Special Enrollment Period and Pre-enrollment Verification Guide for Assisters 2019
Special Enrollment Periods (SEP): The Basics

Overview .......................................................................................................................... 4
SEP Eligible Qualifying Life Events (QLE) ..................................................................... 4
Length of SEP ................................................................................................................. 5
  Early access to an SEP ................................................................................................. 5
Effective Dates ................................................................................................................ 5
  Special effective dates .................................................................................................. 6
American Indian/Alaska Native (AI/AN) ........................................................................ 6
COBRA ............................................................................................................................ 6
Steps for an SEP .............................................................................................................. 7
Pre-enrollment Verification ............................................................................................. 7
  Good faith extension ..................................................................................................... 9
  Effective dates options based on pre-enrollment verification process ....................... 9
Overview

A Special Enrollment Period (SEP) is a time outside of open enrollment when an individual or family can enroll in a qualified health (and dental) plan or change their existing qualified health (and dental) plan due to a qualifying life event, such as a change in family size, change in eligibility for coverage through MNsure or loss of other coverage.

A consumer must be approved for an SEP in order to enroll or change a qualified health plan (QHP) outside of the annual open enrollment period.

An individual or family must experience a qualifying life event in order to be eligible for an SEP. A member of a federally recognized tribe qualifies for a monthly SEP.

SEP Eligible Qualifying Life Events (QLE)

Qualifying life events that make a consumer eligible for a SEP include:

- Change in household size:
  - Due to birth, adoption, placement for adoption or foster care, child support order
  - Due to divorce, legal separation, death
  - Due to marriage
- Loss of qualifying health coverage
  - Loss of minimum essential coverage (MEC) including loss of employer-sponsored Insurance (ESI) or loss of public program coverage.
- Change in primary place of residence
  - Access to new qualified health plans as a result of a permanent move
- Change in eligibility for coverage through MNsure
  - Newly eligible for QHP due to gain of citizenship, US national, lawfully present status or change in incarceration status
  - Enrollee or enrollee’s dependent is newly eligible or ineligible for advanced premium tax credits (APTC) or change in cost sharing reduction (CSR) eligibility
  - Newly Eligible for advanced premium tax credits (APTC) or cost sharing reduction (CSR) eligibility due to a change in an Employer-Sponsored Plan
- Members of a federally recognized tribe, American Indian or Alaska Native, and dependents who enroll with a qualifying tribal member
- Enrollment error
  - Due to agency error, misrepresentation, misconduct or inaction
- Violation of qualified health plan contract by carrier
- Other qualifying events including:
Special Enrollment Periods

Exceptional circumstance

- Small employer newly offers a health reimbursement arrangement (HRA) – 30-day SEP

For more information go to Special Enrollment Period on MNsure.org.

Length of SEP

If a consumer experiences a qualifying life event (QLE), as a general rule they have 60 calendar days following the event, to enroll. After that time period the individual cannot enroll or change plans until the next open enrollment, or they experience another QLE.

Early access to an SEP

For certain qualifying events, an individual or family may access their special enrollment period up to 60 calendar days prior to the triggering date in order to select and enroll in a QHP. The individual or family must call MNsure in order to have their SEP eligibility confirmed. Coverage cannot begin prior to the triggering event. The length of the SEP includes the 60 days prior to the triggering date and the regular 60 calendar days following the triggering date.

For example, if a consumer will be losing their existing coverage on 3/31, they could select their plan and request an SEP up to 60 days prior to 3/31. If the SEP is approved, coverage could not start until after the loss of coverage. If they do not choose to enroll prior to 3/31, they will still have 60 days after that date, to enroll.

Early access to an SEP is available for the following qualifying events:

- Loss of minimum essential coverage
- Newly eligible for advanced premium tax credit (APTC) or cost-sharing reductions (CSR) due to a change in employer-sponsored insurance (ESI)

For all other SEPs, the consumer has to experience the event before being eligible to enroll.

Coverage Effective Dates

Most coverage effective dates are based on the date the consumer selects a plan. In order to determine if the consumer qualifies for an SEP, the consumer must call MNsure. If the consumer selects a plan prior to the SEP trigger event, coverage cannot begin prior to the date the qualifying life event occurred.

In general, coverage starts according to the regular effective date rule, also called the “15/16 rule.” This means:

- For a plan selected on the first through the 15th of the month, coverage is effective the first of the following month.
- For a plan selected on the 16th through the last day of the month, coverage is effective the first day of the second following month.
For example, if a plan is selected on August 12, the coverage is effective September 1. If a plan is selected on August 30, the coverage is effective October 1.

Consumers will be required to pay their initial premium for coverage to start, based on the invoice sent by the carriers.

**Special effective dates**

Some qualifying life events have special effective dates available. For the loss of minimum essential coverage, including MA or MinnesotaCare coverage, the coverage effective date is the first day of the month following the date of plan selection. But not before the loss of other coverage. For example, if an individual will lose MA coverage August 31 and selects a QHP on August 18, coverage would be effective September 1.

Some qualifying life events provide options for the effective dates, such as:

- Gain of dependent due to birth, adoption, foster care or child support order
- Loss of dependent due to death or divorce
- Enrollment due to MNsure error

For example, a family that wants to add a newborn to their coverage may choose an effective date retroactive to the newborn’s date of birth, or the first day of the month following the birth, or according to regular effective date rules.

**American Indian/Alaska Native (AI/AN)**

A member of a federally recognized tribe can enroll in or change a QHP once a month. In addition, members of the household who are not tribal members but are on the same application as a qualifying tribal member can enroll with the tribal member.

**COBRA**

A consumer who loses their employer-sponsored insurance (ESI) may qualify for a special enrollment period (SEP) even if they are offered COBRA coverage (or continuation coverage required under state law).

