



Special Enrollment Period Pre-Enrollment Verification (SEPV): Phase 2 Overview

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I. SEP Pre-enrollment Verification (SEPV) Review

SEPV review: Key terms and deadlines

Key Terminology

- **SEP Pre-enrollment Verification (SEPV)** - New applicants who attest to certain SEP qualifying events must submit documents that confirm their SEP eligibility before the Marketplace finalizes their enrollment and they can make their first payment and start using their coverage.
- **SEP Verification Issue (SVI)** - Created when new applicants qualify for an SEP that's subject to pre-enrollment verification.

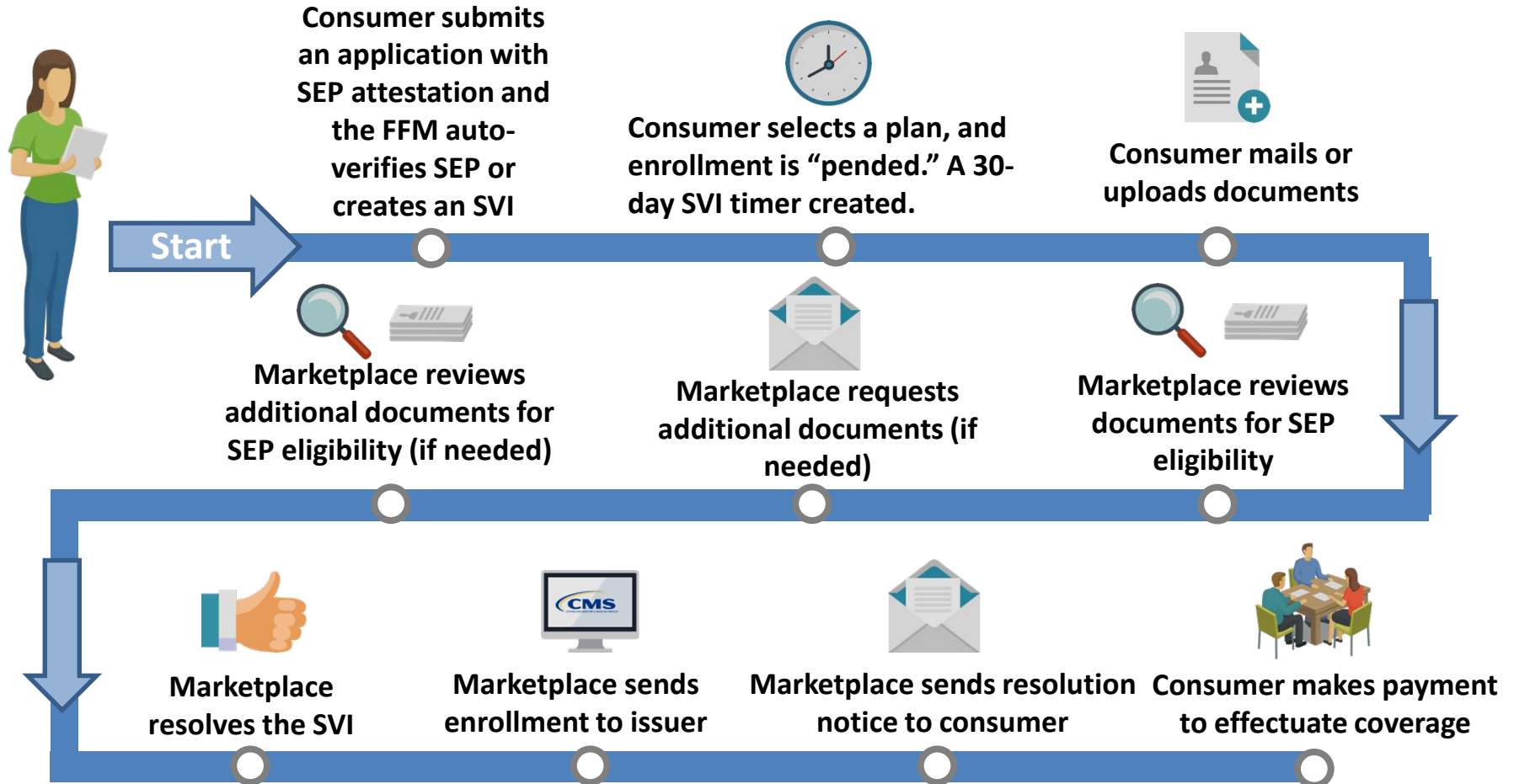
Important Deadlines

- **SEP window** – consumers typically have 60 days from the date of their SEP qualifying event to select a Marketplace plan.
