

CMS Issuer Technical Work Group

- 
- ***Housekeeping***
 - ***Webinar Schedule***
 - ***Enrollment Pre-Audit & Reconciliation***
 - ***ER&R***
 - ***2020 OE Transaction Summary***
 - ***Compliance Updates***
 - ***Direct Enrollment Updates: Enrollment Team Q&A***

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
02	03	04	05	06 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	07	08
09	10 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	11 CMS Issuer Technical Workgroup 3:00pm-4:30	12	13 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	14	15
16	17	18 CMS Issuer Technical Workgroup 3:00pm-4:30	19	20 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	21	22
23	24 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	25 CMS Issuer Technical Workgroup 3:00pm-4:30	26	27 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	28	29
30						

Requesting Updates to the CMS Issuer Distribution List

The CMS Issuer Communications Distribution List sends e-mail messages pertaining to :

- ✓ Alerts on Deliveries for Enrollment Pre-Audit files; Enrollment Reconciliation Files; Open Enrollment Activities; IC834 Activities (Specifically processing schedules, delays in processing or reporting), and other alerts.
- ✓ Daily IMP1A status

The CMS Issuer Communications Distribution List sends e-mail alerts:

- ✓ Daily between 10:30 and 11:00 AM EST.

To add yourself to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"

To remove yourself from the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC from Distribution List"

To add multiple contacts to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be added in the body of your message

To remove multiple contacts from the distribution list:

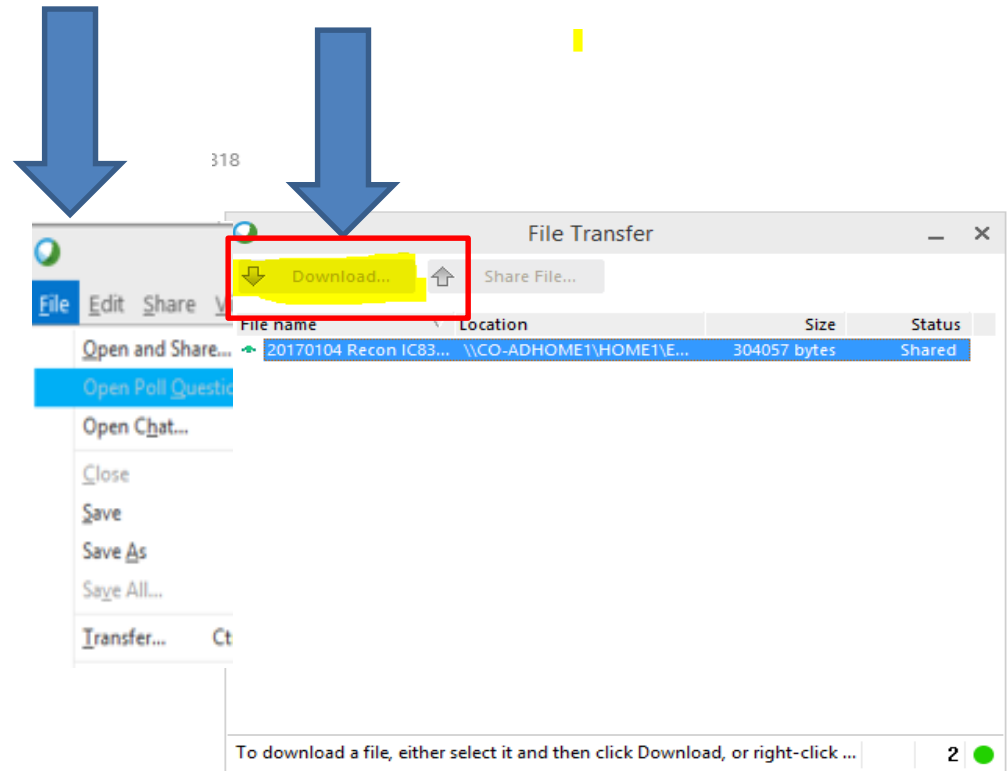
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***PLEASE NOTE:** Any email addresses included in the body of your distribution requests may be subject to the action requested. Please ensure you omit any superfluous addresses not intended for receipt of your requested action (i.e. IT support distributions, alternate personal email, etc.)

Asking a Question/downloading the Meeting pdf slides in the Web-Ex Platform

To ask a question, please select the raised hand icon at the start of Q&A session. It is the icon at the bottom of the participant list.

To download the pdf version of today's deck, open the "File Transfer" box on your screen. If not, please select "File, then "Transfer" and "Download" (as captured below.) The "Download" button will be grey.



Troubleshooting access to CMSzONE

REGISTRATION, PASSWORD RESETS, & FORGOTTEN PASSWORDS

- **New Users:** Registration & community approval are typically completed in 1-3 business days, if not sooner.

If you are unable to access zONE, and/or the issuer community after 3 business days you may email a follow up request to the helpdesk & the issuer communications team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

- **Existing zONE Users :** Password resets are also typically completed in 1-3 business days, if not sooner.

If your request is not completed after 3 business days, you may email a follow up request to the helpdesk & the issuer communications team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

ALL OTHER CMSzONE ACCESS ISSUES

Prerequisite Details

- Capture screenshots of any errors received so our teams can troubleshoot

☐ PC = Ctrl + PrtScn to capture, Ctrl + V to paste / Mac = Command+Shift+4 to capture & send to a desktop file

Email

- Provide screenshots and applicable prerequisite information above, in an email body, as follows:

- ❖ With the subject line: **“zONE Access Issues”**
- ❖ To: CMS_FEPS@cms.hhs.gov
- ❖ Cc: or Bcc: CMS_Issuer_Communications@cms.hhs.gov

Reminder: Supported Browser Versions

- ✓ Internet Explorer Version 9.0
- ✓ Internet Explore Version 10.0
- ✓ Google Chrome
- ✓ Safari

Follow-Up

- If the issue is not resolved within 3 business days, you may email a follow up request:

