



Disclaimer

The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in the State-based Marketplaces that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to "Marketplace" in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Agenda

- Overview of Data Matching Issues (DMIs)
- Overview of Special Enrollment Period (SEP) Verification Issues (SVIs)
- Steps to Help Resolve DMIs and SVIs
- Resources

DMI Overview

What is a Data Matching Issue (DMI)?

- A data matching issue is created when a consumer's data does not match information from trusted data sources.
- Information may not match because a trusted data source may not have data for a consumer.
- Information that is missing or incorrect on the application may also lead to a DMI, such as when...
 - A consumer failed to provide a Social Security Number (SSN) on the application.
 - A consumer failed to provide all household income 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 his or her immigration document numbers and ID numbers.







Attested Information Sent to HUB



DMI Generated and **Inconsistency Clocks Starts**



Consumer Submits **Support Documents**



Consumer Outreach: Notices/Calls



Temporary Eligibility Granted

10



in Person



Verifications Task Generated Accepts and Reviews Task in TIPS



Finding Consumer's Application(s)



Review Support Documents

DATA MATCHING ISSUES (DMI) WORKFLOW



Disposition Task in TIPS

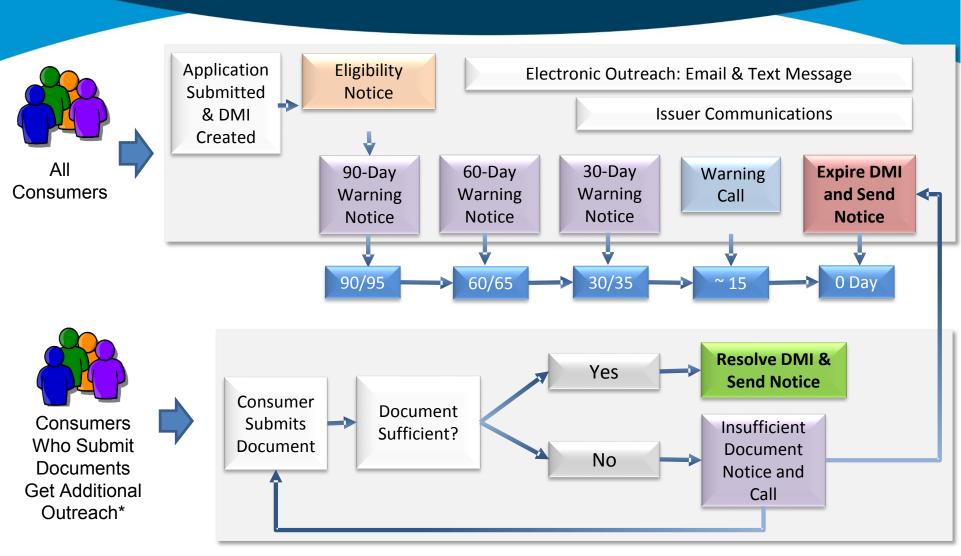


Send Outbound Correspondence



Resolve the DMI

Consumer Outreach



^{*} Consumers who submit documents can get additional notices and calls, which do not replace the notices and calls that all consumers receive.

Impact of DMI Expiration

DMI	Expiration Description	Impact	
Annual Income	Applicant is unable to document annual household income is within the greater of 25% or \$6,000 of attested income	Household's eligibility for financial assistance is adjusted, possibly to nothing, based on the level of income on record with Marketplace trusted data sources	
Citizenship/ Immigration	Consumer is unable to verify an eligible citizenship or lawful presence status	Consumer loses eligibility for Marketplace coverage and enrollment through the Marketplace is terminated	
American Indian/Alaskan Native Status	Consumer is unable to verify membership in a federally recognized tribe or shareholder in an Alaska Native corporation	Consumer loses eligibility for financial assistance provided specifically to members of federally recognized tribes, which is eliminated if the consumer is enrolled	
Non-Employer Sponsored Coverage Minimum Essential Coverage (non-ESC MEC)	Consumer is unable to verify he or she is are not eligible/enrolled in Non-Employer Sponsored Coverage	Consumer loses eligibility for financial assistance, which is eliminated if the consumer is enrolled	
ESC MEC (Office of Personnel Management Only)	Consumer is unable to verify he or she is not eligible/enrolled in employer-sponsored coverage from the Office of Personnel Management	Consumer loses eligibility for financial assistance, which is eliminated if the consumer is enrolled	

SVI Overview

What is a Special Enrollment Period (SEP)?

