

CHAPTER 3: Open Enrollment Periods, Special Enrollment Periods & Enrollment Effective Dates

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CHAPTER 3: Open Enrollment Periods, Special Enrollment Periods & Enrollment Effective Dates

Introduction

This Chapter will detail the annual open enrollment period, special enrollment periods, and enrollment effective dates for HealthSource RI's individual and SHOP markets. Part I of the Chapter begins by detailing the rules that apply to the individual market, while Part II outlines the rules that apply to the SHOP market¹.

Part I: Overview of Enrollment in the Individual Market

HealthSource RI provides a specified period of time each year during which qualified individuals and their dependents can enroll in a QHP. This is called an "annual open enrollment period." Individuals must sign up and make a timely payment for their first month's premium during annual open enrollment in order to be covered for the upcoming coverage year.

For an individual who enrolls in a plan and pays the first month's premium by December 23, coverage is effective as of January 1 of the upcoming coverage year.

There are also special enrollment periods that allow individuals and their dependents to select a plan outside of the annual open enrollment period. In order to be eligible for what's known as a "special enrollment period," individuals must have experienced a qualifying life event described in Section C of this Chapter.

A. Annual Open Enrollment Period

1) Overview of Annual Open Enrollment Period

During the annual open enrollment period any qualified individual may enroll in a QHP for the upcoming coverage year. Members of the same household² who are eligible for a QHP may select and enroll in the same coverage.

HealthSource RI provides a written annual open enrollment notification to each current enrollee no earlier than the first day of the month before the open enrollment period begins and no later than the first day of the open enrollment period.³ Annual open enrollment periods last a minimum of thirty (30) days.⁴ The "start" and "end" dates for each annual open enrollment period are set each year via federal regulation.⁵

B. Effective Dates for Coverage Purchased During Annual Open Enrollment

Qualified individuals must select a QHP, and HealthSource RI must receive the first month's premium in full by the required date, in order to make coverage effective.⁶ HealthSource RI establishes a deadline each year relative to the annual open enrollment period by which a qualified individual's first month's

¹ See Chapter 11 for information regarding SHOP enrollment periods.

² as the household is defined for APTC purposes in Chapter 4.

³ 45 CFR 155.410(d)

⁴ R23-1-1-ACA S. 4.4(b)

⁵ The initial Annual Open Enrollment period began October 1, 2013 and extended through March 31, 2014. The annual open enrollment period for the coverage year 2015 began November 15, 2014 and extended until February 15, 2015. The Annual Open Enrollment period for the coverage year 2016 begins on November 1, 2015 and extends until January 31, 2016.

⁶ R23-1-1-ACA S. 4.5(a)

premium must be received in order to make coverage effective as of the first day of the upcoming coverage year.⁷

During each annual open enrollment period, HealthSource RI will notify enrollees of the payment deadline for coverage to begin January 1 of the upcoming coverage year.

Generally speaking, for subsequent months during open enrollment, plans selected and paid for by the 23rd of the month will have an effective coverage date of the first of the following month. Plans selected and paid for after the 23rd will have a coverage start date of the first of the second month following plan selection. Alternative plan selection dates employed by HealthSource RI shall be communicated formally during open enrollment.

Enrollees can set QHP coverage to start on the first day of a month. Enrollees are given options for selecting a coverage start date, depending on their triggering event for enrollment and the time of reporting the event. Coverage must start on the first day of the month, except in the case of certain events as discussed in Section D of this Chapter, for example birth. Applicants may make changes to their plan selection at any time during annual open enrollment and such changes will be effectuated by HealthSource RI in accordance with the coverage effective dates described in this chapter.

The below examples assume an annual open enrollment period spanning from October 1 – February 28. Annual open enrollment period timeframes are subject to change each year.

Example: Consider an enrollment selection made and payment received on November 20 during an annual open enrollment period. The earliest effective date of coverage would be January 1 of the upcoming coverage year, however customer could select a coverage start date of February 1 or March 1 if desired. Payment is due by the 23rd of the month before the coverage is to start.

Example: Consider an individual who selected a QHP on December 3 and wishes to set an effective date of coverage on February 1. For this start date, the individual's initial payment is due January 23. If payment is received on February 8 (after the payment due date for coverage effective February 1) the customer must update their application and select a new coverage start date from the available options. Payment will then be applied towards the newly selected coverage start month.

