

CMS Issuer Technical Work Group

- ***Housekeeping***
 - ***Webinar Schedule***
 - ***IC834 Updates***
 - ***Enrollment Pre-Audit & Reconciliation***
- ***ER&R***
- ***Compliance Updates***
- ***Eligibility Updates***
- ***Upcoming UAT0 Outages***
- ***Direct Enrollment Updates: Enrollment Team Q&A***

July 9, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	01	02	03	04 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	05	06
07	08 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	09 CMS Issuer Technical Workgroup 3:00pm-4:30	10	11 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	12	13
14	15	16 CMS Issuer Technical Workgroup 3:00pm-4:30	17	18 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	19	20
21	22 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	23 CMS Issuer Technical Workgroup 3:00pm-4:30	24	25 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	26	27
28	29	30 CMS Issuer Technical Workgroup 3:00pm-4:30	31			



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:

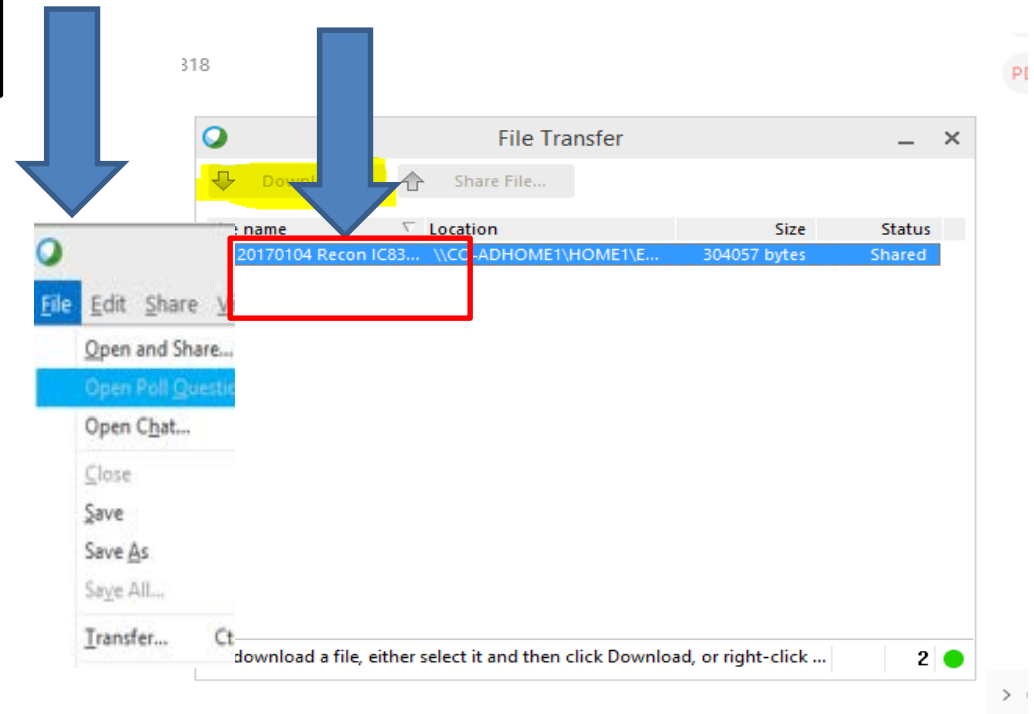
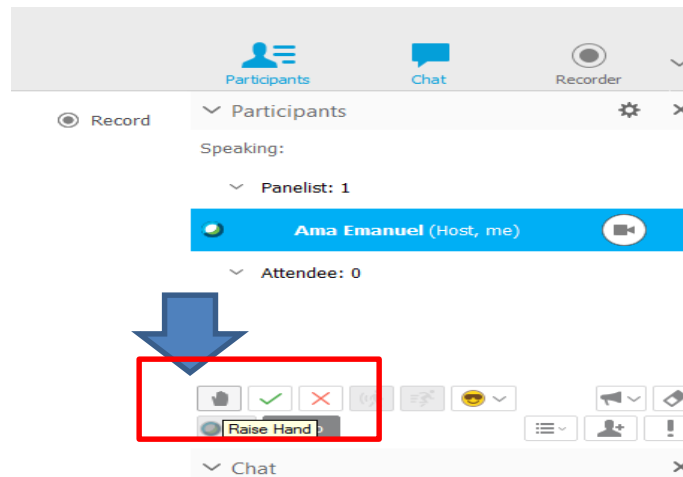
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line: "Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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. Please deselect by clicking on the hand again. This would apply whether you no longer have a verbal question or once our question is answered.

