

Special Enrollment Period Verification (SEPV) Overview



June 2025

CCIIO | MEEG

Marketplace Eligibility & Enrollment Group

Agenda

SEPs: Definitions and Basic Requirements

SEPV Verification: What Consumers Need To Do

Loss of MEC SVI: Verification Requirement

Special Enrollment Period (SEP) Overview

- **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 must have prior minimum essential coverage (MEC) for at least 60 days before attesting to a SEP.
- For most SEPs, consumers have **60 days** from the date of the qualifying event to enroll in or change coverage.
- **Special Enrollment Period Verification (SEPV)** is a process that aims to confirm a consumer's application attestation of experiencing a Qualifying Life Event which would make them eligible for a Special Enrollment Period (SEP).
- Beginning May 16, 2025, CMS will resume SEP Verification (SEPV) for the Loss of MEC SEP only.
- New, unenrolled applicants who attest to losing MEC as a SEP qualifying event will be subject to the SEPV process of pre-enrollment verification.
 - Some consumers will be able to have their loss of MEC verified at application submission through trusted data sources.
 - Other eligible consumers must submit documents that confirm their SEP eligibility **before** they can enroll and start using their Marketplace coverage.

SEP Operations

- All Exchanges must follow federal regulation regarding implementation of SEPs, such as definition of SEP triggering events, rules for coverage effective dates, etc.; however, there may be differences in how SBEs operationalize certain SEPs versus how the FFE operationalizes these SEPs.
- Eligibility for most SEPs can be granted through the Marketplace application or DE/EDE entity. However, to be determined eligible for certain SEPs, consumers may need to reach out to the Marketplace Call Center. These SEPs include:
 - Impacted by Natural Disasters, Domestic Violence and Spousal Abandonment, or an Unexpected Situation such as a serious medical condition or State or National emergency.¹
 - There is a semi-automated set of operations that addresses many of these scenarios.

SEPV Process

- An SVI (SEP Verification Issue) is created when new applicants qualify for an SEP that's subject to pre-enrollment verification.
- Before new applicants can be enrolled in and start using their coverage, they must submit documents to confirm their SEP qualifying event.
- The SVI type will be tied to the SEP qualifying event to which they attested on their application, like a loss of health coverage.

SEPV Process

What Happens When an SVI Is Generated?

-  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.

SEPV Process

What Is The Difference Between an SVI and a DMI?

SVI

SEP Verification Issue

- **Consumer must prove:** Event that makes them eligible for an SEP.
- **Deadline to submit documents:** 30 days after the consumer selects a plan.
- **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

Data Matching Issue

- **Consumer must prove:** Information that makes them eligible for Exchange coverage or financial assistance.
- **Deadline to submit documents:** 90/95 days after the 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

**Important Note:* Applications can have open DMI(s) and SVI on the same application. In this case, the SVI will be prioritized and worked first due to its shortened eligibility window.