- ❖ With the subject line: **“zONE Access Issues : 3+day follow up”**
- ❖ To: CMS_FEPS@cms.hhs.gov & CMS_Issuer_Communications@cms.hhs.gov
- ❖ Include (where possible) explanation message, screenshots, ticket #(s) received, and number of days outstanding

Access to CMSzONE & the Private Issuer Community

User Access Quick Guide

A copy of the comprehensive User Access Quick Guide is posted on zONE @:

<https://zone.cms.gov/document/zone-access-troubleshooting> (pre-log in required to access zONE links)

Three audiences:

1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

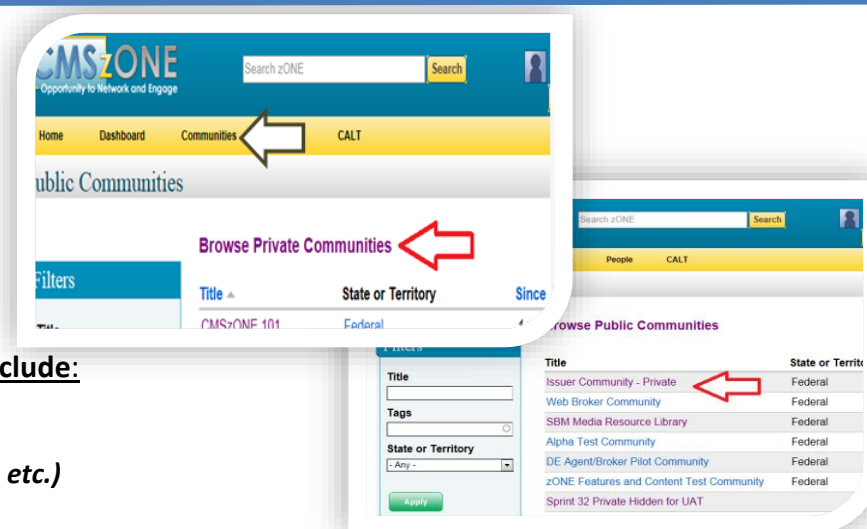
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

1. Register for access at EIDM Enterprise Portal Here: <https://portal.cms.gov/>
2. Log in with your EIDM credentials and click on “Request Access Now”
3. Click on “Request New Access” and choose CMSzONE

CMSzONE Private Issuer Community

Access: (After being granted EIDM access)

1. Log into zONE; click on the **Communities** tab
2. Click **Browse Private Communities**
3. Click **Issuer Community – Private**
4. Click **Join Community**
5. Provide explanation of why you need access to this community; **Include:**
 - name and contact information
 - issuer POC contacts
 - specific work for issuer (i.e. fill out QHP templates, processing 834's, etc.)



Tuesday Issuer Technical Workgroup Call– Series I

Announcing Session Cancellation

CMS will **NOT** host an All-Issuer Technical Workgroup call on Tuesday, June 25, 2019 and Tuesday, July 2, 2019.

CMS will **not** host the All Issuer Technical Workgroup Call on Tuesday, June 25, 2019 and Tuesday, July 2, 2019 in recognition of the Independence Holiday.

- The next Weekly Enrollment Issuer call will resume, as scheduled on Tuesday, July 9, 2019.

Housekeeping: Enrollment Pre-Audit & Reconciliation



Enrollment Pre-Audit & Reconciliation

June 11, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - 1095-A Consumer-Initiated Dispute Update (1095Ax) Files are scheduled for distribution to Issuers tomorrow, Wednesday, June 12th
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for distribution on Wednesday, June 26th
- **Plan Year 2014**
 - Comprehensive 2014 Enrollment Pre-Audit (OTPAUD) Files are now scheduled for delivery to Issuers on Thursday, June 20th
- **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
 - Initially CMS will be analyzing the reason code data submitted by Issuers but will not be updating the actual codes on the FFM
 - 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
 - Additional information regarding population of Reason Codes on the RCNI File was covered in detail on the June 6th webinar; the presentation is available at:
<https://zone.cms.gov//document/enrollment-reconciliation-and-ic834-workgroup-call-content>

ER&R

- ✓ **Topics**

- ✓ Refresher: Avoiding FR9 Disposition Codes

- ✓ **Q&A**

June 11, 2019

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.

Form 1095-As Sent to Consumers Due to Issuer Enrollment Data Updates



*Metrics for Updates
Submitted [4/15/2019-
5/15/2019]*

Presentation Date: 6/11/2019

Number of Form 1095-As Generated Due to All Issuer Updates*

Updates Submitted	PY 2017	PY 2018
4/15/2019-5/15/2019	1,987	19,633
Year to Date (YTD) Total for PY 2017 (1/15/2019-5/15/2019)	8,277	
YTD Total for PY 2018 (2/15/2019-5/15/2019)	201,893	
Grand Total (PY 2017 & PY 2018)	210,170	

*Issuer-submitted updates include:

- Inbound (IC) 834 submissions
- Inbound Enrollment Reconciliation (RCNI) file submissions
- Corrections made through enrollment resolution and reconciliation (ER&R) disputes

****Note:** These metrics do NOT align with the Form 1095-A IPA file. The FMCC enrollment alignment report reflects issuer-initiated enrollment data updates and the IPA reflects consumer-initiated enrollment data updates.