- **SVI clock** – consumers need to submit documentation to the Marketplace to confirm their SEP eligibility within 30 days of plan selection.
- **DMI clock** – consumers have 90/95 days to submit documentation to confirm one or more eligibility factors.


SEPV review: Implementation

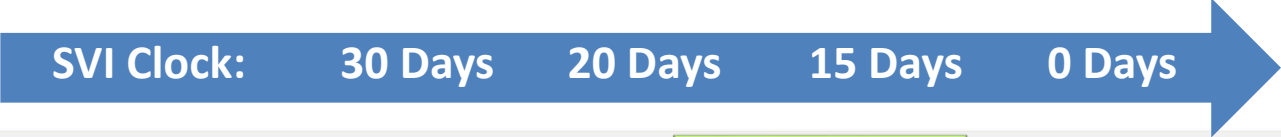
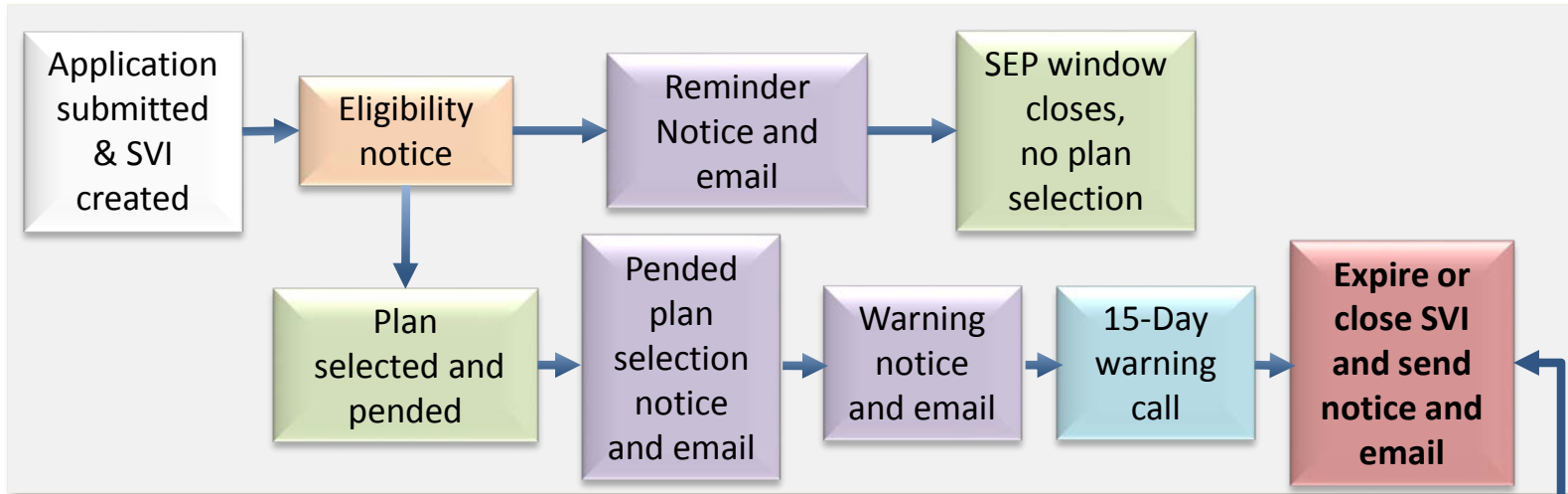
- Phase 1: On June 23, 2017 the Marketplace began SEPV for the loss of coverage and move SEPs.
For more information on Phase 1, the document submission process, and Marketplace outreach to affected consumers, see:
 - SEPV Overview Webinar: <https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf>
 - SEPV Fact Sheet: <https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf>
- Phase 2: On August 23, 2017, SEPV starts for the following types of SEPs:
 - 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 2.

