



Special Enrollment Periods (SEP) Verification

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Amanda Brander: Thanks, everybody, for being here today and for having me to talk about our Special Enrollment Period Verification. This is the pre-enrollment verification process that we have just started this past week. So today we're going to talk about the SEP Verification overview and some definitions and basic requirements...just want to have a refresher. I know Carolyn just discussed with you all some of the SEP qualifications and effective dates, things like that. But we do have that in the beginning of this as a refresh, in case you were in another room.

Then we can also go into what the consumers need to do during the SEP Verification process and talk a little bit more specifically about the specific types of SEPs that we're currently doing pre-enrollment verification for; and that includes the loss of coverage and the Move SEP. Then we want to talk a little bit more about complex scenarios that *may* come up.

First, let's look at the Special Enrollment Period overview. As you all might have just heard from Carolyn, this is a way for people who lose health insurance or experience other qualifying events during the year to enroll in coverage outside of the annual open enrollment period. So in most cases, consumers who qualify for a SEP will have 60 days to enroll in their coverage.

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There are about six different categories that a consumer could fall into for qualifying for Special Enrollment Periods. You can certainly reference Carolyn's earlier presentation and some resources online on the Technical Assistance to go over those further.

The SEP Verification implementation began last Friday, June 23rd; so that applies now to new applicants...so those who are not already enrolled in the Marketplace coverage...and who attest to certain types of qualifying events. As I mentioned, the first two that we are doing pre-verification for are the Loss of Coverage and Move SEPs. Then we will actually have a second phase that starts in August, but today we're going to focus on this first phase. The second phase that will begin in August will cover marriage SEPs, adoption, and Medicaid/CHIP denial.

So what is a SEP Verification Issue or SVI?

You all might be familiar with the term that we use for data matching issue or DMI. It's that same sort of concept for SEP Verification, but it's SVI. An SVI is created when new applicants qualify for an SEP that's subject to their pre-enrollment verification. Before they can begin enrolling and using their coverage, they have to submit documentation to the Marketplace in order to verify that they qualify for their SEP.

So the SVI type will be tied directly to their SEP type. So if they have a Move SEP, then they're going to have a Move SVI. If consumers attest to more than one type of SEP qualifying event, only one of those will actually generate the SVI. In some scenarios, the consumer might update their application; and it could cause a second SVI to open. But we can talk about those more complex scenarios later in this presentation.

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Whenever an SVI is generated for a consumer, they're going to receive notice from the Marketplace that they need to submit documents to confirm their qualifying event. Now, a consumer is going to have 30 days from the time that they pick their plan to resolve this SEP Verification Issue. Consumers' plans, when they select them, will be on hold or pended during that time until they have resolved their SVI. Once the SVI is resolved, then the consumer will be enrolled in coverage; but the effective date is based on their SEP type. In some cases, that could be retroactive, but the consumer can begin using their coverage once they've paid their premium.

As we said before, an SVI will be generated for only new applicants to the Marketplace. Those who have an existing enrollment, if they qualify for a Special Enrollment Period, will not be subject to the SEP and Verification pre-enrollment. They would still be able to enroll through their SEP without going through this 30-day process.

Only one of the SVIs that's generated needs to be documented or proven by the consumers. So if there are three people on an application for a Move SEP, just one of those people needs to send in documentation; and it will clear the SVI or resolve the issue, proving their eligibility for the SEP for all the consumers on that application to be enrolled.

Let's take a minute to look at the difference between an SVI and a DMI. Again, the DMI is the data matching issue, which is our current process that consumers go through whenever they're proving their citizenship or immigration or maybe sending in annual income documentation. And now

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we have the SVI, the SEP Verification Issue whenever they need to prove their SEP eligibility.

So a consumer is going to get their deadline to submit documents for an SVI for 30 days after they've picked their plan. They'll be notified in a new notice that we call the Pended Plan Selection Notice, and we can go over the notices a little bit more in this presentation, versus on the DMI they'll have 90 to 95 days to resolve their issue, depending on if it's annual income or citizenship/immigration DMIs. And that deadline appears in their Eligibility Notice. So as soon as they've applied, their DMI clock starts; but for an SVI, that clock doesn't start until they've picked their plan.

Now, if a consumer does not resolve their SVI, the impact is a little different than the DMI. They won't be enrolled or be able to use that coverage until their SVI is resolved, versus a DMI. They can use their coverage during the 90 to 95 days that they're trying to resolve their DMI. So again, the example of the SVI here could be the Loss of Coverage SVI versus your Income DMI.

Let's do a quick knowledge check. All right, everyone, get ready. How many days does a consumer have to resolve their SVI?

Whoa, that was quick...all right, 30 days, 100%. That's right. So 30 days from selecting a plan...and remember, that's different than the DMI and from their actual app submission for the SVIs; it's from plan selection. Good job, guys.