What Issuers Need to Know

- Forms 1095-A impact consumers' Federal income tax liability, and thus consumers may be very eager to know if they should expect a corrected Forms 1095-A
- If consumers receive corrected Forms 1095-A, they may:
 - Need to request an extension for filing their Federal income tax return
 - Be required to file an amended Federal income tax return
 - Be delayed in receiving their Federal income tax refund (which many individuals rely upon each year)
 - Need to pay back money received for their Federal income tax refund that was based on their initial Form 1095-A

Next Steps

- The Centers for Medicare & Medicare Services (CMS) encourages issuers to conduct targeted outreach to notify consumers that they will receive a corrected or voided Form 1095-A because of an update made to their enrollment data
- Pro-active outreach activities will:
 - Help alleviate concerns and confusion,
 - Prepare individuals to take action when they receive a corrected or voided Form 1095-A,
 - Mitigate the potential of increased call volume on Individual Services Call Centers, and;
 - Reduce issuers' Health Insurance Casework Systems (HICs) related workload and case complexity

Helpful Resources

- The **FMCC Enrollment Alignment Performance Summary (EAPS)** provides issuer specific metrics on a monthly basis. The FMCC dashboard is a helpful resource that issuers can reference to view metrics specific to themselves
- The **Form 1095-A Toolkit for Issuer Outreach to Individuals** provides resources to support issuers with communications to individuals who will receive corrected or voided Form 1095-As as a result of certain enrollment data updates that issuers submit to the FFE
- It is available here: https://zone.cms.gov/system/files/documents/toolkit_for_issuers_form_1095-a_final_clean.pdf
- Contents include:
 - A background section with **details about when an issuer update will trigger a corrected or voided Form 1095-A** and how individuals are impacted
 - **Sample issuer call scripts** which issuers can use when calling individuals
 - **Sample issuer outreach letters** which issuers can use as a template for written communications to individuals
 - **Frequently asked questions (FAQs)** on issuer outreach to individuals

Issuers can reach to their **Regional Office Account Managers** for additional support with refining their consumer outreach strategy beyond the resources offered in this Toolkit

2020 Open Enrollment (OE) Transaction Summary



*Center for Consumer
Information & Insurance
Oversight (CCIIO)*

June 11, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Purpose of Batch Auto Re-enrollment

- Enrollees are always encouraged to actively reenroll. This ensures the future year plan meets their needs and budget, as well as, reflects the most accurate financial assistance possible. This is called “active re-enrollment”.
 - Active re-enrollment rates in the Exchange are consistently at 70% or above
- Batch Auto Re-enrollment (BAR) is the process outlined in regulation that ensures continuous coverage for enrollees who do not actively re-enroll by the end of Open Enrollment. This is called “passive re-enrollment”.
- Issuers receive most auto re-enrollment transactions in October, followed by subsequent updates based on changes to the application and/or plan selections made by the enrollee during OE and beyond.

2020 Open Enrollment Experience:

Key Improvements in Batch Auto Re-enrollment (BAR) & OE

- CMS will remove deceased member(s) from 2019 self-only coverage through the Death Periodic Data Matching process to prevent them from being BAR' d.
- CIC Carryforward will send an Additional Maintenance Reason Code (AMRC) of CANCELIC to be consistent with M834 operational guidance (instead of CANCEL-CARRYFORWARD).
- SEPs that are expired as of the date of BAR will not be carried over to the future year re-enrollment.
- Don't send print Marketplace Open Enrollment Notice (MOEN) when consumer applied through EDE and didn't request printed notice
- Tobacco rating carry forward to be updated to minimize date of last tobacco use issues.

2020 Open Enrollment Experience:

Key Improvements in Batch Auto Re-enrollment (BAR)

- Allow consumers to cancel a future terminated BAR policy not yet visible in the enrollees Marketplace Account when cancelling the future active enrollment. (This happens when an enrollee actively selects a new plan with a 2/1 effective date and then decides to cancel all coverage.)
 - For OE 2019, enrollees in this rare scenario were blocked from cancelling coverage

OE 2020 – Medicare Non-Renewal Operations

QHP Non-renewal for certain Medicare enrollees where renewal would violate the Anti-duplication Provision of the Social Security Act

- BAR transactions will be sent by the FFEs without regard to Medicare status
- QHP issuers that have knowledge that an enrollment contains a QHP enrollee that is entitled to Medicare Part A or enrolled in Medicare Part B should non-renew the entire policy if the QHP re-enrollment plan will change the policy or contract and duplicates Medicare
 - Issuers should not presume that everyone 65 or older is Medicare entitled
 - Change in policy or contract is a matter of state law
 - Issuers should consult their compliance department

OE 2020 – Medicare Non-Renewal Operations

- **Terminations.** An issuer that is ending coverage to comply with the Anti-duplication provision should send the FFE an IC834 term with MTC: 024 and AMRC: TERM-ANTIDUPLICATION effective 12/31 (MRC is Null)
 - Issuers are not permitted to use the TERM-ANTIDUPLICATION AMRC mid-year. Instead, in order to prevent or cancel the auto-renewal without creating a technical issues for late-year life changes reported by the enrollee, issuers should utilize this code **no sooner** than October 1
- **Cancellations.** An issuer that receives an FFE BAR transaction for a known Medicare enrollee that violates Anti-duplication should send an IC834 cancel to the FFE with MTC: 024 and AMRC: CANCEL-ANTIDUPLICATION (MRC is Null)
 - Additionally, new initial enrollments (I834) received during or outside of Open Enrollment may be canceled by the issuer prior to effectuation using this code if issuing (or renewing) Marketplace coverage violates Anti-duplication
- **Termination or Cancellation Notice.** When non-renewing or canceling coverage, the issuer is required to send a termination or cancellation notice to the non-renewed Medicare entitled/enrolled person noting why coverage will end (or is not issued) and directing those not in Medicare to return to the Marketplace in order to receive a Special Enrollment Period (SEP).
- **Outreach** is encouraged to direct the enrollees not in Medicare back to the FFE to update their application (making the Medicare family member a non-applicant) and enroll. The FFE will use the cancel and termination codes to flag mixed eligibility enrollees for a SEP to enroll at the FFE call center. The FFE will conduct limited outreach
- **FFE guidance does not change an issuers' obligations** under Section 1882(d)(3) of the SSA, and does not create a new requirement under the guaranteed renewability provisions for issuers to ascertain the Medicare status of their enrollees.