SEPV review: Process for resolving an SVI

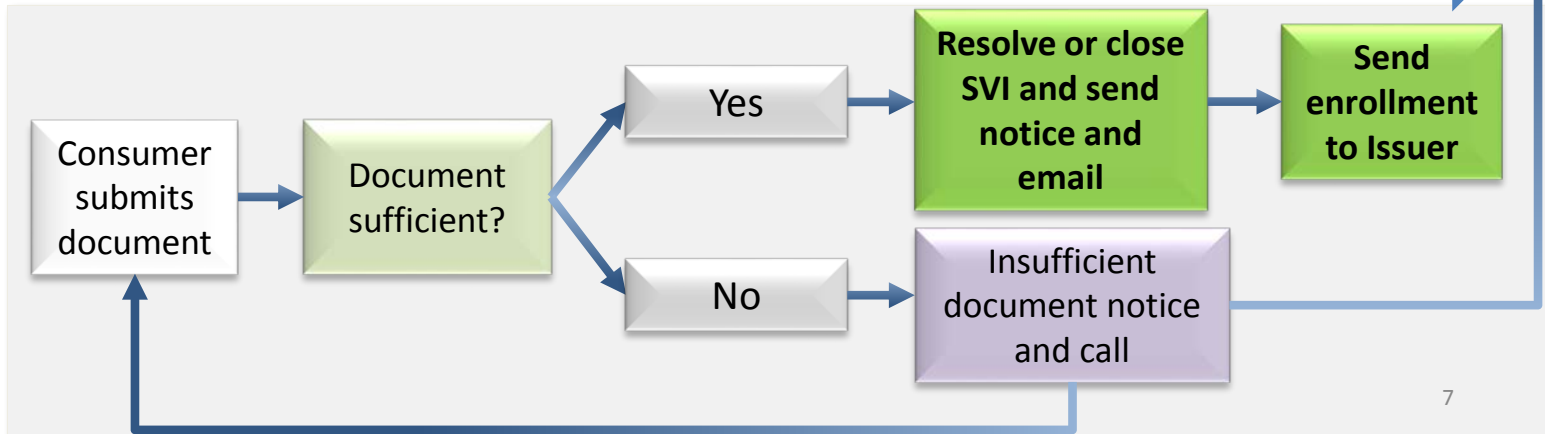


SEPV review: Consumer process and outreach

 All consumers with SEP subject to pre-enrollment verification



 Consumers who submit documents get additional outreach



Sliding effective date

A consumer may call the Marketplace Call Center within 30-days of getting their resolution notice to request a later coverage effective date that is no more than 1 month later **if they would have to pay 2 or more months of retroactive premium to effectuate coverage.**

- When a consumer resolves their SVI, their coverage effective date is based on their SEP type and date of plan selection.
 - For example, if an applicant loses coverage on July 5 and selects a plan on July 10, the coverage effective date would be August 1, since the loss of qualifying coverage SEP provides accelerated prospective coverage effective dates.
- If a consumer's coverage effective date passes before their SVI is resolved, their coverage effective date will be retroactive.
 - For example, an applicant who loses coverage on June 30, selects a plan on July 31, submits documents that aren't sufficient to prove her SEP eligibility on August 30 and receives an insufficient document notice. The applicant is also granted an extension and gets a notice with a new deadline September 29, then sends documents that prove her SEP eligibility on September 28. The Marketplace resolves her SVI in early October. She will have a coverage effective date of August 1 based on her loss of coverage SEP and July 31 plan selection date; and
 - Could request to **move her coverage effective date forward by one month: from August 1 to September 1.**

II. Marriage SVI

When do consumers qualify for a Marriage SEP?