If a consumer accepts COBRA coverage, they can enroll on MNsure:

- During the 60-day SEP for loss of employer-sponsored insurance
- During MNsure’s annual open enrollment
- At any time if they are eligible for MA or MinnesotaCare
- Once the COBRA benefit has been exhausted

Accepting COBRA does not cancel the 60-day SEP due to loss of employer-sponsored insurance, but the consumer cannot drop COBRA and enroll in a QHP after the 60-day loss of coverage SEP is over, unless it is during the annual open enrollment.
Steps for an SEP

1. The consumer experiences a qualifying life event (QLE).
2. The consumer goes to MNsure.org to apply/enroll.
3. The consumer needs to call the Contact Center to confirm their eligibility for an SEP.
4. In general the Contact Center will:
   - Confirm that the consumer selected a plan.
   - Verify the consumer’s identity, read the Tenessen Warning, and verify attestation of the qualifying life event.
   - Gather information from the consumer and determine if the consumer is eligible for an SEP.
     - If the consumer is not eligible the Contact Center will notify the consumer.
   - If the consumer is eligible, the Contact Center will inform the consumer of the appropriate information regarding effective dates and whether verification documentation is needed.
   - Create a request for verification notice, if appropriate.
   - If no pre-enrollment verification is needed, the Contact Center will verify that an enrollment record is created, or if needed, will create a manual enrollment.
   - If pre-enrollment verification is needed the consumer will have 30 days from the date of the notice to provide the verification documentation. Verification must be provided or the enrollment/enrollment changes will not take place. Instructions regarding how to provide the verification will be on the request notice.

Special note for assisters:

- Brokers can call the Broker Line to confirm the consumer’s eligibility for an SEP.
- Navigators and CACs can call the Assister Resource Center (ARC) to confirm the consumer’s eligibility for an SEP. The consumer must be physically present, or on the call at the time the call is initiated. ARC staff must speak with the consumer to verify three PIIs and give data privacy and security attestation warnings. The consumer may then authorize the navigator/CAC to complete the SEP with the ARC.

Pre-enrollment Verification

MNsure will notify the enrollee by mail if more information is needed to verify the qualifying life event. MNsure must receive the information within 30 days of the date on the request notice or the enrollment will expire and will not be forwarded to the insurance company.

When verification is received within the 30 days, MNsure staff will:

- Verify that the documentation is acceptable.
• Send the enrollment/enrollment changes to the insurance company.
• Send notice to the consumer that the enrollment has been sent. The notice will inform the consumer of the coverage start date.

Pre-enrollment verification is required for these SEPs:

• Change in Household Size (Birth, Adoption, Placement for Adoption or Foster Care, Child Support Order)
  o For birth, when electronic evidence does not verify, documentation is required to prove the date of birth.
  o For adoption, placement or court order, documentation is required to prove date of adoption, placement or court order.
• Change in Household Size (Divorce, Legal Separation, Death)
  o Documentation is required to prove date of death, divorce or legal separation.
• Change in Household Size (Marriage)
  o Documentation is required to prove date of marriage and to prove health care prior to the marriage, unless they are a MNsure enrollee or living outside the U.S.
• Loss of qualifying health coverage – Loss of minimum essential coverage (MEC)
  o Documentation is required to prove date of the loss of MEC.
  o When consumer attests to loss of a public program (Medical Assistance or MinnesotaCare), MNsure verifies the loss of coverage with records available in Minnesota’s Eligibility Technology System (METS). If METS does not confirm the loss, the consumer will asked for documentation.
• Change in primary place of residence – Address change resulting in access to new qualified health plans
  o When METS has a record of the previous address, documentation is required to prove the date of the move.
  o When METS does not have a record of the previous address (i.e. the consumer is a new applicant in METS), documentation is required to prove previous address and date of move.
  o Documentation is required to prove health care coverage prior to the move, unless they are a MNsure enrollee or moving from outside the U.S.
• Newly eligible for QHP due to gained citizenship, US National, or lawfully present status
  o When electronic evidence does not verify, documentation is required to prove status.
• Newly eligible for advanced premium tax credits (APTC) or cost sharing reduction (CSR) due to a change in employer-sponsored insurance (ESI)
  o Documentation is required to prove change in employer coverage.

For more information on the pre-enrollment verification process see the SEP Pre-Enrollment Verification Guide.
Good faith extension

The consumer may receive a good faith extension if:

- They call the Contact Center within 30 days of receiving the request for verification documentation and provide an adequate reason to require more time.
- They send documentation within 30 days of receiving the request for verification but documentation is marginally insufficient to verify their qualifying life event.

If the consumer is determined to have made a good faith attempt, they will be sent a notice that extends their verification period to 30 days after their original deadline.

If no verification documentation is sent, or the documentation is not determined to be a good faith attempt, the consumer will be informed that their SEP was denied.

Effective date options based on pre-enrollment verification process

When an enrollee is required to pay two or more months of retroactive premiums in order to effectuate coverage, the enrollee must be given the option to start coverage based on the original effective date or move the start ahead no more than one month.

Example: Determined eligible for an SEP on March 30 with coverage set to begin April 1. If SEP verification is processed May 2, then the enrollee can elect to keep the April 1 start date or move the start date from April 1 to May 1.
Notices for Pre-enrollment Verification Process

Request for Information and Special Enrollment Eligibility ..............................................................11
Qualifying Life Event Not Confirmed-Special Enrollment Period Denied ........................................17
Qualifying Life Event and Special Enrollment Period Confirmed .....................................................22
Special Enrollment Period Verification Extension .............................................................................27
Request for Information and Special Enrollment Eligibility

Who gets this notice?
Consumers who have reported a qualifying life event (QLE) that requires pre-enrollment verification. They have contacted the Contact Center and have been determined to meet the requirements for a special enrollment period (SEP). The enrollment or enrollment changes will not be sent to the insurance company, unless verification documentation is received within 30 days. The life events that require pre-enrollment verification are:

- Change in Household Size
  - Birth
  - Adoption, Placement for Adoption or Foster Care, Child Support Order
  - Divorce, Legal Separation
  - Death
  - Marriage
- Loss of qualifying health coverage – Loss of minimum essential coverage
- Permanent move resulting in access to new qualified health plans (QHPs)
- Gained citizenship, US National, or lawfully present status
- Newly eligible for advanced premium tax credits (APTC) or cost sharing reduction (CSR) due to a change in employer-sponsored insurance (ESI)

What should they do?
The consumer must submit a copy of at least one of the documents listed on the notice. The first and last name and case number should be on all documents submitted. They can submit the documents to MNsure in the following ways:

- Upload documentation at [www.MNsure.org/verify-qhp.jsp](http://www.MNsure.org/verify-qhp.jsp)
- Fax documentation along with the first page of the notice to 651-431-7770
- Mail documentation along with the first page of the notice using the enclosed return envelope

What will happen next?
MNsure will review any documentation sent.

- If the documentation is sufficient and verifies the qualifying life event, MNsure will forward the enrollment to the insurance company, and send a notice to the consumer, with the effective date of coverage.
• If the documentation is not sufficient, but it is determined to be a good faith effort, MNsure will send a new notice extending the time period for the consumer to provide sufficient documentation.