OE 2020 – Medicare Non-Renewal Operations

- The addition of specific term/cancel codes for Medicare Anti-duplication replaces previous Enrollment Data Alignment channels:
 - Issuers should not use IC834 “TERM-OTH,” or “CANCEL-OTH” for coverage that is ending or not being issued because of Medicare Anti-duplication
 - **There is no need for a separate Medicare non-renewal submission to ER&R.**
 - TERM-ANTIDUPLICATION transactions received October 1 - 10 will prevent auto re-enrollment; after October 10, it will trigger auto-renewed policies to be cancelled later in Cancel Carry Forward
 - Every attempt should be made to end coverage for Medicare Anti-duplication via IC834 prior to those enrollments being submitted as cancelled or terminated on an RCNI file. If the update is made via reconciliation (12/31 terms aren't eligible for reconciliation) rather than IC834, the ANTIDUPLICATION term/cancel reason will not be captured, which will cause issues for these consumers and their households if they require any follow-up for SEPs on the Exchange.

Batch Auto Re-enrollment: 2020 vs 2019:

Minor change is planned (key changes in red)

	Last Year (OE for 2019 Coverage)	This Year (OE for 2020 Coverage) <i>All dates subject to change</i>
<u>October Wave of BAR</u> All eligible current year enrollments are auto-renewed for the future plan year beginning in mid-October.		
Dates	Planned: 10/15 – 11/2 Actual: 10/15 – 10/26 (with touch-ups later)	10/14 – 11/1
<u>Incremental Wave</u> Any new current year enrollments created since BAR began are auto-reenrolled, while updates to already-BAR'd current year policies are carried forward to BAR policies still in passive status		
Dates	11/21, 12/3	12/2
<u>Failure-to-Reconcile (FTR) Re-process</u> Restores financial assistance to those previously stripped of APTC for failing to reconcile APTC with IRS if enrollees later reconciled; typically sent M834 but enrollments w/ post-BAR CIC sent via I834AR		
Dates	12/8-9	12/10
<u>December Wave</u> Any new current year enrollments created since incremental wave are auto-reenrolled; while updates to already-BAR'd current year policies are carried forward to BAR policies still in passive status. Future year "submitted-not-enrolled" applications are used to update BAR policies still in passive status		
Dates	Planned: 12/17 – 12/31 Actual: 12/19 – 12/20	12/16 – 12/31

Batch Auto Re-enrollment: 2020 vs 2019:

Minor change is planned (key changes in red)

CIC-Carry Forward (carries forward to the future year enrollment changes effective after BAR)	Attribute	OE 2019	Attribute	OE 2020
	834 INS03 (Maintenance Type Code)	024 (Cancel)	834 INS03 (Maintenance Type Code)	024
	834 INS04 (Maintenance Reason Code)	(null)	834 INS04 (Maintenance Reason Code)	14
	834 Additional Maintenance Reason Code (AMRC)	CANCEL-CARRYFORWARD	834 Additional Maintenance Reason Code (AMRC)	CANCELCIC CANCEL-CARRYFOWARD will continue to eliminate BAR policies when current year terms
	Timing (actual)	834s on 11/21/18, & 12/03/18, & 12/19-20	Timing (estimated start dates)	Similar, except 12/2/19 & 12/16/19 only

Auto Re-enrollment Files and Delivery Dates

(Dates are Subject to Change)

File	Description	Delivery Date(s)	EFT Code & File Layout
Batch auto re-enrollment (BAR) Files	Will re-enroll current Marketplace enrollees into future year coverage.	1 st Wave: Begins c 10/14 Incremental Wave: 12/2 2 nd Wave: 12/16+	I834AR (Alternate Enrollments sent I834)
Outreach File	Will identify enrollees (but not why they are on the list) who will lose financial assistance in 2020 if they don't return to FFM because they either 1) Opt-Outs. Did not authorize the FFE to obtain updated tax return information from the Internal Revenue Service (IRS); or 2) Special Notice Group. Have incomes above 500% of the federal poverty level when checked against IRS updated income information; or 3) FTR. Received APTC for 2018 but didn't file a tax return for that year and reconcile the APTC using IRS Form 8962; or 4) Repeat Passive Re-enrollee Group. Were auto-reenrolled into 2018 and 2019 coverage with APTC, did not submit any application updates in 2018 or 2019, and have no available tax data (income or FTR) from 2017 or 2018 Optional issuer outreach to direct these enrollees to actively apply and enroll in Marketplace coverage during Open Enrollment to maintain financial assistance.	Early October	IOUTRC See Standard Issuer Enrollment Data Files document on zONE at: https://zone.cms.gov/document/enrollment-data-reconciliation
Switch File	Will list current year subscribers who have not yet been auto-reenrolled and have actively switched to a different issuer for future year Marketplace coverage. Current year issuers should non-renew subscribers if on the Switch File	Daily from 11/3 to 12/15	SWTFL https://zone.cms.gov/document/re-enrollment-transaction-summary-issuers-2016-coverage
Passive Cancels (BARCNO in Incremental Pre-Audit File layout)	Will cancel auto re-enrollments that duplicate active enrollments for future year Marketplace coverage. This is primarily associated with disconnected applications created when enrollees or their assisters fail to access their existing pre-populated future year application	BARCNO Weekly 11/20, 11/27, 12/4, 12/10 Check Overlaps on Nov & Dec Pre-Audit Files	BARCNO See Standard Issuer Enrollment Data Files document on zONE at: https://zone.cms.gov/document/enrollment-data-reconciliation

Auto Re-enrollment Files and Delivery Dates

(Dates are Subject to Change)

