



# Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs



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# Overview

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# Introduction to SEPs

- Consumers can enroll in Qualified Health Plans (QHPs) during the annual Open Enrollment Period (OEP), which occurs November 1 through December 15 each year with coverage beginning January 1 the following year.
- Sometimes a circumstance occurs that qualifies an individual to sign up for a QHP outside the OEP.
- After notifying the Marketplace of a qualifying event, consumers are given access to a Special Enrollment Period (SEP) in which they can enroll in or change their health insurance coverage.
- In most cases, consumers have 60 days from the qualifying event to enroll, change plans, or add new dependents to their current coverage.

# Introduction to SVIs

New applicants who attest to certain SEP qualifying events must submit documents that confirm their SEP eligibility before they can make their first payment and start using their coverage. A SEP Verification Issue (SVI) is created when new applicants qualify for a SEP that's subject to pre-enrollment verification.



# Introduction to DMIs

- Consumers may also be required to submit documents that confirm their eligibility for coverage or for financial assistance regardless of whether they're enrolling during a SEP or the OEP. This is called a data matching issue (DMI). For example, consumers might have to verify their citizenship status or annual household income amount.
- The scenarios in this presentation illustrate the rules that apply to common SEP situations and the steps required to resolve SVIs and DMIs.

# SEP Basics

- SEP qualifying events fall into six categories:
  - Loss of qualifying health coverage.
  - Change in household size.
  - Change in residency (referred to as Move SEP).
  - Change in eligibility for Marketplace coverage or help paying for coverage.
  - Enrollment or plan error.
  - Other situations.
- The amount of time a consumer has to enroll in coverage (“SEP window”), when a consumer’s coverage can start (“coverage effective date”), and whether the consumer must submit documents to prove eligibility for the SEP (“SVI”) all depend on the consumer’s SEP qualifying event.

# SEP Window Tip

- Consumers who are eligible for a SEP must **select** a plan within their SEP window.
- Consumers who wait until the very end of the SEP window run the risk of missing the deadline to select in a QHP.



# SEP Basics (Cont.)

- Some SEPs are only available to consumers who had prior coverage for one or more days in the 60 days preceding their SEP qualifying event.
- Examples of qualifying health coverage include:
  - Coverage through a job or through another person's job.
  - Medicaid or the Children's Health Insurance Program (CHIP) (including Pregnancy Medicaid, CHIP Unborn Child, Medically Needy Medicaid).
  - Minimum essential coverage (MEC) through a Marketplace or Off-Exchange individual or group health plan.
  - Coverage under parent's health plan.
  - Some student health plans (check with the school to see if the plan counts as qualifying health coverage).
  - Individual or group health plan coverage that ends during the year
  - COBRA coverage.

# SEP Basics (Cont.)

- When a consumer selects a plan during a SEP, coverage might start based on:
  - **Regular prospective start date:** The first day of the following month if a plan was selected between the 1st and 15th day of the month or the first day of the second following month if a plan was selected between the 16th and the last day of the month.
    - ❖ For example: Move SEP.
  - **Accelerated start date:** The first day of the following month if a plan is selected at any point during the month.
    - ❖ For example: Past loss of qualifying health coverage SEP, Marriage SEP.
  - **Retroactive coverage:** On a date in the past based on the qualifying event date.
    - ❖ For example: Birth SEP.

# Coverage Effective Dates for SEPs that Require Pre-enrollment Verification by SEP Qualifying Event

Below are coverage effective dates by SEP qualifying event and the date of plan selection.

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

# SVI and DMI Basics

Sometimes consumers will be required to submit additional documents when enrolling in plans during a SEP. There are two different types of documents requests that they may receive:

- **SVI:**
  - **Consumer must prove:** Event that makes them eligible for a SEP
  - **Deadline to submit documents:** 30 days after consumer selects plan (SVI window)
  - **Notice where document submission deadline appears:** Pended Plan Selection (PPS) Notice
  - **Enrollment impact:** Consumers must send documents before they can be enrolled in or use their coverage
    - ❖ **Example:** Loss of Coverage SVI
- **DMI:**
  - **Consumer must prove:** Information that makes them eligible for Marketplace coverage or financial assistance
  - **Deadline to submit documents:** 90/95 days after consumer applies for coverage
  - **Notice where document submission deadline appears:** Eligibility Determination Notice (EDN)
  - **Enrollment impact:** Consumers can start using their coverage before they send documents
    - ❖ **Example:** Income DMI

