



# Overview: Special Enrollment Period Pre-Enrollment Verification (SEPV)



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# Table of Contents

- I. SEPV overview:** Definitions and basic requirements
- II. SEPV process:** What consumers need to do
- III. Loss of coverage SEP:** Verification requirement
- IV. Move SEP:** Verification requirement for
- V. Complex scenarios:** Multiple SVIs; SVI plus DMI
- VI. Resources**
- VII. Appendix:** Acceptable documents

# I. SEPV overview

# Special Enrollment Period (SEP) overview

- SEPs provide a way for people who lose health insurance or experience other qualifying events during the year to enroll in or change coverage outside of the annual open enrollment period.
- In most cases, consumers have 60 days from the date of the qualifying event to enroll in coverage.
- SEP qualifying events fall into 6 categories. To learn more about when consumers may qualify for an SEP, you can refer to [this presentation](#) and [this fact sheet](#).





# SEPV implementation

- Beginning in Summer 2017, new applicants (those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events will be subject to the SEPV process of pre-enrollment verification. Eligible consumers must submit documents that confirm their SEP eligibility before they can enroll and start using their Marketplace coverage.
- Phase 1: On **June 23, 2017** pre-enrollment verification starts for 2 SEP types:
  - Loss of coverage
  - Permanent move
- Phase 2: In **August 2017**, pre-enrollment verification starts for 3 additional SEP types:
  - Marriage
  - Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
  - Medicaid/CHIP denial
- This presentation focuses on Phase 1.

# What is an SEP Verification Issue (SVI)?

- An **SVI** is created when new applicants qualify for an SEP that's subject to pre-enrollment verification.
- Before they can be enrolled in and start using their coverage, these consumers must submit documents to confirm their SEP qualifying event.
- The SVI type will be tied specifically to the SEP qualifying event they attested to on their application, like a loss of health coverage or a move.
  - If consumers attest to more than one SEP qualifying event on a single application, only one SEP will generate an SVI.
  - In some scenarios, consumers who update an application with an SVI can have more than one open SVI tied to their application (details later in this presentation).

# What happens when an SVI is generated?

-  Consumer is notified that they need to send the Marketplace documents that confirm their qualifying event.
-  Consumer has 30 days to resolve their SVI once they select a plan.
-  Consumer's plan selection will be pended (on hold) until the SVI is resolved.
-  Once the SVI is resolved, the consumer will be enrolled in coverage but coverage will be effective based on their SEP type and date of plan selection. In some cases, the effective date can be retroactive. Consumer can begin using coverage once they pay their premium.

# Who generates an SVI?

- **An SVI is generated for new Marketplace applicants with a new application** who attest to an event that qualify them for certain SEPs.
- Existing Marketplace enrollees who attest to SEP qualifying events won't be subject to pre-enrollment verification.
- Only one SVI is generated per application, regardless of the number of consumers attesting to a SEP qualifying event.
  - For example, if multiple consumers attest to a household's loss of coverage, documents need to be submitted to confirm this loss for only one of them.



# What's the difference between an SVI and a DMI?

## SVI

### SEP Verification Issue

Consumer must prove: Event that makes them eligible for an SEP

Deadline to submit documents: 30 days after consumer selects a plan

Notice where document submission deadline appears: Pended Plan Selection (PPS) Notice

Enrollment impact: Consumers must send documents before they can be enrolled in or use their coverage.

EXAMPLE: Loss of Coverage SVI

## DMI

### Data Matching Issue

Consumer must prove: Information that makes them eligible for Exchange coverage or financial assistance