File	Description	Delivery Date(s)	EFT Code & File Layout
Cancel Carry Forward	Will cancel auto re-enrollments that are subsequently ineligible for BAR due to late terminations of current year Marketplace coverage. Active re-enrollments or auto re-enrollments that have been updated by the enrollee will NOT be cancelled in this job, though in some scenarios issuer may still cancel active re-enrollment (see Exchange Enrollment Manual, Chapter 6).	Intermittent 12/2 and 12/16+, then monthly January thru March	I834 AMRC: CANCEL-CARRYFORWARD
BAR Daily Progress Report	This report is individualized to each returning issuer and counts the number of BAR-eligible policies as of the time the control documents for BAR were set against the actual BAR policies ever sent, with similar counts for issuers receiving alternate enrollments. The report compares the delivered vs eligible/projected counts to arrive at a completion percent. It is intended to help issuers detect and report issues preventing auto-enrollment.	Daily once BAR begins until end of BAR with pause in delivery between waves of BAR.	MISCO
Missing Outbound 834 IPA	This file is a special Incremental Pre-Audit File that will contain full information for enrollment transactions that failed to convey to the Issuer via the standard EDI 834. This IPA File will contain the full Pre-Audit information for all enrollment transactions that failed to convey successfully to the Issuer during the period covered by the ISUIPA.	11/5 11/19 11/26 12/10	MOIPA0 See Standard Issuer Enrollment Data Files document on zONE at: https://zone.cms.gov/document/enrollment-data-reconciliation
BAR Failures	A list of enrollments delivered to issuers that because of processing issues were not auto-renewed; impacted issuers are encouraged to do outreach to get the enrollees, who are flagged for SEPs at the Marketplace Call Center, to actively reenroll	One delivery in early January	IOUTRC See Standard Issuer Enrollment Data Files document on zONE at: https://zone.cms.gov/document/enrollment-data-reconciliation
Post-BAR Reinstatements	A list of enrollments delivered to issuers where the 2019 coverage was reinstated by the issuer in Enrollment Data Alignment after 2020 BAR concluded and there is no apparent 2020 active re-enrollment. These enrollees are flagged for 2020 SEPs at the Marketplace Call Center and issuers are encouraged to conduct voluntary outreach	Likely one in February and one in March	IOUTRC See Standard Issuer Enrollment Data Files document on zONE at: https://zone.cms.gov/document/enrollment-data-reconciliation

Auto Re-enrollment Issuer Communication

- **Re-enrollment notice (pre-OE)**: if future year eligibility from FFM isn't yet available, use current year APTC as an estimate and communicate to consumers that it will change; plan change descriptions presume current year CSR; issuers have flexibility in communicating to consumers that APTC/CSR is an estimate
 - See Standard Renewal & Discontinuation Notices at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Updated-Federal-Standard-Renewal-and-Product-Discontinuation-Notices-508.pdf>
- **Second notice (post BAR)/January bill (December)**: will contain updated APTC applied to premium; issuers should not provide a Summary of Benefits and Coverage (SBC) until they receive this updated information about the appropriate CSR variant, if applicable, from the Marketplace.
- **Consumer communications during OE**: issuers should always direct consumers to update income at the Marketplace for future year coverage during OE to improve accuracy of APTC and avoid issues later on.

Re-enrollee Consumer Communications

General framing for consumer messaging from issuers:

- Strong encouragement to update now & ensure accurate pricing for next year (go to HC.gov). OE ends Dec 15th, which means that's the last day to confirm your coverage for 2020.
- Update your application to get your final pricing for next year. You must act by Dec 15th to update your application with the Marketplace and confirm your current plan
- Make sure this is still the right plan for you next year
 - Your last chance to confirm your plan for the year is Dec 15th. **You won't be able to change your plan after this.**
 - Contact us for help reviewing your benefits & doctors
 - We can help you understand your pricing, coverage and options
 - We can also help you if you think another plan might be better
- There's only one deadline this year, so don't wait

Re-enrollee Consumer Communications

While to consumers (thru 12/16) auto-enrollment is still invisible

- Don't say "you're automatically enrolled" or "your plan is confirmed/locked-in" – consumers that need to act may be confused and fail to update their application (and then are more likely to drop out from not paying premiums at full price)
- Provide updated financials based on BAR if available and tailor messaging around BAR scenarios when possible (i.e. might lose tax credits, your last opportunity to get these back for your current plan is Dec 15th)

Alternate Enrollee Consumer Communications

Gaining issuer can start messaging to consumers before OE including pricing. Recommend not billing before OE if possible to encourage consumers to review options & actively pick a plan for January.

General message frames:

- Emphasize OE dates and encourage active choice in selecting a new plan (whether it's the alternate or something else that better meets their needs)
- We know your plan is leaving, we're here to help, you've been matched with X plan
 - Let's check your doctors, benefits, and coverage
 - Contact us and we'll help you review & find the plan that's right for you
- If you don't act, you may be automatically enrolled in X plan. Don't wait, contact us to review this plan and other options before Dec 15th and choose what works best for you
- Update your application with the Marketplace and say you're losing coverage Dec 31st. You can then confirm this alternate plan or choose a new one.

2020 OE Transaction Summary

BAR/Auto Re-enrollments & Alternate Enrollments

Scenario	Type Code	Maintenance Reason Code (Sent & Received)	Origin Type	AMRC	Issuer Confirms Effectuation?	EFT Functional Code
1) Alternate Enrollments (Non-renewed enrollments that are auto-reenrolled at CMS or via State DOI direction into new Issuer)	021 (Addition)	Sent by FFM: EC Returned to FFM by Issuer: 28	11 (auto re- enrollment)	PASSIVE REENROLL –NEW TO ISSUER	Yes	I834
2) Auto re-enrollments of effectuated policies	021 (Addition)	Sent by FFM: 41 Returned to FFM by Issuer: N/A	11 (auto re- enrollment)	PASSIVE	No	I834AR
3) Auto re-enrollments of in-flight initial policies (2019 policy still in initial status in FFM when auto-reenrolled for 2020)	021 (Addition)	Sent by FFM:41 Returned to FFM by Issuer: 28	11 (auto re- enrollment)	PASSIVE-INITIAL	Yes <i>(Note: If FFM receives 2019 effectuation, will carry over to 2020)</i>	I834AR
4) Auto re-enrollments with new subscribers (Due to regrouping, especially age-offs)	021 (Addition)	Sent by FFM:41 Returned to FFM by Issuer: 28	11 (auto re- enrollment)	PASSIVE -NEW SUBSCRIBER	Yes	I834AR