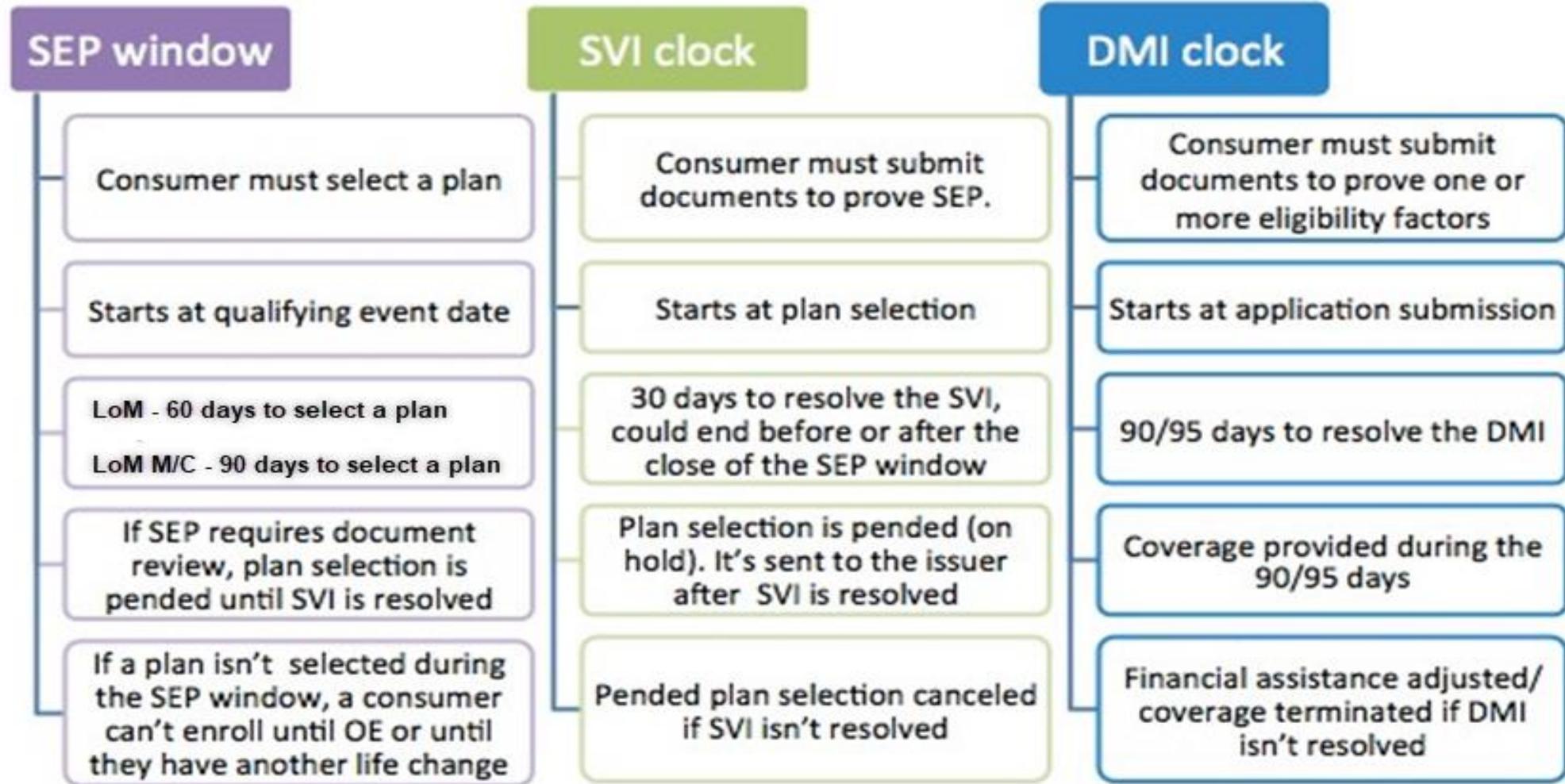
SEPV Process

What Is The Process For Resolving an SVI?