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Now let's take a little bit of a closer look at the actual process for SEP Verification. In this roadmap here, you see the process that we will follow whenever a consumer submits their application with a SEP attestation. Then the exchange will create an SVI, and the consumer can pick a plan. From that, they'll have 30 days to upload documentation and resolve their SVI.

Once a consumer mails or uploads their documents, then the Marketplace will review those. If a consumer's information can't be verified for their SEP, they would have an insufficient document. So we'll request additional information from them at that time; and then once we receive those documents, we'll be able to review and hopefully resolve their SVI. At that point, the Marketplace will send their enrollment to the issuer and will send the consumer a notice letting them know, "You're SVI has been resolved; you can pay your premium and begin coverage." And then the consumer will make their payment, and their coverage can begin.

Now, one question that we've had from a few webinars that we've done on SVI so far is what happens if in that second step the consumer doesn't pick their plan but already submitted documents?

That's a great question because it kind of changes this roadmap a little bit. The consumer can still submit documents and resolve their SVI, and then they have their 60-day SEP window within which they must select a plan. So if a consumer comes in and they generate an SVI and they submit documents and they get a Resolution Notice at that point, the notice will tell them, "You still need to pick a plan, and then you can pay your premium and begin coverage." So there's just a little flip-flop there in how that process will be handled.

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Let's look at a couple of important deadlines here...the differences between the SEP window, the SVI clock, and the DMI clock. I'll just point out a few things, as you guys can use these as references at a later time. But the SEP window that I was just speaking about is the 60-day time frame which the consumer has to select a plan whenever they qualify for an SEP, versus the SVI 30-day clock and the DMI clock that's 90 to 95 days.

In a SEP window, if the consumer doesn't select their plan, then they can't enroll until the next open enrollment period or if they have another life-qualifying event that qualifies them for another SEP. In their SVI clock, if it runs out and they have a pended plan already selected, then that pended plan is canceled and the SVI is not resolved; it would be expired.

The DMI clock kind of works the same way, but a consumer could have their financial adjusted or their coverage could be terminated, depending on their DMI if it's not resolved.

There are four pretty basic outcomes of the SVI, and the first one could be that a consumer has resolved their SVI and they're actually enrolled. That means a consumer has selected a plan; and within their SEP window, they've submitted documents to confirm their SEP within that 30 days. If they resolve their SVI but they're not enrolled, then that means the consumer has submitted their documents to confirm their set but they didn't select a plan within their 60-day SEP window.

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If they have an expired SVI and they're not enrolled, then that means they selected a plan but they never submitted the appropriate documentation to resolve their SVI and confirm within the 30 days. So their pended plan has been cancelled.

The fourth and final one is a closed SVI and the consumer is not enrolled. This means the consumer didn't pick a plan within their SEP window, nor did we receive documents from them. So their enrollment through that SEP is no longer possible.

Let's take a closer look now at some of those new notices I was discussing and the different types of consumer outreach and the process for the outreach. All consumers, as you can see there on the top left, who qualify for the SEP will have to go through verification if they fall into one of these five categories...two for now and the other three in August. An application would be submitted, and their SVI would be created.

In the peach-looking box at the top there, all consumers will receive an Eligibility Notice; from there, it kind of goes in two different paths. If a consumer does not pick a plan, then we're going to send them a Reminder Notice. This is a new notice for the SEP Verification process; and this Reminder Notice will tell them, "Remember you need to pick a plan within your SEP window." We really want to try to reach the consumer and remind them that that's really important that they do that within 60 days or else they're going to lose their possibility to enroll.

So if that consumer does not come to the Marketplace to pick their plan within the SEP window, then it will close; and no further notifications will be sent. If, however, they get their Eligibility Determination Notice, they

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see they qualify for a SEP, we need more information. So they go ahead and they pick a plan. We're going to send them the Pended Plan Selection Notice, and this is also a new notice for the SEP Verification and process. Dependent plan selection is going to be the first time the consumer will see their deadline, or the 30-day window, for submitting documentation. It will say who needs to submit documents, the Acceptable Documents list. So much like the Data Matching Issue notices that go out, there are going to be explicit lists that tell the consumer what they should be submitting.

Then from there, the consumer's 30-day clock has started. If we don't have documentation from the consumer, we're going to reach out with a Warning Notice; and that's similar to our process right now for DMIs. Then they'll also receive a 15-day Warning Call; and if we still haven't received documentation to resolve their SVI, they'll be expired. So we'll close their SVI and send them a notification, and at that time their pended plan would be cancelled.

Now, on the bottom flow there you see that all consumers who submit documents are either going to have them reviewed; and they're going to be found to have sufficient or insufficient documents. Hopefully they're going to be on the "Yes" track, and we're going to find their documents are sufficient and be able to resolve their SVI. If that happens, we will send them a Resolution Notice; and they're enrollment will be sent to the issuer.