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)

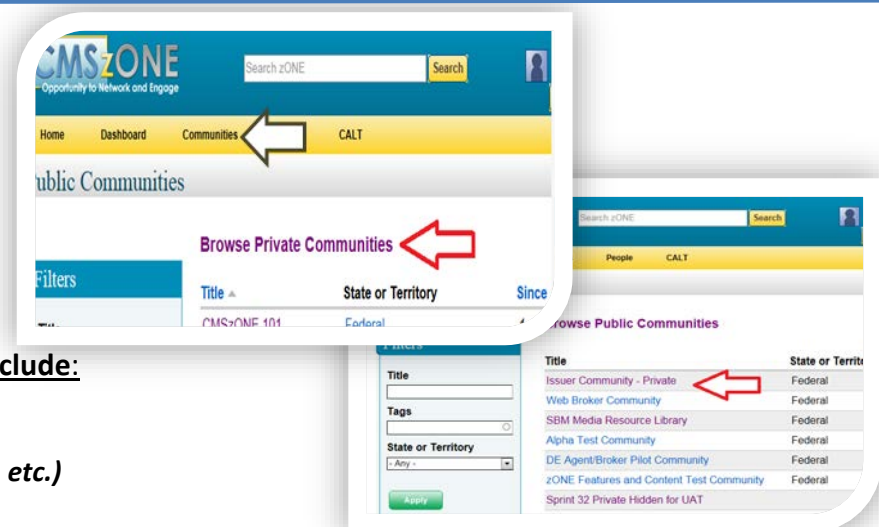
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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.)



New Series for the CMS Issuer Technical Workgroup Calls

The Tuesday Issuer Technical Workgroup will begin a new series on Tuesday, July 9, 2019 at 3:00 PM EST.

- Please register at the following Webinar URL:
<https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t3ec7b39ecc27f4deb5844dc361761068>
Once the host approves your registration, you will receive a confirmation email with instructions for joining the session.
- Please continue to use the Thursday Recon-IC834 Workgroup call registration that they have stored and receive e-mail updates from messenger@webex.com. For reference registration information is below:

Note: CMS will continue to keep call participants informed of any further changes of the Cisco Web-EX platform.

Housekeeping: IC834 Updates



July 9, 2019

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IC834 Processing Delayed July 3, 2019

- As was communicated through the CMS Issuer Communications daily email on July 3, there was an unexpected outage at the Federal Data Services HUB on that date which required all IC834 files from Issuers to be held, and therefore created a delay in processing.
- During the outage, Issuers would not have received TA1/999 functional acknowledgements, but were still permitted to submit IC834 files.
- On the late evening of July 3, the outage concluded, processing resumed as normal, and Issuers began receiving acknowledgements for files which had been held, as well as rejected BAAs where applicable.
- Following customary practice, if an Issuer received any negative TA1/999 or rejected BAAs, they should make corrections to the impacted transactions and resubmit through IC834 where possible.
 - As a reminder, as of June 28, the ISA13 (Interchange Control Number) is expected to be unique per transaction. For additional information, please refer to the "CMS Enrollment Reconciliation & IC834 Workgroup" presentation available on CMS zONE at the following link:
https://zone.cms.gov/system/files/documents/reconic834workgroup_20190620_final_v1.pdf

IC834 Deadline for Plan Year 2018 Policies

- The Inbound FFM Individual Market will stop accepting IC834 submissions for plan year 2018 policies on Tuesday, August 13, 2019 at 12:00AM EST
- Beginning August 13, 2019, if an Issuer submits an IC834 for a plan year 2018 policy, the transaction will be rejected for being outside of the allocated time period
 - Effectuations: E126
 - Cancellations: E127
 - Terminations: E128
 - Maintenance: E129
 - Reinstatements: E156
- Should an Issuer need to apply corrections for 2018 after the stated deadline, they may leverage the Enrollment Resolution and Reconciliation (ER&R) process (Automated Recon is not accepting submissions for 2018 policies)
- Please note this deadline does not impact IC834 transactions for plan year 2019 enrollments

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

July 9, 2019

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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 to Issuers on Thursday, July 11th
- **Plan Year 2016**
 - This month's 2016 FFM extract will be taken on Monday, July 15th at 6PM EDT
 - Incremental Pre-Audit (ISIPA6) Files based upon that extract are scheduled for distribution to Issuers on Friday, July 19th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

- This month's 2017 FFM extract will be taken on Monday, July 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA7) Files based upon that extract are scheduled for distribution to Issuers on Thursday, July 18th

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Monday, July 15th at 6PM EDT
- ***Incremental Pre-Audit (ISIPA8) Files*** based upon that extract are scheduled for distribution to Issuers on Wednesday, July 17th
 - The next Comprehensive 2018 Enrollment Pre-Audit File delivery is scheduled for September 2019

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract will be taken on Monday, July 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, July 17th
 - Impacted Issuers will also receive Date of Birth Cleanup (MISC9) Files on Wednesday July 17th
 - **Please Note:** This will be the final Date of Birth Cleanup File delivery as the DOB Cleanup Indicator will be populated on the full Pre-Audit File starting this month
- The RCNI9 submission deadline for July's Run 8 is **Thursday, July 18th at 3PM EDT**
 - **As a reminder, these files must be in the current v4.1 RCNI format**