Deadline to submit documents: 90/95 days after consumer applies for coverage

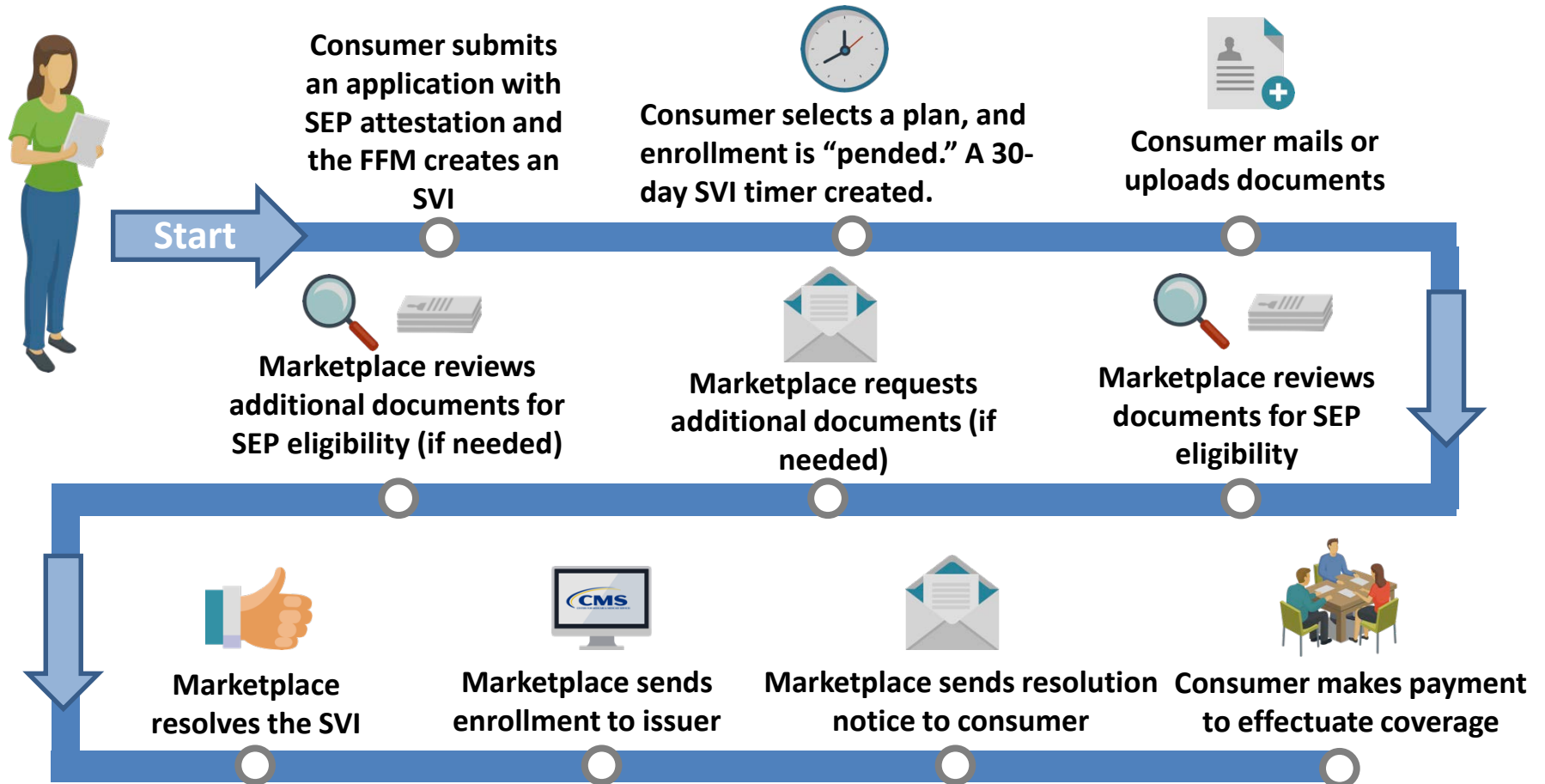
Notice where document submission deadline appears: Eligibility Notice (EN)

Enrollment impact: Consumers can start using their coverage before they send documents.