If they do *not* provide the sufficient documentation, then we're actually going to send them the Insufficient Document Notice; and they'll receive a phone call. Now, in that notice, the consumer will be told, "Your document wasn't able to be processed. We need more information." We'll tell them

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the reason that their document couldn't be processed so that they understand. Maybe it didn't have an end date in an employer letter or something like that, and then we'll provide the list of acceptable documents again.

From there, if a consumer is still within that 30-day window, they will continue to get the warning notice, the 15-day call. So if they receive an insufficient document notice at Day 25, then they still have that 20-day/15-day/0-day countdown; and they'll continue to receive communication from the Marketplace. If they send in more documents, then they'll circle back to that "Consumer Submits Document" track; and then hopefully they'll have sufficient documents and will be able to resolve their SVI.

Again, this is a little bit more detail; and you all can use this as a reference; but I just want to point out a few things on this slide. The Eligibility Determination Notice is going to contain dates and document requirements, and this is going to show both their SEP eligibility and DMI. So it isn't that they're going to receive multiple eligibility notices; it'll just be one. And then in their pended plan selection and Insufficient Document Notices, while those will focus on their SVI and the documents they need and the timing, we do remind them that if they have a DMI, then they should be sending in additional documentation for that.

For the final SEPV notices that they'll receive, you're probably familiar with a resolution and expiration...you know, whether they've been resolved or they've expired their SVI clock for not sending documents. But in two of the other situations, they're a little bit different.

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We have an Existing Enrollment notice. So sometimes a consumer might generate an SVI. They came to the Marketplace, but their previous policy that was terminated has actually been reinstated. So whenever we can look in our data in our system, we can tell that this consumer is actually being covered; and we send them a notification that their coverage will continue and we don't need further documentation from them.

The fourth one here is also a little trickier, a special circumstance for a SEP Verification; and this is a Confirmation and Enrollment Notice. If a consumer's SVI clock ends, let's say, they might have a second type of SEP that they qualify for but that did not require verification. So the Marketplace could actually continue their enrollment through that SEP. So they would receive this notice saying, "Okay, you can enroll through this SEP. We no longer need documents for verification."

On this chart here, you can see the impact of SVI outcomes. I'll just point out the lower section here, the special circumstances, are pertaining to the two notices that we just mentioned at the end there. So a consumer, if they've had existing coverage as I stated, then their pended plan selection is going to be cancelled; and the consumer will receive notice that their coverage is going to continue based on their prior plan.

Then for those that are auto verified or existing set that we didn't need verification for, those folks would be able to continue; and we would tell them it's time to pay their premium. And then their pended plan would be released as well.

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Let's get ready for a second question here: If a consumer selects a plan but does not submit sufficient documentation to confirm their SVI within 30 days, they will be enrolled in their pended plan but without APTCs.

[Pause for responses]

Good job again...that is false. If a consumer does not submit sufficient documentation within their 30 days, their SVI is going to expire; and they won't be able to enroll in that SEP unless they could have maybe a different date or they needed to change something in their application. They would need to come back to the Marketplace, go back through their application and attestation, and submit documentation; and that process would start over again for them.

Let's take a closer look at the Loss of Coverage SVI. A consumer is going to qualify for a loss of coverage SEP if they or any QHP eligible member in their household qualifies for losing coverage for...maybe it's a job-based Medicaid or CHIP, or maybe it's a dependent who no longer has coverage through their parents' plan. Any of those could be examples of why they would lose coverage.

In order to for a consumer to verify that they've lost coverage, they must be able to prove that they lost coverage either 60 days before or 60 days after they apply for new Marketplace coverage. So this one is a little bit different than the Move SEP that we're going to talk about next because the consumer could do this prior to losing their coverage since they already know it's going to happen. It's important to encourage consumers in these cases to get their documentation together beforehand if they can.

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If they're able to apply and they know ahead of time, then they would be able to submit those documents.

To confirm their eligibility, they're going to need to provide documents saying who will or lost coverage, depending on the timing; the date that it ended or will end; and then the type of coverage that they lost. So was it employer-sponsored, or was it a dependent on parents' plan...things like that from the previous slide.

Carolyn talked about this a little bit already in the prior session, but the coverage effective dates for Loss of Coverage SEP are not changing because of SEP Verification. That's one important thing to point out. Consumers who apply must do so and choose a plan 60 days before or after they lose coverage, and their coverage will take effect the 1st of the month after they lose coverage and choose a plan. So you can see here that whether it's a past or future, they can choose any day of the month; and then their plan will be accelerated to the 1st day of the month after the plan selection. And if they have a future loss, then it would be after that coverage ends.

Let's take a look at a scenario here of a consumer who has a pended plan selection and a Loss of Coverage SVI.

Jane is going to submit her application and qualifies for a SEP due to loss of qualifying coverage. In her Eligibility Notice, we're going to request documents from her. She picks her plan, so her 30-day clock begins; and then she receives a 20-Day Warning Notice since we haven't received documentation yet. Jane then submits a letter from her employer, and it says she's going to lose coverage; but that letter didn't include the date.

