

Special Enrollment Period Verification Phase 2: Helping consumers resolve additional SVI types

When consumers apply for Marketplace coverage, they provide information that helps to determine whether they're eligible for coverage, and may provide information to determine whether they're eligible for financial help. In some cases, consumers need to submit documentation to verify information on their application, such as their eligibility for a Special Enrollment Period (SEP).

A Special Enrollment Period (SEP) provides a way for consumers who lose qualifying health coverage or experience another qualifying event during the year to enroll in or change coverage outside the annual Open Enrollment Period. It also allows consumers to add new dependents to their current coverage. In most cases, **consumers have 60 days from the date of their SEP qualifying event to enroll, change plans, or add their new dependent(s) to their current coverage.**

Beginning on June 23, 2017, consumers newly enrolling in Marketplace coverage through certain SEPs were required to submit documents to confirm their SEP eligibility before the Marketplace finalizes their enrollment and they can start using their coverage. This requirement is referred to as an SEP Verification Issue (SVI). **Consumers have 30 days from plan selection to submit documentation to the Marketplace to confirm their SEP eligibility.**

1. What's changing on August 23, 2017?

On August 23, 2017, the Marketplace will verify additional SEP types. The following chart shows SEP types that consumers newly enrolling in Marketplace coverage will be required to confirm. **This fact sheet focuses on Phase 2.**

Phase 1: Began on June 23, 2017	Phase 2: Begins on August 23, 2017
Pre-enrollment verification for SEPs due to: <ul style="list-style-type: none">Loss of coveragePermanent move	Pre-enrollment verification for SEPs due to: <ul style="list-style-type: none">MarriageGaining or becoming a dependent through an adoption, foster care placement, or child support or other court orderMedicaid/CHIP denial

2. What do consumers need to understand about the new, “Phase 2” SVI types?

Consumers required to resolve an SVI can do so by submitting documents within 30 days of when they choose a plan that confirm their eligibility for the SEP they attested to. The Marketplace will pend these consumers' enrollments, and they need to submit documents that confirm their SEP eligibility before the Marketplace sends their enrollment to the issuer and they can make their first payment and start using coverage. If a consumer doesn't submit sufficient documents to resolve an SVI, his or her plan selection will be canceled.

Consumers should understand **what their documents need to include based on their SVI type, and when their** coverage will start based on their SEP type and date of plan selection.

A. Documents that consumers need to submit to confirm their SEP eligibility

- **Confirm that they gained or became a dependent due to a marriage.** Consumers must submit documents that show that they were married within the 60 days before they applied. These documents must include the names of the people who were married and the date of the marriage. Click here to see a list of acceptable documents: [HealthCare.gov/help/prove-marriage/](https://www.healthcare.gov/help/prove-marriage/).
- **Confirm that they gained or became a dependent due to an adoption, foster care placement, or child support or other court order.** Consumers must submit documents that show that the event happened within 60 days before they applied. These documents must include the name of the person who became a dependent, and the date of the adoption, foster care placement, or effective date of court order. Click here to see a list of acceptable documents: [HealthCare.gov/help/prove-change-for-child](https://www.healthcare.gov/help/prove-change-for-child/).
- **Confirm that they were denied Medicaid or CHIP coverage after applying for Marketplace coverage during Open Enrollment or within 60 days of another SEP qualifying event.** The consumer must submit documents that show they were denied this coverage within 60 days before they applied. These documents must include the name of the person who was denied Medicaid or CHIP coverage, and the date of the denial. Click here to see a list of acceptable documents: [HealthCare.gov/help/confirm-medicaid-chip-denial/](https://www.healthcare.gov/help/confirm-medicaid-chip-denial/).

Review: This fact sheet explains how to confirm SEP eligibility due to a loss of qualifying coverage or move [Marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf/](https://www.marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf/).

B. Consumers' coverage will start based on their SEP type and date of plan selection

Consumers who qualify for an SEP due to a marriage must select a plan within 60 days after their marriage. Their coverage starts based on the following rule:

Apply and pick a plan within...	Coverage starts...
60 days before or 60 days after the date coverage ended	Based on accelerated prospective rule: First day of the month after coverage ends and consumer chooses a plan
For example:	<ul style="list-style-type: none"> ■ A consumer who chooses a plan on August 14 will have coverage starting September 1. ■ A consumer who chooses a plan on August 16 will also have coverage starting September 1.

Consumers **who qualify for an SEP due to an adoption, foster care placement, or child support or other court order** must select a plan within 60 days after the event. Their coverage starts based on the following rule:

Apply and pick a plan within...	Coverage starts...
60 days after the date of the birth, adoption, foster care placement, or effective date of court order	<p>Based on retroactive rule: Coverage starts back to date of birth, adoption, foster care placement, or effective date of court order</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"> o First of the month following date of event; OR o Regular prospective coverage effective dates ■ SEPs due to court order: <ul style="list-style-type: none"> o Regular prospective coverage effective dates based on plan selection
For example:	<ul style="list-style-type: none"> ■ A child who is adopted on August 14 and whose parent applies on August 23 will have coverage starting August 14. ■ If they prefer, the consumer can call the Marketplace to request that coverage start on September 1, the first of the month following the date of the adoption.

