

Guidance: Special Enrollment Periods

Over the past year, there have been a number of changes to the ways that Special Enrollment Periods (SEPs) operate for Connect for Health Colorado® and health insurance companies in Colorado. This guide provides a summary of the existing special enrollment periods, and how eligibility may be verified.

Verification of Special Enrollment Periods

When you apply for health insurance coverage through a Special Enrollment Period with Connect for Health Colorado, your insurance company may ask you for documents proving that you are eligible for that Special Enrollment Period.

When you apply, the Marketplace will transmit your information to the insurance company that you choose. At that time, the insurance company may ask you for documentation that verifies your eligibility for a Special Enrollment Period.ⁱ

Important Note: It is very important that you respond only to the entity that requested documentation from you. For example, if your insurance company requests a document from you, and you provide it to Connect for Health Colorado, Connect for Health Colorado does not have the ability to forward the document. As a result, the insurance company may see that you did not submit the document in time, and terminate your health insurance coverage. **Please be cautious to submit documentation only to the entity that requested it, and make sure that it arrives by the specified deadline.**

You may wish to wait to schedule medical appointments or fill prescriptions until you have completed the verification process with your insurance company. If you incur claims while your eligibility is still being assessed, you may be liable to pay the full amount of those claims.

Verification Requests from Insurance Companies

If your insurance company decides to independently verify your eligibility for the Special Enrollment Period you requested, they will send you a letter requesting documentation, indicating acceptable documentation types, and stating deadlines for submitting information. If this occurs, your insurance company will inform you within **7 days** of your application submission date.ⁱⁱ

If you receive a letter from your insurance company requesting documentation, please direct all questions and inquiries directly to your insurance company. Connect for Health Colorado cannot answer questions relating to deadlines or sufficiency of documentation during the Insurance Company SEP Verification Process.

Here are the steps you should follow:

Step 1: Double Check the Special Enrollment Period Type (*Immediately*)

Confirm which type of Special Enrollment Period you requested using the list of Special Enrollment Periods below. If your circumstances include multiple types of Special Enrollment Periods, or you are unsure which type of Special Enrollment Period applies, please contact your insurance company directly to request more information.

Step 2: Confirm the Deadlines (*Immediately*)

Assess the letter you received from your insurance company for information on the types of documents that the company will accept and the deadlines. Insurance companies are also required to make information available on their websites on required documentation and deadlines.

Step 3: Submit the Document to your Insurance Company (*Within 30 days of the date on the letter*)

Provide the document as soon as possible, always before the relevant deadline. If you have questions about the documents that are acceptable, or the relevant deadlines, please contact your insurance company directly.

Connect for Health Colorado can only help you provide documentation if you (or anyone in your household):

- Weren't enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help you enroll (like an insurance company, navigator, certified application counselor, agent, or broker).
 - A technical error or another Marketplace-related enrollment delay.
 - The wrong plan data (like benefit or cost-sharing information) was displayed on ConnectforHealthColorado.com at the time that you selected your health plan.
- Experience an exceptional circumstance that kept you from enrolling in coverage, like being incapacitated or a victim of a natural disaster.
- Are enrolled in Marketplace coverage and report a change that makes you:ⁱⁱⁱ *
 - Newly eligible for help paying for coverage (Advance Premium Tax Credits, often called APTC).
 - Newly ineligible for help paying for coverage (Advance Premium Tax Credits, often called APTC).
 - Eligible for a different amount of help paying for out-of-pocket costs, such as copays (Cost-Sharing Reductions, often called CSR).

For all other types of Special Enrollment Periods, Connect for Health Colorado may not have access to the relevant documents. Customers are encouraged to contact insurance companies directly with questions on documenting Special Enrollment Period eligibility for any Special Enrollment Period that does not appear on the list above.

***Note:** Please note that the documentation verifying that you are newly eligible or ineligible for help paying for coverage, or eligible for a different amount of help paying for out-of-pocket costs, can be your most recent Notice of Action letter from the Marketplace. If you do not have your most recent Notice of Action letter, you can get one by logging in to your PEAK account (or creating a PEAK account if you do not already have one), selecting the “Communications” tab, and downloading the notice. If you are unable to download the notice from your PEAK account, you can contact Connect for Health Colorado at **1-855-752-6749 (TTY: 855-346-3432)** to obtain a new copy.

Step 4: Your Insurance Company Will Make a Determination and Send you a Letter

Within 10 days of receiving your document, the insurance company must make a determination of whether the document is sufficient to prove your eligibility.

