



# Special Enrollment Period Pre-enrollment Verification (SEPV)

*Understanding the Process*

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# Special Enrollment Period basics

- Special Enrollment Period indicates the months outside of Open Enrollment Period in which consumers can enroll in marketplace coverage
- Applies only if the consumer or household experiences a qualifying life event that triggers Special Enrollment Period eligibility
- The Special Enrollment Period window typically only lasts for the **60 days** after, and on occasion before, the qualifying life event occurs

# Changes to Special Enrollment Period

## Previous Process

- New applicant that attest to SEP eligibility would be screened by the Marketplace
- If qualifying event occurred, applicant could enroll in a plan at that time
- Applicant might be asked to provide verifications at a later time

## New Process

- New applicant that attest to SEP eligibility will be screened by the Marketplace
- **If qualifying event appears to have occurred, applicant will be subject to a pre-enrollment verification process**
- **Applicant's enrollment will be "pended" until verifications are received**

# What does it mean when an enrollment is “pended”?

- Applicant has selected a plan on the marketplace; however, they are prohibited at that time from enrolling and using the coverage
- After marketplace receives requested documents, the pended status will be lifted and the applicant will receive a notice that the issue is resolved



# SEP Verification Issue (SVI): The “new” process

- SVI is generated when new applicant attests to a qualifying SEP event that is subject to pre-enrollment verification --- not all SEPs are subject
- Before applicant can enroll in their selected Marketplace plan, they must submit documents verifying the SEP event
  - **SVI must be resolved within 30 days** from the date the Marketplace plan was selected
  - 30 day clock for SVI can end before, or after SEP window ends
- The requested verification documents will correlate to the attested SEP event
- \*Generally coverage for resolved SVIs begins the 1<sup>st</sup> of month following the application month

John Miller  
Street  
City, GA 30301

Jun 06, 2017

## SAMPLE: SVI NOTICE

**Action required by [SVI clock end date]. You are not enrolled in Marketplace coverage. Submit required documents now.**

Application Date: June 6, 2017  
Application ID: 643931

Dear John:

**Save this notice. It includes information about deadlines that affect your eligibility for coverage, your costs, and your next steps.**

You reported on your Marketplace application that you lost or will lose qualifying health coverage. This loss of coverage means you and others in your household may qualify to enroll in Marketplace coverage through a Special Enrollment Period.



Now that you've chosen a plan, you can start using your health coverage after you submit documents and we confirm you're eligible to enroll through a Special Enrollment Period. The sooner you submit documents, the sooner your coverage can become active. **Your deadline to submit documents is [SVI clock end date].**

### What should I do next?

- Review the list of documents that can be used to confirm your eligibility, shown in the next section. Either upload or mail copies (not originals) of the documents we need. You may need to send more than one document to resolve an issue, so read the list carefully.
- Upload or mail a copy of the document(s) by [SVI clock end date]. **Uploading is the fastest way to get the documents processed.**
  - Upload a copy of the document to your Marketplace account on HealthCare.gov.
    - Log into your Marketplace account, and select "Start a new application or update an existing one."

- Click on your name in the top right of the screen, and select "My applications & coverage" from the drop-down menu.
- Then, under "Your existing applications," select your current application and click on "Application details."
- You'll see a section called "Send proof for your Special Enrollment Period," where you can upload documents to verify your eligibility. Note: Please don't use these characters in the name of the file that you upload: ?|:.\*?"<>|.
- Or, mail copies of the documents to this address:
 

Health Insurance Marketplace  
Attn: Supporting Documentation  
465 Industrial Blvd.  
London, KY 40750-0001

Include a copy of the front page of this letter and your full name and "Application ID 643931" on the top of each page. Don't send original documents.

- Watch for a notice with the results of our review. This notice will be available in your Marketplace account on HealthCare.gov.
- Pay your premium after your eligibility is confirmed.** We'll send you another notice when it's time to take this step.

