

Enrollment Reconciliation & IC834 Workgroup



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IC834 – Housekeeping

- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted 5/28 – 6/3 were delivered yesterday
 - If you have any questions about specific IC834 transactions submitted or report delivery, please contact Inbound834@bah.com
- **Updated OP834T Specification document now available on CMS zOne**
- **Unprocessed Transactions Outreach**
 - An issue was recently identified in which a subset of submitted transactions were not able to process at the FFM.
 - This was due to an internal processing issue at the FFM and reflects no fault of issuers. The FFM has already implemented a fix for the issue.
 - Outreach was sent to affected issuers on Monday, June 3. If your organization did not receive an email on Monday, you are not affected.
 - For those affected:
 - Please resubmit the files identified in the email
 - The only two things that need to change on the resubmitted file are:
 - Control numbers
 - File name

IC834 – PY2018 Deadline (Reminder)

- Issuers are strongly encouraged to send all outstanding enrollment updates for Plan Year 2018 to the FFM
- The Inbound FFM Individual Market **will accept IC834 submissions for 2018 policies until Monday, August 12, 2019 at 11:59PM EST**
- Starting August 13, 2019, Issuers will receive rejected BAAs for “Year Out of Range” in response to IC834 transactions for 2018 policies
- Should an Issuer need to apply corrections for 2018 policies after August 12, 2019, trading partners may leverage the Enrollment Resolution and Reconciliation (ER&R) process
- Please note this deadline does not impact IC834 transactions for 2019 enrollments

IC834 Reinstatements – Introduction

- Issuers can use an IC834 to 1) **effectuate** a policy; 2) **terminate** a policy; 3) **cancel** a policy; or 4) **update issuer assigned fields** of a policy (IC834 Maintenance)
- At present, when a policy is cancelled or terminated in the FFM, consumers must perform a change in circumstance (CIC), or Issuers must use the Reconciliation or ER&R process to reactivate coverage for the consumer
- Beginning February 2018, CMS implemented a change to allow issuers to initiate reinstatements through Inbound 834s
 - This gives Issuers the ability to send an IC834 transaction to reactivate a plan that the issuer erroneously cancelled or terminated
- If they haven't already, issuers should start making internal changes to send IC834 reinstatements

IC834 Reinstatements – Transaction Type

- The following code combinations on an IC834 will identify the transaction as ***Reinstatement***

IF Maintenance Type Code (INS03)	AND Maintenance Reason Code (INS04)	AND Additional Maintenance Reason Code (2750 Loop)	THEN Transaction Type (derived by FFM)
025	<i>Null</i>	ISSUER - REINSTATEMENT	REINSTATEMENT

***The IC834 Reinstatement AMRC requires a space before and after the dash. If one or both are excluded, the transaction will be rejected.**

IC834 Reinstatements – Eligible Policies

- A policy can be reinstated via IC834 if the policy is either ***cancelled*** or ***terminated*** in the FFM

		Existing Policy Status in FFM			
		Initial	Effectuated	Terminated	Cancelled
IC834	Reinstatement	Rejected	Rejected	Accepted*	Accepted*

*The IC834 Reinstatement will be successful for policies that were ended by an issuer due to non-payment, HICS, fraudulent activity, reasons of “other,” anti-duplication, free look, and out-of-area as listed in the chart to the right.

MRC (INS04)	AMRC (2750 Loop)
59	TERM
59	CANCEL
Null	TERM-OTH
Null	CANCEL-OTH
26	TERM-HICS
26	CANCEL-HICS
14	CANCEL-FLC
07	TERM-FRD
07	CANCEL-FRD
07	CANCEL-RESCIND
Null	CANCEL-ANTIDUPLICATION
Null	TERM-ANTIDUPLICATION
Null	CANCEL-OUT-OF-AREA

IC834 Reinstatement Exceptions

- In certain scenarios, CMS requests that organizations still utilize the Automated Recon and ER&R process to submit a reinstatement:
 - Policy that has been terminated due to voluntary withdrawal
 - Subscriber who was deemed NLE, but becomes eligible for reinstatement through appeals or HICS
 - Reinstatement of policy from plan year 2017 or earlier
 - Any policy in which the termination or cancellation was not the result of Issuer action (not through IC834)