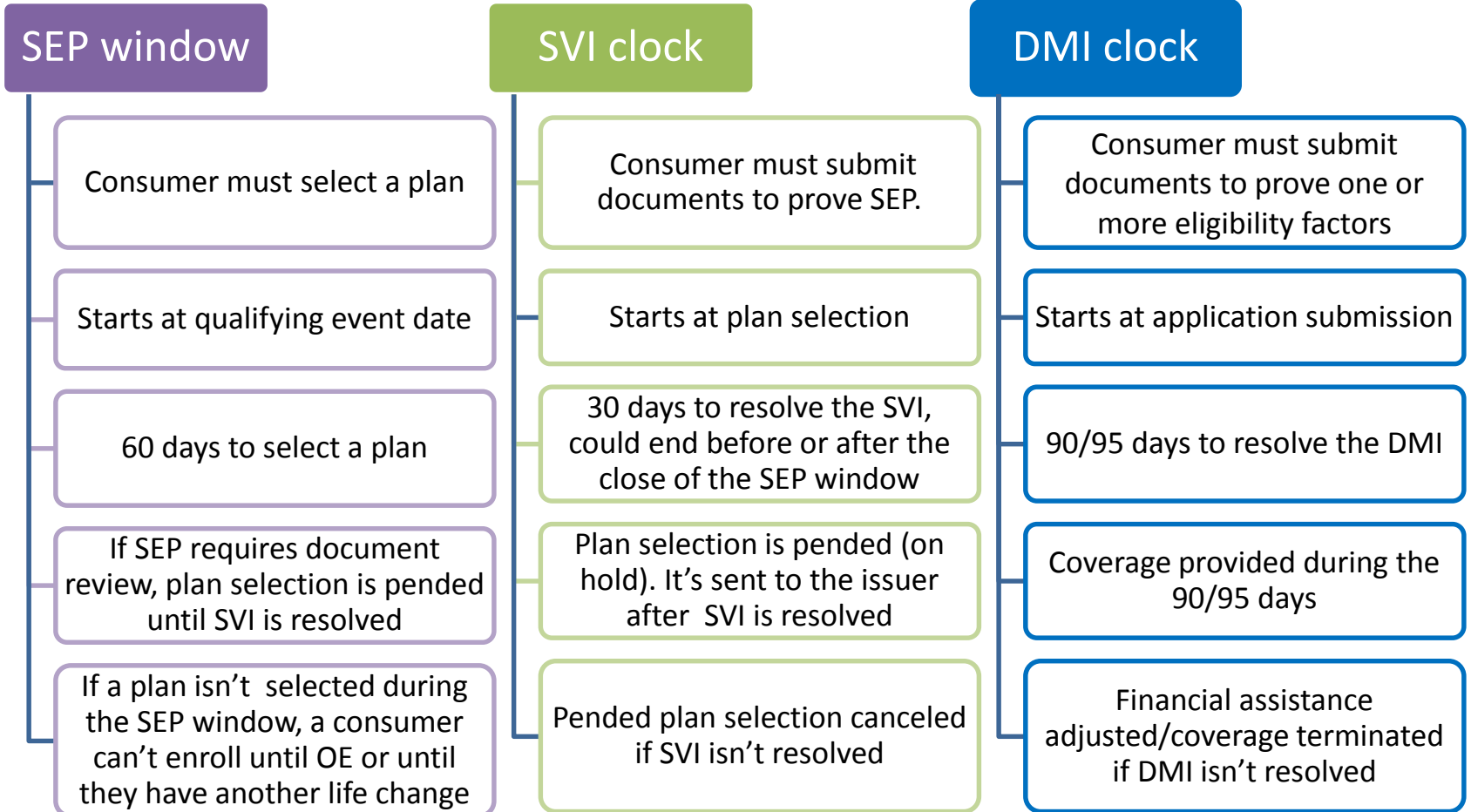
EXAMPLE: Income DMI

## II. SEPV process

# What is the process for resolving an SVI?



# What are the important deadlines?




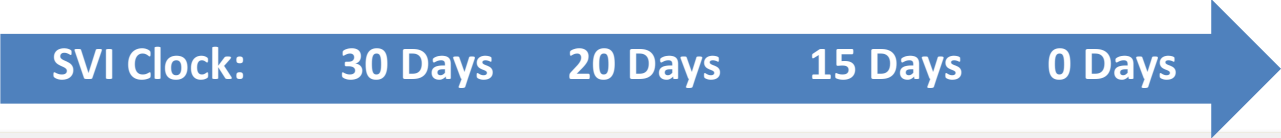
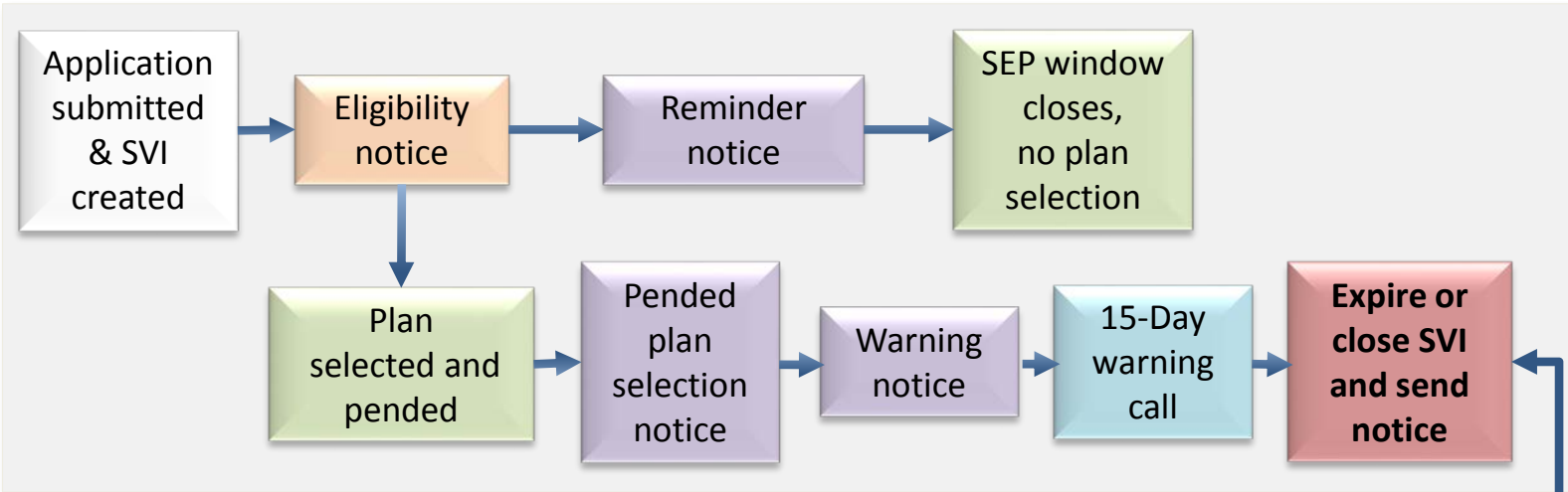
# Consumer outcomes

4 main outcomes for consumers with an SVI:

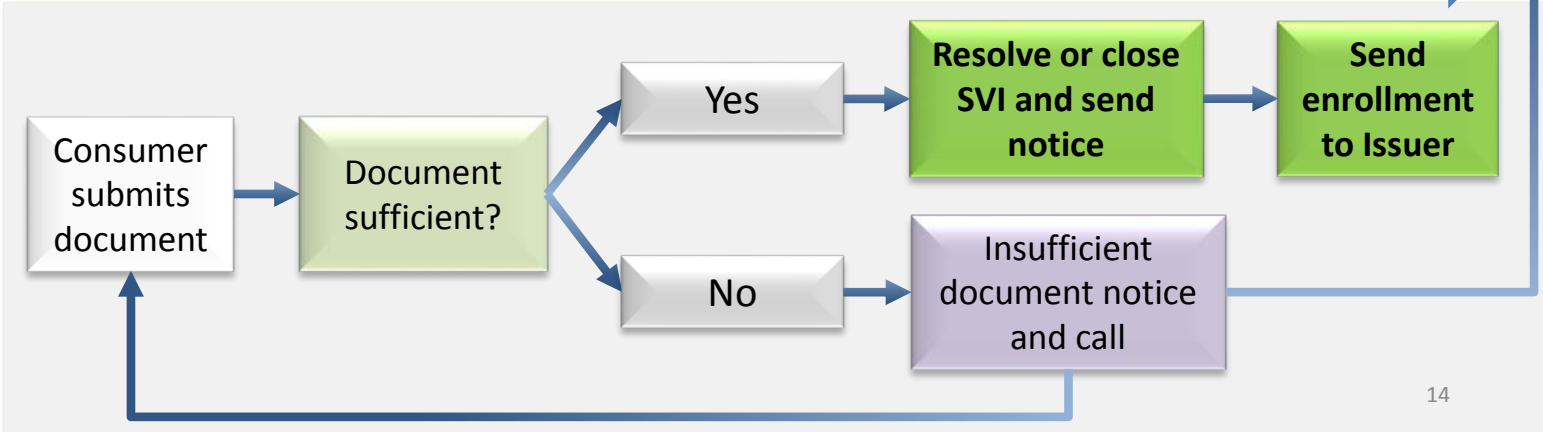
1. **Resolved SVI/Enrolled:** Consumers select a plan within their SEP Window and submit documents to confirm their SEP within 30 days.
2. **Resolved SVI/Not Enrolled:** Consumers submit documents to confirm their SEP, but don't select a plan within their SEP Window.
3. **Expired SVI/Not Enrolled:** Consumers select a plan but don't submit sufficient documentation to confirm their SVI within 30 days. The pended plan selection is cancelled.
4. **Closed SVI/Not Enrolled:** Consumers don't select a plan within their SEP window and don't submit sufficient documents to confirm their SEP within 30 days Enrollment through that SEP is no longer possible.