**Remember that you can't start using your coverage until we review your documents and confirm your information.**

### What documents can I send?

**John Miller, Julia Miller:** At least one person listed here needs to upload or mail documents to confirm that your loss of coverage happened 60 days before or after you applied for new Marketplace coverage. Your documents should include the name of the person on your application who lost or will lose coverage, and the date of the last day of coverage under the plan. You have 30 days from the date you choose your plan to submit documents.

Examples of documents you may submit include a letter, a notice, or a bill:



- From your insurance company,** like a letter stating the date that your health coverage ended or will end, or a bill showing the date that your coverage ended or will end.
- From an employer,** like a letter stating the date that coverage from an employer ended or will end. This letter can be about coverage that you had, or that you had through a family member.
- About COBRA coverage,** like a letter from a former employer or health insurance company showing an offer of COBRA coverage, or stating the date that your COBRA coverage ended or will end, or stating the date that the employer stopped or will stop contributing to the cost of COBRA.
- About other health care programs,** like a letter or notice 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.

# SVI overview

## What is the process for resolving an SVI?



Source: CMS. <https://marketplace.cms.gov/technical-assistance-resources/pre-enrollment-verification-overview.pdf>

# SEP Verification Issue (SVI) vs. Data Matching Issue (DMI)

## DMI

- Requirement that can apply to everyone
- 90 or 95 day clock that starts **when application is submitted**
  - 90 days to resolve annual income; 95 days to resolve citizen / immigration
- Failure to act can result in financial assistance adjustment, or termination of coverage

## SVI

- Requirement for select SEPs
- 30 day clock that starts **when a plan is selected**
  - Purpose is to resolve verification of a SEP
- Failure to act will result in cancellation of selected plan



# SEPs Subject to Pre-enrollment Verification

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# Loss of qualifying coverage

- Applies if consumer(s) loses qualifying health coverage; examples include:
  - Coverage through employer
  - Medicaid or CHIP
  - Student health plan
- Consumer can apply within 60 days prior to coverage loss, or up to 60 days after coverage loss
- **Does not** apply if coverage loss is due to:
  - Voluntarily ending your coverage
  - Termination of coverage due to not paying premiums
  - Coverage that was lost was not minimum essential coverage

# Resolving loss of coverage SVI

- Must prove that qualifying coverage will be lost within the next 60 days, or that coverage was lost within the past 60 days from application date
- Upload or mail documentation that verifies:
  - Who lost coverage
  - When coverage was lost
  - Type of that was lost
- Must provide marketplace with SVI verification within 30 days of selecting a plan

# Changes in household size

Applies if someone in the household experiences one of the following:

- Marriage
  - New requirements apply\*
- Gains a new child to household (adoption, foster care placement)
  - Birth is not subject to document verification process
- Gains or becomes a dependent via court order or child support
- Divorce, legal separation, or death in the family
  - Must lose coverage as a result of these occurrences

# Resolving marriage SVI

- The following must apply to **at least one spouse**:
  - Had minimum essential coverage prior to the marriage, or
  - Lived in a foreign country or U.S. territory for a least one day in the 60 days preceding the marriage
- Documentation must verify that marriage occurred within the **60 days preceding** their marketplace application date
- Upload or mail documents that confirm:
  - Who was married
  - Date marriage took place
  - Verification of health insurance



# Resolving adoption, foster care placement, or court order SVI

- Must provide documentation confirming that SEP event occurred within the **60 days** *preceding* application date
- Necessary documents should include:
  - Who was adopted,
  - Placed into foster care, or
  - Who became a dependent due to court order, and
  - Date qualifying event took place
- Retroactive coverage is available

# Permanent move SEP

- Applies when a household member changes their primary address and had:
  - Previous qualifying coverage for **at least one of the 60 days before** the move, or
  - Lived in a U.S. territory or outside the U.S. for at least one of the 60 days before the move
    - If moving to U.S. from a foreign country then the prior coverage provision does not apply