- SEPs provide a way for people who lose health insurance or experience other qualifying events during the year to enroll in or change coverage outside of the annual Open Enrollment period.
- In most cases, consumers have 60 days from the date of the qualifying event to enroll in coverage.

What is an SEP Verification Issue (SVI)?

- New applicants for coverage through an FFM or SBM-FP (those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events are subject to the SEPV process of pre-enrollment verification. Eligible consumers must submit documents that confirm their SEP eligibility before they can enroll and start using their Marketplace coverage.
- An SVI is created when new applicants qualify for an SEP that is subject to preenrollment verification.
- The SVI type is tied specifically to the SEP qualifying event they attested to on their application. Consumers currently must verify their eligibility for five SEP types:
 - Loss of MEC
 - Move
 - Marriage
 - Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
 - Denial of coverage through Medicaid or the Children's Health Insurance Program (CHIP)

What is the difference between an SVI and a DMI?

SVI: SEP Verification Issue

Consumers must prove: Event that makes them eligible for an SEP

Deadline to submit documents: 30 days after consumer selects a plan

Notice where document submission deadline appears: Pended Plan Selection Notice

Enrollment impact: Consumers must send documents before they can be enrolled in or use their coverage.

EXAMPLE: Loss of Coverage SVI

DMI: Data Matching Issue

Consumers 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

Enrollment impact: Consumers can start using their coverage before they send documents.

EXAMPLE: Income DMI

What is the process for resolving an SVI?



Consumer submits an application with SEP attestation and the FFM autoverifies SEP or creates an SVI



Consumer selects a plan, and enrollment is "pended." A 30day SVI timer created.



Consumer mails or uploads documents

Start





Marketplace reviews additional documents for SEP eligibility (if needed)



Marketplace requests additional documents (if needed)





Marketplace reviews documents for SEP eligibility



Marketplace resolves the SVI



Marketplace sends enrollment to issuer

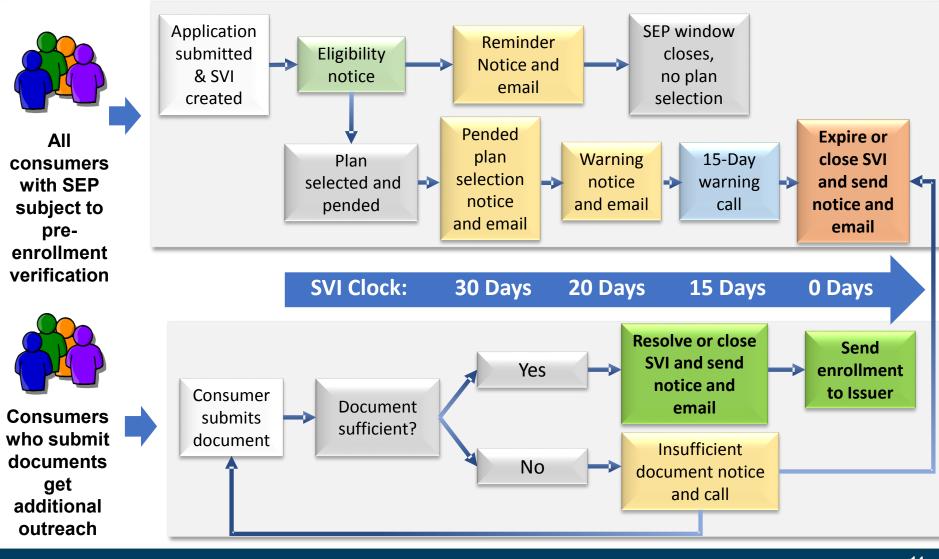


Marketplace sends resolution Consumer makes payment notice to consumer



to effectuate coverage

Consumer Outreach



When Do Consumers Qualify for an SEP and What Must They Verify?