• If no documentation is sent within 30 days, or the documentation sent does not verify the qualifying life event, the enrollment or enrollment changes will not be sent to the insurance company, the consumer will be receive a written notice of the SEP denial.
MNSure Operations
PO Box 64253
St. Paul MN, 55164-0253

Date: 03/01/2019
Case Number: 11111111

MNSure Consumer
123 East 7th St.
St. Paul, MN 55101

ACTION REQUIRED:
Request for Information and Special Enrollment Period Eligibility

Name: MNSure Consumer
MNSure ID Number: 99999999

Why am I getting this notice?
You reported a qualifying life event, and you meet the requirements for a special enrollment period. (Code of Federal Regulations, title 45, sections 155.305(b) and 155.420). You reported the following qualifying life event:

You lost minimum essential coverage.

During this special enrollment period, you can purchase a qualified health plan (QHP) or change your QHP if you are already enrolled. You must provide MNSure with additional information to verify your special enrollment period.

What do I need to do and what is the due date?
We need more information from you before MNSure can send your enrollment update to your selected insurance company.

By 03/31/2019 you must submit a copy of at least one of the documents listed on Page 2 of this notice to confirm your reported qualifying life event. Please include your first and last name and case number on all documents you send.

How do I submit my documents?
- Online (Preferred) - Upload your documentation from your desktop or mobile device at www.MNSure.org/verify-qhp.jsp
- Fax - Fax your documentation along with the first page of this notice to 651-431-7770
- Mail - Mail your documentation along with the first page of this notice using the enclosed return envelope

What will happen if I do not send the information by the due date?
If we do not get the requested information by the due date listed above, MNSure will not send your enrollment update to your selected insurance company and your qualified health plan coverage (QHP) and the QHP coverage of members of your household will not be processed. Send in the requested documentation as soon as possible.

If you have questions about this notice, call the MNSure Contact Center at 855-366-7873 and reference 'MNSure Form E5'.

MNSure Form E5_Page 1 of 4
WE NEED YOU TO PROVIDE A COPY OF AT LEAST ONE OF THE DOCUMENTS LISTED BELOW

**Documents that prove loss of minimum essential coverage:**

- Letter from health insurance company that indicates loss of coverage
- Letter from employer
- Employer plan notice that indicates a loss of coverage
- Notice of loss of benefits from a federal government program (i.e. Medicare, TRICARE)

**NOTE:** Documents must show that you lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days. These documents must include your name and the date of coverage loss.
Your Civil Rights

Civil Rights Notice

Discrimination is against the law. MNsure does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Free Services

1. Auxiliary aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language assistance

If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 855-366-7873 (toll free).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex (including sex stereotypes and gender identity)
Contact the OCR directly to file a complaint:
Director, U.S. Department of Health and Human Services’ Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay) 651-296-9042 (fax)
info.MDHR@state.mn.us (email)

MNsure
You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following:
- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within one year of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsure will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have MNsure review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact MNsure directly to file a discrimination complaint:
Deputy General Counsel, MNsure Accessibility and Equal Opportunity (AEO) Office
81 7th Street East, Suite 300
St. Paul, MN 55101-2211
855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)
Qualifying Life Event Not Confirmed-Special Enrollment Period Denied

Who gets this notice?
Consumers who have selected a plan and reported a qualifying life event that requires pre-enrollment verification. They had been sent the “Request for Information and Special Enrollment Eligibility” but they did not send verification documentation, or the documentation they sent did not verify their eligibility.

What should they do?
The consumer can enroll during the next Open Enrollment, or can request a special enrollment period, if a new qualifying life event takes place.

What will happen next?
The enrollment or enrollment changes will expire and MNsure will not forward any enrollment to the insurance company.
Pre-enrollment Verification Notices

MNsure Operations
PO Box 64253
St. Paul MN, 55164-0253

Date: 02/20/2019
Case Number: 11111111

MNsure Consumer
123 East 7th Street
St. Paul, MN 55101

IMPORTANT NOTICE:
Qualifying Life Event Not Confirmed - Special Enrollment Period Denied

Name: MNsure Consumer
MNsure ID Number: 999999999

Why am I getting this notice?
You are receiving this notice because MNsure was unable to confirm your qualifying life event and your eligibility for a special enrollment period is denied.

You reported the following qualifying life event:

You gained dependent(s) through marriage.

MNsure requested information from you to confirm this qualifying life event, but MNsure has not received sufficient documentation from you to verify your eligibility for this special enrollment period.

What happens next?
Because we are unable to confirm your qualifying life event, your eligibility for a special enrollment period is denied. MNsure will not send your enrollment selection or enrollment changes to the insurance company.

If you disagree with this determination, please see the enclosed Appeal Rights document. If you did not get the Appeal Rights document or have questions about your appeal rights, call 855-366-7873.

If you have questions about this notice, call the MNsure Contact Center at 855-366-7873 and reference 'MNsure Form E6'.

MNsure Form E6_Page 1 of 4
IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action taken on my application?
You will get a Health Care Notice that lets you know if you qualify to get coverage through MNsure. If you do not think the decision is correct, you have the right to appeal. This is a legal process where an Appeals Examiner reviews a decision made by MNsure. You can learn more about how this works at www.mnsure.org.

How do I appeal?

1. Internet
   Login to your account at www.mnsure.org

2. Phone
   MNsure Contact Center at 855-366-7873

3. Mail
   MNsure
   81 Seventh Street East Suite 300
   St. Paul, MN 55101-2211

4. In person
   Minnesota Department of Human Services
   Information Desk 444
   Lafayette Rd. N. St.
   Paul, MN 55101

What can I appeal?
- If MNsure did not act on your request about health care coverage or processed your request too slowly
- If you do not agree with the action taken

Important: You must file your appeal within 90 days of the date of your Health Care Notice.

Important: An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be figured again.

What do I do after I file my appeal?
- Gather data related to the action that you are appealing that you think will prove or explain your case.
- You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.
- Continue to report changes (such as start or stop of a job, or people moving in or out of your household) within 30 days. To report changes, call the MNsure Contact Center at 855-366-7873.

What if it’s an emergency?
You have a right to request an expedited (speed up) appeal. This happens when a person’s life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check “yes” on the appeal request form when asked if the appeal involves a medical emergency or call the MNsure Contact Center at 855-366-7873.