# Resolving a permanent move SVI



- Documentation must prove that:
  - Move took place in the **60 days before** the application date
  - Applicant(s) had qualifying coverage in **at least one of the 60 days prior** to application
- Dates vary on when coverage will start
  - If plan is selected between the 1<sup>st</sup> and 15<sup>th</sup> of a month, then coverage will begin the 1<sup>st</sup> of the immediate following month
  - If plan is selected after the 16<sup>th</sup> of a month, then coverage will begin the 1<sup>st</sup> of the second following month



# Medicaid / CHIP denial

- Consumer applies for Medicaid / CHIP coverage during an OEP or SEP window and is determined ineligible after the period ends
- Applies if consumer submitted application through the state medicaid portal, or marketplace
- Applicant must submit or resubmit a marketplace application **within 60 days of receiving the Medicaid denial notice**, and provide copy of denial notice

# What about duplicate applications?

- Consumers may submit two applications because:
  - Confusion with verification process
  - New health / family needs
  - Moved to a new area with new plans before finalizing previous application
- It's possible for a consumer to have two SVIs pending at the same time:
  - If a consumer has a SVI pending for a selected plan, then
  - Experiences another SEP event and submits 2nd application while the 1st SVI is still pending
- Consumer can choose to resolve either one of the open SVIs
  - If the first SVI is resolved, the consumer will become enrolled in the plan selected that correlates to the 1st application
  - If the second SVI is resolved, the consumer will need to select a plan that correlates to the 2nd application

# Example Scenarios

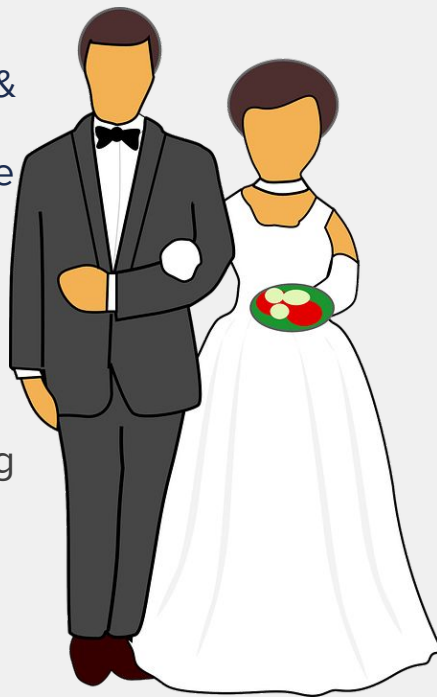
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# Marriage SEP: Successful SVI resolution

**Scenario:** Tiffany works part-time & is uninsured; her fiancé David is employed with qualifying coverage

**Step 1:** Tiffany and David get married on June 1

**Step 2:** On June 1, Tiffany submits a marketplace application attesting to a marriage SEP.



**Step 3:** Tiffany receives a notice from HealthCare.Gov that she must submit documentation verifying that either she or David had qualifying coverage in at least one of the 60 days prior to the marriage by July 1

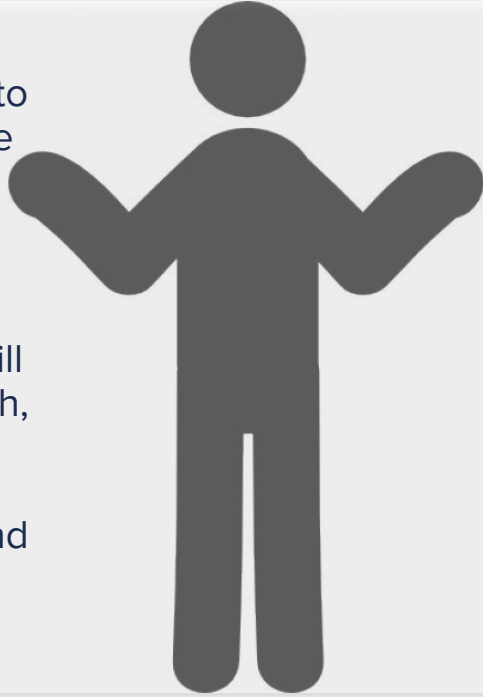
**Step 4:** A few days later she uploads a copy of a letter from David's provider verifying qualified health insurance for the past year.