Reminder: Pre-Audit v5.1 in July

- Changes to the Enrollment Pre-Audit File and all Incremental Pre-Audit Files to align with v5.1 will go into effect in the July 2019 cycle starting with the 2019 Pre-Audit File and 2018 Incremental Pre-Audit File to be delivered on Wednesday, July 17th
 - These changes were covered in detail on the May 2nd webinar; the presentation is available at:
<https://zone.cms.gov//document/enrollment-reconciliation-and-ic834-workgroup-call-content>
- Key changes to the Pre-Audit File include:
 - Addition of the DOB Cleanup Indicator
 - Addition of the New Policy ID Indicator
 - Addition of the Cancellation Reason Code
 - Addition of the Termination Reason Code
- The Enrollment Pre-Audit File Specification v5.1 is available on CMS zONE at:
 - <https://zone.cms.gov/document/enrollment-data-reconciliation>

Updated Recon Education Suite Published to zONE

- On Friday, June 28th, CMS published an updated version of the Enrollment Reconciliation Education Suite (version 5.0); the document is available on CMS zONE at:
 - <https://zone.cms.gov/document/enrollment-data-reconciliation>
- Updates in this version of the document include:
 - Information regarding Overlaps Indicator, DOB Cleanup Indicator, New Policy ID Indicator for the Pre-Audit File
 - Information regarding Footnotes on the RCNO File
 - New section on FFM Policies and Policy Segments
 - New section on Cancellation and Termination Reason Codes
 - General updates throughout document for formatting and consistency

ER&R

✓ *Topics*

- ✓ Reminder: Enrollment Dispute Form v12
- ✓ Reminder: AM Approval on Prior Year Disputes

✓ *Q&A*

July 9, 2019

Reminder: Enrollment Dispute Form v12

- ER&R will implement the new Enrollment Dispute Form v12 in September or October 2019.
 - ER&R will provide issuers with an exact implementation date as far in advance as possible.
 - A prototype of the Enrollment Dispute Form v12 is available for download on zONE at <https://zone.cms.gov/document/enrollment-data-reconciliation>.
 - Issuers may also contact the ER&R Support Center at **1 (855) 591-7113** or ERRSupportCenter@Cognosante.com to obtain the file.
- **NOTE:** ER&R updated the version of the form that was available on the 06/13/2019 Recon call. Issuers who downloaded the form from the 06/13/2019 call should replace it with the improved version available today.
- Review the Recon slide deck from 06/20/2019 for additional details, available on zONE at <https://zone.cms.gov/document/enrollment-reconciliation-and-ic834-workgroup-call-content>

NOTE: The prototype of the Enrollment Dispute Form v12 is for testing and review purposes only. ER&R will return any disputes submitted using this form.

Reminder: AM Approval on Prior Year Disputes

Issuers must get approval from their Account Manager (AM) before submitting prior year Enrollment or Payment Disputes to ER&R.

- Approval is not required for HICS Direct Disputes or prior year disputes that contain supporting HICS cases.
- Prior year disputes that are not approved and do not have a supporting HICS case will be returned to the issuer.
- Through September, disputes for 2016 policies do not need approval due to the off-cycle Reconciliation process.
- Issuers must email a completed Issuer Prior Year Approval Request Form to their AM. The form can be found on zONE at <https://zone.cms.gov/system/files/documents/issuerprioryearapprovalrequest.xlsx>.
- Upon receiving a confirmation email from ER&R, issuers should follow their existing procedures to submit the approved prior year disputes.
- For more information please consult the Prior Year Dispute Approval Master Guidance on zONE at <https://zone.cms.gov/system/files/documents/prioryeardisputeapprovalmasterguidance.pptx>.

Eligibility Team Updates



Tuesday, July 9, 2019

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Eligibility Team Updates



Tuesday, July 9, 2019

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Updated Eligibility Documents on zONE

- CMS recently released several updated eligibility documents on [zONE](#):
 - An updated UI Question Companion Guide is now available; all updates are in **green** font
 - A new clean version of the UI Question Companion Guide was published
 - An updated Application Services Companion Guide is now available for SES Release 13.0
 - An updated CMS-Initiated Change Request Tracker is now available with three new required changes
 - An updated FFE Eligibility API Integration Manual (previously called FFE UI Application Services for Eligibility: General and Technical FAQs)

UI Question Companion Guide Updates

- The following are examples of updates to the UI Questions tab:
 - Phase 3: Updated the Household Composition section to align with App3.0 developments including living situations and non-filer questions
 - Phase 3: Updated Parent Caretaker Relative and Full-time Student questions to align with App3.0 developments
 - All Phases: Clarified the role of FIPS codes for address validations and the requirement for Partners to validate addresses with a third-party service (Items 5 and 8)
 - All Phases: Incorporated the previously socialized optional new Medicaid Denial indicators (Items 138-143)
 - All Phases: Clarified the same indicators may be set for both prelim-APTC and prelim-Medicaid/CHIP applicants when collecting current coverage— which helps in case program eligibility changes (Items 191 and 192)
- The Phase 1 and Phase 2 Screening Questions tabs now include a new column that outlines the help text that was previously linked to various sources
- Further guidance to the previously released CMS-initiated Change Request #22 can be found in the Eligibility Results tab
- Please note all updates are not listed in the PowerPoint slides and partners are encouraged to refer to the updated UI Question Companion Guide to view all changes