What happens to my benefits during my appeal?
If you are appealing a change in your benefits, you can continue to get the level of benefits you received prior to the change by checking, “I want to keep getting benefits at the same rate as before” on the appeal request form. If you lose your appeal and requested to continue benefits, you may have to pay back the benefits you got while your appeal was pending.

Can I get help with my appeal?
You may speak for yourself at the hearing. You may also have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the appeal request form. If your income is below a certain limit, you may be able to get legal advice or help with an appeal from your local legal aid office.

1 The term “benefits” has meanings that change with the appeal type. If you appeal the advanced payment of premium tax credits and/or cost-sharing reductions, “benefits” means the amount of the tax credits and/or reductions. If you appeal the eligibility to purchase a QHP through MNsure, “benefits” means the eligibility to purchase a QHP through MNsure.
Your Civil Rights

Civil Rights Notice

Discrimination is against the law. MNsure does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Free Services

1. Auxiliary aids

If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language assistance

If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 855-366-7873 (toll free).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex (including sex stereotypes and gender identity)
Contact the OCR directly to file a complaint:
Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)  800-537-7697 (TDD)

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)  800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)  651-296-9042 (fax)
info.MDHR@state.mn.us (email)

MNsure
You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within one year of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsure will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have MNsure review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact MNsure directly to file a discrimination complaint:
Deputy General Counsel, MNsure Accessibility and Equal Opportunity (AEO) Office
81 7th Street East, Suite 300
St. Paul, MN 55101-2211
855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)
Qualifying Life Event and Special Enrollment Period Confirmed

Who gets this notice?
Consumers who have selected a plan and reported a qualifying life event that requires pre-enrollment verification. They had been sent the “Request for Information and Special Enrollment Eligibility” and MNsure verified the information and confirmed the eligibility. The notice tells the consumer the coverage effective date.

In some cases, if the coverage effective date is two or more months retroactive, the consumer will be given a choice to call the Contact Center, within 14 days, to change the effective date by one month. Consumers that meet this criteria will have specific language in their notice. Only consumers with the specific language in the notice are able to make this choice.

Example: Determined eligible for SEP on March 30 with coverage set to begin April 1. If an SEP verification is processed May 2 then the enrollee can elect to keep the April 1 start date or move the start date from April 1 to May 1.

What should they do?
After they receive an invoice from the insurance company, they must pay their premium for coverage to start.

If they have language in the notice that allows for a change in effective date, they can call the Contact Center within 14 days, to make the change if they choose.

What will happen next?
They will receive an invoice and information about their coverage from the insurance company.
Pre-enrollment Verification Notices

MNsure Operations
PO Box 64253
St. Paul MN, 55164-0253

Date: 02/20/2019

Case Number: 111111111

MNsure Consumer
123 East 7th Street
St. Paul, MN 55101

Important Notice:
Qualifying Life Event and Special Enrollment Period Confirmed

Name: MnSure Consumer

MnSure ID Number: 99999999

Why am I getting this notice?
You are receiving this notice because MnSure confirmed your qualifying life event and you are eligible for a special enrollment period.

You reported the following qualifying life event:
You gained dependent(s) through marriage.

Your eligibility for this special enrollment period has been verified and MnSure has sent your enrollment selection or enrollment changes to your insurance company with coverage effective 05/01/2019.

Your coverage effective date is based on when you picked a plan. Your insurance company will send you an invoice. You must pay your first month’s premium for coverage to start.

What if I have questions about this notice?
If you have questions about this notice, call the MnSure Contact Center at 855-366-7873 and reference ‘MnSure Form ESA’.

If you disagree with this determination, please see the enclosed Appeal Rights document. If you did not get the Appeal Rights document or have questions about your appeal rights, call 855-366-7873.
IMPORTANT APPEAL RIGHTS! READ THIS NOW!

What if I do not agree with the action taken on my application?
You will get a Health Care Notice that lets you know if you qualify to get coverage through MNsure. If you do not think the decision is correct, you have the right to appeal. This is a legal process where an Appeals Examiner reviews a decision made by MNsure. You can learn more about how this works at www.mnsure.org.

How do I appeal?

1. Internet
   Login to your account at www.mnsure.org

2. Phone
   MNsure Contact Center at 855-366-7873

3. Mail
   MNsure
   81 Seventh Street East Suite 300
   St. Paul, MN 55101-2211

4. In-person
   Minnesota Department of Human Services
   Information Desk 444
   Lafayette Rd. N. St.
   Paul, MN 55101

What can I appeal?
- If MNsure did not act on your request about health care coverage or processed your request too slowly
- If you did not agree with the action taken

Important: You must file your appeal within 90 days of the date of your Health Care Notice.

Important: An appeal decision for one household member may affect the eligibility of other household members. Household eligibility may need to be figured again.

What do I do after I file my appeal?
- Gather data related to the action that you are appealing that you think will prove or explain your case.
- You will get a letter telling you the date and time of the appeal hearing. Many hearings are done over the phone.
- Continue to report changes (such as start or stop of a job, or people moving in or out of your household) within 30 days. To report changes, call the MNsure Contact Center at 855-366-7873.

What if it’s an emergency?
You have a right to request an expedited (speed up) appeal. This happens when a person’s life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check “yes” on the appeal request form when asked if the appeal involves a medical emergency or call the MNsure Contact Center at 855-366-7873.

What happens to my benefits during my appeal?
If you are appealing a change in your benefits, you can continue to get the level of benefits you received prior to the change by checking, “I want to keep getting benefits at the same rate as before” on the appeal request form. If you lose your appeal and requested to continue benefits, you may have to pay back the benefits you got while your appeal was pending.

Can I get help with my appeal?
You may speak for yourself at the hearing. You may also have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the appeal request form. If your income is below a certain limit, you may be able to get legal advice or help with an appeal from your local legal aid office.

1 The term “benefits” has meanings that change with the appeal type. If you appeal the advanced payment of premium tax credits and/or cost-sharing reductions, “benefits” means the amounts of the tax credits and/or reductions. If you appeal the eligibility to purchase a QHP through MNsure, “benefits” means the eligibility to purchase a QHP through MNsure.
Your Civil Rights

Civil Rights Notice
Discrimination is against the law. MNsure does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Free Services

1. Auxiliary aids
If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language assistance
If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNSure.org or 855-366-7873 (toll free).