If the document is sufficient, your enrollment will continue. Your insurance company may have already accepted your first premium payment and will inform you about the date that your coverage starts (or started). If your insurance company has not already accepted your premium payment, it will provide information on how to make a payment and begin your coverage.

Please note that questions about payments can only be addressed by your insurance company. Connect for Health Colorado does not provide information on these matters. If you have a complaint, or feel that there is an error, please contact your insurance company first. If you are unable to resolve the issue, you may also file a complaint with the Division of Insurance (a division of the Colorado Department of Regulatory Agencies) through the Consumer Complaint Portal at <https://www.colorado.gov/pacific/dora/consumer-complaint-portal> or by speaking with a Consumer Services Analyst at 303-894-7490 or 1-800-930-3745.

If the document is not considered sufficient, the insurance company may cancel your enrollment. Your health insurance coverage would be considered to never have been in force. If you have already submitted your first premium payment, your insurance company may reverse the charge or refund you that amount. If you have not yet submitted your first premium payment, the insurance company will not request it.

What if I disagree with my insurance company’s determination?

You have the right to appeal a determination that you disagree with. Two organizations in Colorado handle these appeals, and the correct organization depends on how you submitted your initial health insurance application.

If you submitted your application directly to an insurance company and did not apply through Connect for Health Colorado:

Your appeal cannot be processed by Connect for Health Colorado and must be directed to the Division of Insurance (a division of the Colorado Department of Regulatory Agencies). For further information, please contact the Division of Insurance at 303-894-7490 or 1-800-930-3745.

If you submitted your application through Connect for Health Colorado or PEAK:

You can submit an appeal request with the Connect for Health Colorado Office of Conflict Resolution and Appeals, by any of these four methods:

1. Log into your online Connect for Health Colorado account and upload the Appeal Requests form under the “My Documents” tab;
2. Call 1-855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432;
3. Mail your completed appeal request to:

Office of Conflict Resolution and Appeals
3773 Cherry Creek N. Drive, Suite 1005
Denver, CO 80209; or
4. Fax your appeal to 303-322-4217.

Information Requests from Connect for Health Colorado

Connect for Health Colorado may request documents for eligibility verification unrelated to your Special Enrollment Period. When Connect for Health Colorado asks you for documentation, we will send you a letter indicating the type of information that we need and what documents are acceptable. The letter will also indicate the deadline for submitting the information.

Information can be uploaded to your Connect for Health Colorado or PEAK customer account, mailed (Connect for Health Colorado Verifications, P.O. Box 35681, Colorado Springs CO 80935), or faxed (855-346-5175). Further information on how to do so is in the letter that you will receive.

If you have questions, or would like to request an extension of the deadline to provide verification documents unrelated to an SEP, please contact the Connect for Health Colorado Customer Service Center at 1-855-PLANS-4-YOU (855-752-6749) (TTY: 855-346-3432).

Special Enrollment Periods Available to Consumers

1. Loss of qualifying health coverage^{iv}

You may qualify for a Special Enrollment Period if you (or anyone in your household) lost qualifying health coverage (also known as “minimum essential coverage”). Some examples of qualifying coverage include:

- Coverage through a job, or through another person’s job. This also applies if you’re now eligible for help paying for coverage because your employer stopped offering coverage or the coverage isn’t considered qualifying coverage.

- Health First Colorado (Colorado’s Medicaid program) or Child Health Plan Plus (CHP+) coverage (including pregnancy-related coverage and medically needy coverage).
- Medicare.
- Individual or group health plan coverage that ends during the year.
- Coverage under your parent’s health plan (if you’re on it). If you turn 26 and lose coverage, you can qualify for this Special Enrollment Period.

Note: This doesn’t include most voluntary losses of coverage, loss of coverage because you didn’t pay your premiums, or if your coverage was taken away because of fraud or intentional misrepresentation.

2. Change in household size^v

You may qualify for a Special Enrollment Period if you (or anyone in your household):

- Got married.
 - Please note that you may only qualify for this Special Enrollment Period if at least one partner had compliant health insurance coverage (or lived outside the United States) for one or more days during the 60 days before the marriage.
- Had a baby, adopted a child, or placed a child for foster care.
- Gained or became a dependent due to a child support or other court order.

3. Change in primary place of living^{vi}

You may qualify for a Special Enrollment Period if you (or anyone in your household) have a change in your primary place of living and gain access to new Marketplace health plans as a result. You may qualify if you had coverage for at least 1 day in the 60 days prior to your move or are moving to the U.S. from abroad or a U.S. territory. This includes:

- Moving to a new home in a new ZIP code or county.
- Moving to the U.S. from a foreign country or United States territory.
- A student moving to or from the place he or she attends school.
- A seasonal worker moving to or from the place he or she lives and works.
- Moving to or from a shelter or other transitional housing.