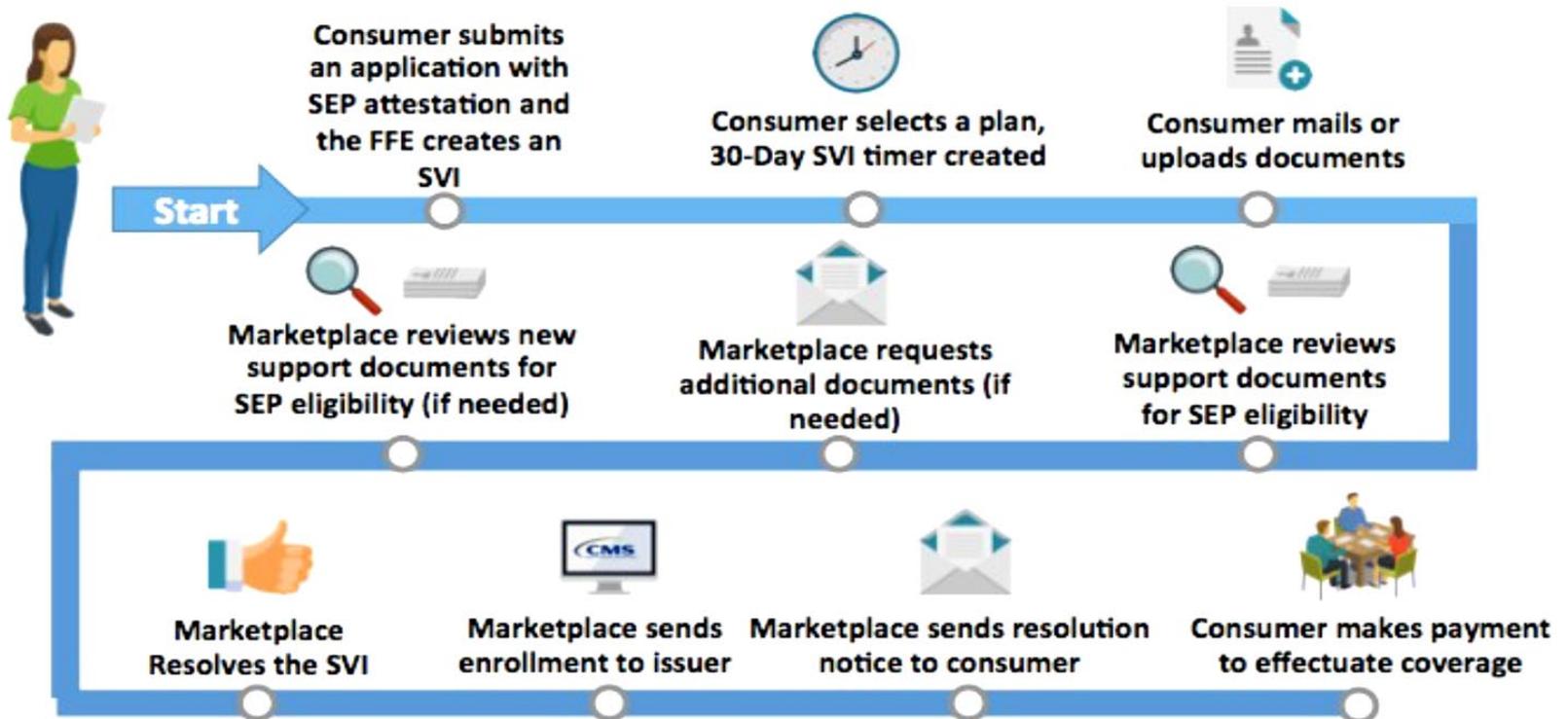
Once they've applied for coverage, it is possible for consumers to need to resolve an SVI and one or more DMIs at the same time. They will need to submit documents for each issue based on each issue's timeline.

# SVI Basics

- An SVI is created when new applicants qualify for a SEP that is subject to **pre-enrollment verification**.
- SEP qualifying events that require documents include:
  - Loss of coverage.
  - Permanent move.
  - Marriage.
  - Gaining or becoming a dependent through an adoption, foster care placement, or child support or other court order.
  - Medicaid/CHIP denial.
- Before they can start using their coverage, consumers must submit sufficient documents to confirm their SEP qualifying event.

# Process for Resolving an SVI

What is the process for resolving an SVI?