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So Jane is going to get an Insufficient Document Notice; and we're going to call also explaining that the letter she submitted didn't include a date, and she needs to submit more documentation. Jane is going to then get a 15-Day Warning Call. She doesn't respond, so her SVI issue remains open; and the clock eventually runs out. In this case, the SVI clock will be expired; and Jane will get an Expiration Notice. Jane's pended plan selection is canceled; and if she has documents showing something different, then again, she should go in and reapply and re-attest to the loss-of-coverage date and start that process again.

I think we might have a question in the back of the room?

Audience Member: Okay, let's say Jane's SVI is expired; but she's still within the 60-day period. Can she just reapply with the original loss-of-coverage date?

Amanda Brander: In order to come in and reapply, it has to be that something about their Special Enrollment Period information on the application has changed. That's a great question because we've received multiple people asking, well, could they change their application and it would re-trigger? It's got to be that something about their qualifying event has changed. So if maybe, let's say the loss-of-coverage date for some reason has changed. Then maybe they would update that loss-of-coverage date, and their documentation of course would need to show that date; and they would be able to re-attest, and their SVI clock would start again and documents could be resubmitted.

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Audience Member: Just to clarify, is that a change? Because during the presentation, the online webinar, I'm almost positive you all said the opposite thing about their ability to submit a new application within that 60-day SEP period. So because this is so important, I want to make 100% sure we're understanding you correctly.

Amanda Brander: What I think I hear you asking is whether or not their 60-day window is still open, but they've had an SVI clock that expires, right? They would have to have some sort of change within their qualifying event information. So like I said, if it was a loss-of-coverage date change for some reason and that's what updated in their application, then it might trigger them to have a new SVI. So they would need to submit documentation showing *that* loss-of-coverage date. If it's outside of their 60-day window though, they would *not* be able to do that.

Audience Member: And just a quick follow-up, we're training our navigators at this time that an appeal would be appropriate in a case like this, where the consumer does in fact want coverage based on that SEP eligibility. Do you all want to say anything on the record about that, or is that an okay course of conduct?

Amanda Brander: I think it's something we can certainly follow up on. I think that in the notices, the consumer will see their option for appeals; and they can certainly find more information about that in their notice. But I'm not quite clear if you're saying you're telling them to appeal that their SVI expired?

Audience Member: It's the eligibility for SEP.

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Amanda Brander: Because they didn't resolve their SVI and pick a plan within their window?

Audience Member: Essentially, the checkbox I would think under the appeal would be denial of an SEP.

Amanda Brander: Then if they were to do that, then they would be able to go through our appeals process but of course would have to be able to prove that denial. So I'm not 100% sure, but we can certainly get back to you if that would be appropriate.

Audience Member: Also in the same slide, that scenario, let's assume someone is fired from their job; and they have lost their coverage, and they have MEC. But the employer is uninterested in putting anything in writing, including a letter saying the person has lost coverage. How would we as navigators advise that employee, or ex-employee, so they can close the SVI within 30 days?

Amanda Brander: If a consumer finds in that situation that they cannot get the employer to provide a letter for them stating that they're going to lose coverage and with the employer's name and date, the employer can submit a written explanation or a letter to the Marketplace explaining their circumstance to us...why they can't get a letter from their employer – their employer refused or whatever that circumstance is. And it would need to include the name of those who lost coverage and the end date, and then we can take that letter into consideration.

Kate Ende: Hi, I'm Kate from Consumers for Affordable Health Care. I just had a follow-up. One would be at the resolution if your SVI expires; just to

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clarify, is that considered an eligibility determination that you can appeal?
Is that what would set the 90-day window?

Amanda Brander: Your SVI expiration?

Kate Ende: Right.

Amanda Brander: I'll have to get back to you and check and see if it's the SVI expiration. Most likely, that SEP window is their appeal date because they have 60 days within to pick their plan. But let me follow up for you guys on the appeals questions.

Kate Ende: Okay.

Amanda Brander: Okay, let's take one more; and then we'll go through a couple more scenarios.

Kate Ende: Okay, and then another follow-up to the question that was just asked about the documentation to employers.

Amanda Brander: Sure.

Kate Ende: Just in general, generally when people are getting whether it's from their employer or their insurance company about loss of coverage, most of the

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time they don't say, "You lost it on June 30th." They'll say, "You lost it July 1st." Is that going to throw everything off base?

Amanda Brander: Because you're saying they actually lost their coverage before the...?

Kate Ede: I'm saying most letters will say the first date the consumer would be without coverage, not the last day the coverage was active. And with the Marketplace, to get the start date as the 1st day of the next month, you have to have it be the last day of the month that you actually had the coverage.

Amanda Brander: So remember that for loss of coverage, they can apply 60 days before losing coverage or 60 days after; and they're SEP qualifying event will be that based on their coverage end date.