2020 OE Transaction Summary

BAR/Auto Re-enrollments & Alternate Enrollments

Scenario	Type Code	Maintenance Reason Code (Sent & Received)	Origin Type	AMRC	Issuer Confirms Effectuation?	EFT Functional Code
5) Auto-reenrollments to a new Issuer ID offered by the same parent company (Issuer ID changes but Plan ID Crosswalk Reason ≠ 8)	021 (Addition)	Sent by FFM:41 Returned to FFM by Issuer: 28	11 (auto re-enrollment)	PASSIVE – NEW SUBSCRIBER	Yes (Federal rules neither require nor prohibit the collection of a binder, however)	I834AR
6) “Alternate” enrollments to original issuer. Issuer discontinued effectuated policies (no reenroll option) for a service area it still serves, & state or CMS matches them to same issuer as alternate enrollments (Issuer ID the same but Crosswalk = 8)	021 (Addition)	Sent by FFM: 41 Returned to FFM by Issuer: N/A	11 (auto re-enrollment)	PASSIVE	No	I834AR
7) Active reenrollment updating an effectuated BAR policy associated with a current year policy being terminated 10/31. Issuer receives a M834 for BAR policy effective 1/1. Because this doesn’t meet the continuous enrollment test, the issuer must enroll subject to binder.	021 (Addition)	Sent by FFM: (null) Returned to FFM by Issuer: N/A	1, 2, 3, etc. (FFM Online, etc.)	FINANCIAL CHANGE* (AMRC reflects the change to the initial BAR enrollment, and follows M834 operations guide at https://zone.cms.gov/document/federally-facilitated-marketplace-maintenance-834-operations-manual)	No (issuer must collect binder but because of timing issues the future year policy is already effectuated in the FFE)	I834

2020 OE Transaction Summary

Active Re-enrollments After an Enrollee was BAR'd

Scenario	Type Code	Maintenance Reason Code (Sent & Received)	Origin Type (#11)	AMRC	Issuer Confirms Effectuation	EFT Functional Code
8) Active re-enrollments of effectuated policies, post-BAR, income change reported (Same subscriber and QHP ID) *For active re-enrollments post-BAR, the MRC and AMRC will vary depending on the type of changes the consumer makes to their application. <i>Illustrated: a financial change</i>	001 (Maintenance)	Sent by FFM: (null) Returned to FFM by Issuer: N/A	1, 2, 3, etc. (FFM Online, etc.)	FINANCIAL CHANGE* (AMRC reflects the change to the initial BAR enrollment, and follows M834 operations guide at https://zone.cms.gov/documents/federally-facilitated-marketplace-maintenance-834-operations-manual	No	1834
9) Active re-enrollment with new subscriber (treated the same as a new enrollment) *If the active re-enrollment takes place post-BAR, the issuer of previous auto re-enrollment policy will also receive a cancel 1834	021 (Addition) 024 (Cancel)	Sent by FFM: EC Returned to FFM by Issuer: 28 Sent by FFM: 14 Returned to FFM by Issuer: N/A	1, 2, 3, etc. (FFM Online, etc.) 1, 2, 3, etc.	CIC CANCELCIC	Yes N/A	1834 1834
10) Active re-enrollment in a different 14 digit QHP ID *If the active re-enrollment takes place post-BAR, the issuer of previous auto re-enrollment policy will also receive a cancel 1834	021 (Addition) 024 (Cancel)	Sent by FFM: EC Returned to FFM by Issuer: 28 (if same subscriber and HIOS, and previous year policy is effectuated, then N/A) Sent by FFM: 14 Returned to FFM by Issuer: N/A	1, 2, 3, etc. (FFM Online, etc.) 1, 2, 3, etc.	CIC CANCELCIC	Yes – Unless the same subscriber and HIOS, and the previous year policy is effectuated N/A	1834 1834

2020 OE Transaction Summary

BAR/Auto Re-enrollments & Alternate Enrollments

Scenario	Type Code	Maintenance Reason Code (Sent & Received)	Origin Type (#11)	AMRC	Issuer Confirms Effectuation?	EFT Functional Code
11) Active re-enrollments of effectuated policies, pre-BAR (Same subscriber and QHP ID)	021 (Addition)	Sent by FFM: EC Returned to FFM by Issuer: N/A	1, 2, 3, etc. (FFM Online, etc.)	ACTIVE REENROLL	No	I834
12) Active re-enrollments of initial (non-effectuated) policies, pre-BAR (Same subscriber and QHP ID)	021 (Addition)	Sent by FFM: EC Returned to FFM by Issuer: 28	1, 2, 3, etc. (FFM Online, etc.)	ACTIVEREENROLL - INITIAL	Yes	I834
13) New active enrollment (not a re-enrollment)	021 (Addition)	Sent by FFM: EC Returned to FFM by Issuer: 28	1, 2, 3, etc. (FFM Online, etc.)	N/A	Yes	I834

2020 OE Transaction Summary

Other Post-BAR Scenarios

Other post-BAR scenarios include:

- Changes in Circumstances (CICs) on current year applications
- CICs on future year applications
- Expirations of Data Matching Issues (Citizenship and Income DMIs)
- Terminations of current year policies for non-payment

For a breakdown of the transactions for these scenarios, visit (no changes since 2017):

<https://zone.cms.gov/document/2017-open-enrollment-scenarios>

Batch Auto Re-enrollment and National Producer Number (NPN)

Illustration of when NPN identifying an agent or broker will be carried forward by BAR or active re-enrollment (no changes for 2020)

NPN Scenarios	NPN on Current Year Application or Enrollment	NPN Sent on 1000c Loop on Next Y Enrollment Transaction
Auto re-enrolled (passive) consumer with FFM Policy associated with NPN before BAR begins	123	123
Auto re-enrolled (passive) consumer with no NPN on policy at the time of auto re-enrollment; FFM Policy updated with NPN after the enrollee has been auto-reenrolled	123	N/A (at the time BAR auto-renewed the member, there was no NPN to carry forward)*
Active re-enrollment by returning consumer who updates the next year application, and is able to view and edit the current year A/B, but doesn't change or remove the A/B associated with his or her application	456	456 (The A/B info from the current year application will be pre-populated on the next year application)**
Active re-enrollment by returning consumer who removes the A/B information on his or her next year application	789	N/A (A consumer can remove the A/B information on the future year application)

*Note: NPNs received post BAR Wave 1 via Recon will be relayed to issuers in BAR Wave 2.