# SVI Process

-  Consumer is notified that they need to send the Marketplace documents that confirm their qualifying event.
-  Consumer has 30 days to resolve their SVI once they select a plan.
-  Consumer's plan selection will be pended (on hold) until the SVI is resolved.
-  Once the SVI is resolved, the consumer will be enrolled in coverage but coverage will be effective based on their SEP type and date of plan selection. In some cases, the effective date can be retroactive. Consumer can begin using coverage once they pay their premium.

# DMI Basics

- DMIs occur when consumers complete a Marketplace application but the Marketplace cannot automatically verify consumer information that impacts their QHP eligibility or eligibility for financial assistance. If a consumer has a DMI, their ability to enroll in coverage through their SEP, and/or their ability to stay enrolled in their coverage, could be affected if they don't resolve the DMI.
- Examples of scenarios where a DMI may be triggered include:
  - A consumer didn't provide a Social Security Number (SSN) on their application.
  - A consumer didn't provide all income information for all household members on the application.
  - A consumer's name used for their application differs from how it appears on their citizenship document or other document.
  - A consumer failed to provide their immigration document numbers and ID numbers.

# DMI Resolution Process

- When a DMI occurs, the Marketplace sends consumers an EDN to help them resolve the issues. The EDN will include:
  - A list of acceptable documents that can be provided.
  - Instructions for sending the documents.
  - A deadline for resolving the DMI.
- Consumers with DMIs may receive 90-, 60-, and 30-day warning notices as well as a phone call and email to ask for documents if the DMI has not been resolved, based on communication preferences.

# DMI Resolution Process (Cont.)

- In order to resolve a DMI, the consumer must submit required documents to the Marketplace. The Marketplace will determine if the documents are sufficient to resolve the DMI.
  - If the documents are sufficient, the DMI is resolved and consumer is notified.
  - If the documents are insufficient, the consumer is notified and must submit additional documents to resolve the DMI.

# DMI Resolution Tips

- Make sure consumers read ALL notices and follow the directions in each notice.
- Resolving a SVI will NOT resolve a DMI if the consumer has both.
- [Guidance on submitting proper documents to resolve a DMI.](#)

# Impact of a DMI Expiration

If a consumer does not submit the required documents within the 90/95-day period the DMI will expire. This can lead to reduction or removal of financial assistance or complete loss of coverage depending on the type of DMI as follows:

- **Annual Household Income:** Eligibility for financial assistance is adjusted or removed based on the level of household income on record with Marketplace trusted data sources.
- **Citizenship/Immigration DMI:** Consumer loses their eligibility for Marketplace coverage and coverage is terminated if they are enrolled.
- **American Indian/Alaskan Native (AI/AN) Status:** Consumer loses their eligibility for financial assistance provided specifically to members of Federally recognized tribes, which is eliminated if enrolled.
- **Non-Employer Sponsored Coverage MEC:** Consumer loses their eligibility for financial assistance altogether.
- **Employer Sponsored Coverage MEC:** Consumer loses their eligibility for financial assistance altogether.

# COMPLEX CASE EXAMPLES

# Scenario 1: Consumer Must Resolve Both a SVI and a DMI

- Jane left her job to start her own business and lost coverage through her employer; additionally, her income changed.
- Jane submits her Marketplace application and qualifies for a SEP due to a loss of coverage; she also needs to resolve an annual income DMI and submit documents to confirm her SEP eligibility.
- Jane receives an EDN that tells her to pick a plan within 60 days from her qualifying event. The EDN also includes a list of documents that Jane can submit to verify her annual household income within the 90-day DMI window and another list of documents that Jane can submit to verify her SEP qualifying event (loss of coverage).
- Jane picks a plan and receives a notice that her plan selection has been pended (been placed on hold) and that explains that she needs to submit documents to confirm her SEP eligibility within 30 days.



# Applicable Rules

Jane has an SVI and a DMI on her application. She will need to resolve the SVI in order to start using her coverage and she will also need to resolve the DMI to maintain financial assistance.

- **SVI**

- To confirm eligibility for the Loss of MEC SEP, consumers must submit documents that show they lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days.
- Documents should include the name of the person who lost coverage and the date of the coverage loss.

- **DMI**

- The DMI 90-day warning notice requests documents verifying the income information provided on the application. The notice asks for documents such as 1040, W-2, paystub, SSA benefits, or Unemployment benefits.
- The Marketplace will take the amount from the documents and compare it to the attested income from the application. If the difference between the attested and documented income is within +/- \$6,000 or 25 percent, it is sufficient to resolve the DMI. If it is outside of this variance, it is insufficient to resolve the DMI.

