

CMS Issuer Technical Work Group

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August 13, 2019

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

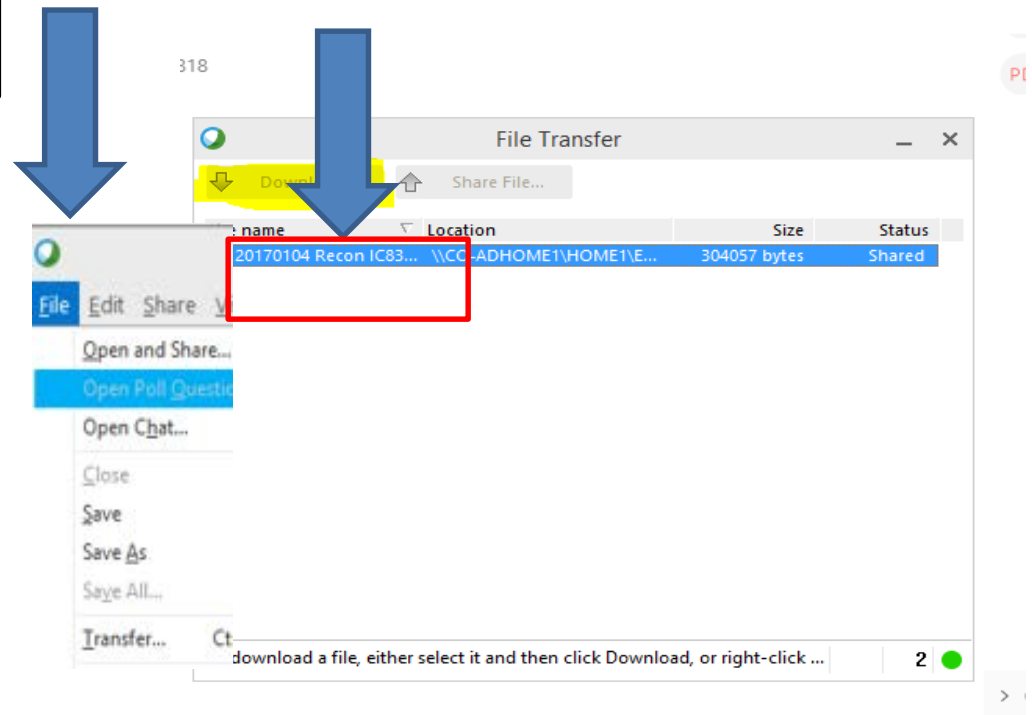
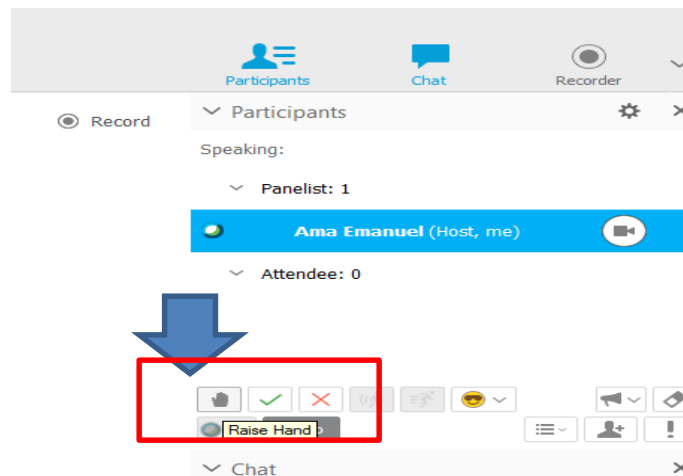
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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.



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)

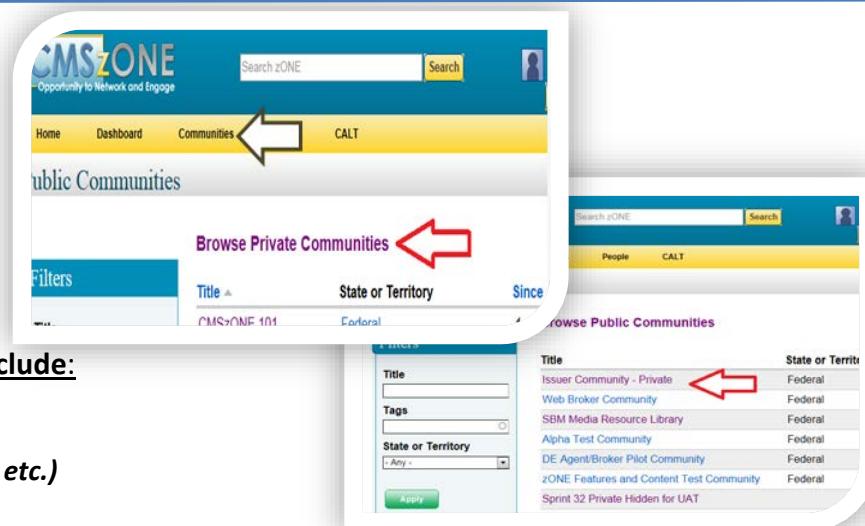
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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.)