CMS-Initiated Change Request Tracker:

All Phases

- The following language change to the Marketplace Termination attestation must be implemented by 11/1/19:
 - “If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who’s found to have other qualifying coverage won’t stay enrolled in Marketplace coverage and have to pay full cost.”
- The following change to the display of questions in the case of backwards navigation must be implemented by 9/30/19:
 - It is required that all questions that a consumer answers can be revised by a consumer prior to application submission
 - The conditional display logic in the Backend Responses for UI tab was updated to trigger questions based on UI logic for questions that were previously triggered based on backend reason codes to ensure the questions still show up when backwards navigating and on CiCs

CMS-Initiated Change Request Tracker:

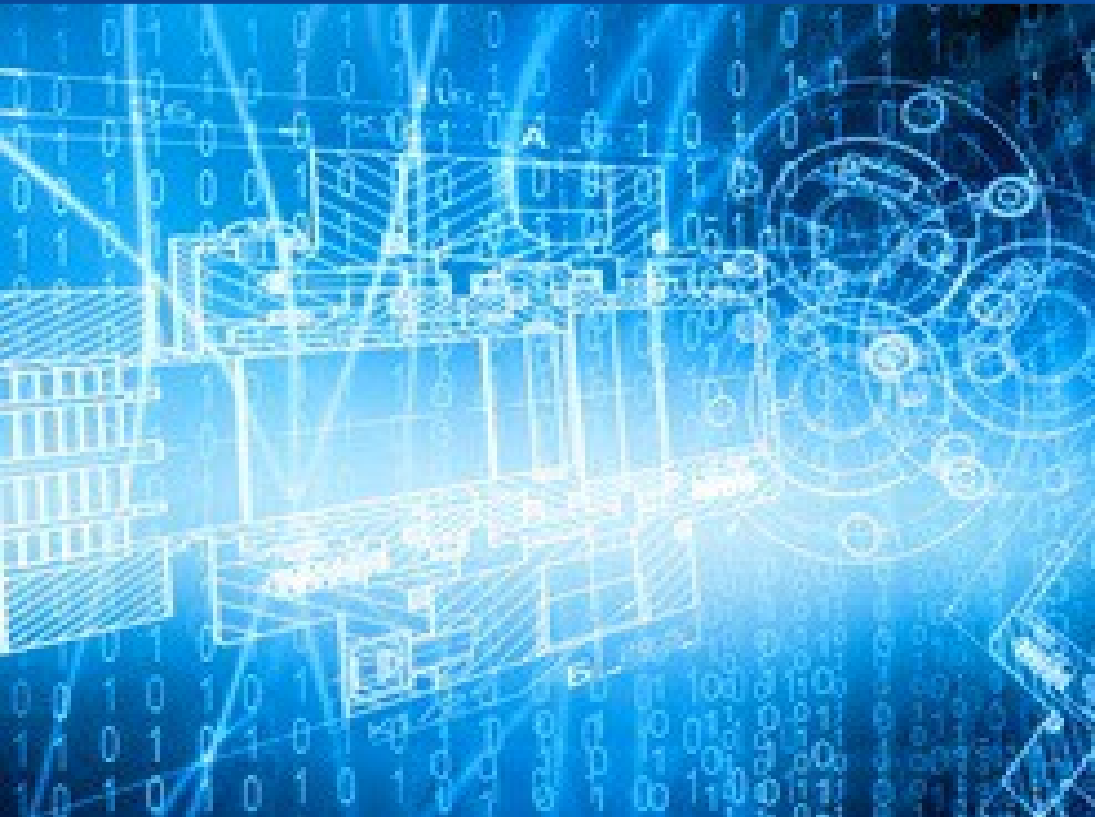
Phase 3

- The following change to the address collection flow must be implemented by 9/30/19 (Phase 3):
 - It is required to appropriately set the resideTogetherIndicator within each family relationship between applicants and non-applicants
 - It is recommended to ask all non-applicants whether they live at the same address as the household contact and collect their home address
- Please refer to the CMS-Initiated Change Request tracker to view the full scope of the required changes

FFE Eligibility API Manual Updates

- The following are examples of updates to the FFE Eligibility API Manual:
 - Updated Remove Member API Services inputs and guidance for modifying fields when removing a member
 - Updated the requirements for collecting legal relationships between QHP-eligible applicants
 - Provided additional guidance on setting the Head of Household indicator
 - Provided additional guidance on identifying non-relevant non-applicants
 - Included guidance on the new optional veteran status indicators
 - Included guidance related to Change Request #24 on collecting non-applicant address to set the resideTogetherIndicator
 - Included guidance on providing tribal income
- Please note all updates are not listed in the PowerPoint slides and partners are encouraged to refer to the updated FFE Eligibility API Manual to view all changes