Kate Ende: Right, so depending on the documentation, is it (inaudible). All of the coverage end dates I've seen in letters saying your coverage is ending, they'll say, "Your coverage ends July 1st." It would be the first day they go without coverage. But to get a July 1st start date, really when you're applying you say, "My coverage ends at the end of June," because that's the last time it's active.

So with the letter that says it ends one day later, is that going to mess up their eligibility to get coverage the 1st day of the next month?

Amanda Brander: No, they would be able to continue.

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I'm looking at my eligibility colleagues. They would continue, right?

Yes.

Yep, no problem.

All right, let's look at another scenario here where there's a loss of coverage but the consumer *doesn't* select a plan. In this case, Mary has submitted her application and qualifies for a SEP due to loss of coverage and, again, receives her Eligibility Notice requesting the documents. This time, Mary submits a letter right away from her employer saying that she'll lose coverage; and it includes the coverage end date this time.

So Mary hasn't picked a plan. She still has 10 days within her SEP window to choose that plan. So we're going to send her the Reminder Notice. Again, this is a new notice for the SEP Verification process. We're just trying to get her to pick a plan so that her SEP window doesn't run out. Unfortunately in this case, Mary doesn't pick a plan; and her SEP window closes. So she loses her eligibility to enroll in this Loss of Coverage SEP, and no notice will be sent to her. The Marketplace then will close her SVI and save a copy of her employer letter. Then she can no longer pick a plan and will have to wait until open enrollment or another life-qualifying event in order to enroll.

Our next scenario and type of SEP for verification is the Move SVI. A consumer qualifies for a Move SEP when they have gained access to

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new Marketplace plans because of a change in his or her primary place of living. So this is something we've been asked quite a few times as to whether or not it's their state, their city, their zip code. What is it that's qualifying a consumer for this move?

And really, if it's because of their move they've gained access to new Marketplace coverage, oftentimes that coincides with a change in zip code or county. But in order to gain access to this Move SEP, then they've gained access to new coverage; and they've had qualifying coverage for at least 1 of the 60 days preceding their move. Or they will have had to have lived in a foreign country or U.S. territory for at least 1 of the 60 days preceding the date of their move.

So this prior coverage requirement does not apply though to members of Federally-recognized tribes or shareholders of Alaskan native corporations. It's also important to remember that a Move SEP doesn't apply though those who may be in a different location for a medical treatment or maybe a prolonged vacation or something like that.

Whenever we verify a Move SEP, the consumer has to show two things...one, that they moved within 60 days *before* applying for Marketplace coverage. So these folks don't have the after applying for 60 days like in the loss of MEC. Theirs has to be that they applied 60 days before moving. And then secondly, that they had coverage for at least 1 of the days preceding their move for those 60 days.

In some circumstances like we were just talking about, somebody could have moved from a foreign country or a U.S. territory. In those cases, the

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consumer needs to prove their move; but they don't have to prove prior coverage.

Then in another situation, if a consumer is homeless, they can submit a reference letter from a person in their state who can confirm that they've lived in the area. That person who submits the reference letter could be a friend, family member, or coworker; but the person who writes the reference letter has to be able to prove their own residency. So *they* would need to submit some sort of residency document along with that reference letter for the homeless consumer.

Again, you all talked about the effective dates, I know, in the prior presentation. But a consumer must apply and choose a plan no more than 60 days after their move to qualify for this Move SEP. And their coverage will be effective based on whether they choose their plan in the first half or second half of the month. So this is also different from the loss of MEC. If they choose a plan between the 1st and 15th of the month, then their new coverage would start the 1st day of the following month. If they choose between the 16th and the end of the month, then it would start the 1st day of the second month. So if they choose a plan between June 16th and 30th, then their coverage effective date won't be effective until August 1st.

Let's take a look at the move scenario we have here for appended plan selection. John Smith is going to submit their application and qualifies for a SEP due to a move. So his Eligibility Notice will ask for him to prove a move. Then John is going to pick a plan, and the 30-day SVI clock begins. He gets his Pended Plan Selection Notice and a 20-Day Warning Notice after that because we didn't receive documents yet. John then sends a copy of his lease agreement to the Marketplace but no prior

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coverage. So we're going to see his lease agreement and determine it's insufficient since there was no prior coverage and give him a phone call asking for additional documents.

We'll explain to him that we'll need prior coverage, and John will get a 15-Day Warning Call. He uploads the letter from the Marketplace showing he had coverage prior to his move; and then the Marketplace is able to review that letter, resolve the SVI. So he's going to get his Resolution Notice, pay his premium, and his enrollment will be released to the issuer.

In our second scenario for a move, whenever a consumer is moving from *outside* the U.S., it's a little different. Anne submits an application and will get an Eligibility Notice asking for her documentation. She picks a plan and receives a 30-day SVI clock, so she gets her pended plan selection letting her know her deadline. Anne submits an arrival record, or an I-94 Form, showing the date she entered the U.S. The Marketplace is able to review her documentation and finds that it's sufficient since Anne didn't need to prove prior coverage since she's moving from outside the U.S. The Marketplace then resolved the SVI and Anne gets an SVI Resolution Notice and her enrollment is released to the issuer.