**Note: If the most recent version of a consumer's current year application includes an NPN, the NPN will pre-populate on the future year application; the NPN will not pre-populate if it is not included on the most recent version of the current year application. This is particularly important for DE Partners using the DE Consumer Flow,

who only submit the NPN via the Submit Enrollment Request but don't include it on the application itself. NPNs

submitted via the Submit Enrollment Request are only written to the consumer's policy, but not the application.

This highlights the importance of DE Partners assisting their clients with the re-enrollment process.

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal use only. Unauthorized disclosure may result in prosecution to the full extent of the law.

Compliance Team Reminders and Announcements



Tuesday, June 11, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Reminder: Audit Submission Window Closes June 30, 2019

- Reminder: per the [Guidelines](#), the audit submission window closes June 30, 2019. Audit submissions must be complete by this deadline. Audit submissions will not be accepted after June 30, 2019.
- Please ensure audit submissions meet the completeness criteria described on pages 29-31 (i.e, Sections: *Submitting a Complete Business Requirements Audit* and *Submitting a Complete Privacy and Security Audit*)

Direct Enrollment (DE) Updates: Enrollment Team



*Center for Consumer
Information and Insurance
Oversight (CCIIO)*

June 11, 2019

Update for EDE and Classic DE Partners: Fetch Eligibility and Submit Enrollment Timeout Issues

- EDE and Classic DE Partners, please be advised that we've identified an issue that is causing unnecessary timeouts for the Fetch Eligibility and Submit Enrollment services
 - During a recent deployment, we introduced new functionality, where Fetch Eligibility and Submit Enrollment now obtain eligibility information from our Get App, Get Enrollment, and Determine Variable Eligibility (DVE) services, instead of obtaining the information from our legacy services
 - This change has resulted in slower response times however, and ultimately some unnecessary errors for partners
 - » For example, we've seen an uptick in Submit Enrollment SOAP fault errors with a NullPointerException
 - » The errors are intermittent however, and the vast majority of transactions are still successful
 - » There are potential workarounds, however given that we expect to resolve this issue in the near future, it may not be worth the effort for a partner to implement a workaround
 - For example, if partners implement retry logic, subsequent Fetch Eligibility or Submit Enrollment transactions may be successful
 - Or for Submit Enrollment transactions for instance, a partner could implement logic to make a subsequent Fetch Eligibility call when a Submit Enrollment transaction fails with a NullPointerException
 - In most instances, the initial Submit Enrollment transaction is successful on the FFM, but since the response time is delayed, the Hub times out and returns an error to the partner
 - Given that most of these transactions are actually successful, a partner could compare what was submitted in the Submit Enrollment Request to the InsurancePolicy section in a subsequent Fetch Eligibility Response to validate whether the Submit Enrollment transaction was successful
 - We deployed a fix to production for this issue on Thursday, 5/23
 - **Update:** The fix is not expected to be deployed to UAT0 until **Friday, 6/7**
 - » We previously socialized that the fix would be deployed to UAT0 on Friday, 5/31

Classic DE and EDE Partners: Fetch Eligibility Defect Related to Multi-Tax Households

- Classic DE and EDE Partners, please be advised that we have identified a defect resulting in the following Fetch Eligibility Response error:

```
<soap:Envelope xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
  <soap:Body>
    <exch:Response xmlns:exch="http://applicant-eligibility.ee.ffe.cms.gov/exchange/1.0">
      <ext:ResponseMetadata xmlns:ext="http://applicant-eligibility.ee.ffe.cms.gov/extension/1.0">
        <hix-core:ResponseDescriptionText xmlns:hix-core="http://hix.cms.gov/0.1/hix-core">Unexpected System Exception</hix-core:ResponseDescriptionText>
        <hix-core:ResponseCode xmlns:hix-core="http://hix.cms.gov/0.1/hix-core">HX009000</hix-core:ResponseCode>
        <hix-core:TDSResponseDescriptionText xmlns:hix-core="http://hix.cms.gov/0.1/hix-core">Exception (gov.hhs.cms.base.exception.InternalErrorException) occurred during processing of service: No MaxAPTC object returned on the CollectedEnrollmentGroup for the APTC Eligible application for insuranceApplicationIdentifier=11111111</hix-core:TDSResponseDescriptionText>
      </ext:ResponseMetadata>
    </exch:Response>
  </soap:Body>
</soap:Envelope>
```

- We believe this issue is isolated to multi-tax household scenarios, and we therefore believe DE Partners shouldn't be seeing a significant volume of these errors
- We also believe the DE impact should be minimal, given enrollment can't be completed when the application includes multiple tax households
- We have not yet prioritized a fix for this issue, however we'll provide an update as soon as one is available

EDE Partners: Testing Prior to Production Go Live

- As a reminder, we recommend that all partners conduct testing in UAT0, which is our primary partner testing environment
 - UAT0 will generally be available for testing 24/7, with the exception being most Friday mornings, from 8:00 AM ET – 12:00 noon ET
 - We'll do our best to limit deployments in UAT0 to the Friday morning window
 - We use our other testing environments for internal purposes, and therefore there may be different code in other environments, more frequent outages, etc.
- EDE Partners, we recognize that the UAT0 code may not closely represent the production environment at times, and therefore we will permit EDE Partners that are preparing for an imminent EDE production go live to test in non-UAT0 environments when necessary
 - If you are an EDE entity that has an imminent production go live, and you need to test in an environment that closely mirrors production, you can email Joshua.Halsey@cms.hhs.gov to inquire as to which environment it would be best to test in
 - There may be times when UAT0 will work for testing, however if another environment is more appropriate for testing, connectivity information will be provided for an alternate environment