Upcoming UAT0 Outages



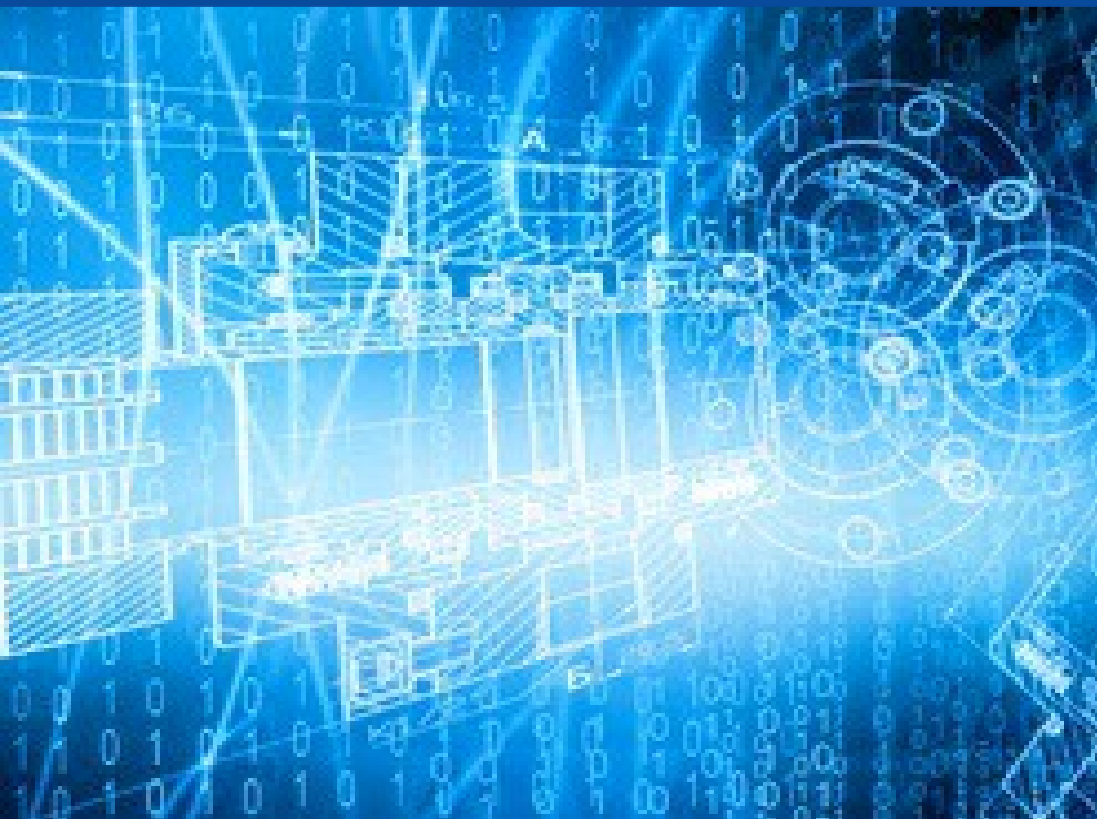
*Center for Consumer
Information and Insurance
Oversight (CCIIO)*

July 9, 2019

Issuers and DE/EDE Partners: Upcoming UAT0 Outages

- Partners, as a reminder, UAT0 is generally available for testing 24/7, with the exception of our scheduled Friday morning deployment window
 - Most Fridays, we'll have a scheduled deployment from 7:30 AM - noon ET
 - We do our best to limit unexpected/unscheduled deployments outside of the Friday morning window, however there will be times when we need to deploy outside of this window
- Please be aware of the following UAT0 outages that will occur outside of the Friday morning window:
 - A deployment will occur on Thursday, 7/11, starting at 9:00 PM ET
 - We expect UAT0 to be available for testing by noon ET on 7/12, however additional information will be provided in our daily blast message on Friday
 - » As a reminder, if you are not already registered for our daily blast messaging, and you'd like to register, you can send an email to CMS_Issuer_Communications@cms.hhs.gov with the subject line "Add POC to Distribution List"
 - Partners should also be aware that we have monthly patching in UAT0
 - Patching begins at 9:00 PM ET, and is generally completed prior to normal business hours the next day
 - Below are the dates that patching is expected to take place for the remainder of the year:
 - » 7/24
 - » 8/28
 - » 9/25
 - » 10/16
 - » 12/23

Direct Enrollment (DE) Updates: Enrollment Team



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July 9, 2019

Reminder for Classic DE Partners: New Unique Partner ID Requirement

- Please be advised that CMS will now be requiring each Classic DE (aka double-redirect) Partner to have their own unique Partner ID
 - While many Classic DE Partners already have unique Partner IDs, there are also many Partner IDs that are currently shared between Classic DE Partners
 - For example, we know that in some instances DE Partner X is providing a Classic DE platform for DE Partner Y and DE Partner Z, and DE Partner X is using their single Partner ID for all of the transactions coming from DE Partner X, Y, and Z
 - » Historically, we have allowed DE Partners to share Partner IDs like this, however we will no longer allow this for the following reasons:
 1. We want each Classic DE Partner to have their own unique Partner ID so that we can better understand where each Classic DE transaction is coming from
 - This allows us to have better reporting and tracking, and also allows us to more easily identify if a problem is occurring via a specific DE Partner
 2. If for some reason we need to suspend a Classic DE Partner, we want to be able to suspend only a specific DE Partner
 - If Classic DE Partners share a Partner ID, when we turn off the Partner ID due to a suspension, it impacts every DE Partner that uses the same Partner ID
- As part of this requirement, Classic DE Partners will need to ensure that only the Partner ID associated with a transaction is used when submitting transactions to the FFM
 - For example, if DE Partner X is providing a Classic DE platform for DE Partner Y, any transactions that originate from DE Partner Y will need to include DE Partner Y's Partner ID, even if DE Partner X is submitting the transactions on behalf of DE Partner Y