I want to pause for a moment and let you all get ready. What is acceptable documentation to provide for a Move SEP: "A," just a lease agreement; "B," just a letter from an employer with proof of prior coverage; "C," a lease agreement and letter from an employer with proof of prior coverage; and "D," a light bill and a mortgage settlement?

[Pause for responses]

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All right, "C" is the correct answer...a lease agreement and a letter from an employer with proof of prior coverage. We couldn't just take "A", the lease agreement, because they need to prove prior coverage. And "B," a letter from an employer with proof of prior coverage, wouldn't prove their move. But "C" combines those. And then "D," a light bill and a mortgage statement, we would be able to take those as move documents but not as prior coverage.

We're getting towards the end here, so I want to try to look at a little bit more of a complex scenario. What happens if a consumer has more than one SVI?

This could happen in some cases if a consumer with an SVI selects a plan and then resubmits their application with changes that qualify them for a different SEP. Then they could generate a second SVI. So if they don't select a plan after resubmission, so they would have two SVIs as actions under their application details. They didn't select a plan the second time though, remember; so their pended plan selection is only tied to their very first application and first SVI.

With these two open SVIs, they'll be retained until the consumer selects a plan associated with the most recent app submission. If that happens, then the first one is going to close; and the first plan would be canceled. So then they'll have the second SVI open, and their pended plan selection is now tied to that second SVI or the newest application version. So while both SVIs are open, a consumer could send in documentation to resolve either SVI. If they resolve the first SVI with the pended plan, then the plan goes to the issuer; and the second SVI is closed. If the consumer

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resolves the second SVI, then they'll be asked in their notice to select a plan within their SEP window in order to continue their coverage.

In this scenario, whenever this could happen, Dave Brown submits an application; and he qualifies for a Loss of Coverage SEP. In his Eligibility Notice, we ask him for documentation...just like with all the others...and he picks a plan. So he has a 30-day SVI clock and receives a Pended Plan Selection Notice. Dave then gets a 20-Day Warning Notice requesting further documentation, and he comes back to the Marketplace to report a move.

In the meantime, his application is updated; and now it's triggering a Move SVI. Dave picks a new plan at that point, and so his SVI becomes tied to the move. Once the plan is selected, the Loss of Coverage SVI is closed; and that plan that was tied to it is canceled. Dave is going to receive a new Pended Plan Selection Notice to request documents for his move.

He submits a letter about his renter's insurance and from his employer, showing he had coverage at least 1 day prior to the day of move in those 60 days. The Marketplace is able to review those letters, they find them sufficient, and resolve the SVI. Dave then gets the SVI Resolution Notice; and his pended plan selection...which, remember, was tied to the Move SVI...is released to the issuer.

I know that's a bit more of a complex scenario, and we're mostly probably going to see the single SVIs. But it could be that a consumer has this complex scenario question, so we have resources that you all can refer to. Our sample notices, uploading documents, and we have more

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resources since this presentation was put together on technical assistance online...so samples of our SVI notices are posted. This presentation and the SEP Overview presentation is posted, and then also Five Questions for Assisters That You All Should Know are also now posted online.

Here are links to the presentation Carolyn did earlier, as well as these acceptable document links; and these are also now live. And then as of Phase 2, so in August, those acceptable document links will be extended for the other three SEP types. This provides a full list of acceptable documents and the Consumer's Eligibility Notice and other notices. It's a bit more of a condensed version. But they could go online here to www.Healthcare.gov/help/prove-coverage-loss-move; and they would be able to see the full list of documents they could submit.

We're coming to the end of the presentation here, so I just want to show you...this is the type of documentation list that we'll show for a loss of coverage in a consumer's notice. Then in the final slide, you'll see what they'll need in order to prove their move. There are two lists because they need to have something from both List A and B, remember. These can all be found on those links on the resource slide.

I think we are going to move into a question and answer session. We still have about 13 minutes here, so we can get to some of those. I'll invite Carolyn up to join me.

Carolyn Kraemer: Apologies, everyone, I'm getting my microphone on. I think everyone can hear me?

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Audience Member: Yes.

Carolyn Kraemer: Okay, great, sorry for the technical difficulties. I don't have a microphone on very often.

Yeah, and I'm not sure...can you guys hear through the mic?

Audience Member: No.

Carolyn Kraemer: Okay, I think we might get some technical assistance in a moment; but until then, we'll talk really loudly. If anybody in the back can't hear us, just wave like this and we'll speak up.

As I mentioned before, we have gotten a lot of questions from assisters in previous presentations. So first, we're going to go through a few of those that we've gotten from a few of your colleagues. Then once we finish up with some of those, we'll move to live questions.

One of the questions that we get often and that we actually got today that I want to clarify...oh, and it looks like our microphones are going to get turned on, so please bear with us here. Oh, it is on, okay. All right, so I won't yell as loud; so you won't have to deal with that.