IC834 Reinstatements – Other Rules

- Inbound Reinstatements will be performed at the *policy level* and require only *subscriber-level* information
 - Member-level reinstatements will not be permitted at this time
- Inbound Reinstatements cannot be used to update coverage start dates
 - Policy start dates are required within the IC834 reinstatement transaction to support FFM policy matching
- PolicyID, SubscriberID, QHP ID, and Policy Start Date on the IC834 must match what is recorded in the FFM for the policy being reinstated
- Inbound Reinstatements will automatically set the end date for the re-activated FFM policy to 12/31
 - If an Issuer wishes to set the end date of the reinstated policy earlier than 12/31, they should wait 24 hours after sending the IC834 reinstatement transaction and then send a separate IC834 termination transaction with the new desired end date < 12/31. This will ensure the transactions are processed in the correct order.

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for distribution on Wednesday, June 12th
- **Plan Year 2016**
 - This month's 2016 FFM extract is scheduled for Saturday, June 15th at 6PM EDT
 - Comprehensive 2016 Enrollment Pre-Audit (AUD16) Files based upon that extract are scheduled for delivery to Issuers on Thursday, June 20th
 - The RCNI16 submission deadline for the June 2016 Off-Cycle Run is Monday, June 24th at 3PM EDT
 - **Issuers are now able to submit RCNI16 Files for the off-cycle run and receive the results of file-level validation**
 - **As a reminder these files contain production data and must be submitted to the Production environment, as signified by the .P in the filename**

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

- This month's 2017 FFM extract is scheduled for Saturday, June 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA7) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, June 19th

- **Plan Year 2018**

- This month's 2018 FFM extract is scheduled for Saturday, June 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD8) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, June 18th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**
 - This month's 2019 FFM extract is scheduled for Saturday, June 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, June 18th
 - Date of Birth Cleanup (MISC9) Files will also be distributed to impacted Issuers on Tuesday, June 18th
 - The RCNI9 submission deadline for June's Run 7 is Thursday, June 20th at 3PM EDT

Timing of Changes to RCNI and RCNO

- Changes to the Reconciliation Files to align with v5.1 will go into effect in the **August 2019** off-cycle and subsequent production run
 - RCNI9 Files due to CMS by Thursday, August 1st for the off-cycle must be submitted with the new Cancellation Reason and Termination Reason fields in the 01 Record
 - Population of these new fields will not be required initially, but the fields must be accounted for at minimum with two additional pipe delimiters
- CMS plans to require population of Cancellation and Termination Reason Codes for policies that are submitted as cancelled or terminated starting in **November's Run 12**
 - Starting in November, if Issuers do not populate these Reason Codes (or populate them improperly), this may result in suppression of cancellations and terminations through automated reconciliation
 - CMS will not update these Reason Codes through recon starting in November but will perform analysis for several months to ensure sufficient data quality to allow updates to these elements through recon in 2020
 - Once v5.1 is in effect in August, Issuers are encouraged to provide the Reason Codes as soon as possible so CMS can initiate analysis of data quality and assist in resolving any implementation issues

Reason Codes on RCNI/RCNO

- **Cancellation Reason Code (Field 62)**
 - Issuers should include a reason code in Field 62 whenever the following conditions are true:
 - The entire policy (as defined by Exchange-Assigned Policy ID) is **cancelled** in the Issuer's enrollment system
 - The Issuer initiated the cancellation of the policy
 - Issuers may also include a Cancellation Reason Code when the cancellation was initiated on the FFM
 - Issuers **should not** populate the Cancellation Reason Code if any of the following is true:
 - The Initial Premium Paid Indicator value submitted is either Y or N
 - There is any period of effectuated coverage associated with that Exchange-Assigned Policy ID
 - The coverage represented by the record is a reinstatement of previously cancelled coverage

Reason Codes on RCNI/RCNO

- **Termination Reason Code (Field 63)**
 - Issuers should include a reason code in Field 63 whenever the following conditions are true:
 - The policy (as defined by Exchange-Assigned Policy ID) is **terminated** in the Issuer's enrollment system
 - The Issuer initiated the termination of the policy
 - Issuers may also include a Termination Reason Code when the termination was initiated on the FFM
 - The segment is the **final segment representing effectuated coverage** from the Issuer's perspective
 - Issuers may also include a Termination Reason Code on other segments for the same Exchange-Assigned Policy ID of the termination policy
 - Issuers **should not** populate the Termination Reason Code if any of the following is true:
 - The entire policy is **cancelled** in the Issuer's enrollment system
 - The policy represents active, open-ended coverage (even if this coverage had previously been terminated)