Reminder for Classic DE Partners: New Unique Partner ID Requirement

- For those Classic DE Partners sharing a DE Partner ID, note that a new Hub Onboarding Form will need to be completed and sent to dsh.support@qssinc.com
 - If a Classic DE Partner is providing a platform for other DE Partners, the entity providing the platform can complete the form on behalf of the entities they are providing the platform for
 - » The Hub Onboarding Form allows for both primary and upstream entities
 - Primary entities that have upstream entities will receive unique Partner IDs for their upstream entities after submitting an updated Hub Onboarding Form
 - Issuers must list all HIOS IDs within their organization that will use the Partner ID
 - » Issuers can opt to have a single Partner ID for all of their HIOS IDs, or can opt to have an individual Partner ID for one or more of their HIOS IDs
 - The Hub Onboarding Form can be found on zONE at <https://zone.cms.gov/document/hub-onboarding-form>
- If you are unsure whether your organization needs a unique Partner ID, please send any questions to DirectEnrollment@cms.hhs.gov
- Classic DE Partners currently sharing a Partner ID will need to ensure they receive a unique Partner ID **by 8/23/2019**

Classic DE and EDE Partners: Upcoming Fetch Eligibility and Submit Enrollment Schema Changes

- Classic DE and EDE Partners, please be advised that “Category” has been misspelled in “InsurancePlanVariant**Category**NumericCode” in the Fetch Eligibility Response for some time
 - The relevant path is: InsuranceApplication/ InsuranceApplicant/ ProgramEligibilitySnapshot/ CSREligibility/ InsurancePlanVariantCategoryNumericCode
 - Please note that we will be correcting the spelling (i.e. adding the missing “r”) in an upcoming deployment
 - The spelling correction will occur in UAT0 on 8/16, and then in Prod on 9/15
 - DE and EDE Partners using Fetch Eligibility will also need to make the spelling correction at the same time
- Classic DE and EDE Partners, please also be advised that we will be completely removing EnrollmentPeriodCode from both the Fetch Eligibility and Submit Enrollment schemas
 - The relevant paths are:
 - Fetch Eligibility Response: InsurancePolicy/ InsuranceMember/ EnrollmentPeriodCode
 - Submit Enrollment Request: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode
 - Submit Enrollment Response: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode
 - Note that we are removing EnrollmentPeriodCode from both the Fetch Eligibility and Submit Enrollment schemas for the following reasons:
 - The EnrollmentPeriodCode provided by DE/EDE Partners is not used in any way by the FFM
 - No value is currently provided for EnrollmentPeriodCode in the Fetch Eligibility Response
 - The current values for EnrollmentPeriodCode do not account for all potential scenarios (i.e. there is no value for non-SEP CICs), and therefore DE/EDE Partners may be confused as to which value to provide in the Submit Enrollment Request
 - This change will occur in UAT0 on 8/16, and then in Prod on 9/15
 - DE/EDE Partners will also need to remove EnrollmentPeriodCode from their schemas at the same time
 - » If DE/EDE Partners are using EnrollmentPeriodCode for anything outside of Fetch Eligibility or Submit Enrollment, DE/EDE Partners may need to make additional updates to account for this change

Classic DE and EDE Partners: Updated DE API Specs Available on zONE

- Classic DE and EDE Partners, please note that an updated version of the DE API Specs for the Fetch Eligibility and Submit Enrollment APIs is now available on zONE
 - The updated DE API Specs can be found at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - The following updates were made:
 - Language in Appendix D was updated to reflect “Plan Category Limitations” instead of “Metal Level Plan Restrictions”, based on the current branding of this functionality
 - Three data elements that were missing from the Fetch Eligibility and Submit Enrollment schema tables were added:
 - » Fetch Eligibility Request: ReferencedPerson/ PersonName/ PersonNameSuffixText
 - » Submit Enrollment Response: PolicyCreationActivity/ AffectedInsurancePremium/ InsurancePremiumAppliedAPTCAmount
 - » Submit Enrollment Response: PolicyActivityMetadata/ CorrectedInsurancePremium/ InsurancePremiumElectedAPTCAmount
 - » **Note:** These data elements were just missing from the tables, and there is no actual schema change taking place
 - As per the upcoming changes in the previous slide, the Fetch Eligibility and Submit Enrollment schema tables were updated as follows:
 - » Fetch Eligibility Response: We added the missing “r” in “Category” in InsuranceApplication/ InsuranceApplicant/ ProgramEligibilitySnapshot/ CSREligibility/ InsurancePlanVariant**Category**NumericCode
 - » Fetch Eligibility Response: We removed InsurancePolicy/ InsuranceMember/ EnrollmentPeriodCode
 - » Submit Enrollment Request: We removed: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode
 - » Submit Enrollment Response: We removed: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/EnrollmentPeriodCode