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So one of the questions that we have gotten a lot we talked about in the last presentation...someone has that 60-day SEP window, right? They have 60 days to apply and pick a plan...so nothing about SEP Verification changes that for people, right? People still have access to that whole 60 days. And that means, like Amanda was talking about, that if somebody comes in, say, on Day 1 and picks a plan and gets that 30-day clock and their SVI expires because they don't submit documents so they ran out of time, if they still have time in their 60-day window, they will need to return to their application and make sure it's up-to-date and that they still attested correctly and their loss-of-coverage date, if that's what happened, is correct.

But in that case, they can go in and reapply; and since they're still in their window, they will then trigger another 30-day clock to submit documents because they still have that time. During that 60-day window, sometimes we get asked as well whether people can change from one plan to another during that 60-day window if they'd like. And the answer is, yes, they can; people have that time from their triggering event to change plans if they desire. We do caution against that because as you know, if you're changing from one plan to another, deductible or copay requirements might restart; and just the process of switching insurance companies...it's a little easier usually if someone knows the plan they want the first time around. I just wanted to confirm that to make sure folks are all on the same page.

With that, we'll move into some of the questions that we've gotten from you. One thing that we've gotten – first one – is if you can just define the terms "SVI" and "SEPV" because those are new terms for folks.

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Amanda Brander: Yeah, and I know it's going to take a while to catch on to these maybe...but just as a reminder, SEPV is our SEP Verification process. It's this new process of consumers proving their SEP eligibility versus the SVI is what we refer to as the SEP Verification Issue. So that means that they've applied for coverage, they're eligible for an SEP, but we need them to send in proof. They've picked a plan, so it is triggering that SVI clock, that 30 days. So this is the actual flag, if you will, that lets us know a consumer needs to send in information; and they have 30 days from their plan selection in order to resolve before their coverage can start.

Carolyn Kraemer: Great, we've also gotten asked about how long it will take for the Marketplace to review folks' documents and either confirm their SEP eligibility or get back to them to let them know that we need more information. How long can folks expect that to take once they submitted documents?

Amanda Brander: That's a great question. It's a question that we get with concern about consumers hearing from the Marketplace in a timely manner. Whenever consumers submit their documentation, the Marketplace will respond in a timely manner very shortly after. As you know, we only have 30 days for this consumer to have their SVI resolved; so we will be reaching out to the consumer shortly after.

Carolyn Kraemer: Great, another question we've gotten is so somebody's plan selection triggers that 30-day clock, right? Somebody has 30 days from when they pick a plan document to submit documents. So can a consumer first submit documents and then pick a plan if that's what they prefer to do?

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Amanda Brander: Yeah, absolutely, just like in the presentation we were talking about, a consumer could end up submitting documentation and resolving letting us know that they're eligible for the SEP window and then picking a plan. We do want to encourage that consumers pick a plan right away though because they'll have 60 days, and we don't want to miss their SEP window during that time. But if they happen to submit documentation, they're still able to pick a plan within that 60 days.

Carolyn Kraemer: Great, thank you. And I just would encourage folks to remember, going back to our SEP Overview presentation, that picking a plan within that 60-day window is an important part of being eligible for a particular SEP. So if someone experiences a qualifying event, even if it's true and they can prove it and they experience the loss of coverage or the move, they still do need to pick a plan within the 60 days after the date of their qualifying event or they are not eligible for that SEP. So that plan selection within the 60-day window is very, very important for being eligible.

Moving on to the next question, Question No. 5 – we addressed Question No. 4 at the very beginning – if a consumer chooses a plan but cannot submit documents for a few weeks, maybe they're having trouble getting a hold of a documentation for some reason, will this delay the start of the consumer's coverage?

Amanda Brander: No, so it's important to know that the SEP Verification is not going to change how the effective dates work. The consumer's coverage will be effective based on their qualifying event. So if a consumer has a loss of coverage, let's say, on July 20th, and applies for coverage and selects a plan on July 25th and then submits their documents by August 16th, then they're coverage will take effect retroactive to August 1st. And SEP Verification doesn't change that process.

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Carolyn Kraemer: Great, thank you. I think if it's okay, we can skip over the next question because we talked pretty extensively about move eligibility earlier. One thing that we have gotten asked in the past is how can someone differentiate between living out of the country versus vacationing out of the country?

Amanda Brander: Typically, the documents on the Acceptable Documents list that we have are going to be the lease agreement, a move receipt from a moving company, or something like that...or a new mortgage, something that isn't really going to pertain to vacationing outside of the U.S. So it's important to look over that Acceptable Documents list whenever considering if the consumer has been outside the U.S.

Carolyn Kraemer: Great, thank you. I can also mention that from an SEP and just other eligibility perspectives; we do have additional information on the definition of residency and what that means. So feel free to reach out, and we can be in touch if you'd like to get some of that additional information and really get into the details in that area.