# Consumer process and outreach

 All consumers with SEP subject to pre-enrollment verification



 Consumers who submit documents get additional outreach



# SEPV notices during verification

- **Eligibility determination notice (EDN)** explains consumers' eligibility for health coverage, financial assistance, and SEP, if applicable. It explains the requirement to resolve an SVI and/or DMIs, including acceptable documents and deadlines.
- **Pended plan selection notice (PPS)** informs consumers that their deadline to submit documents is 30 days after they picked a plan. It includes a list of next steps and a list of acceptable documents that consumers can submit to resolve their SVI.
- **SVI insufficient document notice** explains why the Marketplace can't resolve an SVI with the submitted documents and asks for additional documentation.
- **SVI warning notice** is sent with 20 days left on the SVI clock after selecting a plan. It reminds consumers to submit documents to resolve their SVI.
- **SVI reminder notice** is sent with 20 days left in the SEP window. It reminds consumers to select a plan and submit documents to resolve their SVI.
- **SVI clock extension notice** informs consumers that they have additional time to resolve their SVI.

The EDN will also contain dates and document requirements relating to any DMIs.

The PPS and insufficient document notices will also display a reminder about resolving any DMIs

# Final SEPV notices

**To close out the SEPV process, consumers will get one of these notices:**

- **SVI resolution notice** goes to consumers after their SVI is resolved.
- **SVI expiration notice** goes to consumers whose SVI isn't resolved before the 30-day SVI clock ends.
- **Existing enrollment notice** explains that an existing enrollment was found, closing the SVI and canceling any pended plan selection. Example: a previously terminated policy may be reinstated while a consumer has an SVI.
- **Confirmation and enrollment notice**, sent after the SVI clock ends, explains that the SEP is no longer subject to pre-enrollment verification. The consumer doesn't need to send documents and their pended plan selection will be sent to the issuer.



# Impact of SVI outcomes

Outcome	Description	Impact
Resolved	Consumer sends the Marketplace documentation that confirms their loss of coverage or move.	Consumer receives resolution notice. They can select a plan if they haven't done so already.
Expired	Consumer doesn't prove their loss coverage or move before their SVI clock expires.	Consumer receives expiration notice. They lose the opportunity to enroll in Marketplace coverage for this SEP type.
No plan selection (Closed)	Consumer doesn't select a plan within their 60-day SEP Window.	Since the consumer can no longer select a plan for the attested SEP, the SVI is closed. Any submitted documents in the SVI review queue won't be reviewed.
<b>Special Circumstances</b>		
Existing Coverage (Closed)	The Marketplace identifies a previously existing enrollment after a consumer generates an SVI.	Any pended plan selection associated with the SVI is canceled and the previously existing coverage continues. Consumer receives a notice stating that they have existing coverage and should review and update their application to make sure any recent changes are reflected.
Auto-verified Secondary SEP (Closed)	Consumer doesn't resolve SVI in 30 days but has multiple qualifying life events that make them eligible for a SEP, one of which isn't subject to pre-enrollment verification.	Consumer receives a notice that the Marketplace was able to use other information to confirm their eligibility, and that it's time to pay the premium for their pended plan.