- Consumers qualify for a marriage SEP if they gain or become a dependent due to a marriage.
 - To qualify for this type of SEP, only one of the people who were married needs to be on the Marketplace application.
- In order to qualify for an SEP due to a marriage, **at least one spouse** must have:
 - Had minimum essential coverage; OR
 - Lived in a foreign country or in a U.S. territory for one or more days during the 60 days preceding the date of the marriage.
- 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).

What must be verified for a Marriage SEP?

- Consumers who qualify for an SEP due to a marriage must submit documents to confirm the marriage happened up to 60 days *before* they applied for Marketplace coverage.
- To confirm eligibility for the marriage SEP, consumers should upload or mail documents to confirm who got married and the date of the marriage.

Coverage effective dates for a Marriage SEP

| Situation | Plan Selection Date | Coverage Effective Date |
|---|---|---|
| <p>Gaining or becoming a dependent through marriage, and at least one spouse</p> <ul style="list-style-type: none">• Had minimum essential coverage for one or more of the 60 days preceding the date of the marriage; 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 marriage.• This prior coverage requirement does not apply to AI/AN consumers. <p>Qualifying Event: Date of marriage</p> | <p>Any day of the month within 60 days after date of marriage</p> | <p>Accelerated: First day of the month after plan selection</p> |

Marriage SVI: When the consumer has a pended plan



Jane and John Doe submit an application and qualify for an SEP due to a marriage, so their eligibility notice includes a request for documents to confirm a marriage.



Jane and John pick a plan and the 30-day SVI clock begins – they get the pended plan selection (PPS) notice.



Jane and John receive a 20-day warning notice requesting documents.



Jane and John get a 15-day warning Call.



Jane and John submit a copy of their marriage license showing who got married and the date of the marriage.



The Marketplace reviews the marriage license and resolves the SVI. Jane and John get an SVI resolution notice.



Their pended plan selection is released to the issuer, and Jane and John make their first payment and can start using their coverage.

III. Adoption/ Foster Care Placement/ Court Order SVI

When do consumers qualify for an SEP based on adoption, foster care placement, or child support or other court order?

- Consumers may qualify for an SEP if they gain or become a dependent due to:
 - Adoption,
 - Foster care placement, or
 - Child support or other court order.
- Note: gaining or becoming a dependent due to a birth is not subject to document based verification.

What is verified for an SEP due to an adoption, placement in foster care, child support or other court order?

- Consumers newly enrolling in Marketplace coverage through an SEP due to adoption, foster care placement, or a child support or other court order must confirm that their qualifying event occurred in the 60 days *before* they applied for Marketplace coverage.
- To confirm eligibility for their SEP eligibility, consumers should upload or mail one or more documents signed by a government or court official, showing who was adopted, placed in foster care, or became a dependent due to a court order and the date of the qualifying event.

Coverage effective dates for adoption, placement in foster care, child support or other court order SEP

| Situation | Plan Selection Date | Coverage Effective Date |
|--|--|--|
| <p>Gaining or becoming a dependent through, adoption, or placement for adoption or foster care, or due to a child support or other court order</p> <p>Qualifying Event: Date of birth, adoption, foster care placement, or effective date of child support/ other court order</p> <p>➤ Reminder: gaining or becoming a dependent due to a birth is <u>not</u> subject to document based verification.</p> | <p>Any day of the month within 60 days after qualifying event date</p> | <p>Retroactive: Date of birth, adoption, foster care placement, or date that the court order took effect</p> <p>Alternate effective date options: Consumers may call the Marketplace to request:</p> <ul style="list-style-type: none"> • SEPs due to birth, adoption, or foster care placement: <ul style="list-style-type: none"> - First of the month following date of event; OR - Regular prospective coverage effective dates • SEPs due to court order: <ul style="list-style-type: none"> - Regular prospective coverage effective dates based on plan selection |

Adoption, placement in foster care, child support or other court order SVI: When the consumer has a pending plan



Paul and Anna Jones adopted their son, Ben, on July 15, 2017. They submit an application on July 20, 2017 and qualify for an SEP due to adopting Ben, so their eligibility notice includes a request for documents to confirm the adoption.



