying Events and Effective Dates Table

Below is a table with common qualifying events and their impact on coverage effective dates.

Qualifying Event (QE)	Effective Date
<p>A qualified individual or dependent of a qualified individual loses minimum essential coverage through:</p> <ul style="list-style-type: none"> • Medicare • TRICARE • VA Coverage • Non-MAGI Medicaid • Loss of coverage due to: <ul style="list-style-type: none"> ○ Legal separation or divorce ○ Aging out of dependent plan <p>Note: Does not include failure to pay premiums or situations involving fraud.</p>	<p>If plan selection is made before or on the date of the loss of coverage, the coverage effective date is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective date is the first day of the month following plan selection.</p> <p>The individual has 60 days before and after the loss of coverage to submit the Special Enrollment request.</p>
<p>A qualified individual or dependent of a qualified individual has a non-calendar year plan that expires in the individual or group market (i.e., the plan year ends in a month other than December).</p>	<p>If plan selection is made before or on the date of loss of coverage, the coverage effective date is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective date is the first day of the month following plan selection.</p> <p>The individual has 60 days before and after the loss of coverage to submit the Special Enrollment request.</p>

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<p>A qualified individual or dependent of a qualified individual loses medically needy coverage under Medicaid.</p>	<p>If plan selection is made before or on the date of loss of coverage, the coverage effective date is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective date is the first day of the month following plan selection.</p> <p>The individual has 60 days before and after the loss of coverage to submit the Special Enrollment request.</p> <p>Note: If an individual uses Medically Needy Spend Down, they can only trigger a qualifying event after the first spend down, but if they do not choose to enroll and have a second spend down in the same calendar year, then the second spend down does not trigger a Special Enrollment.</p>
<p>A qualified individual or dependent of a qualified individual loses employer-sponsored coverage:</p> <ul style="list-style-type: none"> • Job loss, voluntarily quitting a job, or a reduction in work hours that causes a loss of ESI • Expiration of COBRA • Employer dropped coverage • Loss of ESI-covered spouse/domestic partner 	<p>If plan selection is made before or on the date of loss of coverage, the coverage effective date is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective date is the first day of the month following plan selection.</p> <p>The individual has 60 days before and after the loss of coverage to submit the Special Enrollment request.</p>
<p>A qualified individual gains a dependent or becomes a dependent through birth, adoption or placement for adoption, or gains a dependent through child support order.</p>	<p>The coverage effective date can either be:</p> <ul style="list-style-type: none"> • Retroactive to date of event; or • The first of month following event, if requested by the qualified individual. <p>The individual has up to 60 days following the event.</p>
<p>A qualified individual or dependent of a qualified individual marries.</p>	<p>First of the month following plan selection.</p> <p>The individual has 60 days after the event.</p>

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<p>An enrollee loses a dependent due to death. The dependent of an enrollee that is enrolled in the same plan as the enrollee is no longer considered a dependent due to the enrollee's death.</p>	<p>First of the month following plan selection.</p> <p>The individual has 60 days after death.</p>
<p>A qualified individual or enrollee is Indian</p>	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>Individuals can enroll or change their plan one time per month.</p>
<p>A qualified individual or dependent of a qualified individual loses pregnancy-related coverage through Medicaid.</p> <p>Note: The only category in Kentucky that falls under this QE is Presumptive Eligibility.</p>	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 days before and after the loss of coverage to submit the Special Enrollment request.</p>
<p>A qualified individual or dependent of a qualified individual gains eligible immigration status:</p> <ul style="list-style-type: none"> • Citizen • U.S. National • Lawfully present status 	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 days after gaining status.</p>
<p>The qualified individual or dependent of a qualified individual gains access to new HIPs as a result of a permanent move, e.g.,</p> <ul style="list-style-type: none"> • Release from incarceration • Move to KY from another state • Enrollee moving to a county with new HIPs 	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 before and 60 days after the event.</p>
<p>An enrollee loses a dependent due to divorce or legal separation. The dependent of an enrollee that is enrolled in the same plan as the enrollee is no longer considered a dependent due to divorce or legal separation.</p>	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 days after the divorce or legal separation.</p>
<p>An enrollee or dependent of an enrollee is newly eligible for payment assistance.</p>	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 days after the eligibility determination.</p>

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An enrollee or dependent of an enrollee has a change in Special Discounts.	<p>Mid-Month Logic (15th of the Month Rule)*</p> <p>The individual has 60 days after the eligibility determination.</p>
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***The Mid-Month Logic (15th of the Month Rule) is as follows:**

Enrollment Date	Coverage Start Date	Example
1 st – 15 th of the Month	1 st of the following month	Enrolled: March 10 th Coverage Starts: April 1 st
16 th – 31 st of the Month	1 st of the next following month	Enrolled: March 20 th Coverage Starts: May 1 st

Qualifying Events and New Applications

Individuals with the following qualifying events can submit new applications in kynect to enroll in health coverage. For other reasons, individuals must have an existing case in kynect.

- Gain of a dependent through birth or adoption
- Marriage
- Loss of Minimum Essential Coverage
- Gain of eligible immigration status
- Qualified individual is Indian

3. “Exceptional” Special Enrollment

Individuals and their representatives may request enrollment for reasons that fall outside of the qualifying event options. These reasons may be appropriate under exceptional circumstances.