# Applying the Rules to Jane's Scenario

- Jane sends in a W-2 that lists her income as \$25,000 for 2019. The Marketplace uses the W-2 to project Jane's income for 2020. Documented income = \$25,000, but attested income = \$20,000. Attested income is \$5,000 (36%) less than documented and inside of the acceptable verification threshold (25% or 6,000).
- Jane's annual income DMI is resolved and she gets a DMI resolution notice from the Marketplace.
- Since the Marketplace is able to resolve Jane's DMI, she will be able to maintain financial assistance once she is enrolled in coverage. Because she has not submitted documents to prove a loss of MEC for her SVI, she is not yet eligible to start using her coverage.



# Applying the Rules to Jane's Scenario (Cont.)

- Jane receives a 30-Day SVI warning notice requesting loss of coverage documents:
  - She uploads a letter from her employer that says she lost coverage but it doesn't include a date.
  - Jane gets an "insufficient document notice" and call explaining that the letter she submitted didn't include a date and that she still needs to submit an acceptable document.
  - Jane gets a 15-day warning call: She uploads a letter from her employer that does list the date she lost coverage.
  - The Marketplace reviews the employer letter, finds the loss of coverage date is in the acceptable date range (within 60 days before or after her Marketplace application), and resolves the SVI. Jane gets an SVI resolution notice and her pended plan selection is released to the issuer. Once Jane pays her part of her premium, she will be able to use her health insurance coverage.

# Knowledge Check

**Question:** What would happen if Jane resolved her DMI, but did not resolve her SVI within the 30-day window?

- A. Jane's pended plan selection is cancelled and she is not eligible to enroll in new coverage until the following OEP, unless she qualifies for a different SEP.
- B. Jane's pended plan selection is cancelled, but if she is still within 60 days of her loss of employer coverage, she may apply for Marketplace coverage again and will have a new SVI window to submit the required documents.
- C. Jane's health plan selection remains pended until she submits the required documents.
- D. Jane's health plan selection is temporarily released to the issuer but her coverage will be cancelled if she does not submit the required documents in 30 days



# Knowledge Check Answer

**Question:** What would happen if Jane resolved her DMI, but did not resolve her SVI within the 30-day window?

**Answer:** B. Jane's pended health plan selection is cancelled, but if she is still within the 60 days from her qualifying event she may apply for coverage again on the Marketplace and will have a new SVI window to submit the required documents.

If the SVI is not resolved within the 30-day window, the applicant's plan selection is cancelled. However, if it is less than 60 days from the qualifying event, the applicant is still eligible for a SEP and may apply for coverage again on the Marketplace. A new SVI will be triggered and the applicant will have to resolve it within a new 30-day window.

# Key Takeaways

A consumer's SEP application can trigger an SVI and one or more DMIs and the consumer will need to resolve the SVI in order to gain access to coverage and the DMI to maintain financial assistance (if eligible) and/or coverage or enrollment through the Marketplace once their coverage is effectuated.

It is essential for consumers to read their notices closely. Each notice has a different purpose and resolving one issue doesn't necessarily resolve all issues.

- **SVI:**

- Certain SEPs, such as loss of coverage, require consumers to submit documents to confirm their SEP eligibility – this is referred to as “resolving a SVI”
- The SVI must be resolved within 30 days after the consumer selects a plan

- **DMI:**

- An annual income DMI requires consumers to submit documents to verify eligibility for financial assistance when the Marketplace is unable to immediately verify the consumer's attested information or it conflicts with the data from a trusted data source
- An annual income DMI must be resolved within 90 days after the consumer applies for coverage or financial assistance will be adjusted or removed.

## Scenario 2: SVI and DMI During a SEP

- John recently quit his job to grow his online t-shirt business. He has moved from Florida to Georgia to live with his brother while he gets his business off the ground.
- Thus, John qualifies for a permanent move SEP.



## Scenario 2: SVI and DMI During a SEP (Cont.)

- John receives an EDN telling him to pick a plan within his 60-day SEP window. The EDN also includes a request for documents to verify John's citizenship (with the 95-day DMI window) and to prove his eligibility for a permanent move SEP.
- John picks a plan and the 30-day SVI window begins—he gets the Pended Plan Selection notice asking for documents within his 30-day SVI window to prove a move.
- John then receives a 90-day DMI Warning Notice requesting citizenship documents be sent to the Marketplace.
- John then gets a 20-day SVI Warning Notice requesting documents to prove eligibility for a permanent move SEP.