Classic DE and EDE Partners: Fetch Eligibility AllowedPlanMetalLevelType Defect

- Classic DE and EDE Partners, please be advised that we've identified a Fetch Eligibility defect, where the AllowedPlanMetalLevelType is not being returned when a Fetch Eligibility Request is made on the last day of a consumer's SEP eligibility window
 - We don't expect this scenario to occur on a frequent basis, however Classic DE and EDE Partners should be aware that they may encounter systematic issues related to this defect
 - We have not yet prioritized a fix for this defect, however we'll provide an update on when we expect to deploy a fix, as soon as an update is available

EDE Partners: Upcoming SES Changes

- EDE Partners, please be advised that we will be making a few SES changes in an upcoming release as described on this slide and the next three slides
 - These changes will be deployed to UAT0 on 7/26, and to production on 9/14
 - We will be making the following validation changes, and EDE Partners will also need to make corresponding changes:

Service	Breaking Change	Change Type	Request Or Response	Field Name	Field Path	Comments
Update App, Add Member	Yes	Validation	Request	countyName	attestation.members.insuranceCoverage.employerSponsoredCoverageOffers.escOffer.employer.countyName	Send error when (errorCode = invalid_field_format): 1. countyName <> null AND 2. countyName <> letters OR dashes OR apostrophes OR spaces OR periods OR numbers
Update App, Add Member	Yes	Validation	Request	precedingCountyName	attestation.members.other.changeInCircumstance.RELOCATION.precedingCountyName	Send error when (errorCode = invalid_field_format): 1. precedingCountyName <> null AND 2. precedingCountyName <> letters OR dashes OR apostrophes OR spaces OR periods OR numbers
Update App, Add Member	Yes	Validation	Request	lcsopName	attestation.members.insuranceCoverage.employerSponsoredCoverageOffers.escOffer.lcsopName	Must conform to the following allowed characters criteria: 1. # Alphanumeric: a-z A-Z 0-9 2. Special Characters: _ . @ - ! " # \$ % & ' () * + / = ? ^ ` { } ~ : ; , [] 3. White space 4. Diacritics 5. No combination of two dots and forward slash ../

EDE Partners: Upcoming SES Changes Continued

- We will also be making the following validation changes, and EDE Partners will need to make corresponding changes:

Service	Breaking Change	Change Type	Request Or Response	Field Name	Field Path	Comments
Update App, Add Member	Yes	Validation	Request	insurancePlanName	attestation.members.insuranceCoverage.enrolledCoverages.insurancePlanName	Must conform to the following allowed characters criteria: 1. # Alphanumeric: a-z A-Z 0-9 2. Special Characters: _ . @ - ! " # \$ % & ' () * + / = ? ^ ` { } ~ : ; , [] 3. White space 4. Diacritics 5. No combination of two dots and forward slash ../
Update App, Add Member	Yes	Validation	Request	federallyRecognizedTribeName	attestation.members.other.americanIndianAlaskanNative.federallyRecognizedTribeName	Must conform to the following allowed characters criteria: # Alphanumeric: 1. # Alphanumeric: a-z A-Z 0-9 2. Special Characters: _ . @ - ! " # \$ % & ' () * + / \ = ? ^ ` { } ~ : ; , [] 3. White space 4. Diacritics 5. No combination of two dots and forward slash ../

EDE Partners: Upcoming SES Changes Continued

- We will also be making the following change:
 - We will be updating our Submit App validation related to familyRelationships, to ensure that familyRelationships are defined between all QHP eligible members on the application
 - » Note, there should be no change required for EDE Partners, as long as EDE Partners are appropriately defining the familyRelationships between QHP eligible members as described in the current guidance in the UI Question Companion Guide
 - » The validation will be updated so that **condition #4** validates that familyRelationships are defined between "Member A" and all QHP eligible members on the application:
 - Send error when for Member A:
 - Member A has a requestingCoverageIndicator = True
 - Member A has a qhpStatus = YES
 - Member A is the subscriber:
 - All members age < 21 AND no familyRelationships of 'SPOUSE' or 'PARENT' exist on the application OR
 - Member A is the application contact (Member A's memberID = contactMemberIdentifier) OR
 - Application contact <> qhpStatus = Y AND member exist > 1 AND Member A age > all other members on the application
 - **familyRelationship = null between Member A and any other member with qhpStatus = YES**

