



Coverage Gap SEP in Non-Medicaid Expansion States (Update)

In last week's assister newsletter, we included a reminder about the Coverage Gap SEP for consumers who live in states that did not expand Medicaid. Below are important updates and reminders about this SEP.

Reminder: A consumer may qualify for the Medicaid Coverage Gap Special Enrollment Period (SEP) if the consumer meets all of the following criteria:

- Resides in a non-Medicaid expansion state;
- Was previously ineligible for advance payments of the premium tax credit (APTC) solely because of a household income below 100% of the Federal Poverty Level (FPL);
- Was ineligible for Medicaid during that same timeframe; and
- Has experienced a change in household income that makes him/her newly eligible for APTC.
- In April 2015, CMS [removed the requirement](#) for a consumers to receive the following documents **before** applying for Marketplace coverage through this SEP: a Medicaid denial notice from their state Medicaid agency, an Exemption Certificate Number (ECN), or a Marketplace Eligibility Determination Notice that shows they weren't eligible for APTC.

Update: Within the last year, the process for requesting this SEP has changed. A consumer who believes he or she is eligible for this SEP should:

1. Complete a Marketplace application online at HealthCare.gov or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to determine if he or she is eligible for APTC.
2. Call the Marketplace Call Center or let the Call Center representative know that he or she was previously ineligible for Medicaid because he or she lives in a non-Medicaid expansion state, and was previously ineligible for APTC because his or her income was too low, but has now experienced an increase in household income that makes him or her newly eligible for APTC.
3. Once, the Call Center Representative confirms that the consumer is eligible for APTC, he or she will forward the consumer's application to the Marketplace to determine eligibility for this SEP. Reviews should be completed within 15 calendar days or 10 business days, barring exceptional circumstances. The consumer should expect a letter within a few days after that.
4. If the consumer is eligible for this SEP, the letter will instruct the consumer to return to his or her Marketplace application or call the Marketplace Call Center to complete the enrollment process. If the consumer is not eligible for this SEP, the consumer must wait until the next Open Enrollment Period or upon qualifying for a different SEP to enroll in coverage.

Important reminders about this SEP:

1. The consumer only has 60 days from the date that he or she experienced the change in household income that made him or her newly eligible for APTC to call the Marketplace to report this change and request this SEP.
2. A consumer is only eligible for this SEP if he or she lives in a [non-Medicaid expansion state](#).
3. A consumer is only eligible for this SEP if his or her household income was previously below 100% of the FPL and he or she recently experienced an increase in household income that now makes him or her eligible for APTC through the Marketplace.
4. An increase in income alone will not automatically make a consumer eligible for APTC. There are other reasons why a consumer may not be eligible for APTC, such as already having access to other

Minimum Essential Coverage. A consumer must be determined eligible for APTC in order to qualify for this SEP.

5. This SEP is not available online, so, although the consumer is encouraged to complete a Marketplace application online, he or she must also call the Marketplace Call Center after completing the application to request this SEP. The consumer also has the option to complete the Marketplace application when he or she calls the Marketplace Call Center.

Here are answers to frequently asked questions from assisters about this SEP:

Q: I live in Georgia, a state that did not expand Medicaid. During Open Enrollment, I helped a consumer who had an income below 100% FPL. She didn't apply for Marketplace coverage during the Open Enrollment Period and doesn't have a Marketplace account. Now her income has gone above 100% FPL. Is she eligible for this SEP even though she didn't apply for Marketplace coverage during the annual Open Enrollment Period?

A: Yes, a consumer in this situation would be eligible to enroll under this SEP. For this SEP, the consumer is not required to have previously applied for Marketplace coverage during the Open Enrollment Period. However, the consumer must report their change in household income to the Marketplace and request this SEP within 60 days of experiencing the change in household income.

Q: I am working with a consumer who was eligible for APTC during Open Enrollment but chose not to enroll. They are ineligible for Medicaid and would now like to enroll in Marketplace coverage. Does this consumer qualify for this SEP?

A: No. A consumer in this situation would not qualify for this SEP. The consumers must have previously had an income below 100% FPL that made him or her previously ineligible for APTC through the Marketplace.

Q: I understand that consumers in this situation don't need to have a Medicaid Denial Notice to apply for coverage under this SEP. Do consumers need to obtain anything else like an Exemption Certificate Number (ECN) or a previous Marketplace Eligibility Determination Notice that shows they previously weren't eligible for APTC to apply for coverage under this SEP?

A: No, eligibility for this SEP is not contingent upon applying for an exemption or being determined ineligible for Medicaid or APTC. A qualifying consumer without any of these things can still apply for coverage under this SEP.

Q: I'm helping consumers in North Carolina and we aren't sure about what supporting documents, if any, the consumer should provide when applying for coverage under this SEP. Will consumers have to provide documentation to the Marketplace to support claims of an increased income above 100% FPL?

A: No, consumers do not currently need to submit documentation to prove an increase in household income in order to qualify for this SEP. Instead, consumers must attest that they previously weren't eligible for Medicaid because they live in a non-Medicaid expansion state or for APTC because their household income was too low, but experienced a change in household income that makes them newly eligible for APTC.

Reminder: A Consumer may be asked to submit documentation regarding their income if the income attested to in their application cannot be confirmed. This is because the Marketplace sometimes needs more information to verify consumers' income, regardless of when they apply and enroll in coverage. In these cases, the Marketplace requests additional documentation to resolve what is known as a data matching issue (DMI). [Click here](#) to learn more about DMIs and how to help consumers resolve them. A list of documents consumers may be asked to provide to resolve the DMI is [here](#).

Q: I'm an Assister in Texas and I'd like to provide enrollment assistance to consumers at job fairs whose income will likely rise above 100% FPL in the near future. How soon after the qualifying increase in income will I be able to help the consumer apply for Marketplace coverage under this SEP?

A: The consumer has 60 days from the date that he or she experienced the change in household income that makes him or her newly eligible for APTC to come to the Marketplace to report this change and request this SEP.

Q: I'm still unsure about how to help my consumer apply for this SEP. I don't see the relevant questions on the application.

A: The consumer can complete the Marketplace application online or with the Marketplace Call Center to determine eligibility for APTC. The consumer must then call the Marketplace Call Center to request this SEP; however, this SEP is not granted immediately. After the consumer attests to the information above, the Call Center Representative will forward the consumer's request for this SEP to the Marketplace for review. The consumer will be notified by mail of their eligibility for this SEP. The letter will inform the consumer of the next steps he or she should take to enroll in coverage, if the consumer is found eligible.

Q: Has the process for obtaining this SEP changed?

A: Yes. In the past, a consumer was required to receive an official Medicaid denial in order to qualify for this SEP. With that Medicaid denial, the Marketplace Call Center was able to determine the consumer's eligibility for this SEP. Now that the eligibility parameters for this SEP have been expanded to include consumers without an official Medicaid denial, a consumer's eligibility request for this SEP must be forwarded from the Call Center to a Marketplace review team to determine eligibility. Once the request for the SEP has been reviewed, consumers receive a letter informing them of their eligibility and the next steps for enrolling in coverage.