

Special Enrollment

Qualifying Event (QE)	Coverage Effective Date	Required Documentation
<p>A qualified individual or dependent of a qualified individual loses minimum essential coverage</p> <ul style="list-style-type: none"> • Medicare • TRICARE • VA Coverage • Non-MAGI Medicaid • Loss of coverage due to: <ul style="list-style-type: none"> ✓ legal separation or divorce, ✓ aging out of dependent plan <p><i>Note: Does not include failure to pay premiums or situations involving fraud.</i></p>	<p>If plan selection made before or on the day of the loss of coverage, the effective date is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective day is the first day of the month following plan selection</p> <p>Has 60 days before and after the loss of coverage</p>	<p>Notice of loss/termination from prior carrier. (new enrollees only)</p> <p>*Enrollment will pend</p>
<p>A qualified individual or dependent of a qualified individual is enrolled in COBRA continuation coverage, and the employer contributions for such coverage completely cease</p>	<p>First day of month following plan selection.</p> <p>Has 60 days after the loss of employer contribution, in part or in full</p>	<p>Notice of loss/termination from prior carrier. (new enrollees only)</p> <p>*Enrollment will pend</p>
<p>A qualified individual or dependent of a qualified individual loses pregnancy-related coverage through Medicaid</p> <p><i>Note: KY's only category that falls under this QE is presumptive eligibility</i></p>	<p>First day of the month following plan selection</p> <p>Has 60 days before and after the loss of coverage</p>	<p>We have this information in our system so verification not required.</p>
<p>A qualified individual or dependent of a qualified individual loses medically needy coverage under Medicaid</p>	<p>First day of the month following plan selection</p> <p>Has 60 days before and after the loss of coverage</p>	<p>We have this information in our system so verification not required.</p>

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<p>A qualified individual or dependent of a qualified individual loses coverage due to non-renewal of expiring individual coverage</p>	<p>First day of the month following plan selection</p> <p>Has 60 days before and after the loss of coverage</p>	<p>Day of loss of coverage is last day of plan year. Proof of coverage (new enrollees only)</p> <p>*Enrollment will pend</p>
<p>A qualified individual gains a dependent or become a dependent through birth, adoption or placement for adoption or foster care, child support or other court order.</p>	<ul style="list-style-type: none"> • Retroactive to date of event; or • 1st of month following event, if requested by qualified individual. <p>Has 60 days after the qualifying event</p>	<p>Verification not required for birth For new enrollees who gain a dependent through adoption or placement for adoption or foster care, or through child support or other court order, the following are required:</p> <ul style="list-style-type: none"> • verification of qualifying event <p>*Enrollment will pend</p>
<p>A qualified individual or enrollee marries</p>	<p>First of the month following plan selection</p> <p>Has 60 days after the qualifying event</p>	<p>Newly eligibles must provide verification that at least one spouse had prior coverage and proof of marriage</p> <p>*Enrollment will pend</p>
<p>The qualified individual or enrollee, or his or her dependent, gains access to new QHPs as a result of a permanent move, e.g.,</p> <ul style="list-style-type: none"> • Release from incarceration • Move to state • Enrollee moving to a county with new QHPs 	<p>First day of the month following plan selection</p> <p>Has 60 days after the qualifying event</p>	<p>New enrollees who are eligible as a result of permanent move must provide proof of triggering event, and either proof of prior coverage during 1 of the past 60 days, or proof of living in a foreign country or US territory within past 60 days, or in a service area where no QHPs were available or have status as an Indian.</p> <p>*Enrollment will pend</p>

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<p>A qualified individual, or his or her dependent, gains status as a:</p> <ul style="list-style-type: none"> • Citizen • National • Lawful present 	<p>First day of the month following plan selection</p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p>
<p>A qualified individual or dependent of a qualified individual loses employer-sponsored coverage:</p> <ul style="list-style-type: none"> • Job loss • Job change • Expiration of COBRA • Employer dropped coverage • Loss of ESI-covered spouse/domestic partner 	<p>If plan selection made before or on the day of the loss of coverage, the effective date of coverage is the first day of the month following loss of coverage.</p> <p>If plan selection made after the loss of coverage, the effective date of coverage is the first day of the month following plan selection</p> <p>Has 60 days before and 60 days after loss</p>	<p>Newly eligible must provide proof of loss of coverage</p>
<ul style="list-style-type: none"> • An enrollee is determined newly eligible or newly ineligible for Advance Payments of Premium Tax Credit or has a change in eligibility for Cost-Sharing reductions • The enrollee's dependent enrolled in the same QHP is determined newly eligible for APTC or has a change in CSR 	<p>First day of the month following plan selection</p> <p><i>Determined by system</i></p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p> <p>*Individuals who are eligible for zero dollars APTC are considered ineligible for APTC.</p>
<p>The enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation, or if the enrollee or dependent of enrollee dies.</p>	<p>First day of the month following plan selection</p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p>
<p>A qualified individual who lived in a Medicaid non-expansion state who was ineligible for APTC solely because income was below 100% FPL, moves to the state and is now newly eligible for APTC</p>	<p>First day of the month following plan selection</p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p>