C. Special Enrollment Periods

Individuals and families may be eligible to enroll in a QHP through HealthSource RI outside of annual open enrollment as a result of a qualifying event.⁸ There are nine categories of acceptable qualifying events, including:

- 1) *Loss of health coverage.* The qualified individual or his or her dependent:
 - a. Loses minimum essential coverage;
 - b. Loses pregnancy-related coverage; or
 - c. Loses medically-needy coverage.

⁷ R23-1-1-ACA S. 4.5(b)

⁸ 45 CFR 155.420(d)

In each of the circumstances described above, the individual or his or her dependent has 60 days after the loss of coverage to select a QHP.⁹ Loss of coverage does not include voluntary termination, rescissions or failure to pay premiums on a timely basis (including COBRA premiums prior to exhausting COBRA coverage).

- 2) *Addition of a household member or dependent.* The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, placement in foster care or as the result of a child support order or other court order.
- 3) *Loss of a household member or dependent.* The qualified individual loses a dependent, gets divorced, or the primary account holder passes away. The remaining household qualifies for a SEP as a result. Note documents for verification of death are required if person who passes away is the primary account holder and is discussed more in the verifications chapter.
- 4) *Change in Lawful Status.* The qualified individual, or his or her dependent, gains status as a citizen, national, or lawfully present individual.
- 5) *Enrollment Error by HealthSource RI's Determination.* The qualified individual's (or his or her dependent's) enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of HealthSource RI, its instrumentalities, or a non-Exchange entity providing enrollment assistance or conducting enrollment activities.¹⁰
- 6) *Substantial Violation.* The enrollee, or his or her dependent, adequately demonstrates to HealthSource RI that the QHP in which he or she is enrolled substantially violated a material provision of its contract with the enrollee.
- 7) *Change in Insurance Affordability Program Eligibility.* The individual or dependent enrolled in a QHP or an eligible employer-sponsored plan becomes newly eligible or ineligible for Advanced Premium Tax Credits (APTCs), or experiences a change in eligibility for cost-sharing reductions.¹¹
- 8) *Permanent Move.* The qualified individual or enrollee, or his or her dependent, gains access to new QHPs following a permanent move.
- 9) *American Indian Status.* The qualified individual is an Indian, as defined by Section 4 of the Indian Health Care Improvement Act and may enroll in a QHP or change from one QHP to another one time per month.
- 10) *Exceptional Circumstances.* The qualified individual or enrollee, or his or her dependent, demonstrates to HealthSource RI, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as HealthSource RI may provide.
- 11) *Loss of Dental coverage.* The Exchange retains the discretion to establish an enrollment in dental plan only for a loss of access to dental coverage by a member of one's household. Loss of dental

⁹ 45 CFR 155.420(c). A special enrollment period under this category may not begin prior to the date of the qualifying event. Coverage will be backdated to the first of the month following the loss of coverage.

¹⁰ In such cases, HealthSource RI may take such action to correct or limit the effects of the error, misrepresentation or inaction.

¹¹ In this circumstance, the individual or dependent has 60 days after the loss of eligibility in ESI coverage to select a QHP, retroactive to the first of the month after month in which coverage ended under an eligible employer-sponsored plan.

coverage rules logic remains the same as that for health insurance, as described above, and does not include voluntary termination, rescissions or failure to pay premiums on a timely basis. Loss of dental coverage would allow the eligible household to purchase or add **dental coverage only** and would not be considered an opportunity to change health insurance enrollment, unless meeting some other eligibility criteria as described elsewhere, Customers must call the Contact Center to apply for dental coverage only to utilize this triggering event.

For an individual to be eligible for coverage during a special enrollment period, HealthSource RI must receive the entire first month's premium on or before the last day of the special enrollment period.

Example: A woman loses her job and her health insurance on April 15. She will be given a 60-day special enrollment period to seek coverage in a QHP. The special enrollment period will end on June 15 and she must select and enroll in a plan by this date. Payment is due in full based on the payment rules (described elsewhere).

Example: A Rhode Island resident was temporarily in the country as a tourist, but gained official refugee status on June 18. He would be entitled to a 60-day special enrollment period to seek coverage in a QHP beginning June 18.

Example: An American Indian, as defined by Section 4 of the Indian Health Care Improvement Act, wishes to enroll in a new QHP. She would be eligible to enroll in a new QHP or change their QHP one time per month.

Example: A current customer switches jobs and becomes newly eligible for APTCs based on his new income. If a new eligibility determination was made on August 12, he would have 60 days from August 12 to enroll in and make payment for a new QHP.

