



Special Enrollment Period Pre-Enrollment Verification (SEPV): Review



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*Division of Eligibility Support,
Marketplace Eligibility and
Enrollment Group,
CCIIO*

Agenda

1. Special Enrollment Period Verification (SEPV) review: verification criteria and process
2. Five types of Special Enrollment Periods (SEPs) that require verification
3. Resources

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.

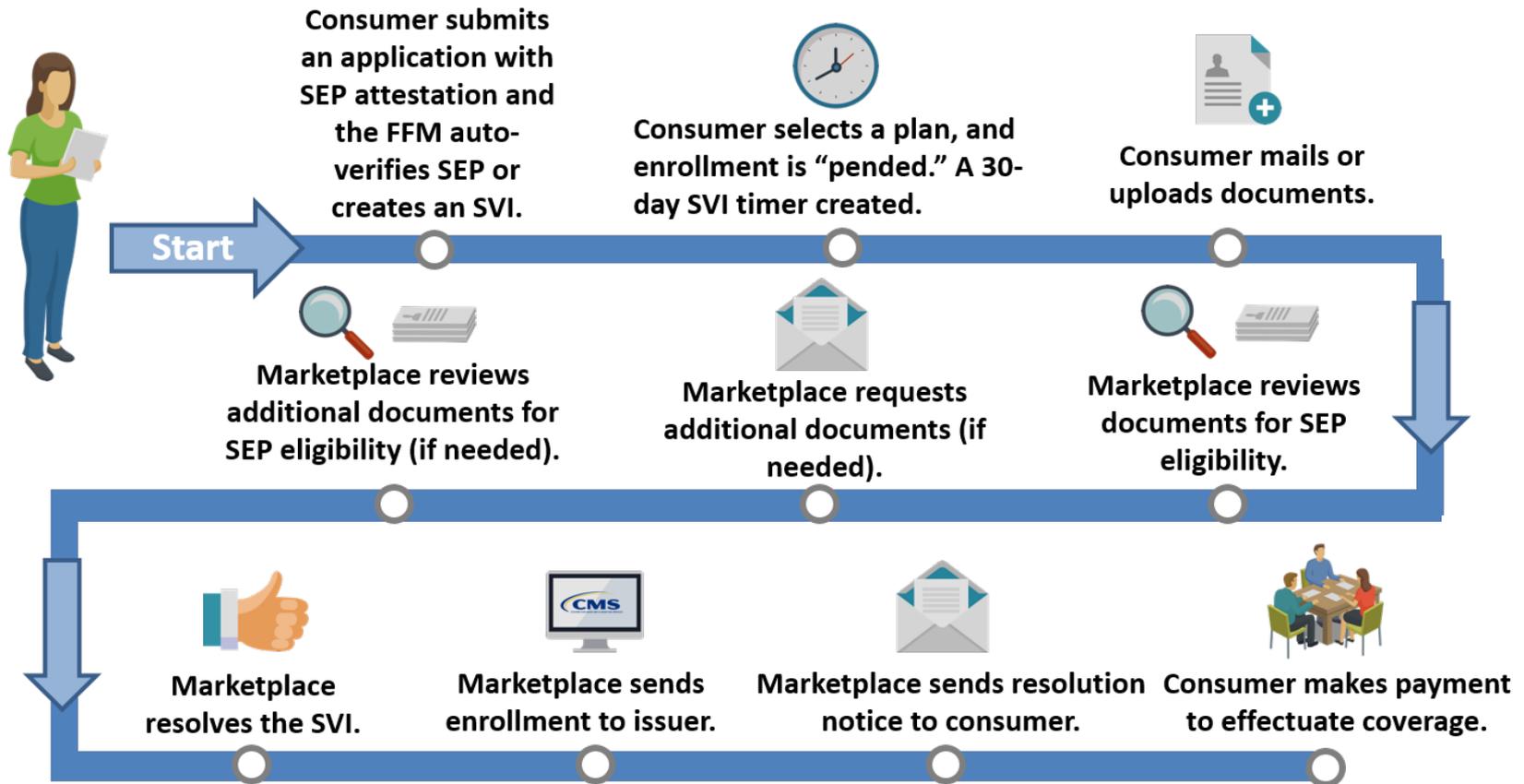
Important Deadlines

- **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.

