



5 Things Assisters, Agents, and Brokers Should Know About SVIs

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. Beginning on June 23, 2017, new applicants who attest to information that may qualify them for certain types of Special Enrollment Periods (SEPs) will need to submit documents to confirm their SEP eligibility **before** they can start using their Marketplace coverage. **This requirement is referred to as an SEP Verification Issue (SVI).**

1. How do SEPs and SVIs affect consumers?

An 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.**

Consumers required to resolve an SVI can do so by submitting documents that confirm their eligibility for the SEP they attested to within 30 days of when they choose a plan. 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.

Beginning on June 23, 2017, consumers newly enrolling in Marketplace coverage for some SEPs will be required to submit documents to resolve an SVI before the Marketplace finalizes their enrollment and they can start using their coverage. 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.

Phase 1: June 23, 2017	Phase 2: August 23, 2017
Pre-enrollment verification starts for SEPs due to: <ul style="list-style-type: none"> • Loss of coverage • Permanent move This fact sheet focuses on Phase 1.	Pre-enrollment verification starts for SEPs due to: <ul style="list-style-type: none"> • Marriage • Gaining or becoming a dependent through an adoption, foster care placement, or child support or other court order • Medicaid/CHIP denial

2. What deadlines do consumers need to know about?

Consumers who apply and attest to information that may qualify them for an SEP should be aware of the following deadlines. The 60-day “SEP Window” and 90/95-day “Data matching issue (DMI) clock” are existing requirements that apply to all consumers who qualify for an SEP or have a DMI; the new 30-day “SVI clock” applies to consumers who are newly enrolling in Marketplace coverage through certain SEPs and therefore required to prove their SEP eligibility. Consumers who need to prove both their SEP eligibility and their eligibility for Marketplace coverage or financial assistance will have both an SVI clock and DMI clock.

	SEP window	SVI clock	DMI clock
Consumer Action	Select a plan	Submit documents to confirm SEP eligibility	Submit documents to confirm one or more eligibility factors, if necessary
When does clock start?	At SEP qualifying event date	At plan selection (plan selection is pended until verification occurs)	At application submission
How long does a consumer have to take action?	Consumer has 60 days from their SEP qualifying event to select a plan	Consumer has 30 days from when they select a plan to submit documents to resolve the SVI; this could end before or after the SEP window ends	Consumer has 90 days to submit documents to resolve an annual income DMI and 95 days to resolve a citizenship/immigration DMI.
What if the consumer doesn't take action?	If consumer doesn't select a plan during the SEP window, they will no longer be eligible to enroll in coverage through the Marketplace through that SEP, and can't enroll until the next Open Enrollment Period unless they experience another SEP-qualifying event	If SVI isn't resolved, the consumer's pended plan selection is canceled	If DMI isn't resolved, financial assistance may be adjusted, or coverage may be terminated

3. Can consumers start using their coverage before they confirm their SEP eligibility?

No. A consumer can and should pick a plan right away, but will not be enrolled in coverage until the SVI is resolved. Consumers' coverage start date is based on their SEP type and when they pick a plan. But they can't use their coverage until their SEP eligibility is confirmed and they make their first premium payment. As soon as the consumer's SEP eligibility is confirmed, the Marketplace will send their enrollment to the

health insurance company. The consumer will be required to make their first premium payment in order for coverage to be effectuated. Coverage will be effective on a date determined by their SEP type and the date of plan selection.

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 **qualify for an SEP due to a move** must select a plan within 60 days after they move. Their coverage starts based on the following rule:

Apply and pick a plan within...	Coverage starts...
60 days after date of move	Based on regular prospective ("15 th of the month") rule: <ul style="list-style-type: none"> • Pick plan between 1st and 15th of month: First day of the following month • Pick plan between 16th and last day of month: First day of the second month following plan selection
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 have coverage starting October 1.

Consumers who **qualify for an SEP due to a loss of qualifying coverage** must select a plan within 60 days before they lose coverage, or 60 days after they lose coverage. 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.

If a consumer's assigned coverage effective date passes before their SVI is resolved, their coverage effective date will be retroactive to the assigned coverage effect date. Consumers will owe premium for the retroactive period.

4. What kinds of documents should consumers submit to resolve their SVI?

To confirm a loss of qualifying coverage, consumers must submit documents that show that someone on their application lost qualifying health coverage in the 60 days before they applied and chose a plan, or will lose coverage in the 60 days after they applied and chose a plan. These documents must include the name of the person who lost coverage and the date of coverage loss. Click <https://www.healthcare.gov/help/prove-coverage-loss/> to see a list of acceptable documents.

To confirm a move and prior coverage, consumers must submit documents that show that someone on their application moved. These documents must include the name of the person who moved and the date of the move. Click <https://www.healthcare.gov/help/prove-move/> to see a list of acceptable documents.

- **Consumers who moved within the U.S.** must submit a document that includes the name of the person who moved AND shows that this person had qualifying health coverage for at least one day in the last 60 days before their move.
- **Consumers who moved to the U.S. from a U.S. territory or foreign country** do not need to confirm prior coverage, but they must submit a document that confirms they lived outside of the U.S. prior to their move.

5. How will the Marketplace 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 document 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 to 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.

Have questions?

Learn more about SEPs:

- Webinar slides: SEP Overview - <https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-period-overview.pdf>
- Fact sheet: SEP Overview - <https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf>
- Webinar slides: SEP Pre-Enrollment Verification Overview - <https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf>

Learn more about how consumers can submit documents to resolve an SVI - <https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/>.

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