The next question we've gotten asked about is what happens if a consumer has both an SVI and a data matching issue so they need to submit documents for both?

Amanda Brander: Sure, that's where it gets a little bit more complicated; but it's likely to happen in consumers that you're in touch with...that a consumer needs to prove, let's say, their Loss of Coverage SVI and an annual income DMI. So they're going to have two different deadlines. They're going to have

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their 30-day SVI clock and their 90-day annual income DMI clock. In that case, we would need for the consumer to submit documents for both to resolve that they have SEP eligibility and also to verify their annual data income matching issue.

I think we have a question real quick.

Audience Member: I'll just try to say it loud. Where I live in the mountains, we have a lot of folks that have a mountain home for six months of the year and then they go back to Florida for six months of the year or somewhere. It's the Snowbirds that are coming up to our area. So our plans in North Carolina, however, they can use our Blue Cross Blue Shield plan outside of the state. If it's a Blue Cross Blue Shield provider in another state, they can keep the same plan.

What happens is we get people come in to report a live change that they're moving, and then the eligibility results will show they're eligible for a Special Enrollment Period. So that's one of those residency questions. They may feel like they want to have their mail changed to Florida when they're there, but they don't want the Special Enrollment Period. They don't want to change the plan or have to prove that they moved because they're really just reporting a different address. Can you speak to how we would handle that?

Carolyn Kraemer: That's an interesting question because we've addressed Snowbird-related questions before actually because it's a common situation, but it sounds like you're talking about a really specific scenario where somebody does not actually want to take advantage of that Move SEP. They want to keep

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their same plan but just update their address...how it looks in the Marketplace account.

So understood, and that's a good question. We'll need to take that back just because I'm not an expert on the details of how the application works in that way. But please do get in touch with your CMS point of contact so we can address that for you.

Amanda Brander: And it might be that Rachel has a little bit more information from our Eligibility Team.

Rachel Arguello: Oh, absolutely, yeah.

Amanda Brander: Go ahead, Rachel.

You may remember Rachel from our last presentation as well.

Rachel Arguello: Hi, everyone...hopefully you can hear me. Again, great question...thank you for asking. So first off, there's no requirement that should a consumer qualify for a Special Enrollment Period, there's no requirement that they use that Special Enrollment Period to change plans. But for this specific situation, I also want to point out that as you're moving through the application, the mailing address – the demographic information -- is at the very front of the application. And while it's important for you to assist consumers with clicking all the way through the application...to submission, to reconfirming their plan so that information is sent to the issuer and so that both will receive mailing at the correct address...if

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consumers are really concerned about this and they don't need to make a change with their plan, they can go ahead and skip right over that question that asks about whether they moved. It's an optional question, and so that way they won't qualify for the Special Enrollment Period and can avoid the issue.

Amanda Brander: Great, thanks, Rachel.

I know we're at time, but I think we have one more question back here in the back that we'll take.

Audience Member: Thanks, so I work with a lot of people who get an SEP for moving either from out of the country or from Puerto Rico, U.S. territory. And one thing that we've seen is that if people report that they gained an eligible immigration status and they also report that they moved from another country, even if they're not required to provide proof of gaining an immigration status, they're requested to provide proof that they moved. Well, sometimes that's hard because a lot of people – a lot of migrant farm workers don't bring with them any documents from their home country to actually show – like, they don't really have a lot of stuff with their prior address on it.

So I'm wondering if a letter of attestation explaining the move will be considered and also if people qualify for an SEP for gaining eligible immigration status and don't provide proof that they've recently moved, will that SEP still be approved?

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Amanda Brander: I'll speak to the first part of that question, and I think Rachel is going to speak to the second part. But certainly just remember that if a consumer is not able to provide documentation, they don't have that with them, that it is certainly acceptable for them to provide a written explanation so that we can consider that...explaining the circumstances. It's important for them to tell us that they moved from outside the territory, who moved; and then that way we're able to consider that documentation at the Marketplace.

Rachel Arguello: Yeah, absolutely, the only thing I have to add is moving forward with SEP Verification -- I think this is just a general word of advice, but I would encourage everyone to look very closely at their Eligibility Notices. While they may have been asked to submit proof for a move, even though they experienced another qualifying event, that may not always be the case moving forward. And so I'd just encourage you moving forward to assist those consumers in looking closely. As Amanda said, if they are still being requested to submit documents for the move, to go ahead and send that letter and explain why they can't share those documents.

Amanda Brander: Thanks so much, everybody, for your questions today. If there are any folks we didn't get to, we're happy for you to put those in the fishbowl at the back of the room. We would love to be able to follow up with you after the conference at a later time.

Stacey Plizga: Thank you, Amanda.

[Applause]

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Stacey Plizga: Okay, our final session of the day will begin here at 4:40 p.m., which is four minutes away; so don't go far. I'm expecting to have some additional people join us for that last session, which is the Assister Town Hall, where we will be answering more of your questions.