Phase 3 EDE Partners: Updated Character Validation for federallyRecognizedTribeName

- Phase 3 EDE Partners, please be aware that we will be updating our SES validation for federallyRecognizedTribeName, to allow for a maximum character length of 344 characters
 - The SES validation will be changing from the previously allowed 256 characters
 - Phase 3 EDE Partners will need to make a corresponding change
 - This change is scheduled to be made in UAT0 on 6/21, and in production on 7/26
 - Note that this change does not apply to Phase 1 and Phase 2 EDE Partners
 - The Application Services Companion Guide will be updated as follows:

Item #	API Data Element	Service Validations
111	federallyRecognizedTribeName	Send error when (errorCode = length_must_be_lesser): 1. <code>federallyRecognizedTribeName</code> <> null AND 2. <code>federallyRecognizedTribeName</code> > 344 characters

Q&A



CMS Issuer Technical Workgroup Call Appendix



To view the full Appendix, please visit CMSzONE at the following url:

https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

Updating Contact Information for the Marketplace

4/30/2019

confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Updating Contact Information for Marketplace Issuers

- 
- **Requesting Updates to the CMS Issuer Distribution List**
 - **Issuer Notifications: Updating IC834 Contacts**
 - **2018 Prep: Updated Recon Technical Contacts Needed**
 - **2018 Prep: Updated ER&R Contacts Needed**

April 23, 2019

Issuer Notifications: Updating IC834 Contacts

Inbound834 (IC834) Contacts

- Issuer Organization and Clearinghouse members may be contacted through Inbound834@bah.com with notifications for high volume failure, low success rates, and summary reports based on weekly Inbound 834 submissions
- CMS encourages Issuers to identify key technical POCs to receive both outreach communications and performance reports so any errors received for failed transactions can be corrected and resubmitted for application in the Marketplace
- To update the contact list for your HIOS IDs (add or remove members), please follow one of the two options listed below:
 - Create and send an updated EDI onboarding form or;
 - Send an e-mail to Inbound834@bah.com with the new contact addresses

2019 Prep: Updated Recon Technical Contacts Needed

Enrollment Data Reconciliation Technical Contacts

- Reconciliation Technical Contacts for your organization will be contacted by CMS resources in regard to any technical issues identified in Issuer-submitted Inbound Reconciliation (RCNI) Files
- Please designate a primary and secondary contact or group e-mail address to ensure any issues can be addressed in a timely fashion
- To submit the Enrollment Data Reconciliation Technical Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line “RECONCILIATION – TECHNICAL CONTACTS”
 - Please include the name, e-mail address, and business telephone number for each contact provided

2019 Prep: Updated ER&R Contacts Needed

Enrollment Resolution & Reconciliation (ER&R) Contacts

- Cognosante, the Marketplace Enrollment Resolution & Reconciliation (ER&R) contractor, will be responsible for conducting analysis to resolve discrepancies between data provided by Issuers and FFM data
- As direct contact with the Issuers may often prove to be the most reliable method of resolving issues, CMS is requesting that each Issuer provide a primary and secondary contact with whom the ER&R contractor can have direct communications
- If there are distinct contacts for different lines of business within the Issuer organization, please clearly identify which contacts are appropriate for each HIOS ID and/or QHP ID
- The requested contacts are to be individuals able to assist in resolving conflicts with member information; **these individuals are more likely to be business end-users rather than EDI or IT representatives**
- To submit the Enrollment Resolution & Reconciliation Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line "RECONCILIATION – ERR CONTACTS"
 - Please include the name, e-mail address, and business telephone number for each contact provided

Register for QHP Certification Updates

CMS sends updates and information during the certification period in several ways:

REGTAP

- Register for the [REGTAP portal](#) to get CMS technical assistance related to Marketplace and Stabilization programs that are not a part of the Marketplace Plan Management Group (MPMG). Registered users can access the library training resources, webinars, and the inquiry tracking and management system.
- Registered REGTAP users who are affiliated with an issuer organization and elect to receive notifications will automatically be subscribed to *Issuer Insights*, a bi-weekly e-newsletter that highlights upcoming deadlines, new trainings and webinars, and updates on guidance.

Application Notices

- CMS will send information about your specific application and needed corrections directly to each issuer during the QHP certification period.

HIOS Blasts

- To get QHP Application and certification announcement blasts from HIOS, make sure your contact information in HIOS is current and accurate.

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

Plan Management QHP Certification Updates

Contact Information in HIOS

Add New Contacts

- In order for a contact to receive these notices, they must be assigned to the role of QHPValidator, QHPAttester, or QHPSubmitter in HIOS. For instructions on adding these roles, see section 5 of the Plan Management QHP Modules HIOS Quick Reference Guide.

Remove Contacts

- To remove contacts from the distribution list or from your organization, contact the Marketplace Service Desk (MSD) Help Desk at CMS_FEPS@cms.hhs.gov and use the language specified below.
 - Remove contacts from notice distribution list: Use the subject line “HIOS User Roles” and the following language: “Please remove contact: [Full Name], [Email Address], from the roles of QHPValidator, QHPAttester, and QHPSubmitter for issuer ID [XXXXX].”
 - Remove contacts from issuer organization: Use the following language: “Please remove contact: [Full Name], [Email Address], from all HIOS user roles associated with issuer ID [XXXXX].”

For a list of QHP Application Notices sent during QHP Certification:

<https://www.qhpcertification.cms.gov/s/QHP%20Application%20Notices>

HIOS Quick Reference Guide:

<https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-QuickGuideProd-000100.pdf>

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.