Example: An enrollee has a pending eligibility determination due to lack of required documentation, but while waiting to receive these documents in order to submit them to HealthSource RI, the initial or annual open enrollment period closes. She may be granted a special enrollment period based on exceptional circumstances determined by HealthSource RI.

D. Special Enrollment Effective Dates

1) Regular Effective Dates for Special Enrollment Periods

For some categories of special enrollment events discussed above, *prospective* (future) coverage effective dates apply. This means that if an eligible enrollee chooses a plan within the special enrollment period and pays by the applicable special enrollment payment deadline, the coverage will be effective the first day of the following month. These categories include:

- a) *Gaining access to QHP because of a permanent move:*¹² If an individual gains access to a new QHP as a result of a move, the effective date of coverage is the first of the month following the move.

¹² HealthSource RI policy deviates from 45 CFR 155.420(d)(7), under which the coverage start date is the first of the month following plan selection.

- b) *Following Death:*¹³ HealthSource RI must ensure coverage for the surviving family members on the first day of the month following plan selection (HealthSource RI may also allow such enrollees or their dependents to select a standard enrollment effective date).

Example: A man moves to RI and selects a plan on August 8, during his special enrollment period. He pays by August 23rd, so his earliest coverage start date is September 1st. If he does not make the first month's payment until September 15 (after the August 23 deadline), his earliest coverage start date would be October 1.

2) Special Effective Coverage for Special Enrollment Effective Dates

For certain qualifying events, the effective date of coverage may deviate from the general standard. The following is a list of qualifying events that entitle individuals to special enrollment periods with unique effective coverage dates:

- a) *Loss of Minimum Essential Coverage:*¹⁴ For individuals who lose minimum essential coverage, including becoming ineligible for employer-sponsored insurance, the effective date is the first day of the month following loss of coverage.
- b) *Birth, Adoption, Placement for Adoption/Foster Care, Child Support Order/Court Order:*¹⁵ Coverage is generally effective on the date of the birth, adoption or placement for adoption or foster care. However, HealthSource RI may also permit eligible individuals to begin coverage on the first day of the month following the qualifying event.
- c) *Marriage:*¹⁶ HealthSource RI must ensure a coverage effective date for the enrollee on the first day of the month following the marriage.
- d) *Other Special Effective Dates:*¹⁷ In the following situations, coverage effective dates are determined by HealthSource RI based on appropriate circumstances of the scenario, but special enrollment periods may never be longer than 60 days.¹⁸
- i. The eligible individual's or dependent's enrollment (or non-enrollment) in a QHP is unintentional, inadvertent, or erroneous and is the result of an error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of HealthSource RI, its instrumentalities, or a non-Exchange entity providing enrollment assistance or conducting enrollment activities;
 - ii. The enrollee or dependent adequately demonstrates to HealthSource RI that the QHP the individual is enrolled in substantially violated a material provision of its contract with the enrollee;
 - iii. The eligible individual, enrollee, or dependent, demonstrates to HealthSource RI, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as HealthSource RI may provide;

¹³ 45 CFR 155.420(b)(2)(vi)

¹⁴ HealthSource RI policy deviates from 45 CFR 155.420(b)(2)(iv), under which the coverage start date is the first of the month following plan selection.

¹⁵ 45 CFR 155.420(b)(2)(i)

¹⁶ HealthSource RI policy deviates from 45 CFR 155.420(b)(2), under which the coverage start date is the first of the month following plan selection.

¹⁷ 45 CFR 155.420(b)(2)(iii)

¹⁸ 45 CFR 155.420(c)(3)

- iv. HealthSource RI has determined that a qualified individual, enrollee, or dependent, was not enrolled in QHP coverage; was not enrolled in the QHP selected by the qualified individual or enrollee; or is eligible for but is not receiving advance payments of the premium tax credit or cost-sharing reductions as a result of misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment activities.

Example: A child is born on July 24. Her parents complete her enrollment and pay their monthly premium on August 18. The effective date of coverage for the new baby would be July 24 and any APTC or CSR would be applied as of August 1. The parents could also choose to have August 1, or September 1 as the baby’s coverage start date, with any APTCs/CSRs becoming effective on that day.

Example: A HealthSource RI customer gets married on November 20. She adds her new spouse to her plan on December 20 and pays the first month’s premium on December 22. Her new spouse’s effective date of coverage could be as early as December 1, because the special enrollment period arose due to a marriage.