Consumers qualify if	Consumers must verify
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.	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.
anyone in the household gained access to new Marketplace plans due to a permanent 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; or is an Indian as defined by section 4 of the Indian Health Care Improvement Act; or lived in a service area where no QHP was available through the Marketplace for one or more days during the 60 days preceding the date of the move for a move SEP.	they moved in the 60 days <i>before</i> applying for new Marketplace coverage, and they had qualifying coverage for at least one of the 60 days prior to the move.
they gain or become a dependent due to a marriage for a marriage SEP.	the marriage happened up to 60 days <i>before</i> they applied for Marketplace coverage.
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.	that their qualifying event occurred in the 60 days <i>before</i> they applied for Marketplace coverage.
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	a denial of coverage through Medicaid or CHIP by returning to their application or newly apply for coverage within the 60 days after their Medicaid or CHIP denial.

Medicaid/CHIP denial SEP.

Coverage Effective Dates

SEP Type	Plan Selection Date	Coverage Effective Date
Loss of MEC Past loss of qualifying health coverage	Any day of the month	Accelerated: First day of the month after plan selection
Future loss of qualifying health coverage		Accelerated: First day of the month after prior coverage end date
Move Note: The FFM has not taken the option to provide advanced availability for this SEP.	Between the 1 st and 15 th day of the month	Regular: First day of the month following plan selection
	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: An appropriate date based on the circumstances, which is typically the first day of the month after plan selection, following determination of ineligibility for Medicaid/CHIP.

Steps to Help Resolve DMIs and SVIs

Collaborate With Consumers to Resolve DMIs and SVIs

Everyone working with consumers to enroll in the Marketplace plays a vital role in helping consumers understand and follow the correct process to resolve DMIs and SVIs.

We need your help for those consumers who have not submitted documents to resolve their verification issues or have not had their verification issues adjudicated.



Steps to Help Resolve DMIs and SVIs

- 1. Help confirm if the consumer has a verification issue through My Account and notices.
- 2. Help the consumer go back to the application to confirm the information that is included is correct.
- 3. Help the consumer submit document(s) online or by mail to resolve the verification issues.

Example of a Multipurpose Notice

Important: You still need to take action to verify your immigration status and eligibility for Marketplace coverage.

This notice affects: [First name Last name]

Thank you for providing information about your immigration status. However, the information or document(s) you provided doesn't have all the information we need. Review the items marked with an "X" below for any specific problems with your information and the next steps you can take to help verify your immigration status and keep your Marketplace coverage.

Х	Problem with your Information or document(s)	What you should do next
	In your Marketplace application you told us that you had a student visa. We weren't able to verify your immigration status.	Upload or mail a document copy that includes your SEVIS ID number (Example: Form I-20).
	In your Marketplace application you told us that you had a student visa. We weren't able to verify your student status.	Have your school update your status with USCIS. After your school has updated your status, send the Marketplace a document that shows your most recent immigration status.
	You submitted an expired document.	Upload or mail an unexpired document copy that shows your most recent immigration status.
	You submitted a document that couldn't be used to verify your immigration status.	Contact your local USCIS office.

Example of a Multipurpose Notice

ACTION NEEDED: The Health Insurance Marketplace needs more information to verify your annual household income and make sure you can keep your financial assistance.

Thank you for submitting a written explanation to prove your annual household income. The explanation you submitted doesn't have enough information for us to verify your household's annual income on your application. Please review the items marked with an "X" in the table below to find the specific reasons why there was a problem with your written income explanation and the next steps you can take to help verify your annual household income.