EDE Partners: Upcoming SES Changes Continued

- We will also be making the following changes:
 - We will be adding a new status reason of “714_N_A_QHP_STOPPED_BY_OFFLINE_PROCESS” to the SES APIs (Submit App, Get App, Update App, Add Member)
 - » Path: computed.members.[member ID]
 - ssnStatusReason
 - citizenshipStatusReason
 - qhpLawfulPresenceStatusReason
 - annualIncomeStatusReason
 - escMecStatusReason
 - nonEscMecStatusReason
 - indianStatusReason
 - incarcerationStatusReason
 - » **Note:** This change should have no impact on EDE Partners
 - We will be adding a new status and status reason for the eligibleSEP object to the SES APIs (Get App, Submit App)
 - » Changes are as follows:
 - computed.members.[MEMBER-ID]. eligibleSEP.statusReason = ‘649_ESW_EXPIRED_SVI’
 - computed.members.[MEMBER-ID]. eligibleSEP.status = ‘NO’
 - » **Note:** These changes should have no impact on EDE Partners

EDE Partners: User-Friendly UI Display

- EDE Partners, we've identified a number of instances where EDE Partners are displaying API responses directly to end-users (i.e. consumers or agents/brokers) in their UIs
- Please note, EDE Partners should generally not be displaying API responses directly to end-users, unless otherwise directed to do so
 - Instead, EDE Partners should be displaying any required language that CMS has provided in their UIs, and if no required language has been provided for a specific scenario, EDE Partners should be displaying recommended language provided by CMS or alternatively some other user-friendly language
 - For example, when using the Get Enrollment API to retrieve policy information for a consumer, EDE Partners should not be displaying a status for a policy as "ACTIVE_OR_TERMINATED" based on the insurancePolicyStatusType
 - » Instead, for example, if the consumer has an active policy (based on an insurancePolicyStatusType of "ACTIVE_OR_TERMINATED" and an insurancePolicyEndDate that is in the future), the EDE Partner could display an active policy with start and end dates for the policy, members that are covered on the policy, plan the members are enrolled in, individual responsibility amount for the policy, etc.

Q&A



CMS Issuer Technical Workgroup Call Appendix

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

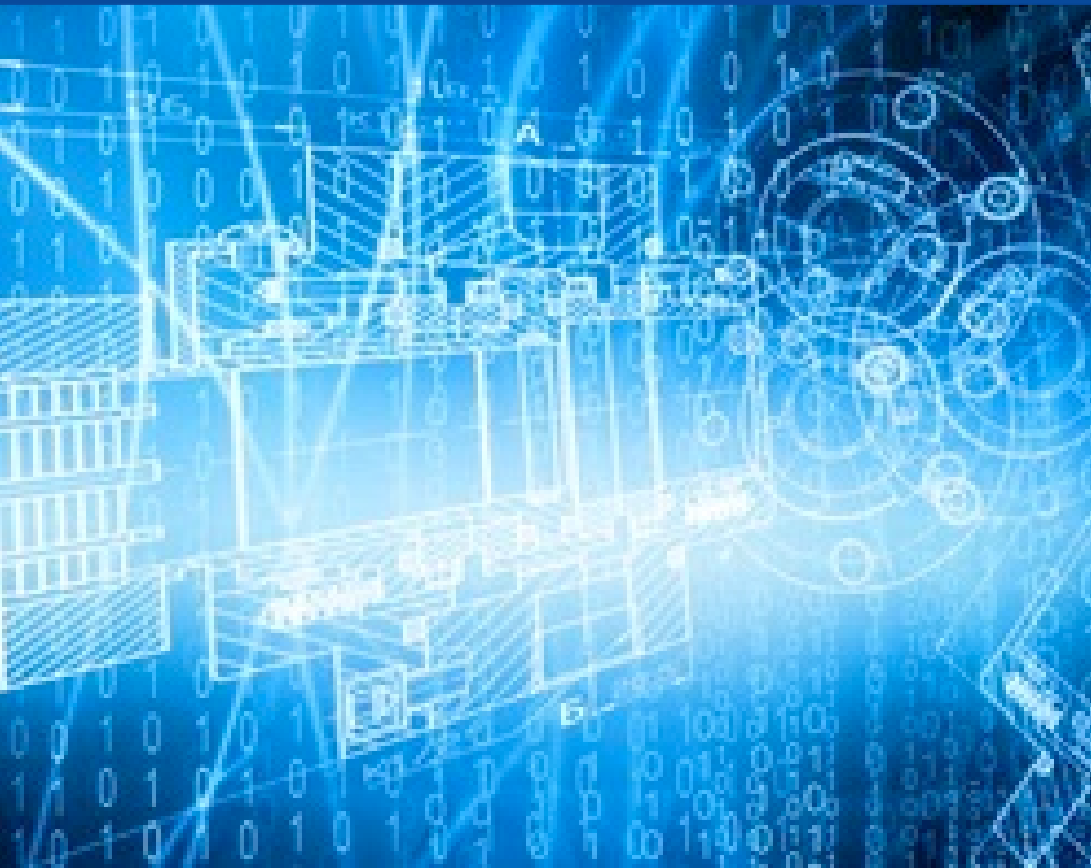
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

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

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- **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>

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