# III. Loss of Coverage SVI

# When do consumers qualify for a “Loss of coverage” SEP?

- Consumers may qualify for an SEP if they (or any QHP eligible consumer on the application) lose qualifying health coverage, also known as minimum essential coverage (MEC). Some examples of qualifying health coverage include:
  - Coverage through a job, or through another person’s job
  - Medicaid or Children’s Health Insurance Program (CHIP) coverage (including pregnancy-related coverage and medically needy coverage)
  - Some student health plans (the consumer can check with the school to see if the plan counts as qualifying health coverage)
  - Individual or group health plan coverage that ends during the year
  - Dependent coverage that a consumer has through a parent’s plan

# What is verified for “Loss of coverage?”

- Consumers who qualify for an SEP due to a loss of qualifying coverage must prove they lost coverage up to 60 days *before* or will lose coverage up to 60 days *after* they apply for new Marketplace coverage.
- To confirm eligibility for the “loss of coverage” SEP, consumers should upload or mail one or more documents on official letterhead that clearly identifies who lost or will lose coverage, the date coverage ended or will end, and the type of coverage they have or had (see examples listed on the previous slide).

# Coverage effective dates for a “Loss of coverage” SEP

Consumers must apply and choose a plan up to 60 days *before or after* they lose coverage to qualify for this SEP, and their coverage will take effect the first of the month after they lose coverage and choose a plan.

Situation	Plan selection date	Coverage effective date
Past loss of qualifying health coverage  Qualifying event date: Date that prior <b>coverage ended</b>	Any day of the month	Accelerated: First day of the month after plan selection
Future loss of qualifying health coverage  Qualifying event date: Date that prior <b>coverage will end</b>	Any day of the month	Accelerated: First day of the month after plan selection, following prior coverage end date

# Loss of coverage SVI: When the consumer has a pended plan



Jane Doe submits an application and qualifies for an SEP due to a loss of qualifying coverage, so her eligibility notice includes a request for documents to prove a loss of coverage.



Jane picks a plan and the 30-day SVI clock begins – she gets the PPS notice.



Jane receives a 20-Day warning notice requesting documents.



Jane submits a letter from her employer that says she'll lose coverage but it doesn't include a date.



Jane gets an “insufficient document notice” and call explaining that the letter she submitted didn't include a date, and that she still needs submit an acceptable document.



Jane gets a 15-day warning call.



Jane doesn't respond and her issue remains open.



The SVI clock runs out and the SVI is expired. Jane gets an expiration notice.



Jane's pended plan selection is cancelled. If she has documents showing a different date for her loss of coverage, she could reapply and re-attest to a coverage loss date, and start the process again.

# Loss of coverage SVI: When the consumer doesn't select a plan



Mary Smith submits an application and qualifies for an SEP due to a loss of qualifying coverage, so her eligibility notice includes a request for documents to prove a loss of coverage.



Mary submits a letter from her employer that says she'll lose coverage. The letter includes the coverage end date.



Mary hasn't picked a plan. She has more than 10 days into her SEP window. She gets a reminder notice.



Mary doesn't pick a plan and her SEP window runs out, so she loses eligibility for her loss of coverage SEP. No notice is sent.



The Marketplace closes Mary's SVI. It saves a copy of her employer letter. She can no longer pick a plan and enroll through this SEP.

# IV. Permanent Move SVI



# When do consumers qualify for a “Move” SEP?

- A consumer may qualify for an SEP related to a move if anyone in the household:
  - Gained access to new Marketplace plans because of a change in his or her primary place of living; and
  - Had qualifying coverage for at least one of the 60 days preceding the date of the move; or
  - Lived in a foreign country or in a U.S. territory for at least one of the 60 days preceding the date of the move.
- This prior coverage requirement does not apply to members of a federally recognized tribe or Shareholders of Alaska Native Corporations (sometimes referred to as AI/AN).
- REMINDER: Moving only for medical treatment or staying somewhere for vacation doesn't qualify consumers for an SEP.