Civil Rights Complaints
You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex (including sex stereotypes and gender identity)
Contact the OCR directly to file a complaint:
Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)  800-537-7697 (TDD)

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:
- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)  800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)  651-296-9042 (fax)
info.MDHR@state.mn.us (email)

MNsure
You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following:
- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within one year of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsure will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have MNsure review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact MNsure directly to file a discrimination complaint:
Deputy General Counsel, MNsure Accessibility and Equal Opportunity (AEO) Office
81 7th Street East, Suite 300
St. Paul, MN 55101-2211
855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)
Special Enrollment Period Verification Extension

Who gets this notice?
Consumers who have been sent the Request for Information and Special Enrollment Eligibility notice, and given 30 days to provide verification documentation but have done one of the following, will be allowed extended time to provide documentation:

- Contacted the MNsure Contact Center and asked for additional time to get acceptable documentation. OR
- Sent in acceptable documentation that was not sufficient, but was determined to demonstrate a good faith effort to comply with the original request for information.

What should they do?
The consumer must submit a copy of at least one of the documents listed on the notice. The first and last name and case number should be on all documents submitted. They can submit the documents to MNsure in the following ways:

- Upload documentation at www.MNsure.org/verify-qhp.jsp
- Fax documentation along with the first page of the notice to 651-431-7770
- Mail documentation along with the first page of the notice using the enclosed return envelope

What will happen next?
MNsure will review any documentation sent.

- If the documentation is sufficient and verifies the qualifying life event, MNsure will forward the enrollment to the insurance company, and send a notice to the consumer, with the effective date of coverage.
- If no documentation is sent in 30 days, or the documentation sent does not verify the qualifying life event, the enrollment or enrollment changes will not be sent to the insurance company, the consumer will be notified of the SEP denial.
ACTION REQUIRED:
Special Enrollment Period Verification Extension

Name: MNsure Consumer

MNsure ID Number: 99999999

Why am I getting this notice?
MNsure is providing you extra time to submit documents to confirm that you qualify for a special enrollment period because the document(s) you submitted did not confirm your qualifying life event.

You need to submit documents for the following qualifying life event:

\[\text{You lost dependent(s) due to divorce or legal separation.}\]

What do I need to do and what is the due date?
We need more information from you before MNsure can send your enrollment update to your selected insurance company.

The original due date for your documents was 03/31/2019 but the due date has been extended to 04/30/2019

By 04/30/2019 you must submit a copy of at least one of the documents listed on Page 2 of this notice to confirm your reported qualifying life event. Please include your first and last name and case number on all documents you send.

How do I submit my documents?
- Online (Preferred) - Upload your documentation from your desktop or mobile device at www.MNsure.org/verify-qhp.jsp
- Fax - Fax your documentation along with the first page of this notice to 651-431-7770
- Mail - Mail your documentation along with the first page of this notice using the enclosed return envelope

What will happen if I do not send the information by the due date?
If we do not get the requested information by the due date listed above, MNsure will not send your enrollment update to your selected insurance company and your qualified health plan coverage (QHP) and the QHP coverage of members of your household will not be processed. Send in the requested documentation as soon as possible.

If you have questions about this notice, call the MNsure Contact Center at 855-366-7873 and reference 'MNsure Form ESB'.

MNsure Form ESB Page 1 of 4
WE NEED YOU TO PROVIDE A COPY OF AT LEAST ONE OF THE DOCUMENTS LISTED BELOW

Document that proves the date of divorce or legal separation:

- Court order
Your Civil Rights

Civil Rights Notice
Discrimination is against the law. MNsure does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)

Free Services

1. Auxiliary aids
If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

2. Language assistance
If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 855-366-7873 (toll free).

Civil Rights Complaints
You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex (including sex stereotypes and gender identity)
Contact the OCR directly to file a complaint:
Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)  800-537-7697 (TDD)

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been
discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)  800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)  651-296-9042 (fax)
info.MDHR@state.mn.us (email)

MNsure
You have a right to file a complaint with MNsure if you believe you have been discriminated against in
our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes
  and gender identity)

Complaints must be in writing and filed within one year of the date you discovered the alleged
discrimination. The complaint must contain your name and address and describe the discrimination
you are complaining about. After we get your complaint, we will review it and notify you in writing
about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsure will notify you in writing of the investigation’s outcome. You have the right to appeal the
outcome if you disagree with the decision. To appeal, you must send a written request to have
MNsure review the investigation outcome. Be brief and state why you disagree with the decision.
Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot
retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a
complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact MNsure directly to file a discrimination complaint:
Deputy General Counsel, MNsure Accessibility and Equal Opportunity (AEO) Office
81 7th Street East, Suite 300
St. Paul, MN 55101-2211
855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)
Overview

This Supporting Documentation Upload tool allows consumers to upload verification documentation requested by MNsure. The link for the tool is found on the verification documentation request notices manually sent by MNsure.

Consumers can access the tool with the link from their notice, or they can search on MNsure.org using the keyword “verify” or “upload”. They should select the search result titled “Upload Supporting Documents”.

Document Requirements

A consumer can take a picture of the documents, or scan their documents to a PDF, in order to be able to upload them.

- Documents can be submitted using a computer or mobile device.
- Documents can be a JPEG, GIF, PNG or PDF file type.
- Consumers can include up to three separate files for each supporting document submitted.
- PDF files can contain multiple pages.
- JPEG, PNG or GIF file types contain one page.
- Files cannot exceed 25MB in size.

All documents must be labeled with the first name, last name and reference number of the individual that the supporting documentation is for.

Verification Documentation Request Notices

Requests to Verify Special Enrollment Periods (SEP)

A consumer may be required to send documentation to verify eligibility for a special enrollment period (SEP). In many cases the verification documentation is required before the consumer’s enrollment information is sent to the insurance company. The consumer may receive one or both of the following notices in an SEP scenario:

- “Action Required: Request for Information and Special Enrollment Period Eligibility”
  - This notice is sent when a consumer contacts the Contact Center and requests a special enrollment period (SEP) based on a qualifying life event that requires verification documentation. They have 30 days from the date of the notice to send the documentation.
- “Action Required: Special Enrollment Period Verification Extension”
This notice is sent when a consumer qualifies for an extension to the 30 day requirement for documentation for a SEP.

Requests to Verify Eligibility

When submitting an application, a consumer may be required to verify information on their application that cannot be verified through electronic resources. The consumer has 90 days to send the documentation. In most cases, they are already enrolled; if the documentation is not received they may lose their coverage. The consumer will receive a notice with the heading “Action Required: Documentation Needed”.

Using the Verification Upload Tool

Consumer has a Documentation Request Notice

If the consumer has received a verification documentation request notice. They will need the following information from the notice:

- Reference/case number printed under the date of the notice letter.
- Heading on the notice they received, found on the first page beginning with “Action Required”. It will be one of the three notices listed in the previous section.