**Resolution:** Tiffany is approved to enroll in her selected plan.

# Loss of coverage SEP: Insufficient documentation

**Scenario:** Mark's employer reduces his hours from full-time to part-time. This means he will lose his employer-sponsored health insurance.

**Step 1:** Knowing his insurance will terminate at the end of the month, he submits a marketplace application attesting to a loss of coverage in the next 60 days, and chooses a plan.



**Step 2:** A SVI is generated requesting him to provide verification of coverage loss; 6 days later Mark uploads a letter from his employer that indicates he will lose coverage **but it does not specify the date coverage ends**

**Step 3:** 2 weeks later Mark receives a letter from the marketplace indicating insufficient SVI documentation. He is asked to resubmit documentation.

**Resolution:** The next day he uploads a letter from his provider verifying his loss of coverage, the date, and type of coverage. John is approved to enroll in his selected plan.

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## SAMPLE: INSUFFICIENT DOCUMENTATION NOTICE

**Action required:** You still need to submit a document. If you don't, you won't be eligible to enroll in Marketplace coverage at this time.

Application Date: June 6, 2017  
Application ID: 636408

Dear John:

You're getting this notice because your household still needs to submit documentation to confirm your eligibility for your Special Enrollment Period due to a loss of health coverage. On your application, you reported that the following individual(s) lost or will lose health coverage 60 days before or after you applied for Marketplace coverage:

**John Miller, Julia Miller**

We got your document(s), but couldn't verify your eligibility for your SEP because:

It's missing the date that health coverage ended, for example, like a job-based plan, an individual health plan bought outside the Marketplace, a parent's plan, Medicaid, Medicare, or TRICARE.

### What should I do next?

Submit documents with the required information as soon as possible, or you'll lose your chance to enroll during this Special Enrollment Period. If you already chose a plan, you have 30 days from the date you chose it. Otherwise, you need to choose a plan and also send documents to confirm your eligibility before the date shown in your eligibility notice. If the Marketplace sent a notice telling you that you have extra time to send documents, refer to the deadline in that notice.

1. Review the list of documents that can be used to confirm your eligibility in the next section. Either upload or mail copies (not originals) of the documents we need. You may need to send more than one document to resolve an issue, so read the list carefully.
2. Upload or mail a copy of the document(s). **Uploading is the fastest way to get the documents processed.**
  - Upload a copy of the document to your Marketplace account on HealthCare.gov.
    - Log into your Marketplace account, and select "Start a new application or update an existing one."
    - Click on your name in the top right of the screen, and select "My applications & coverage" from the drop-down menu.
    - Then, under "Your existing applications," select your current application and click on "Application details."
    - You'll see a section called "Send proof for your Special Enrollment Period," where you can upload documents to verify your eligibility. Note: Please don't use these characters in the name of the file that you upload: ? | : \* ? " < > | .
  - Or, mail copies of the documents to this address:  
Health Insurance Marketplace  
Attn: Supporting Documentation  
465 Industrial Blvd.  
London, KY 40750-0001  
Include a copy of the front page of this letter and your full name and "Application ID 636408" on the top of each page. Don't send original documents.
3. Watch for a notice with the results of our review. This notice will be available in your Marketplace account on HealthCare.gov.
4. **Pay your premium after your eligibility is confirmed.** We'll send you another notice when it's time to take this step.