# Applicable Rules

Similar to Jane's scenario that we just discussed, John will need to resolve his SVI to gain access to coverage and his DMI to ensure he can maintain coverage or enrollment through the Marketplace.

- **SVI**

- To resolve his SVI, John needs to prove his move and that he had prior coverage. The pended plan selection notice will ask him to send in documents like a lease agreement, bill, or financial statement, and proof of prior coverage such as a letter from his former insurance company.

- **DMI**

- To verify his citizenship to resolve the DMI, John must submit documents, such as a birth certificate and driver's license together, a passport, a certificate of naturalization, etc.

# Applying the Rules to John's Scenario

- John sends a copy of a recent bank statement sent to his new address and a letter from his former health insurance company showing his coverage prior to his move. The Marketplace reviews the bank statement and health insurance company letter and resolves the SVI.
- John's pended plan selection is released to the issuer. Once John pays his premium, he will be able to access his health insurance coverage and financial assistance. But he only has temporary eligibility because he still has an unresolved citizenship DMI.

# Applying the Rules to John's Scenario (Cont.)

- John receives a 60-day DMI Warning Notice from the Marketplace and an email from Marketplace asking for citizenship documents:  
John sends in a copy of his birth certificate and the Marketplace reviews the birth certificate. A birth certificate alone is insufficient. John receives an insufficient document notice and call from the Marketplace explaining that another document along with the birth certificate or a new set of documents is needed.
- John receives a 30-day Warning Notice for his DMI:  
John does not respond and his DMI clock runs out. John receives a DMI expiration notice and is found ineligible for enrollment through the Marketplace. **Both** his current plan and financial assistance are terminated.

\*Note: A consumer with a citizenship/immigration DMI who ultimately submits documents to the Marketplace and resolves his or her DMI can regain Marketplace coverage through a SEP. The consumer has 60 days to enroll and can choose to enroll with a prospective or retroactive coverage date.

# Knowledge Check

**Question:** What is the result if John resolves his SVI within the 30-day window from choosing a plan but does not resolve the DMI until 120 days, after the 95-day window?

- A. John's health plan coverage is pended and not effective until after he has resolved the DMI.
- B. John's health plan selection is released to the issuer once the SVI is resolved, but he cannot receive financial assistance until the DMI is resolved.
- C. John is no longer eligible to begin new health coverage and must wait until the next OEP to enroll.
- D. John's health plan selection is released to the issuer once the SVI is resolved, but after the DMI clock expires, the plan and financial assistance are terminated.



# Knowledge Check Answer

**Question:** What is the result if John resolves his SVI within the 30-day window from choosing a plan but does not resolve the DMI until 120 days after the 95-day window?

**Answer:** D. John's health plan selection is released to the issuer once the SVI is resolved, but after the DMI clock expires, the plan and financial assistance are terminated.

- Once the SVI is resolved the plan is released to the issuer and the consumer receives financial assistance, if eligible, but if the citizenship/immigration DMI is not resolved, **both** the coverage and financial assistance are terminated.
- However, if the consumer ultimately resolves the citizenship/immigration DMI, he/she may regain coverage through a SEP with either prospective or retroactive coverage.

# Key Takeaways

- A consumer may be required to resolve an SVI and one or more DMIs based on the same application and failure to resolve has serious consequences. It's essential that consumers read and follow the directions in every notice they receive.
  - Failure to resolve an SVI within the 30-day window will cancel the pended plan selection.
  - For most DMIs, failure to resolve in the 90/95-day window results in loss of financial assistance eligibility, but coverage will still be available if the SVI is resolved.
  - However, failure to resolve a citizenship/immigration DMI results in **both** loss of eligibility for enrollment through the Marketplace and financial assistance.
- It is important that the consumer resolve both types of issues in order to gain access to coverage and maintain their coverage and financial assistance (if eligible).

# Resources

For more information on SEPs, SEP verification, and DMIs please visit:

- [Special Enrollment Period \(SEP\) Overview for the Federally-facilitated Marketplace](#)
- [Overview: Special Enrollment Period PreEnrollment Verification \(SEPV\)](#)
- [5 Things Assistors, Agents, and Brokers Should Know About SVIs](#)
- [Helping Consumers Resolve Data Matching Issues \(DMIs\)](#)
- [5 Things Assistors Should Know about Data Matching Terminations](#)
- [How to Resolve Income Data Matching Inconsistencies \(DMIs\)](#)