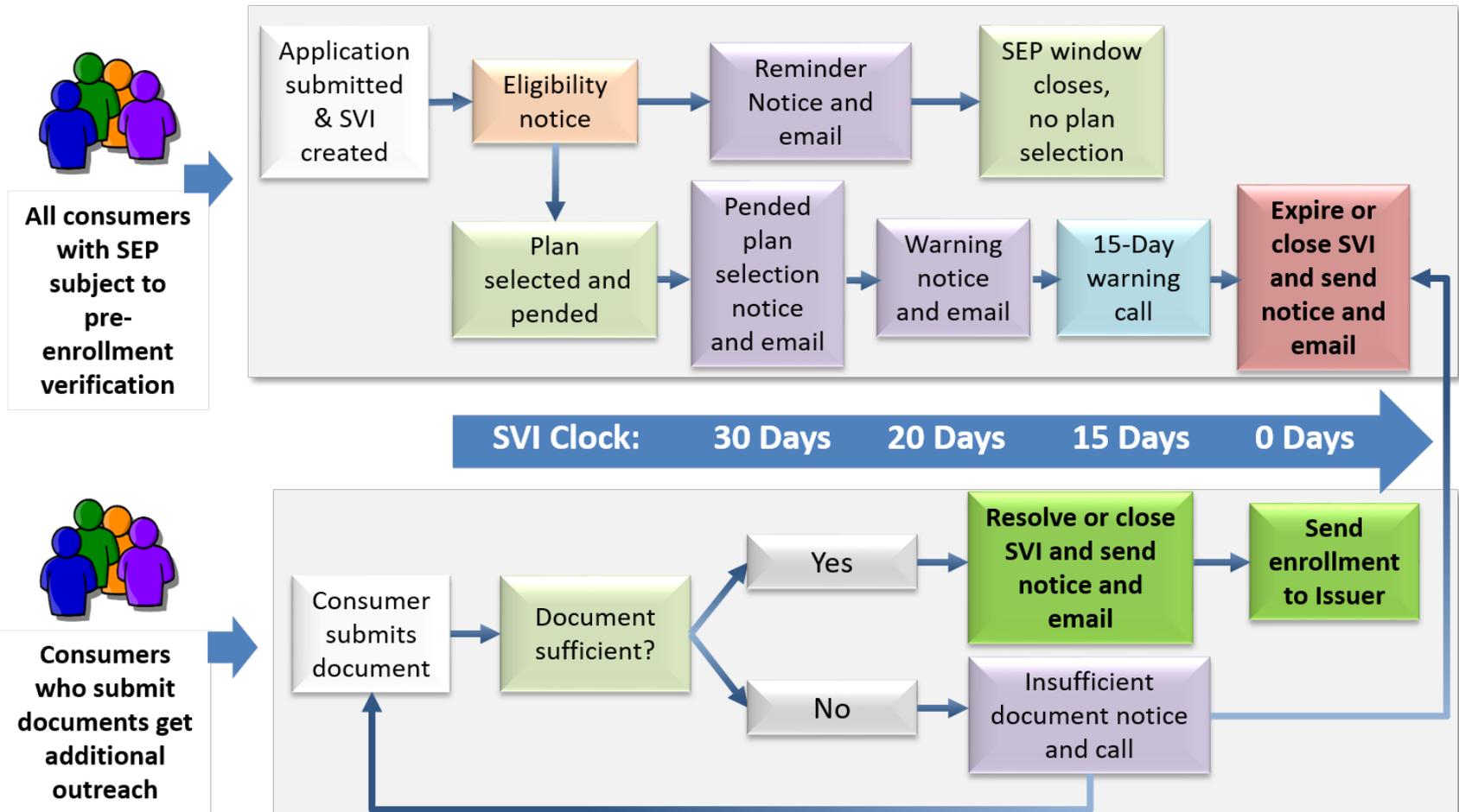
SEPV Review: Implementation

- Phase 1: On June 23, 2017, the Marketplace started SEPV for loss of coverage and move SEPs.
- Phase 2: On August 23, 2017, SEPV began for marriage, gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order, and Medicaid/CHIP denial SEPs.
- For more information on 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: Phase 2 Overview Webinar: <https://marketplace.cms.gov/technical-assistance-resources/sepv-phase-2-overview.pdf>
 - SEPV Fact Sheet: <https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf>