They will also need:

- First and last name of the primary applicant (person the notice was addressed to).
- Date of birth of the primary applicant.
- First and last name of any individuals that the supporting documents are for.
- Date of birth of any individuals that the supporting documents are for.
- Email address if they wish to receive an email confirmation (optional).

The consumer should submit the first page of their notice when prompted on the tool.

Consumer does not have a Documentation Request Notice

If a consumer requests to upload their documentation prior to receiving the notice, after verifying the consumer’s identity, the Contact Center or an assister can:

- Provide the consumer’s case number (Integrated Case number)
- Based on the consumer’s scenario, direct the consumer which button to choose under “Action Required”
o “Request for Information and SEP Eligibility” – The consumer has contacted the Contact Center regarding eligibility for an SEP, and the consumer must verify information regarding their qualifying life event, and SEP eligibility within 30 days.

o “Special Enrollment Period Verification Extension” – The consumer has contacted the Contact Center regarding eligibility for an SEP, and the consumer must verify information regarding their qualifying life event, and SEP eligibility. They have been given an extension from the original 30 days.

o “Documentation Needed” – The consumer must verify information on their application, which the system is unable to verify electronically.

• Instructions to get to the upload tool:
  o The consumer can go to MNsure.org and search for the keyword “verify” or “upload”. When the search results are listed, they should select “Upload Supporting Documents”.

The consumer will also need:

• First and last name of the primary applicant (person the notice was addressed to).
• Date of birth of the primary applicant.
• First and last name of any individuals that the supporting documents are for.
• Date of birth of any individuals that the supporting documents are for.
• Email address, if they wish to receive an email confirmation (optional).

If a household requests to submit their documentation prior to receiving a notice requesting information, the assister can prepare a Verification Documentation Cover Letter for the household to submit with their documentation. This will help to ensure that the information is filed correctly. If the household has already received a notice requesting information, they should submit the first page of the notice with the documentation, and this cover letter is not needed.

**Fill out Supporting Documentation Upload Tool**

Consumers who find the tool using a keyword search will be taken to a MNsure page. The tool can be launched from that page.

Consumers, who use the URL in the notices, will be taken directly to the Authentication Page.
Authentication Page

The consumer must have the Reference/case number, and the primary applicant’s first and last name to use the tool. All fields are required.

It is important the consumer fill out the fields exactly as the instructions specify.

If the information is not authenticated or is entered incorrectly, the consumer will get an error message and a chance to reenter the information.

Error Message

The information that you entered does not match our records. Try entering your information again as it appears on the notice you received from us.

If you are unable to submit your documents using this website, follow the directions on your notice to send your documents by mail or fax or call 855-366-7873 or 651-539-2099.

If the consumer logs in correctly they will see the page that they will use to upload the first document.
Supporting Documentation Upload Page

Submit Supporting Documents

Primary Applicant Information:

Case number 
2222222
First name of primary applicant
Test
Last name of primary applicant
Two
Date of birth of primary applicant (mm/dd/yyyy)*

* Indicates Required Fields:

Action Required:

In the “Action Required” box my notice states: (Select one) *
○ Request for Information and Special Enrollment Period Eligibility
○ SEP Verification Extended
○ DOCUMENTATION IS NEEDED

First Page of Documentation Request Notice (If you have not received a mailed notice yet, skip this step.)

Browse

Supporting Documentation Information:

Please write your name and case number on each document you submit.

First name of the individual that supporting documentation is for *
Test
Last name of the individual that supporting documentation is for *
One
Date of birth of individual that supporting documentation is for (mm/dd/yyyy)*
1/1/2001

Select the type of supporting documentation *

Document to prove the date of birth
- Birth certificate

Select the number of files you wish to submit (You can choose up to three. If you need to submit more, you can choose to make another submission on the next screen.)*

File 1 *

Browse

Confirmation Email Option:

For an email confirmation of the document upload, provide an email address (Optional)

Email address

Re-enter email address

Submit Documents

Cancel submitting any documents and log out now.
Primary Applicant Information

1. The consumer must enter the date of birth of the primary applicant.

Action Required

2. Based on their notice, or information from the Contact Center or an assister, the consumer should select the scenario that describes their documentation. This selection is required.

![Action Required](image)

3. The consumer can submit the first page of the notice they received requesting documentation. When they select "Browse" they will be taken to their web browser. They can select the file that contains the first page of their verification letter. This is not required, but is encouraged if the consumer has the notice. A consumer working with an assister can prepare a Verification Documentation Cover Letter for the household to submit instead of the notice. This will help to ensure the information is filed correctly. If the household has received the notice, the first page of the notice should be submitted and the cover letter is not needed.

Supporting Documentation Information

4. The consumer should type in the first name, last name and date of birth of the person the supporting documentation is for. This may or may not be the primary applicant.

5. The consumer will select the type of verification documentation that is being submitted. This information will be on the verification letter. The selections for “Type of Verification Needed” are different for SEP and Eligibility scenarios.

   For SEP scenarios:
   - Loss of minimum essential coverage
   - Gain of dependent(s) through marriage
   - Gain of dependent(s) through birth
   - Gain of dependent(s) through adoption, foster care or through court order
   - Loss of dependent(s) due to divorce or legal separation
   - Loss of dependent(s) due to death
6. When the type is selected, a list of possible documents will appear. This is text only used to assist the consumer; the consumer does not need to indicate which of these documents they are sending.

Below is the example for Gain of Dependent(s) birth:

```
Document to prove the date of birth

• Birth certificate
```

7. After the consumer selects the verification type, they select the number of files they will be sending for this specific documentation type and participant. They can select a maximum of 3. If they have more, they will have an option to submit more documents, after submitting these.

8. The “Browse” button will appear. The number of buttons that appear will correspond to the number of files the consumer selected in step 7. These are required fields. If the wrong number is selected, the consumer must go back and select the correct number.

9. The consumer will select “Browse”, and will go to their browser and select the JPEG, GIF, PNG or PDF file they want to upload.

Each file can be up to 25MB in size.
**Confirmation Email Option**

10. To receive an email to confirm the submission, the consumer will need to enter an email address, and re-enter it for accuracy.

**Submit**

11. The consumer will select submit to upload the document(s). After they select submit, they will receive an error if all fields are not filled out. The error will indicate which fields are not complete. **NOTE:** All selected files will be cleared, and the consumer will need to select all files (including the cover letter) again.

