

Appendix D: Comparison of Special Enrollment Period (SEP) Rights

There are both similarities and differences in special enrollment period (SEP) rights between Medicare Advantage (MA) plans, Marketplace qualified health plans (QHPs) and Medicaid Managed Care Organizations (MCOs).

The time periods within which MA SEPs must be exercised vary, but SEP elections are generally effective the first of the following month after an election is made. For QHPs, effective dates for most SEPs depend upon when an election is made: if an election is made between the first and the fifteenth day of any month, the Marketplace must ensure a coverage effective date of the first day of the following month; and if an election is made between the sixteenth and the last day of any month, the Marketplace must ensure a coverage effective date of the first day of the second following month.

For MA SEP rights, see 42 C.F.R. §422.62(b) and Medicare Managed Care Manual, Ch. 2, §§30.4, et seq; for QHP SEP rights, see 45 C.F.R. §155.420; for Medicaid MCO “for cause” disenrollment rights see 42 C.F.R §438.56.

Qualifying/Triggering Event	Medicare Advantage (MA)	Qualified Health Plan (QHP)	Medicaid MCO
Substantial violation by plan or material provision of contract	Yes	Yes	Yes - when state imposes this right as an intermediate sanction
Permanent move by individual out of plan service area	Yes	Yes	Yes
Enrollment or non-enrollment in a plan is erroneous due to action, inaction or error	Yes - actor must be a federal employee; SEP is tied to rights applicable under Part D	Yes - actor must be an officer, employee, or agent of the Exchange or HHS or its instrumentalities	Yes- If the MCO fails to make a timely disenrollment determination
Newly eligible or ineligible for assistance	Yes - Title XIX benefits (Medicaid or Medicare Savings Programs) or Part D low-income subsidy (LIS)	Yes - advance payments of the premium tax credit or change in the eligibility for cost-sharing reductions [Note: this only applies to individuals already enrolled in a QHP]	Yes
Life changes - marriage, divorce, having a child, pregnancy, change in disability status, gain or lose dependent, change in income, other changes that may affect income and household size	No	Yes	No
Exceptional circumstances preventing plan selection - serious medical condition, natural disaster, planned system outage	No	Yes	Yes
Domestic violence SEP	No	Yes	No

“In line” SEP (re: application)	No	Yes	No
Employer coverage	Yes – an SEP exists for individuals making MA enrollment requests in to or out of employer-sponsored MA plans, for individuals to disenroll from an MA plan to take employer sponsored coverage of any kind, and for individuals disenrolling from employer-sponsored coverage (including COBRA coverage) to elect an MA plan	Yes – if existing coverage through an eligible employer-sponsored plan will no longer be affordable or provide minimum value	Not applicable
Ongoing SEP for low-income	Yes – individual enrolled in Medicaid, Medicare Savings Program and/or Part D low-income subsidy can enroll, disenroll or change plans on a monthly basis (tied to rights applicable under Part D)	Yes – but QHP allows only one-time enrollment into a plan (QHPs only allow monthly plan changes for “an Indian” as defined by Section 4 of the Indian Care Improvement Act)	Not applicable
Open enrollment period for institutionalized individuals	Yes – continuous for eligible individuals – institutionalized individual is defined as an individual who moves into, resides in, or moves out of an institution [Note: not defined as an SEP under Medicare rules, rather as an “open enrollment period”]	No	No
Termination by regulator of contract or plan non-renewal	Yes	No	No
Trial period re: Medicare supplemental insurance policies (Medigap)	Yes	Not applicable	No
5-Star Quality Rating	Yes – if a plan achieves the top overall quality rating score of 5, there is an SEP to enroll in such plan outside of other enrollment periods	No	No- but may dis-enroll for poor quality of care
Lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs.	No	No	Yes
Plan does not cover the service the enrollee seeks because of moral or religious objections.	No	No	Yes
The enrollee needs related services to be performed at the same time;	No	No	Yes

not all related services are available within the network; and the enrollee's primary care provider or another provider determines that receiving the services separately would subject the enrollee to unnecessary risk			
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