# What is verified for a “Move?”

- Consumers who qualify for an SEP due to a move must send documents confirming 2 things:
  - They moved in the 60 days *before* applying for new Marketplace coverage, **and**
  - They had qualifying coverage for at least 1 of the 60 days prior to the move
- Special circumstances
  - Those moving from a foreign country or a U.S. territory don’t have to prove prior coverage, but their document(s) must prove that they lived in a foreign country or a U.S. territory for at least one of the 60 days preceding the date of the move.
  - Those who are homeless can submit a reference letter from a person in their state who can confirm that they live in the area. This could be a friend, family member, or caseworker. This person must include documents to confirm their own residency.

# Coverage effective dates for a “Move” SEP

Consumers must apply and choose a plan no more than 60 days after their move to qualify for this SEP, and their coverage will be effective based on whether they choose a plan during the first or second half of the month.

Situation	Plan selection date	Coverage effective date
<p>A change in primary place of living</p> <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> <li>• Had qualifying coverage for at least one of the 60 days preceding the date of the move; <b>or</b></li> <li>• Lived in a foreign country or in a U.S. territory</li> </ul> <p>This prior coverage requirement does not apply to AI/AN consumers.</p> <p>Qualifying event date: Move date</p>	<p>Between the 1<sup>st</sup> and 15<sup>th</sup> day of the month</p>	<p>Regular: First day of the month following plan selection</p>
	<p>Between the 16<sup>th</sup> and last day of the month</p>	<p>Regular: First day of the second month following plan selection</p>

# Move: When the consumer has a pended plan



John Smith submits an application and qualifies for an SEP due to a move, so his eligibility notice includes a request for documents to prove a move.



John picks a plan and the 30-day SVI clock begins – he gets the pended plan selection notice.



John gets a 20-Day Warning Notice requesting documents.



John sends a copy of his lease agreement but no proof of prior coverage.

The Marketplace reviews the lease agreement but the documentation is insufficient since it didn't prove prior coverage.



John gets an insufficient document notice and call explaining that he needs to submit another document or a new set of documents showing his prior coverage.



John gets a 15-Day Warning Call.



John uploads a letter from his health insurance company showing his coverage prior to his move.

The Marketplace reviews the health insurance company letter and resolves the SVI. John gets an SVI resolution notice.



John's pended plan selection is released to the issuer.

# Move: When the consumer is moving from outside the U.S.



Anne Jones submits an application and qualifies for an SEP due to a move, so her eligibility notice includes a request for documents to prove a move.



Anne picks a plan and the 30-day SVI clock begins. She gets the pended plan selection notice.



She submits an arrival record (I-94) in her foreign passport showing the date she entered the U.S.



The Marketplace reviews the passport for the date of entry into the U.S. and finds the document is sufficient. Anne didn't need to prove prior coverage since she moved from outside the U.S.



The Marketplace resolves the SVI and Anne gets a SVI resolution notice.



Anne's pended plan selection is released to the issuer.

# V. Complex scenarios

# Can a consumer have more than one SVI?

Yes, in some cases. If a consumer with an SVI selects a plan and then resubmits their application with changes that may qualify them for a different SEP they'll generate a second SVI.

- If they don't select a plan after this resubmission, 2 SVIs will appear as actions the consumer needs to take under "Application details." Their pended plan remains associated with the first version.
- These 2 open SVIs are retained until the consumer selects a plan associated with the most recent application submission. This causes the first SVI to close, and the first plan selection to be canceled.
- While both SVIs are open, a consumer can send documents to resolve either SVI.
  - If the consumer resolves the first SVI (with the pended plan), the plan selection is sent to the issuer. The second SVI will close.
  - If the consumer resolves the second SVI, they must select a plan within the SEP window.

# Move: When the consumer has more than 1 SVI



Dave Brown submits an application and qualifies for an SEP due to a loss of coverage, so his eligibility notice includes a request for documents to prove a loss of coverage.



Dave picks a plan and the 30-day SVI clock begins – he gets the pended plan selection notice.



Dave gets a 20-Day Warning Notice requesting documents.



He comes back to the Marketplace to report a move, so his application is updated and triggers a new Move SVI.



Dave picks a new plan that is tied to the Move SVI.



Once the plan is selected, the loss of coverage SVI is closed and the PPS tied to that SVI is cancelled – Dave receives a new PPS notice requesting documents to confirm his move.