SEPV Process

Important Deadlines



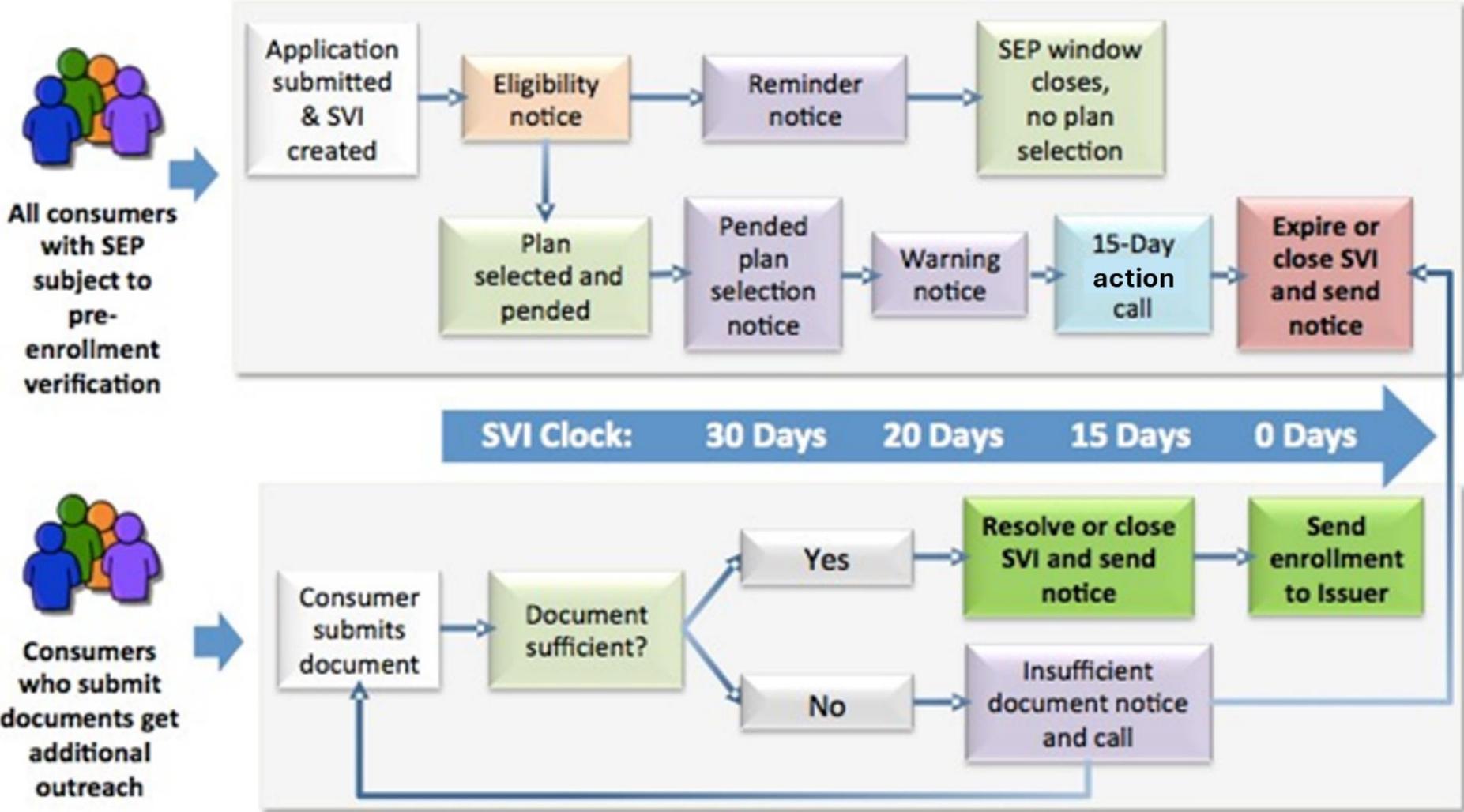
SEPV Process

4 Main Outcomes for a Consumer w/ an SVI

- 1) **Resolved SVI/Enrolled:** Consumers select a plan within their SEP Window and submit documents to confirm their SEP within 30 days.
- 2) **Resolved SVI/Not Enrolled:** Consumers submit documents to confirm their SEP within 30 days, but don't select a plan within their SEP Window.
- 3) **Expired SVI/Not Enrolled:** Consumers select a plan but don't submit sufficient documentation to confirm their SVI within 30 days. The pended plan selection (PPS) is cancelled.
- 4) **Closed SVI/Not Enrolled:** Consumers don't select a plan within their SEP window and don't submit sufficient documents to confirm their SEP within 30 days. Enrollment through that SEP is no longer possible.

SEPV Process

Consumer Outreach



SEPV Process

Notices During Verification

- 1) **Eligibility determination notice (EDN)** explains consumer's eligibility for health coverage, financial assistance, and SEP, if applicable. It explains the requirement to resolve an SVI and/or DMIs, including acceptable documents and deadlines.
- 2) **Pended plan selection notice (PPS)** informs consumers that their deadline to submit documents is 30 days after they picked a plan. It includes a list of next steps and a list of acceptable documents that consumers can submit to resolve their SVI.
- 3) **SVI insufficient document notice** explains why the Marketplace can't resolve an SVI with the submitted documents and asks for additional documentation.
- 4) **SVI warning notice** is sent with 20 days left on the SVI clock after selecting a plan. It reminds consumers to submit documents to resolve their SVI.

SEPV Process

Notices During Verification (continued)

- 5) **SVI reminder notice** is sent with 20 days left in the SEP window. It reminds consumers to select a plan and submit documents to resolve their SVI.
- 6) **SVI clock extension notice** informs consumers that they have additional time to resolve their SVI.
- 7) **SVI resolution notice** informs consumers that their SVI has been resolved and that they can pay their premium to begin their coverage.
- 8) **SVI expiration notice** informs consumers that their SVI has been expired and that their plan selection has been cancelled. If the consumer is still within their SEP window, they may select a plan again to reinitiate the verification process.

Loss of MEC SEP

When Do Consumers Qualify?

- Consumers may qualify for a Loss of MEC SEP if they (or any QHP eligible consumer on the application) lose qualifying health coverage, also known as minimum essential coverage (MEC).
- Some examples of qualifying health coverage include:
 - Coverage through a job, or through another person's job
 - Medicaid or Children's Health Insurance Program (CHIP) coverage (including pregnancy-related coverage and medically needy coverage)
 - Some student health plans (the consumer can 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
 - Dependent coverage that a consumer has through a parent's plan

Loss of MEC SEP

What Do Consumers Verify?

- Consumers who qualify for a SEP due to a loss of minimum essential coverage (MEC) must prove they lost coverage up to 60 days before or will lose coverage up to 60 days after they apply for new Marketplace coverage.

Loss of Medicaid/CHIP Coverage

- Consumers who qualify for a SEP due specifically to a loss of Medicaid or CHIP coverage must prove they lost coverage up to **90 days before** or will lose coverage up to **60 days after** they apply for new Marketplace coverage.
- To confirm eligibility for the loss of MEC SEP, consumers should upload or mail one or more documents on official letterhead that clearly identifies who lost or will lose coverage, the date coverage ended or will end, and the type of coverage they have or had (see examples listed on the previous slide).

SEPV Extensions



A consumer can receive up to two non-technical extensions (30 additional days per extension) to their PPS SVI Clock End Date (CED).

A technical issue extension may be granted if they are affected by an FFM technical defect or a data issue.



Most common extension type/scenario: an Insufficient Documents Extension.

Scenario: If the consumer submits insufficient documents within their original 30-day clock window, they will receive a 30-day extension. They can receive up to two insufficient document extensions, for a total of 90 days max.

Questions?

- Links to Healthcare.gov SEPV information:
 - Losing Coverage details: [Healthcare.gov: Losing Health Coverage](#)
 - Special Enrollment Periods general information: [Healthcare.gov: Special Enrollment Opportunities](#)
 - How to submit docs to prove loss of coverage: [Healthcare.gov: Submit Documents to Confirm Loss of Coverage](#)