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

New Series for the CMS Issuer Technical Workgroup Call (Series III)

The Tuesday Issuer Technical Workgroup started a new series on today Tuesday, August 6, 2019 at 3:00 PM EST.-

If you have not already; please register here <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t1ee33e596961101e4a00ce2fdd928fce> one time for the entire Tuesday Issuer Technical Workgroup Call Series III (through February 26, 2020).

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.

Enrollment Operations Updates

August 13, 2019

CCIO Issuer Technical Workgroup

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Death Periodic Data Matching (PDM)

- CMS is finalizing a Death Periodic Data Matching (PDM) process to regularly check Social Security Administration's death master file to determine if enrollees of Federally Facilitated Exchange Qualified Health Plans (QHP) in single member applications are deceased.

Why Death PDM is important:

- Comply with regulation at 45 CFR 155.330(d)(1)(i), and align with other PDM processes (e.g., Medicare and Medicaid/CHIP PDM), and address an open recommendation from the Government Accountability Office (GAO) that CMS conduct checks for deceased enrollees
- Respond to Issuer concerns regarding continued enrollment of deceased consumers
- Improve program efficiency by systematically automating the verification of Federally-facilitated Exchange (FFE) enrollees who have become deceased
- Improve program integrity by ensuring advanced payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) are not inappropriately paid to ineligible consumers and reducing the number of deceased consumers continuing to stay enrolled

New Outbound 834 (FFE to Issuer) AMRCs Used Exclusively for Death PDM

- If a current enrollee has been verified to be deceased through the Death PDM process, and has not responded to noticing sent by CMS, the following code combinations will be sent on an Outbound 834 to the Issuer to identify the policy as ***Terminated*** or ***Cancelled*** by the FFM.

IF Maintenance Type Code (INS03)	AND Maintenance Reason Code (INS04)	AND Additional Maintenance Reason Code (2750 Loop)	THEN Transaction Type (derived by FFE)
024	03	TERM-PDM or CANCEL-PDM	TERMINATED or CANCELLED

- Term and Cancel dates on 834s for Death PDM
 - Termination: in cases where a member had an active span of coverage, the term date=date of member's death
 - Cancellation: in cases where a member's coverage was never effectuated (policy still in initial status), the cancel date=policy effective date
- CMS anticipates that Issuers will begin to receive 834 term/cancel transactions resulting from Death PDM in October 2019.

Additional Resources for Death PDM

- Comprehensive Slide Deck on Death Periodic Data Matching: https://www.regtap.info/uploads/library/ENR_DeathPDM_072219_5CR_072319.pdf
- Help page for consumers/estates receiving Death PDM warning notices: <https://www.healthcare.gov/help/estate>
- HealthCare.gov instructions on ending Exchange coverage: <https://www.healthcare.gov/reporting-changes/cancel-plan/>
- Sample Death PDM notices: <https://marketplace.cms.gov/applications-and-forms/notices.html>

IC834 Cancellations for Fraud (Issuer to FFE)

- Currently, the FFE only accepts one Inbound 834 AMRC for policies which the Issuer has cancelled for reasons of fraud.

IF Maintenance Type Code (INS03)	AND Maintenance Reason Code (INS04)	AND Additional Maintenance Reason Code (2750 Loop)	THEN Transaction Type (derived by FFE)
024	07	CANCEL-FRD	CANCELLED

- The use of one AMRC for two separate scenarios of fraud (1. The enrollee was not an acting party to the fraud, and 2. The enrollee was complicit in creating the fraudulent enrollment) creates ambiguity when gathering metrics, quantifying data, and ultimately attempting to distinguish between the two types of fraud.