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<p>A qualified individual or enrollee who applied for coverage either during open enrollment or a special enrollment period is determined ineligible for Medicaid or KCHIP and after open enrollment has ended or more than 60 days after the qualifying event.</p>	<p>First day of the month following plan selection</p> <p><i>Note: Determined by special enrollment committee</i></p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p>
<p>A qualified individual is a victim of domestic abuse or spousal abandonment, is enrolled in MEC, and seeks to enroll in coverage separate from perpetrator</p>	<p>First day of the month following plan selection</p> <p>A dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim</p> <p>Has 60 days after the qualifying event</p>	<p>Verification not required</p>
<p>The qualified individual, enrollee, or dependent of enrollee gains access to an individual coverage HRA. The triggering event is the first day on which individual coverage HRA can take effect, or the first day on which coverage under the QSEHRA takes effect.</p>	<p>Individuals who qualify for this SEP have 60 days before their HRA start date to select a QHP, unless the HRA was not required to provide the notice setting forth its terms to them at least 90 days before the beginning of the plan year, in which case they have 60 days before or after their HRA start date to select a QHP.</p> <ul style="list-style-type: none"> • Plan selection prior to triggering event: 1st of the month following the triggering event; if the triggering event is on the first day of a month, on the date of the triggering event. • Plan selection on or after triggering event: 1st of the month after plan selection. 	<p>Verification not required</p>

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<p>A qualified individual or enrollee is an Indian or a qualified individual is or becomes a dependent of an Indian and is enrolling on same application as the Indian</p>	<p>First day of the month following plan selection</p> <p><i>Can enroll in or change plan one time a month</i></p>	<p>Verification not required</p>
<p>A qualified individual or enrollee demonstrates to kynect, in accordance with guidelines issued by HHS, that the individual meets other special circumstances</p>	<p>Based on circumstances</p> <p><i>Note: Determined by special enrollment committee</i></p>	<p>Verification not required</p>
<p>A qualified individual or enrollee's enrollment or non-enrollment in a health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of kynect or Health & Human Services, or its instrumentalities as determined by the OKHBE</p>	<p>Based on circumstances</p> <p><i>Note: Determined by special enrollment committee</i></p>	<p>Verification not required</p>
<p>An enrollee adequately demonstrates that the health plan in which he/she is enrolled substantially violated a major provision of its contract in relation to the enrollee</p>	<p>Based on circumstances</p> <p><i>Note: Determined by special enrollment committee</i></p>	<p>Verification not required</p>
<p>A qualified individual or enrollee demonstrates that a material error related to plan benefits, service area, or premium influenced decision to purchase QHP</p>	<p>Based on circumstances</p> <p><i>Note: Determined by special enrollment committee</i></p>	<p>Verification not required</p>

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<p>It has been determined by the Exchange that a qualified individual or enrollee, or his or her dependents, was not enrolled in a QHP; was not enrolled in a QHP selected by the individual or enrollee; or is eligible but not receiving APTC or CSR as a result of misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment activities.</p>	<p>Based on circumstances</p> <p><i>Note: Determined by special enrollment committee</i></p>	<p>Verification not required</p>
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<p>A qualified individual or enrollee has income that is expected to be no greater than 150 percent of the Federal poverty level.</p>	<p>First day of the month following plan selection</p>	<p>Verification not required</p>
<p>A qualified individual, enrollee, or dependent did not receive timely notice of an event that triggers eligibility for a special enrollment period, and otherwise was reasonably unaware that a triggering event</p>	<p>First day of the month following plan selection</p>	<p>Verification required.</p>
<p>A qualified individual, or dependent has a pregnancy confirmed by a medical provider</p>	<ul style="list-style-type: none"> • Retroactive to date of event; or • 1st of month following event, if requested by qualified individual. 	<p>Client Attestation Required</p>