12. The consumer will receive an error if they are attempting to upload a file that is not accepted.

**Error Message**

One or more documents did not upload properly. Make sure your documents are in JPG, JPEG, PNG, GIF or PDF format and do not exceed 25MB.

If you are unable to submit your documents using this website, follow the directions on your notice to send your documents by mail or fax or call 855-366-7873 or 651-539-2099.

If there is no error, the consumer will be taken to a Transition Page (screenshot below), and an email will be sent to the indicated email address.

The email will be from DoNotReply@MNsure.org, and will include the verification type and the name of the individual the supporting documents were for (example below).

If a consumer gets to this page and does not want to submit a document, they select “Cancel submitting any documents and log out now” before selecting Submit.
Transition Page

Submit More Documents

If the consumer selects “Yes” and selects Submit More Documents, they will be taken to another upload page. They will not have to submit the cover letter again and will not have the options under “Action Required”.

The consumer must enter the name of the individual the documentation is for and the date of birth of the individual. It may or may not be the same as previous uploads.

The consumer will select the type of verification. It may or may not be the same as previous uploads.

The consumer can follow the instructions to upload up to three files.

If they choose to add an email they will receive an email for this upload.

After they select “Submit”, if there are no errors, they will be taken back to a transition page. An email will be sent to the indicated email address.

When they are done submitting documents they will select “No” on the transition page.
Log Me Out

They can select “Log Me Out”.

When they log out they will be taken to the Thank you page.

Thank You Page

From the Thank You Page if the consumer selects log in, they will be taken back to the first page of the tool, and can enter new information. For security purposes they will need to log in again.

To ensure their security a consumer should always clear their browser history when leaving the site.
Example Email

From DoNotReply@MNsure.org

Dear (Name of primary applicant),

We received your verification submission for (Name of person documentation was for)

You sent us proof of:

Gain of dependent(s) through birth (Verification type selected)

Thank you.

MNsure Contact Center
855-366-7873 or 651-539-2099
Important Tips for Assisters

- The tools cannot be used for verifications for cases that are public program only. The tool is used only for qualified health plan and mixed household cases.

- The verification upload tool cannot be utilized the same day an SEP is requested. Consumers should be able to upload consumer verification documents the day after requesting an SEP from MNsure.

- The preferred way to use the verification tool is to wait for the consumer to receive their SEP notice from MNsure and use the information on that notice to fill out the information required to use the verification tool.

- The upload tool can be used without the SEP notice, but you will need the following information, which you will can get when you call the ARC/Broker Line/Contact Center to report the SEP.
  - Case number on the application. This number is also known as the Integrated Case (IC) number.
  - Name and Date of birth of the primary applicant on the application. Note: this may be different than the primary applicant on the enrollment.

- If you are using the verification tool without a notice, skip the section asking to upload the first page of the verification notice.

- In order to correctly file the documentation, the consumer’s name, date of birth, and case number should be on each page of the verification that is uploaded.

- Broker Line/ARC teams are unable to provide information on whether a verification has been received in real time. Please wait a few days and email using the Case Status Request form for this information.

- If a navigators or CACs calls the ARC to confirm the consumer’s eligibility for an SEP, the consumer must be physically present, or on the call at the time the call is initiated. ARC staff must speak with the consumer to verify three PIIs and give data privacy and security attestation warnings. The consumer may then authorize the navigator/CAC to complete the SEP with the ARC.
SEP Pre-enrollment Verification Guide

Consumer Process: ...............................................................................................................46
MNsure Process: ...................................................................................................................46
Acceptable Document List .....................................................................................................48
Change in Household Size-Birth, Adoption, Placement for Adoption or Foster Care, Child Support Order ........................................................................................................................49
  Gain of dependent(s) through birth ....................................................................................49
  Gain of dependent(s) through adoption, foster care or through court order ....................49
Change in Household Size-Divorce, Legal Separation, Death ...............................................49
  Loss of dependent(s) due to divorce or legal separation: ...................................................49
  Loss of dependent(s) due to death: ....................................................................................49
Change in Household Size-Marriage .....................................................................................49
  Gain of dependent(s) through marriage .............................................................................49
Loss of qualifying health coverage–Loss of Minimum Essential Coverage (MEC) .................50
Change in primary place of residence–Address Change Resulting in Access to New Qualified Health Plans ..................................................................................................................50
Change in eligibility for coverage through MNsure-Newly Eligible for Advanced Premium Tax Credits (APTC) or Cost-Sharing Reduction (CSR) for Dependent Enrolled in Employer-Sponsored Plan ....................................................................................................................52
Change in eligibility for coverage through MNsure-Newly eligible for QHP due to Gain of Citizenship, US National, or Lawfully Present Status ........................................................................52
Consumer Process:

The consumer:

- Receives a “Request for Information and Special Enrollment Period Eligibility” notice
  - The notice will include:
    - The due date (30 days from the date of the notice)
    - The qualifying life event that the verification is for
    - Instructions for submitting the documentation
    - The name and MNsure ID number of the individual
    - A list of acceptable documentation
- Submits copies of the required documents.
  - The consumer can submit documents by:
    - Online at www.MNsure.org/verify-qhp.jsp. Or by going to MNsure.org and searching for the keyword “verify” or “upload”.
    - Fax (651-431-7770)
    - Mail (Use return envelope enclosed with the notice)
- Includes the first page of the request for verification notice.
- Includes their name and case number on each document submitted.

MNsure Process:

- MNsure operations will be notified and review verifications as they are received.
- If the verification was received before the 30 day due date, operations staff will:
  - Check if verification is sufficient and confirm SEP eligibility
  - Check if the SEP enrollment is approved based on the verification and confirm the effective date
  - Verify enrollment
  - Release enrollment to go to insurance company
  - Notify the consumer of the approval using the Qualifying Life Event and Special Enrollment Period Confirmed notice.
• If the documentation is not sufficient, but it is considered a good faith effort, the consumer will be sent the Special Enrollment Period Verification Extension notice, and be allowed another 30 days to send sufficient documentation. The consumer will be given instructions to submit documentation using the same process as the original verification request letter.

• If the verification is sufficient, but does not support the SEP eligibility, the consumer will be sent a Qualifying Life Event Not Confirmed-Special Enrollment Period Denied notice.