New IC834 Cancel AMRC for Approved Rescissions (Issuer to FFE)

- Issuers of individual health insurance coverage, including Qualified Health Plans (QHPs) offered through an Exchange, may only rescind such coverage when the individual (or a person seeking coverage on behalf of the individual) performs an act, practice, or omission that constitutes fraud, or makes an intentional misrepresentation of a material fact, as prohibited by the terms of the plan or coverage.
- Elements:
 - ❖ Falsity of Information – the issuer must demonstrate that the enrollee or person acting on their behalf provided false information to obtain FFE coverage.
 - ❖ Intent – the issuer must establish that the misrepresentation was intentional.
 - ❖ ***Please see the following REGTAP link for more information on Issuer Rescissions:***
https://www.regtap.info/uploads/library/ENR_RescissionRefresher_5CR_092418.pdf

New AMRC for Approved Rescissions Accepted by FFE Beginning 9/13/19

IF Maintenance Type Code (INS03)	AND Maintenance Reason Code (INS04)	AND Additional Maintenance Reason Code (2750 Loop)	THEN Transaction Type (derived by FFE)
024	07	CANCEL-RESCIND	CANCELLED

- The AMRC of CANCEL-FRD should still be used by Issuers for fraud cancellations where the enrollee was not an acting or knowledgeable party to the fraud.

FFE to Begin Rejecting TERM-FRD Transactions

- Beginning September 13, 2019, the FFE will begin rejecting IC834 transactions that use an AMRC of TERM-FRD
- If Issuers send an IC834 termination using an AMRC of TERM-FRD, they will receive an **E100** (Error in AMRC) rejection
- Issuers should be cancelling fraudulent policies using AMRCs of CANCEL-FRD or CANCEL-RESCIND depending on the scenario and guidance provided by CMS
- CMS encourages Issuers to not decommission the TERM-FRD AMRC in their systems as CMS policy could change in the future which may permit this AMRC to be used

New Error Code for Inbound Maintenance (IC834 Maintenance) Transactions

- The FFM currently accepts Issuer initiated maintenance transactions through IC834 to update the following values:
 - Issuer Assigned Policy ID
 - Issuer Assigned Subscriber ID
 - Issuer Assigned Member ID
- One required element of an IC834 Maintenance transaction is the Eligibility Begin Date (DTP*356)
- In an attempt to communicate clearer reasons for negative BAAs to Issuers, beginning September 13, 2019, CMS will implement a new error code of **E162 (Eligibility Begin Date)** by pairing it with existing error codes
- If Issuers omit the Eligibility Begin Date in an IC834 Maintenance transaction, they will receive errors of **E146 (Maintenance Transaction), E162 (Eligibility Begin Date), E032 (Situational Required Element is Missing)**
- If Issuers use an incorrect Eligibility Begin Date (i.e. not matching FFE coverage start date), they will receive errors of **E146 (Maintenance Transaction), E162 (Eligibility Begin Date), E046 (Not Matching)**

IC834 – PY2018 Deadline

- The Inbound FFE Individual Market has stopped accepting IC834 submissions for 2018 policies
- Effective August 13, 2019, Issuers will receive rejected BAAs for “Year Out of Range” in response to IC834 transactions submitted for 2018 policies. For reference, these are the error codes Issuers will receive for submitting transactions outside of the acceptable year range:
 - Effectuations: E126
 - Cancellations: E127
 - Terminations: E128
 - Maintenance: E129
 - Reinstatements: E156
- Should an Issuer need to apply updates for 2018 policies, they may leverage the Enrollment Resolution and Reconciliation (ER&R) process
- Please note this deadline does not impact IC834 transactions for 2019 policies

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

August 13, 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 are scheduled for distribution to Issuers on Wednesday, August 21st
- **Plan Year 2016**
 - This month's 2016 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD16) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, August 21st
 - The RCNI16 submission deadline for the next 2016 off-cycle Reconciliation process is **Wednesday, September 4th at 3PM EDT**
 - As a reminder, these files must be submitted in the new v5.11 format

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

- This month's 2017 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD17) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, August 20th

- **Plan Year 2018**

- This month's 2018 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA8) Files based upon that extract are scheduled for distribution to Issuers on Monday, August 19th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract is scheduled for Thursday, August 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Monday, August 19th
- The RCNI9 submission deadline for August's Run 9 is **Thursday, August 22nd at 3PM EDT**
 - As a reminder, these files must be submitted in the new v5.11 format
 - **Please note:** Only two reconciliation cycles (Runs 9 & 10) remain prior to Batch Auto-Renewal for PY2020

Issuer Enrollment Ops Training for 2020

- CMS has scheduled a series of training sessions targeted at Issuers new to the Marketplace for Plan Year 2020, any new Issuer personnel working with enrollment data, and any Issuer personnel interested in a refresher on the fundamentals of aligning enrollment data with the FFM
- This series will kick off on Wednesday, September 18th at Noon EDT and will continue each Wednesday for five weeks
 - Topics to be covered include Inbound 834 (IC834), Enrollment Pre-Audit and Reconciliation, Enrollment Disputes, Unmatched Issuer Records (UIRs), and the Enrollment Alignment Performance Summary (EAPS) Reports
- The September 18th session will cover:
 - Data Alignment 101
 - Introduction to IC834
- Registration will not be required for this series; webinar details will be shared in advance of the first session