Consumers **who qualify for an SEP due to a denial of Medicaid or CHIP coverage after they applied for coverage during an annual Open Enrollment Period** must select a plan within 60 days after they're notified that they were denied. Their coverage starts based on the following rule:

Apply and pick a plan within...	Coverage starts...
60 days after the date coverage was denied	Based on accelerated prospective rule: First day of the month after consumer chooses a plan Alternate effective date option – Consumers who originally applied at the Marketplace may call the Marketplace to request a retroactive start date back to the date their coverage would have started if the Marketplace had originally determined them eligible for Marketplace coverage.
For example:	<ul style="list-style-type: none"> ■ If a consumer applies at their Medicaid agency during Open Enrollment on December 12, and is found ineligible for Medicaid after Open Enrollment ends (for example, on December 26), the consumer will be transferred to the Marketplace. Then, if they submit a Marketplace application on January 25 (within 60 days of their Medicaid denial), they will have coverage effective the first of the following month - on February 1 - if otherwise eligible.

3. What do consumers need to understand, regardless of their SVI type?

A. Important Deadlines

Consumers who apply and attest to information that may qualify them for an SEP should be aware of the following deadlines.

- SEP window – consumers have 60 days from the date of their SEP qualifying event to select a Marketplace plan.
- SVI clock – consumers have 30 days from plan selection to submit documentation to the Marketplace to confirm their SEP eligibility.
- DMI clock – consumers who need to submit documents related to other information on their application, like income level or citizenship/immigration status, have 90/95 days to submit documentation to confirm these eligibility factors.

B. Some consumers may delay their coverage start date by one month

Although consumers' coverage start dates are based on their SEP type and when they pick a plan, the consumers won't be enrolled and **can't use their coverage until their SEP eligibility is confirmed and they make their first premium payment. If a consumer's coverage effective date passes before their SVI is resolved, then their coverage effective date will be retroactive.** Consumers will owe premiums for the retroactive period.

Consumers who would have to pay 2 or more months of retroactive premium to effectuate coverage may call the Marketplace Call Center **within 30 days of getting their resolution notice** to request a one month delay in their coverage effective date.

For example: A couple gets married on September 29 and selects a plan on September 30, doesn't submit documents until October 28, and receives their resolution notice on November 2, could request to move their coverage effective date from October 1 to November 1.

C. The Marketplace will contact consumers who need to resolve an SVI

The Marketplace will contact consumers multiple times to explain their requirement to submit documents and remind them about how to do so, along with details about what documents to submit. Consumers will be able to view and download most of these notices online using their HealthCare.gov account and will receive emails when these notices become available. Consumers who request to receive paper notices will get these notices by mail.

Once they complete their application, all consumers **who need to resolve an SVI** will receive:

- **An eligibility determination notice (EDN)** that explains their eligibility for health coverage, financial help, and an SEP. It will describe the requirement to resolve an SVI, including acceptable documents and deadlines for document submission.

If the consumer also has a data-matching issue (DMI, sometimes referred to as an “inconsistency”) and therefore must also submit other types of documents, their EDN will also include this information. Consumers who have both a DMI and SVI will need to resolve their SVI before they can begin using coverage. In some cases, this may occur before the DMI is resolved. Consumers who resolve their SVI, and/or only have a DMI pending resolution, can start using coverage; however, they **must still submit documents to keep their eligibility for Marketplace coverage and/or financial help**. Visit [HealthCare.gov/verify-information](https://www.healthcare.gov/verify-information) to learn more about how you can help consumers to resolve a DMI.

Once they’ve picked a plan, these consumers will get:

- A **pending plan selection (PPS)** notice that explains the deadline to submit documents is 30 days after they picked a plan. It includes a list of next steps. It also provides the list of acceptable documents.
- A **warning notice** when 20 days have passed after plan selection, for consumers who still need to submit documents.

Consumers who submit documents will get:

- A **resolution notice** confirming that their SVI is resolved, or
- An **insufficient documents notice** that explains why the Marketplace can’t resolve an SVI with the submitted documents, and that includes a request for acceptable documentation.

Consumers who don’t submit documents or don’t submit acceptable documentation by the indicated deadline, will get:

- An **expiration notice** explaining that their SVI wasn’t resolved and that they won’t be enrolled in coverage.
- Consumers also will get a **final eligibility notice** with information about how to appeal if they disagree with this decision. They can visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to learn more.

Consumers who don’t pick a plan will get:

- A **reminder notice** when they have at least 10 days left in the SEP window telling them that they must pick a plan and submit documents to begin using coverage.

- Remember: consumers should choose a plan right away to make sure that they do so before their 60 day SEP window ends. However, consumers have the option to choose a plan before or after they submit documents.

Learn more: Additional resources

Learn more about helping consumers resolve an SVI:

- Webinar slides: SEP Pre-enrollment Verification: Phase 2 Overview (August 2017) - [Marketplace.cms.gov/technical-assistance-resources/sepv-phase-2-overview.pdf](https://www.cms.gov/technical-assistance-resources/sepv-phase-2-overview.pdf)
- Webinar slides: SEP Pre-Enrollment Verification Overview (June 2017) - [Marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf](https://www.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf)
- Fact sheet: 5 Things Assistors, Agents, and Brokers Should Know About SVIs - [Marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf](https://www.cms.gov/technical-assistance-resources/5-things-about-svi.pdf)
- HealthCare.gov - <https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/>.

Learn more about SEP Eligibility:

- Webinar slides: SEP Overview - [Marketplace.cms.gov/technical-assistance-resources/special-enrollment-period-overview.pdf](https://www.cms.gov/technical-assistance-resources/special-enrollment-period-overview.pdf)
- Fact sheet: Special Enrollment Periods Available to Consumers - [Marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf](https://www.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf)

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