Example: A Rhode Islander loses his health insurance on October 31. If he selects a plan and pays the current month’s premium (as well as any outstanding prior months’ premiums) during the 60 day special enrollment period, his effective date of coverage can be November 1, December 1 or January 1.

E. Request for change to coverage start date and effectuation of coverage

A customer may make a request to HSRI to change an enrollee’s coverage start date for insurance. Customers may make this request if they feel HSRI made an error in processing their enrollment start date. These requests are handled on a case-by-case basis by the HSRI research team and all requests for these types of changes need to be made by calling the contact center.

Any request to update the start date of health coverage, if granted, will take up to 30 days to be reflected by the health insurance carrier. **Customers in this 30-day window who seek medical services may need to submit claims for reimbursement to their carrier.** Once the coverage date has been successfully updated at the carrier, customers will be able to submit any denied claims for reimbursement. Once a coverage start date has been moved to accommodate special requests, HSRI retains discretion to no longer fulfill future requests to move coverage start date further into the future.

The table below provides a summary of the effective dates for enrollment, special enrollment and the application of APTCs.

Table 1: Summary of effective dates for enrollment, special enrollment and effective dates for APTCs

Category	Coverage Effective Dates Details
Regular Enrollment in QHP	<p>A newly selected QHP is effective the 1st day of the next month if it is selected and payment is received by the 23rd day of the month, and the 1st day of the subsequent month if it is selected or paid for after the 23rd day of the month.</p> <p>For plans selected in the open enrollment period, typically November or December, payment must be received by the annual open enrollment deadline¹⁹ for an effective date of January 1 in the upcoming coverage year.</p>
APTC Effective Start Date	<p>The start date of APTCs will be the first of the month following the effective date of coverage for the following special enrollment scenarios:</p> <ul style="list-style-type: none"> • Birth • Adoption • Placement for adoption • Placement in foster care • Child support order/court order • Marriage • Loss of minimum essential coverage <p>If the coverage start date for birth, adoption, or marriage falls on the first of the month, the APTC will be effective on that date. For all other special enrollment scenarios, the effective date of APTCs is the first day of QHP enrollment.</p>
APTC Effective End Date	<p>If eligibility has changed and APTCs have been discontinued, the effective end date for APTC discontinuance will be first day of the month following the date of the eligibility determination.</p>
Special Enrollment: Birth, Adoption, Foster Care, Court Order	<p>When a new dependent is added to the household as the result of birth or adoption, placement of adoption, placement in foster care, or as the result of a child support order/court order, at the election of the enrollee, the new household member may be enrolled in coverage retroactively effective the date of the birth, adoption, placement for adoption, placement in foster care, or as the result of a child support order/court order and the household is given the option to purchase a new QHP or remain on their current QHP;</p> <p>If there is an APTC change as a result of the birth or adoption, the APTC amount does not apply retroactively, but rather, it is effective on the first of the next month.</p>
Special Enrollment: Marriage	<p>When a new member is added to the household as the result of marriage to an existing member, the new household member is enrolled in coverage effective the 1st day of the month following the month in which the marriage occurred and both spouses are given the option to purchase a new QHP or remain in the current QHP.</p>
Special Enrollment: Loss of Minimum Essential Coverage (MEC)	<p>When a new member reports loss of MEC, the new household member is enrolled in coverage effective the 1st day of the month following the month in which the loss of MEC occurred.</p>
Special Enrollment: American Indian	<p>Special enrollment for QHPs is always open for American Indians from the 1st day of the month to the last day of the month. An American Indian/Alaskan Native may enroll in a QHP or change QHPs up to one time per month.</p>

¹⁹ Again, the payment deadline is subject to change each annual enrollment period; see R23-1-1-ACA S. 4.5(b)

E. Automatic enrollment

An eligible individual/family enrolled in a QHP will receive notice prior to open enrollment indicating whether they will be automatically enrolled in the same or a similar plan during the subsequent annual open enrollment period. If the customer will automatically be enrolled, then the customer's notice will include the matched plan and estimated cost for the coverage household based on the previous year's application. Upon automatic enrollment, coverage will be effective January 1st of the next year. Customers are strongly encouraged to review plans during the annual open enrollment period and enroll in a plan that is most in line with their coverage needs, as plan prices, plan benefits, and APTC eligible amounts may change from year to year. By actively reviewing plans on HealthSource RI, consumers will ensure that they are choosing the plan that is best suited to their needs. Even though a customer may be automatically enrolled, they must still make payment in full by the relevant dates for coverage to be considered active on January 1st. If the customer misses the payment deadline for January, their application will be cancelled and they must resubmit their application prior to the end of open enrollment, select a new coverage start date, and make a timely payment for coverage to become active the next month.

