



# Broker Health Care Reform Guide

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## Individual and Family Plans (IFP) *Special Enrollment Quick Reference Chart*

### Life-Changing Qualifying Event (QE) – Mini-Open Enrollment

Any of the following events would allow the subscriber to change plans and/or add him or herself, or his/her dependents, with the effective dates as listed. The application must be received within 60 days of the qualifying event. Proof of the qualifying event is required.

Qualifying event	Effective date determination	Documentation
<b>Newborn</b>	Date of event	Birth certificate.
<b>Adoption or placement for adoption</b> (must be routed to case coordinator)		Court documentation showing date when court order effective.
<b>Assumption of a parent-child relationship</b> (must be routed to case coordinator)	Date of event	Court documentation showing date when court order effective.
<b>Marriage</b>	First of the month following date application is received	Marriage certificate
<b>Domestic partnership</b>		Declaration of domestic partnership. Certificate of registered domestic partnership.

### Loss of minimum essential coverage

Includes (but is not limited to) any of the following events, which resulted in a loss of minimum essential coverage, NOT INCLUDING voluntary termination, failure to pay premiums or situations allowing rescission for fraud or intentional misrepresentation of material fact.

Qualifying event	Effective date determination	Documentation
Loss of coverage due to death of the covered employee.	For applications received between the 1st and 15th, coverage will be effective the first day of the month following submission of application.	One of the following: Prior coverage certificate Front and back of previous carrier's ID card
Loss of coverage due to termination or reduction of hours of the covered employee's employment.	For applications received between the 16th and month's end, coverage will be effective the first day of the second month following submission of application.	One of the following: Prior coverage certificate Front and back of previous carrier's ID card Confirmation of work-hour reduction including termination from employer (must be on employer letterhead and signed by employer management)
Loss of coverage due to divorce or legal separation of the covered employee from the employee's spouse.		One of the following: Prior coverage certificate Front and back of previous carrier's ID card
The enrollee loses a dependent or is no longer considered a dependent through divorce, legal separation or dissolution of domestic partnership as defined by state law in the state in which the divorce, legal separation or dissolution of domestic partnership occurs or if the enrollee or enrollee's dependent dies.	In the case of a court order: on the date the court order is effective OR at the option of the qualified individual.  If an enrollee or his or her dependent dies: on the first day of the month following the plan selection.	Certificate of divorce decree. Legal separation agreement.

**Qualifying event**

The covered employee becoming entitled to benefits under Medicare.

A dependent child ceasing to be a dependent child under the generally applicable requirements of the plan.

The enrollee or enrollee's dependent is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if he or she has the option to renew such coverage. The date of the loss of coverage is the last day of the plan or policy year.

Loss of minimum essential coverage for any reason other than failure to pay premiums or situations allowing for a rescission for fraud or intentional misrepresentation of material fact.

Termination of employer contributions.

Exhaustion of COBRA continuation coverage.

Loss of medically needy coverage under Medi-Cal (Medicaid).

Loss of pregnancy-related coverage under Medicaid and/or Medi-Cal.

**Effective date determination**

For applications received between the 1st and 15th, coverage will be effective the first day of the month following submission of application.

For applications received between the 16th and month's end, coverage will be effective the first day of the second month following submission of application.

**Documentation**

One of the following:  
 Prior coverage certificate  
 Front and back of previous carrier's ID card  
 Eligibility document

One of the following:  
 Prior coverage certificate  
 Front and back of previous carrier's ID card  
 Max age letter from previous carrier

One of the following:  
 Prior coverage certificate  
 Front and back of previous carrier's ID card

Letter from applicant supporting qualifying event.  
 Letter from previous carrier documenting loss of coverage.

Notice from employer of contributions termination.  
 COBRA paperwork reflecting exhaustion of coverage.

Medicaid and/or Medi-Cal documentation.

Medicaid and/or Medi-Cal documentation.

**Other Qualifying Events**

**Qualifying event**

The enrollee or enrollee's dependent's enrollment or non-enrollment in a health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, a non-Exchange entity providing enrollment assistance or conducting enrollment activities, or agent of the Exchange or the Department of Health and Human Services, or its instrumentalities as evaluated and determined by the Exchange.<sup>1</sup>

The health plan in which the enrollee or enrollee's dependent is enrolled in substantially violated a material provision of its contract.<sup>1</sup>

The enrollee demonstrates to the Exchange that he or she did not enroll in a health benefit plan during the immediately preceding enrollment period available to the individual because he or she was misinformed that he or she was covered under minimum essential coverage.

The enrollee is a member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service under Title 32 of the United States Code.

Release from incarceration

**Effective date determination**

Management review and approval.

For applications received between the 1st and 15th, coverage will be effective the first day of the month following submission of application.

For applications received between the 16th and month's end, coverage will be effective the first day of the second month following submission of application.