х	Reasons Why There Was a Problem with Your Written Explanation	What You Should Do Next
	You didn't list an income source.	Please submit a new written explanation that tells us where your income comes from.
	You didn't state how often you receive the income or the period of time the income covers.	Please submit a new written explanation that describes how often you receive payments or the applicable dates of income.
	You listed an amount that doesn't match the amount you stated on your Marketplace application.	Please update your Marketplace application to match the annual household income amount you expect to receive for the year.
	You claimed that your household doesn't have income, but you previously submitted a document that showed income for this year for you or another member of your household.	Please submit a new written explanation that clarifies whether or not you have income for this year.
	You asked us to disregard an income document you sent us, but you didn't explain what specific income amount in the document shouldn't be used to calculate your income for the year.	Please submit a new written explanation describing exactly what or whose income information from your previous documents shouldn't be used to calculate your income for the year and why that information shouldn't be used.
	You asked us to disregard an income document you sent us, but you didn't	Please submit a new written explanation describing why your other income documents shouldn't be

Acceptable Documents Most Commonly Submitted

- Consumers will need to send different documents based on what they are asked to verify.
- A list of acceptable documents to resolve DMIs and SVIs can be found in the resource section of this presentation and online at HealthCare.gov.

Proving Annual Household Income

Income source	Scenario Compared	Best documents to submit for verification
Self-employment	to Last Year No change: the amount and source are the same as last year (example – you have the same job with the same pay)	1040 Schedule C/F or 1099-MISC (Self-employment) that shows: First and last name of everyone covered by the return Income amounts Year of return
Self-employment	Amount change: your income amount is different from last year, but from the same source (example – you're self-employed and worked more hours)	Self-employment documentation (Self-employment ledger) that shows: First and last name Company name Income amount includes Dates covered by the ledger The net amount from profit/loss Note: if you don't expect your self-employment income to be the same as the amount on the most recent profit and loss statement, then send in estimates for the rest of the year.
Self-employment	Source change: your income source (or source and amount) different from last year (example – no self-employment income last year)	 Self-employment documentation (Self-employment ledger) that shows: First and last name of earner Self-employed company name Net income amount after profit and loss are calculated Start and end dates for the amount in the document. If you don't expect your self-employment income to be the same as the amount on the most recent profit and loss statement, then write estimates for the rest of the year.

Ways to Prevent Re-Verifying Statuses That Do Not Change

- Use the same account each year rather than creating a new one
- Information that has been verified will not need to be re-verified each year, such as:
 - SSN
 - Citizenship
 - Permanent immigration status
 - American Indian status

Note: Those with a non-permanent immigration status will need to be re-verified.

Reminder: Tips for Preventing All DMI Types

Complete all possible fields in the application.

Ensure consumer's name exactly matches documents such as his or her Social Security card.

Non-applicants in the household are strongly encouraged to provide an SSN if they have one.

Double check that the information on the application is complete and that there are no errors or typos.

Resources

DMI Resources for Consumers and Assisters/Agents/Brokers

- How do I Resolve an Inconsistency? Webpage: https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/
- Tips to Resolve Outstanding Data Matching Issues Presentation: https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf
- Consumer Guide for Annual Data Matching Issues: https://marketplace.cms.gov/outreach-and-education/household-income-data-matching-issues.pdf
- DMI Blog Post: https://www.healthcare.gov/blog/the-marketplace-might-need-more-information-from-you/
- Sample Data Matching Notices to consumers: https://marketplace.cms.gov/applications-and-forms/notices.html
- How do I Upload a Document? Webpage: https://www.healthcare.gov/help/how-to-upload-documents/
- Uploading Documents Tips Webpage: https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/
- Tips for Submitting Supporting Documents to the Marketplace Presentation: https://marketplace.cms.gov/technical-assistance-resources/submitting-supporting-documents.pdf
- Five Things Assisters Should Know About Data Matching Terminations Factsheet: http://marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf
- Consumer Guide for Annual Household Income DMIs: https://marketplace.cms.gov/outreach-and-education/household-income-data-matching-issues.pdf

SVI Resources for Consumers and Assisters/Agents/Brokers

- SEP Pre-enrollment Verification Overview (slide deck): <u>https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf</u>
- SEPV: Phase 2 Overview Webinar: 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/

Acronym Definitions

Acronym	Definition
CHIP	Children's Health Insurance Program
DMI	Data Matching Issue
ESC	Employer Sponsored Coverage
FFM	Federally-facilitated Marketplace
MEC	Minimum Essential Coverage
QHP	Qualified Health Plan
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SSN	Social Security Number
SVI	SEP Verification Issue

Additional Resources

For additional information about the Marketplace Agent and Broker Program, please visit http://go.cms.gov/CCIIOAB