Following guidance from the Centers for Medicare and Medicaid Services (CMS), these exceptional circumstances include:

- Individual was delayed in enrolling due to serious medical condition or natural disaster
- Misinformation provided by entities providing formal enrollment assistance, (i.e., Agents, kynectors, call center representatives, and DCBS)
- System errors related to immigration status
- Enrollment errors
- System display errors, such as option to select HIP outside of the member’s service area or family relationships that omitted a family member from enrolling
- Unresolved casework, e.g., individuals who began the case process, but it was not completed and approved prior to the end of open enrollment
- Victims of domestic abuse, e.g., individuals may or may not have attempted to apply or those who applied may have been denied due to “married and filing separately” tax status
- Other system errors that hindered enrollment

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The Kentucky Office of the Health Benefit and Information Exchange (KOHBE) has established a policy to address these requests for “exceptional Special Enrollment.” All requests must be submitted **in writing** by mail (PO Box 2104, Frankfort, KY 40602) or via fax to 502-573-2090, and addressed to the “**Special Enrollment Committee.**”

The request **must include** the following information:

- Case Number
- Case Name
- Case Members Requesting an Exceptional Special Enrollment
- Application Date
- Detailed Reason for Request
- Desired Coverage Effective Date
- Plan Name and Plan ID (if known)

A committee reviews the request and makes the determinations of approval or denial. The committee meets twice a week to render decisions. Denials can be appealed, and notifications are mailed. Approvals result in enrollment, and enrollment notices are generated by kynect.

If you receive a request from an individual, and the individual is unable to complete the request on his or her own or asks for assistance in completing the request, you can submit the request on the individual’s behalf. The Tier 1 Call Center also processes requests on behalf of individuals at 1-855-4kynect (1-855-459-6328).

Exceptional Special Enrollment Qualifying Event (QE)	Effective Date
<p>A qualified individual or dependent of a qualified individual demonstrates to kynect, in accordance with the guidelines issued by the U.S. Department of Health and Human Services (HHS), that the individual meets other special circumstances.</p> <p>Examples: Serious medical condition or natural disaster kept person from enrolling, survivor of domestic violence or abuse, spousal abandonment, system errors related to immigration status, unresolved casework, missed their Special Enrollment period following a qualifying event and waiting for Medicaid/CHIP eligibility determination.</p>	<p>The coverage effective date is appropriate to the circumstance.</p> <p>The individual has 60 days after the event.</p> <p>See Exceptional Special Enrollment on page 7 for more information on how to handle these cases.</p>
<p>A qualified individual or dependent of a qualified individual’s enrollment or non-enrollment in a health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or</p>	<p>The coverage effective date is appropriate to the circumstance.</p> <p>The individual has 60 days after the event.</p>

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inaction of an officer, employee, or Agent of kynect or HHS, or its instrumentalities as determined by KOHBIE.	See Exceptional Special Enrollment on page 7 for more information on how to handle these cases.
kynect has determined that a qualified individual or dependent of a qualified individual was not enrolled in a HIP, was not enrolled in a HIP that the individual selected, or is eligible but not receiving payment assistance or Special Discounts as a result of misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment activities.	<p>The coverage effective date is appropriate to the circumstance.</p> <p>The individual has 60 days after the event.</p> <p>See Exceptional Special Enrollment on page 7 for more information on how to handle these cases.</p>
An enrollee adequately demonstrates that the health plan in which he/she is enrolled substantially violated a major provision of its contract in relation to the enrollee.	<p>The coverage effective date is appropriate to the circumstance.</p> <p>The individual has 60 days after the event.</p> <p>See Exceptional Special Enrollment on page 7 for more information on how to handle these cases.</p>

4. Additional Quick Reference Guides

Other Quick Reference Guides	Topics Covered
1095-A	Definition of the Tax Form 1095-A How to Work with the Tax Form 1095-A Reconciliation of Payment Assistance
Eligibility	Eligibility Information and What Individuals Might Need to Bring
Glossary	Definitions for Common Healthcare Terms and Concepts
Health Insurance	HIPs Metal Level Plans Out-of-Pocket Costs Payment Assistance Special Discounts Plan Comparison Tool in kynect Summary of Benefit and Coverage
Helpful Resources	Contact Information Call Center Policy
Immigration Documentation	How to Read and Interpret I-94 Forms, Employment Authorization Cards (I-766), and Permanent Resident Cards (I-551) Sources and Other Helpful Resources

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Income	MAGI Countable Income Household Composition Tax Filing Status Tax Form Reference
Interview Guide	How to Fill out an Application in kynect Commonly Asked Questions
Kentucky Online Gateway	How to set up a KOG account as an Agent, kynector, Individual, or Employer
Privacy and Security	Provides an overview of privacy and security for health information
Small Business Health Options Program	Employee and Employer Set Up Enrollment and Disenrollment Special Enrollment COBRA
Understanding Immigration	General Immigration Information Examples of Documentation Insurance Plans Available for Immigrants Submitting Documentation