### What documents can I send?

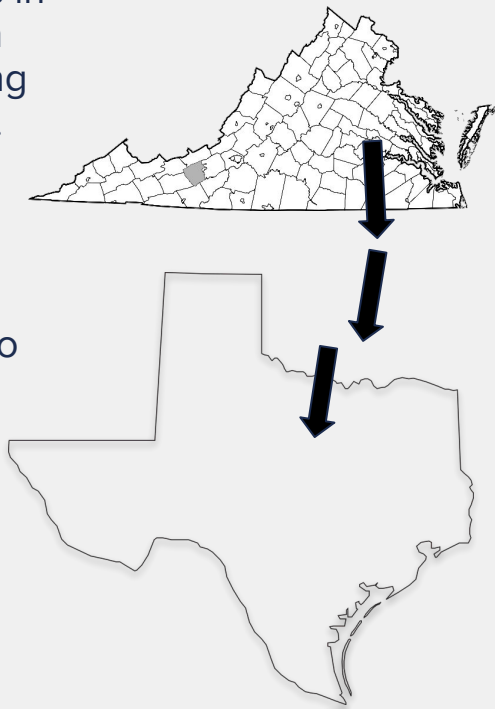
**John Miller, Julia Miller:** At least one person listed here needs to upload or mail documents to confirm that your loss of coverage happened 60 days before or after you applied for new Marketplace coverage. Your documents should include the name of the person on your application who lost or will lose coverage, and the date of the last day of coverage under the plan. You have 30 days from the date you choose your plan to submit documents.

Examples of documents you may submit include a letter, a notice, or a bill:

# Move SEP: Failure to resolve SVI

**Scenario:** Brittany currently lives in Virginia, but decides it time for a change of location. She is moving to Texas to live with her brother. Currently she's enrolled in coverage in Virginia.

**Step 1:** 45 days after her move to Texas, Brittany applies for coverage on the marketplace attesting to a SEP move and selects her plan.



**Step 2:** An SVI is generated for her to provide verification of her move and qualifying coverage within the past 60 days.

In all the excitement of the move she forgets to provide verification of the coverage she had in Virginia. 30 days pass without providing documents.

**Results:** Brittany gets an expiration notice from the marketplace. Her pending plan selection is cancelled.

# Consumer Messaging

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# What do consumers need to know?

- Important to cut through the confusion:
  - The ACA has not been repealed
  - Tax credits and cost-sharing reductions are still available to make plans affordable
  - Don't be discouraged by the added verifications to SEP
  - Read the fine print when comparing marketplace plans to short-term plans

# Consumer Outreach: 3 Things to Know

- Emphasize deadlines!
  - SEP verification process introduces a 30 day verification window in addition to the preexisting 60 day SEP plan selection window
- Encourage preparation
  - Help consumers understand up-front what documents need to be submitted with their SEP application
- Missing the Open Enrollment Period does not mean your totally out of luck!



# Sample social media graphics

Courtesy of Community Catalyst

Healthy moves

## Moving to a new place?

Arrive in your new home with the peace of mind that health insurance provides.

Find out if your move means you can get a Special Enrollment Period at [healthcare.gov](https://healthcare.gov)



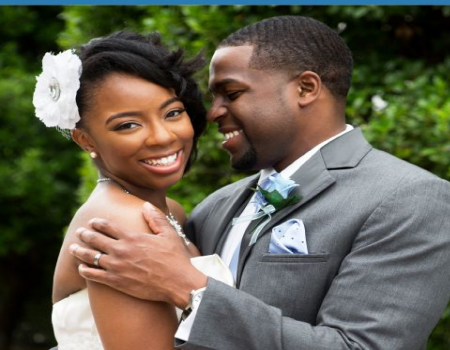
## Did you **lose** health insurance from your job?



You can sign up for affordable health insurance from [HealthCare.gov](https://HealthCare.gov) within **60 days** of losing your coverage.

#GetCoveredNow

## Ready to say **"I do?"**



You both may qualify for affordable health insurance.

You have **60 days** after the wedding to shop for a new plan on [HealthCare.gov](https://HealthCare.gov)

#GetCoveredNow

## Big life change?

Don't forget your health insurance!



Many life changes can qualify you to sign up for health insurance in a **Special Enrollment Period**.

Learn more at [healthcare.gov](https://healthcare.gov)!

# Shared Experiences? Questions?

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