They pick a plan and the 30-day SVI clock begins – they get the PPS notice.



The Joneses receive a 20-day warning notice requesting documents to confirm Ben’s adoption.



They submit an adoption letter from an agency showing Ben was adopted on July 15, 2017 by Paul and Anna Jones, but it isn’t signed by a government or court official.



They get an “insufficient document notice” and call explaining that the letter they submitted didn’t include a signature by a government or court official, and that they still need to submit an acceptable document.



They get a 15-day warning call.



The Joneses don’t respond and their issue remains open.



The SVI clock runs out and the SVI is expired. They get an expiration notice.



Their pending plan selection is canceled. If the Joneses still have time in their 60 day SEP window, and find they have sufficient documents showing required information, they could reapply and re-attest to adoption, and start the process again.

IV. Medicaid/CHIP Denial SVI

When do consumers qualify for a denial of coverage through Medicaid or CHIP SEP?

- Consumers may be eligible for the denial of Medicaid/CHIP SEP if they apply for Marketplace coverage during an Open Enrollment Period (OEP) or within 60 days after another SEP qualifying event and are determined ineligible for Medicaid or CHIP by their state agency after OEP ends, or after more than 60 days have passed since their other SEP qualifying event.
- Consumers may be eligible for this SEP if they applied directly through their state Medicaid or CHIP agency during an OEP and were denied after the OEP ended.
- To qualify for this SEP, consumers must apply or re-apply for Marketplace coverage and choose a plan within 60 days of their Medicaid or CHIP denial.

What is verified for a denial of coverage through Medicaid or CHIP SEP?

- Consumers who qualify for an SEP due to a denial of coverage through Medicaid or CHIP must return to their application or newly apply for coverage within the 60 days *after* their Medicaid or CHIP denial.
 - **Automatic verification:** The FFM will attempt to verify the SEP electronically by checking for an inbound account transfer and checking FFM internal application records. If an SEP is verified this way, no SVI will be created and enrollment can process without document submission.
- To confirm eligibility for the denial of coverage through Medicaid or CHIP SEP for those whose SEP cannot be verified electronically, consumers should upload or mail one or more documents on official letterhead that clearly identifies who was determined ineligible for Medicaid/CHIP coverage and the date they were determined ineligible.

Coverage effective dates for a denial of coverage through Medicaid or CHIP SEP

| Situation | Plan Selection Date | Coverage Effective Date |
|--|--|--|
| <p>Consumer applies for coverage with the Marketplace during an OEP or within 60 days of another SEP qualifying event, is referred to state, and state determines the consumer to be ineligible for Medicaid or CHIP after OEP ends or more than 60 days after other SEP qualifying event</p> <p>Consumer applies for Medicaid or CHIP coverage with their state during an OEP, and is determined ineligible after OEP ends</p> <p>Qualifying event date: Date of Medicaid/CHIP denial</p> | <p>Any day of the month within 60 days after qualifying event date</p> | <p>Accelerated: First day of the month after plan selection, following determination of ineligibility for Medicaid/CHIP</p> <p>Note: Consumers who originally applied at the Marketplace may call the Marketplace Call Center to request a retroactive coverage effective date back to the coverage effective date they would have gotten if the Marketplace had originally determined them eligible for Marketplace coverage.</p> |

Medicaid/CHIP denial SVI: When the consumer has a pended plan



Jane applies for Marketplace coverage during an OEP, is referred to her state Medicaid agency, and then determined ineligible for Medicaid after the OEP ends. She returns to her Marketplace application and attests to being denied Medicaid within the last 60 days; she qualifies for an SEP due to a Medicaid denial. However, the FFM cannot auto-verify based on an account transfer. Her eligibility notice includes a request for documents to prove a Medicaid denial.