**Documentation**

Front and back of previous carrier ID card.  
 Letter from Exchange or HHS documenting qualifying event.

Resolution document from the Exchange or other plan.

Letter from applicant supporting qualifying event.  
 Letter from previous carrier documenting loss of coverage.

Active duty discharge documentation

Probation or parole release paperwork showing date of event.

**Qualifying event**

**Effective date determination**

**Documentation**

The enrollee or enrollee's dependent becomes newly eligible or ineligible for advance payments of the premium tax credit or have a change in eligibility for cost-sharing reductions.<sup>1</sup>

The enrollee is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, and is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim.

The enrollee or enrollee's dependent applies for coverage through Covered California™ during the annual open enrollment period or due to a qualifying event, is assessed by Covered California as potentially eligible for Medi-Cal, and is determined ineligible for Medi-Cal either after open enrollment has ended or more than 60 days after the qualifying event; or applies for coverage with Medi-Cal during the annual open enrollment period, and is determined ineligible after open enrollment has ended.

The enrollee adequately demonstrates to Covered California that a material error related to plan benefits, service area or premium influenced his or her decision to purchase coverage through Covered California.

The enrollee was receiving services under another health benefit plan, from a contracting provider who is no longer participating in that health plan, for any of the following conditions:

- (a) an acute or serious chronic condition,
- (b) a terminal illness,
- (c) a pregnancy,
- (d) care of a newborn between birth and 36 months, or
- (e) a surgery or other procedure that has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered member, and that provider is no longer participating in the health plan.

The enrollee or enrollee's dependent gains access to a new health plan as a result of a permanent move.

For applications received between the 1st and 15th, coverage will be effective the first day of the month following submission of application.

For applications received between the 16th and month's end, coverage will be effective the first day of the second month following submission of application.

Advanced Premium Tax Credit (APTC) paperwork that shows the premium assistance enrollee is eligible for.

A signed written statement under penalty of perjury stating enrollee's name and names of the victims of domestic abuse who enrolled in coverage.

Denial of eligibility letter from Covered California or Medi-Cal.

A signed written statement under penalty of perjury stating enrollee's name, name of the health plan, what error occurred, and the date on which the error occurred.

Letter from health plan that documents the provider's termination from the network.  
AND

Letter from provider that documents the condition of the enrollee.

Copy of acceptable proof of residency documents:  
Current driver's license or identification card.

Current and valid state vehicle registration form in the applicant's name.

Evidence the applicant is employed.

Evidence the applicant has registered with a public or private employment agency.

Evidence that the applicant has enrolled his or her children in a school.

Evidence that the applicant is receiving public assistance.

Voter registration form of receipt, voter notification card or an abstract of voter registration.

Current utility bill in the applicant's name.

Current rent or mortgage payment receipt in the

**Qualifying event**

**Effective date determination**

**Documentation**

The enrollee or enrollee's dependent becomes a citizen, national, or lawfully present individual.

If the enrollee or enrollee's dependent belongs to a federally-recognized American Indian/Alaska Native tribe and is enrolling in a qualified health plan or changing from one qualified health plan to another one time per month.<sup>1</sup>

applicant's name. Rent receipts provided by a relative shall not be accepted.

Mortgage deed showing primary residency.

Lease agreement in the applicant's name.

Government mail in the applicant's name (SSA statement, DMV notice, etc.).

Cell phone bill.

Credit card statement.

Bank statement or canceled check with printed name and address.

U.S. Postal Service change of address confirmation letter.

Moving company contract or receipt showing enrollee's address.

If enrollee is living in the home of another person, like a family member, friend, or roommate, enrollee may send a letter/statement from that person stating that he or she lives with them and isn't just temporarily visiting. This person must prove his or her own residency by including one of the documents listed above.

If enrollee is homeless or in transitional housing, he or she may submit a letter or statement from another resident of the same state, stating that he or she knows where enrollee lives and can verify that he or she lives in the area and isn't just temporarily visiting. This person must prove their own residency by including one of the documents listed above.

Letter from a local non-profit social services provider (excluding nonprofit health care providers) or government entity (including a shelter) that can verify that enrollee lives in the area and isn't just visiting.

A copy of enrollee's immigration papers showing his or her name and change of immigration status; or

A signed written statement under penalty of perjury stating enrollee's name, and the date in which he or she gained citizenship or lawful presence.

Prior coverage certificate.

A letter or document on tribal letterhead showing enrollee's name and status as a federally-recognized AI/AN; or

A signed written statement under penalty of perjury stating enrollee's name and the tribe in which he or she belongs to.

**SEP submission time frame**

All SEPs except loss of coverage	60 days after event
Loss of coverage only	<ul style="list-style-type: none"> <li>• 60 days before date of event</li> <li>• 60 days after date of event</li> </ul>

<sup>1</sup>These QEs require Health Net management review and approval.

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