Reason Codes on RCNI/RCNO

- RCNI Reason Codes Example
 - Example: John enrolled effective 1/1/2019 and effectuated coverage in QHP A; John updated his financial eligibility leading to a new Applied APTC Amount effective 3/1/2019; John moved and enrolled in QHP B with the same Issuer effective 5/1/2019
 - John did not pay for any coverage after March
 - After honoring the grace period the Issuer terminates John's coverage effective 4/30/2019

Benefit Start Date	Benefit End Date	Applied APTC	QHP ID	Initial Prm Paid Indicator	Cancellation Reason	Termination Reason
1/1/2019	2/28/2019	\$250	QHP A	Y		
3/1/2019	4/30/2019	\$300	QHP A	Y		6
5/1/2019	5/1/2019	\$300	QHP B	C	6	

Reason Codes on RCNI/RCNO

- **High-Level Business Rules**

- For the FFM to accept the Issuer value, it must be one of the Issuer-initiated Reason Codes (currently values 6-12)
 - If the Issuer is extending the end date of a policy previously terminated on the FFM to a later date that is not 12/31, we will accept the FFM-Initiated Reason Codes of 1-5 if the Issuer maintains the existing FFM reason
- In general, the FFM will accept the Issuer value for Cancellation or Termination Reason Code under the following circumstances:
 - The Issuer is sending a new cancellation or termination not yet applied to that policy on the FFM **OR**
 - The Issuer is sending an earlier termination date than currently exists on the FFM **OR**
 - The Issuer is cancelling a previously terminated policy **OR**
 - The Issuer is sending a different Cancellation or Termination Reason Code for a policy that was cancelled or terminated by the Issuer **OR**
 - The issuer is extending a policy end date to a later end date that is not 12/31

Refresher: FR9 Disposition Codes

- Issuers receive disposition code FR9 for current year disputes when the Issuer Value on the Dispute Form does not match the Issuer Value in the RCNO. In most cases, this error is caused by the issuer entering the FFM End Date into the Issuer Value field on the Dispute Form.
 - Rule Description: End Date is different in the RCNO file than what is noted on the Dispute Form
 - Verbiage Returned to Issuer: *The RCNI file submitted from your organization reflects a Benefit End Date of [Issuer Benefit End Date Value in RCNO]. If you believe that the Benefit End Date should be [Issuer Value on Dispute Form], the issuer must apply the appropriate Benefit End Date on the RCNI before it can be reviewed and updated via the ER&R dispute process. If you have questions or need technical assistance with updating the RCNI to ensure it is correct, please contact the FMCC help desk at fmcc@cms.hhs.gov.*
- To prevent these errors, issuers should enter the desired End Date in the Issuer Value field on the Dispute Form and ensure this value matches the value the issuer reported in the RCNI file.

Appendix: 2016 Off-Cycle Reconciliation Process

- Issuers are now free to submit 2016 Inbound Enrollment Reconciliation (RCNI16) Files for the upcoming off-cycle process
- Files must be submitted in the same fashion as typical production 2019 Enrollment Reconciliation (RCNI) Files, **using the current format**
- Files must be submitted with the following naming convention:
 - **[Trading Partner ID].RCR.RCNI16.DYYMMDD.THHMMSSmmm.P.IN**
 - Please note the new destination node **RCR** rather than MID that was in use in 2016
 - Issuers must ensure these files are sent to the Production environment for processing rather than any other lower environment; for security purposes, files containing PII/PHI must *never* be sent to lower environments
- The RCNI16 submission deadline for the 2016 Off-Cycle is **Monday, June 24th at 3PM EDT**
- Participating Issuers will receive a full 2016 Outbound Reconciliation (RCNO16) File following reconciliation processing
- As a reminder, CMS **will not** make any updates to FFE data during the off-cycle reconciliation process; Issuers **must** address any outstanding discrepancies through the dispute process

Q&A