Dave submits a letter about his renter's insurance and a letter from his employer that shows he had coverage at least 1 day within the 60 days before he moved.



The Marketplace reviews the two letters and resolves the SVI, and Dave gets an SVI resolution notice.



Dave's pended plan selection is released to the issuer.



# VI. Resources



# Resources for consumers and assisters/agents/brokers

- Sample SVI Notices to consumers
- How to upload documents: <https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/>
- Uploading Documents Tips Webpage: <https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/>
- Acceptable Documents:  
*Note: links will be live as of June 23, 2017*
  - [HealthCare.gov/help/prove-coverage-loss](https://www.healthcare.gov/help/prove-coverage-loss)
  - [HealthCare.gov/help/prove-move](https://www.healthcare.gov/help/prove-move)
- Special Enrollment Periods Available to Consumers (fact sheet):  
<https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf>
- Special Enrollment Periods Available to Consumers (slide deck):  
<https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-period-overview.pdf>

# Questions

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# VII. Appendix: Acceptable documents list for Phase 1 SVI types

# Acceptable documents to resolve an SVI for a loss of coverage

- **Letter or bill from consumer's insurance company**, stating the date their health coverage ended or will end.
- **Letter from an employer**, stating the date that coverage from an employer ended or will end. This letter can be about coverage that the consumer had, or that they had through a family member.
- **Letter about COBRA coverage**, from a former employer or health insurance company showing an offer of COBRA coverage, or stating the date that the consumer's COBRA coverage ended or will end, or stating the date that the employer stopped or will stop contributing to the cost of COBRA.
- **Letter about other health care programs**, from a government health program stating the date that coverage ended or will end. This letter might come from programs like Medicaid, the Children's Health Insurance Program (CHIP), TRICARE, Veterans Affairs (VA), Peace Corp, or Medicare.
- For a full list of documents consumers can submit, visit [HealthCare.gov/help/prove-coverage-loss](https://www.healthcare.gov/help/prove-coverage-loss/).

# Acceptable documents to resolve an SVI for a move

Consumers need to submit copies from both List A and List B to confirm the date of the move and prior coverage

## List A: Documents to confirm move and the date of move

- **Letter from U.S. Postal Service change of address confirmation**, including consumer's mail forwarding date and the address mail will be forwarded to.
- **Mortgage or rental document**, including a mortgage deed that says the owner uses the property as a primary residence, or a rental or lease agreement that shows a start date at the new address.
- **Bills or financial statements** that show a change of address or newly started services at the new address.
- **Letter from a government organization** on official letterhead or stationery, that shows a change of address to the new.
- **Insurance document**, like a homeowner's or renter's policy or statement showing the current address.
- **Document showing consumer moved from outside the U.S.**, like an Arrival/Departure Record (I-94/I-94A) (in a foreign passport or separately) that shows the date of entry into the U.S., or a copy of a passport with an admission stamp showing the date of entry into the U.S.
- **If you're homeless or in transitional housing**, you can submit a reference letter from a person in your state who can confirm that you live in the area. This could be a friend, family member or caseworker. This person must also prove their own residency by including one of the documents listed above.
- For a full list of documents consumers can submit, visit [HealthCare.gov/help/prove-move](https://www.healthcare.gov/help/prove-move).

## List B: Submit documents to confirm prior coverage

- **Insurance document**, like a letter from an insurance company about consumer's health coverage or their dependent's health coverage (including COBRA coverage). This should be on official letterhead or stationery.
- **Document from an employer**, like a letter or other document about consumer's health coverage or their dependent's health coverage (including COBRA coverage). This should be on official letterhead or stationery.
- **Document from a health care program**, like a letter or notice from a government health program like Medicaid, the Children's Health Insurance Program (CHIP), TRICARE, Veterans Affairs (VA), Peace Corp, or Medicare. This should be on official letterhead or stationery.
- For a full list of documents consumers can submit, visit [\[HealthCare.gov/help/prove-coverage-loss\]](https://www.healthcare.gov/help/prove-coverage-loss).

**If consumer moved to the U.S. from abroad or from a U.S. territory**, they need to prove that they lived outside the U.S. When they send documents proving their move and move date, make sure they include a document showing that their old address was outside the U.S. However, they don't need to send a document from List B.