Note: Moving only for medical treatment or staying somewhere for vacation does not qualify you for a Special Enrollment Period.

4. Change in eligibility for Marketplace coverage or help paying for coverage

You may qualify for a Special Enrollment Period if you (or anyone in your household):

- Are enrolled in Marketplace coverage and report a change that makes you:^{vii}
 - Newly eligible for help paying for coverage (Advance Premium Tax Credits, often called APTC).

- Newly ineligible for help paying for coverage (Advance Premium Tax Credits, often called APTC).
- Eligible for a different amount of help paying for out-of-pocket costs, such as copays (Cost-Sharing Reductions, often called CSR).
- Become newly eligible for Marketplace coverage because you've become a citizen, national, or lawfully present individual.^{viii}
- Become newly eligible for Marketplace coverage after being released from incarceration (detention, jail, or prison).^{ix}
- Become newly eligible for help paying for Marketplace coverage because your household income increased or you moved to a different state and you were previously both.^x
 - Ineligible for Medicaid coverage because you lived in a state that hasn't expanded Medicaid.
 - Ineligible for help paying for coverage because your household income was below 100% of the Federal Poverty Level (FPL).

5. Enrollment or plan error

You may qualify for a Special Enrollment Period if you (or anyone in your household):

- Weren't enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help you enroll (like an insurance company, navigator, certified application counselor, or agent or broker).^{xi}
 - A technical error or another Marketplace-related enrollment delay.^{xii}
 - The wrong plan data (like benefit or cost-sharing information) was displayed on ConnectforHealthColorado.com at the time that you selected your health plan.^{xiii}
- Can prove your Marketplace plan has violated a material provision of its contract.^{xiv}

6. Other situations

You may qualify for a Special Enrollment Period if you (or anyone in your household):

- Gain or maintain status as a member of a federally recognized tribe or Alaska Native Claim Settlement Act (ANCSA) Corporation shareholders (a status that lets you change plans once per month, and lets your dependents who are on the same application enroll in or change plans with you).^{xv}
- Applied for Health First Colorado (Colorado's Medicaid program) or Children Health Plan Plus (CHP+) coverage during the Marketplace Open Enrollment Period, or after a qualifying event, and your state Medicaid or CHIP agency determined you (or anyone in your household) weren't eligible after the deadline to enroll.^{xvi}
- Are a victim of domestic abuse or spousal abandonment and want to enroll yourself and any dependents in a health plan separate from your abuser or abandoner.^{xvii}

- Are an AmeriCorps service member starting or ending AmeriCorps service.^{xviii}
- Can show you had an exceptional circumstance that kept you from enrolling in coverage, like being incapacitated or a victim of a natural disaster.^{xix}

ⁱ In some scenarios, Connect for Health Colorado may also independently verify your eligibility for a Special Enrollment Period. These scenarios are addressed through the Office of Conflict and Resolution and Appeals, who will work with you closely on any verification requests.

ⁱⁱ In some scenarios, you may receive this notice later than 7 days after your application submission date. For example, if you do not receive a real-time eligibility determination, your Insurance Company will inform you within 7 days of your *plan selection date*, and not 7 days from your *application submission date*.

ⁱⁱⁱ You can reach out to Connect for Health Colorado for a letter, or can also submit your most recent “Notice of Action” Letter from the Marketplace that indicates your new eligibility.

^{iv} For more information, see 45 CFR 155.420(d)(1) and (6)(iii).

^v For more information, see 45 CFR 155.420(d)(2).

^{vi} For more information, see 45 CFR 155.420(d)(7).

^{vii} For more information, see 45 CFR 155.420(d)(6)(i)-(ii).

^{viii} For more information, see 45 CFR 155.420(d)(3).

^{ix} For more information, see 45 CFR 155.420(d)(3).

^x For more information, see 45 CFR 155.420(d)(6)(iv).

^{xi} For more information, see 45 CFR 155.420(d)(4).

^{xii} For more information, see 45 CFR 155.420(d)(4).

^{xiii} For more information, see 45 CFR 155.420(d)(12).

^{xiv} For more information, see 45 CFR 155.420(d)(5).

^{xv} For more information, see 45 CFR 155.420(d)(8).

^{xvi} For more information, see 45 CFR 155.420(d)(11).

^{xvii} For more information, see 45 CFR 155.420(d)(10).

^{xviii} For more information, see 45 CFR 155.420(d)(9).

^{xix} For more information, see 45 CFR 155.420(d)(9).