Jane picks a plan and the 30-day SVI clock begins



Jane receives a 20-day warning notice requesting documents.



Jane uploads a letter from her state Medicaid agency stating that she was determined ineligible for Medicaid coverage, and the date she was determined ineligible.



The Marketplace reviews Jane's documents for SEP eligibility and resolves her SVI.



Jane's pended plan selection is released to the issuer. After she pays her premium, she can use her coverage beginning on its effective date.

V. Resources

Resources for consumers and assisters/agents/brokers

- SEP pre-enrollment Verification Overview (slide deck): <https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf>
- 5 Things Assisters, Agents, and Brokers Should Know About SVIs (fact sheet): <https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf>
- Sample SVI Notices to consumers: <https://marketplace.cms.gov/applications-and-forms/notices.html>
- How to upload documents: <https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/>
- Acceptable Documents: **Note *Urls for Phase 2 acceptable documents lists will be live August 23, 2017***
 - <https://www.healthcare.gov/help/prove-coverage-loss/>
 - <https://www.healthcare.gov/help/prove-move/>
 - [HealthCare.gov/help/prove-change-for-child*](https://www.healthcare.gov/help/prove-change-for-child*)
 - [HealthCare.gov/help/prove-marriage*](https://www.healthcare.gov/help/prove-marriage*)
 - [HealthCare.gov/help/confirm-medicaid-chip-denial*](https://www.healthcare.gov/help/confirm-medicaid-chip-denial*)
- How to confirm a Special Enrollment Period: <https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/>
- 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



VI. Appendix: Acceptable documents list for Phase 2 SVI types

Acceptable documents to resolve an SVI for an adoption

- **Adoption letter or record** showing who was adopted and the date of adoption, signed by a government or court official.
- **Foster care papers** showing who was placed in foster care and the date of foster care placement, signed by a government or court official.
- **Child support or other court order** showing who became a new dependent and the effective date of the child support or other court order, signed by a court official.
- **Document for legal guardianship** showing who became a new dependent and the date that the child was placed in a home, or the date legal guardianship was established. This needs to be a government-issued or legal document.
- **For foreign adoptions**, a U.S. Department of Homeland Security immigration document showing who was adopted and the date of adoption.
- **Medical support order** showing who became a new dependent and the effective date of the order.
- For a full list of documents you can send, visit [HealthCare.gov/help/prove-change-for-child](https://www.healthcare.gov/help/prove-change-for-child).

Acceptable documents to resolve an SVI for Marriage

- **Marriage certificate** showing who got married and the date of the marriage.
- **Marriage license** showing who got married and the date of the marriage.
- **Official public record of marriage** showing who got married and the date of the marriage.
- **Marriage affidavit or affidavit of support** that's signed and dated by the person who officiated the marriage or the official witness of the marriage.
- **A religious document** showing who got married and the date of the marriage.
- For a full list of documents you can submit, visit [HealthCare.gov/help/prove-marriage](https://www.healthcare.gov/help/prove-marriage).

Acceptable documents to resolve an SVI for a denial of coverage through Medicaid or CHIP

- **Denial letter from your state Medicaid or CHIP agency** that shows your name, that you were denied coverage through Medicaid or CHIP, and the date that you were denied coverage.
- **Letter stating that your Medicaid or CHIP coverage ended** stating your name, that your Medicaid or CHIP ended, and the date that it ended. You can also submit a letter from the insurance company that provided your Medicaid or CHIP benefits.
- **Letter from the Marketplace** that says your state Medicaid or CHIP agency sent your application to the Marketplace.
- For a full list of documents you can submit, visit [HealthCare.gov/help/confirm-medicaid-chip-denial](https://www.healthcare.gov/help/confirm-medicaid-chip-denial).