• If the verification was received after the 30 day due date MNsure operations staff will check to see if a good faith extension was given.
  
  o If no extension was given, they will deny the SEP and send a Qualifying Life Event Not Confirmed-Special Enrollment Period Denied notice.

  o If a good faith extension was given, and the verification is received within the extension period, they will follow the same approval steps listed above and notify the consumer of the SEP approval using the Qualifying Life Event and Special Enrollment Period Confirmed notice. If the verification is not sufficient, they will not give another extension, and send a Qualifying Life Event Not Confirmed-Special Enrollment Period Denied notice.

  o If a good faith extension was given and the verification is received after the extension period, they will deny the SEP and send a Qualifying Life Event Not Confirmed-Special Enrollment Period Denied notice.

• If no verification was received, after the 30 days, the consumer will be sent a Qualifying Life Event Not Confirmed-Special Enrollment Period Denied notice.
Acceptable Document List

Select the links below to go to the page listing the acceptable documents based on the reported qualifying life event.

Change in Household Size (Birth, Adoption, Placement for Adoption or Foster Care, Child Support Order)

Change in Household Size (Divorce, Legal Separation, Death)

Change in Household Size (Marriage)

Loss of qualifying health coverage – Loss of MEC

Change in primary place of residence – Address Change Resulting in Access to New Qualified Health Plans

Change in eligibility for coverage through MNsure-Newly Eligible for Advanced Premium Tax Credits (APTC) or Cost-Sharing Reduction (CSR) for Dependent Enrolled in Employer-Sponsored Plan

Change in eligibility for coverage through MNsure (Newly eligible for QHP due to Gain Citizenship, US National, or Lawfully Present Status or Change in Incarceration Status)
Change in Household Size-Birth, Adoption, Placement for Adoption or Foster Care, Child Support Order

**Gain of dependent(s) through birth**
Document to prove the date of birth:
- Birth certificate

**Gain of dependent(s) through adoption, foster care or through court order**
Document(s) to prove the date of adoption, foster care placement or court order. Accepted proofs:
- Court order defining the adoption, foster care or placement for adoption or foster care
- Court order defining child support
- Other court order

Change in Household Size-Divorce, Legal Separation, Death

**Loss of dependent(s) due to divorce or legal separation:**
Document to prove date of divorce or legal separation. Accepted proofs:
- Court order

**Loss of dependent(s) due to death:**
Document(s) to prove date of death. Accepted proofs:
- Death certificate
- Public notice of death (i.e. published obituary)

Change in Household Size-Marriage

**Gain of dependent(s) through marriage**
Document to prove the date of marriage. Accepted proofs:
- Marriage certificate

Document(s) to prove the relationship of child(ren) to the spouse, if adding child(ren) due to marriage. Accepted proofs:
• Birth certificate
• Court order defining the adoption, foster care placement or child support
• Other court order

Documents to show health care coverage prior to the marriage:
• HIPAA Certification showing coverage within 60 days of the marriage
• Pay stub documenting employer/insurance deduction within 60 days of the marriage
• Documentation of premiums paid or invoice within 60 days of the marriage
• Coverage closure or termination letter showing the last date of coverage within 60 days of the marriage
• Other documentation showing that the last date of coverage was within 60 days of the marriage

Loss of qualifying health coverage—Loss of Minimum Essential Coverage (MEC)

Document to prove the date that minimum essential coverage ended. Accepted proofs:
• Letter from the health plan company that indicates loss of coverage
• Letter from employer
• Employer plan notice that indicates a loss of coverage
• Notice of loss of benefits from a federal government program (i.e. Medicare, TRICARE)

Change in primary place of residence—Address Change Resulting in Access to New Qualified Health Plans

A consumer must submit one of the listed proofs from each of Group A and Group B (provided below), to prove the date of move:

• If MNsure already has a record of the previous address (i.e. the consumer previously applied for coverage through MNsure and recently reported a permanent move address change)
  
  AND

• The consumer had other health care coverage for one or more days during the 60 days before the move.
A consumer must submit one of the listed proofs from each of Group A, Group B, and Group C (provided below), to prove the date of move:

- if they are a new applicant to MNsure

AND either:

- Had other health care coverage for one or more days during the 60 days before the move OR
- Moved to Minnesota from outside the U.S or from a U.S. territory.

**Group A** list of accepted proofs (to show date of the move):

- Copy of current lease
- Copy of current mortgage or real estate transition
- Recently issued Minnesota driver’s license or state ID
- Recent utility bill or billing statement from the new address
- Recently issued voter registration card
- Regarding a school-aged child, school records showing recent enrollment in school with new address

**Group B** list of accepted proofs (to show health care coverage prior to the move):

- HIPAA Certification showing coverage within 60 days of the move
- Pay stub documenting employer/insurance deduction within 60 days of the move
- Documentation of premiums paid or invoice within 60 days of the move
- Coverage closure or termination letter showing the last date of coverage within 60 days of the move
- Other documentation showing that the last date of coverage was within 60 days of the move

**Group C** list of accepted proofs (to show address prior to the move):

- Copy of previous lease
- Copy of previous mortgage or real estate transition
- Previous state driver’s license or state ID
- Utility bill or billing statement from the previous address
• Voter registration card from previous address

• Regarding a school-aged child, school records showing enrollment in school with previous address

Change in eligibility for coverage through MNsure-Newly Eligible for Advanced Premium Tax Credits (APTC) or Cost-Sharing Reduction (CSR) for Dependent Enrolled in Employer-Sponsored Plan

Document that proves the change in employer-sponsored insurance:

• Appendix A

Change in eligibility for coverage through MNsure-Newly eligible for QHP due to Gain of Citizenship, US National, or Lawfully Present Status

Document(s) to prove citizenship or immigration status. Accepted proofs:

• U.S. Passport

• Certification of citizenship or naturalization

• Tribal Affiliation card or document

• Report of birth abroad of a U.S. citizen

• Birth certificate

• Certification of report of birth

• U.S. Citizen ID card

• Northern Marianas ID card

• Final Adoption decree

• Evidence of U.S. Civil Services employment before June 1, 1976

• Military record showing U.S. place of birth

• Section 1-1 of the Child Citizenship Act of 2000 documentation

• Medical records
- School records
- Official religious records
- Federal or State census record
- DS2019 (Certification of Eligibility for exchange visitor status)
- I-20 (Certification of Eligibility for non-immigrant student status)
- I-94 (Arrival/Departure Record)
- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine-readable Immigrant Visa on unexpired foreign passport
- Temporary I-551 Stamp
- Unexpired Foreign Passport
- Other documents generally accepted as legal proof of citizenship or immigration status