Part II: Overview of Enrollment in the SHOP

Qualified employees are able to enroll in an eligible employer-sponsored plan during their employer's initial open enrollment period, during the employer's annual open enrollment period, and during special enrollment periods for which they may qualify.²⁰ New employees wishing to enroll in an eligible employer-sponsored plan are able to enroll once they are determined eligible, even if it is during the employer's plan year.

After an employer has elected to make coverage available to its employees through the SHOP, the SHOP will process the employee applications and facilitate the enrollment of qualified employees in QHPs.

A. Annual Open Enrollment period

The SHOP features an open enrollment period of no less than 30 days for qualified employees prior to the completion of the applicable plan year.²¹ The SHOP provides notification to each qualified employee of the annual open enrollment period in advance of such period.²²

1. Effective coverage dates for annual open enrollment

The SHOP effective dates of coverage for all qualified employees are consistent with the coverage effective dates established during initial open enrollment.

Example: A small sandwich shop has an effective date of coverage set for April 1. The annual enrollment period for the sandwich shop employees would begin on March 1 of the following year, and HealthSource RI would send the employees a notification about that enrollment period before March 1.

²⁰ Please contact HealthSource RI for the most up-to-date policies for SHOP enrollment.

²¹ 45 CFR 155.725 (e)

²² 45 CFR 155.725 (f)

B. Newly Qualified Employees

SHOP employees who become eligible outside of the initial or annual open enrollment periods are entitled to an enrollment period lasting 30 days to purchase coverage in a QHP. At the discretion of the employer, the insurance carrier will ensure that the coverage is effective on the first of the month following the month when the employee became eligible; or the employer may ensure that coverage becomes effective on the first day of the month following the employee's enrollment.

Example: A new cashier at a grocery store becomes a qualified employee on May 15. His enrollment period will last from May 15 through June 15. If the cashier chooses to enroll on June 12, his effective date of coverage would be June 1, or July 1 depending on what the grocery store owner prefers.

C. Special enrollment periods

The SHOP grants flexibility to employers to determine the duration of special enrollment periods for qualified employees and dependents of qualified employees to enroll in or change plans.²³

In addition to the list of qualifying events available to individuals listed in Section D of this Chapter, employees may be eligible for a special enrollment period as a result of any of the additional qualifying events:

- *Newly Eligible:* The qualified employee or dependent of a qualified employee becomes eligible for assistance with respect to coverage under a SHOP, under such Medicaid plan or a State child health plan (including any waiver or demonstration project conducted under or in relation to such a plan); or
- *Newly Ineligible:* The qualified employee or dependent of a qualified employee loses eligibility for coverage under a Medicaid plan under title XIX of the Social Security Act or a State child health plan under title XXI of the Social Security Act.

A dependent of a qualified employee is not eligible for a special election period if the employer does not extend the offer of coverage to dependents.

Example: A waitress was not enrolled in her restaurant's SHOP plan because she qualified for Medicaid. If she earns more money and no longer qualifies for Medicaid starting July 1, she will qualify for a special enrollment period lasting until September 1, during which she may enroll in an employer-sponsored plan.

1. Regular effective coverage dates for special enrollment periods

At the employer's discretion, the Carrier and HealthSource RI will ensure that coverage for the qualified employee or the dependent of a qualified employee will be effective on the first day of the month following the month during which the triggering event occurred, or the employer can choose to have the coverage become effective on the first day of the month following the employee's enrollment.

²³ SHOP practices may differ from 45 CFR 155.725 (j)(3) in regards to special enrollment period durations.

Example: A florist gets married on July 18. If he chooses to enroll within the special enrollment period, his new spouse's effective date of coverage would be September 1, or depending on the election of the Employer, it could be retroactive to August 1.

2. Special effective coverage dates for special enrollment periods

In the case of a special enrollment-qualifying event such as a birth, adoption or placement for adoption, the SHOP must ensure that coverage is effective on the date of birth, adoption, or placement for adoption.

Example: Consider a baby girl is born, adopted, or placed for adoption on July 24. Her effective date of coverage would be July 24.