SEPV Review: Process for Resolving an SVI



SEPV Review: Consumer Process and Outreach



Sliding Effective Date

A consumer may call the Marketplace Call Center within 30-days of receiving 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.
- If a consumer's coverage effective date passes before their SVI is resolved, their coverage effective date will be retroactive.



Consumers must verify their eligibility for five SEP types:

1. Loss of minimum essential coverage (MEC);
2. Move;
3. Marriage;
4. Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order; and,
5. Denial of coverage through Medicaid or CHIP.

When do consumers qualify for a SEP and what must they verify?

Consumers qualify if . . .	Consumers must verify . . .
<ul style="list-style-type: none"> • They (or any qualified health plan (QHP)-eligible consumer on the application) lose qualifying health coverage, also known as MEC for a loss of MEC SEP. 	<ul style="list-style-type: none"> • They lost coverage up to 60 days <i>before</i> or will lose coverage up to 60 days <i>after</i> they apply for new Marketplace coverage.
<ul style="list-style-type: none"> • Anyone in the household gained access to new Marketplace plans due to a change in primary place of living and had qualifying coverage for at least one of the 60 days before 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 for a move SEP. 	<ul style="list-style-type: none"> • They moved in the 60 days <i>before</i> applying for new Marketplace coverage, and they had qualifying coverage for at least 1 of the 60 days prior to the move
<ul style="list-style-type: none"> • They gain or become a dependent due to a marriage for a marriage SEP. 	<ul style="list-style-type: none"> • The marriage happened up to 60 days <i>before</i> they applied for Marketplace coverage
<ul style="list-style-type: none"> • They gain or become a dependent due to adoption, foster care placement, or child support or other court order for an adoption, foster care placement, or child support or other court order SEP. 	<ul style="list-style-type: none"> • That their qualifying event occurred in the 60 days <i>before</i> they applied for Marketplace coverage.
<ul style="list-style-type: none"> • 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 for a Medicaid/CHIP denial SEP. 	<ul style="list-style-type: none"> • A denial of coverage through Medicaid or CHIP by returning to their application or newly apply for coverage within the 60 days <i>after</i> their Medicaid or CHIP denial.

Coverage Effective Dates

SEP Type	Plan Selection Date	Coverage Effective Date
Loss of MEC: <i>Past</i> loss of qualifying health coverage	Any day of the month	Accelerated: First day of the month after plan selection
Loss of MEC: <i>Future</i> loss of qualifying health coverage	Any day of the month	Accelerated: First day of the month after plan selection, following prior coverage end date
Move	Between the 1 st and 15 th day of the month	Regular: First day of the month following plan selection
Move	Between the 16 th and last day of the month	Regular: First day of the second month following plan selection
Marriage	Any day of the month within 60 days after date of marriage	Accelerated: First day of the month after plan selection
Adoption, foster care placement, or child support or other court order	Any day of the month within 60 days after qualifying event date	Retroactive: Date of adoption, foster care placement, or date that the court order took effect
Denial of coverage through Medicaid/CHIP	Any day of the month within 60 days after qualifying event date	Accelerated: First day of the month after plan selection, following determination of ineligibility for Medicaid/CHIP

Resources for Consumers, Assisters, Agents, and Brokers

- SEP Pre-enrollment Verification Overview: <https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf>
- SEPV: Phase 2 Overview: <https://marketplace.cms.gov/technical-assistance-resources/sepv-phase-2-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:
 - <https://www.healthcare.gov/help/prove-coverage-loss/>
 - <https://www.healthcare.gov/help/prove-move/>
 - <https://www.healthcare.gov/help/prove-change-for-child/>
 - <https://www.healthcare.gov/help/prove-marriage/>
 - <https://www.healthcare.gov/help/confirm-medicaid-chip-denial/>