ER&R

✓ *Topics*

- ✓ Avoiding RU30 Disposition Codes
- ✓ zONE Publications

✓ *Q&A*

August 13, 2019

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Avoiding Disposition Code RU30

- Disputes received an RU30 disposition code if the overall record flag is R for the disputed record.
- An overall record flag of R is similar to an I record in that it indicates that the issuer record has no matching FFM record. However, in the case of an R record, there is a matched record containing issuer and FFM information for that same consumer, HIOS, and line of business.
- If an Issuer wishes to dispute the matched record, they should make sure to use the FFM Internal Inventory Number for the record containing both issuer and FFM data instead of the record with an overall record flag of R.
- **Verbiage Returned to Issuer:** *ER&R is unable to process your dispute. The record being disputed has an overall record flag of R, which represents an extra issuer record for the consumer. Please review the RCNO file and ensure the coverage period/amount is appropriately reflected in a matched record. If it is not, dispute the appropriate matched record where the FFM and Issuer values are present. When sending the new dispute to ER&R, please supply the FFM Internal Inventory Number associated to this record for the dispute to be resolved.*

Avoiding Disposition Code RU30 (Cont.)

- If an issuer submits multiple records for the same member and one (or more) is matched, any others will become Leftover Unmatched Issuer Enrollments or R records.
- If a record is assigned an R flag, other records within that enrollment group will typically be assigned and overall record flag of E or P.

ISSUER_PRN N_1ST_NAME	ISSUER_PRN N_LAST_NAME	FFM_PLAN_ PLCY_ID	ISSUER_PLA N_PLCY_ID	FFM_PLAN_ BNFT_STRT_DT	ISSUER_PLA N_BNFT_STRT_DT	FFM_PLAN_ BNFT_END_DT	ISSUER_PLA N_BNFT_END_DT	FFM_PLCY_ APTC_AMT	ISSUER_PLA Y_APTC_AMT	FFM_PLCY_ TOT_PRM_AMT	ISSUER_PLA Y_TOT_PRM_AMT	FTI_ISSUER_ OVERALL_RECORD_FLAG
Miles	Morales	12345678	12345678	1/1/2019	1/1/2019	6/30/2019	6/30/2019	\$650	\$650	\$795	\$795	P
Miles	Morales		12345678		7/1/2019		12/31/2019		\$650		\$795	R

- In this example, if the issuer intends to reinstate coverage – extending the end date from 6/30/2019 to 12/31/2019 – that should be done by changing the end date on the single matched record to 12/31/2019 rather than adding a new record for the reinstated period of coverage

Avoiding Disposition Code RU30 (Cont.)

- Issuers should review all RCNO records related to any member with an R record and ensure that:
 - The records on the next RCNI submission include the same number of coverage spans reflected in FFM data.
 - That no duplicate records are reported on their next RCNI submission.
- Some R flags will be caused by timing issues when an issuer makes a change as the result of an 834 or HICS case before the change is made within the FFM database.
 - If the change is part of a HICS case that is updating financial records or for an Enrollment Blocker, issuers should send the HICS case to ER&R as a HICS Direct Dispute.
 - If the change was made due to receipt of an 834 transaction following the FFM extract for the month, issuers should monitor the subsequent RCNO file to ensure proper alignment in subsequent cycles.

zONE Publications

- ER&R released the following updated document:
 - The ***Combined Enrollment and Payment TRG v8.0*** contains additional details regarding AM approvals on prior year disputes and the AM Prior Year Approval Master Guidance.
- Access the updated documentation on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) Reminders and Announcements: Compliance Team



Tuesday, August 13, 2019

Clarification of Requirements for Approval of Upstream EDE Entities

- Primary EDE entities must submit an ISA Appendix B for all upstream entity relationships with issuers and web-brokers
 - Must be submitted prior to approval of any upstream entities
 - Must be submitted even if an arrangement is believed to be a white-label (i.e., does not include additional functionality or systems)
 - Needed for CMS to confirm applicable requirements
- CMS will not be able to confirm for prospective upstream entities which requirements apply to a particular arrangement without having received an ISA Appendix B submission from the primary entity that will serve as the upstream entity's EDE platform provider
 - Primary entity must complete the entire Appendix B, including the data flow diagram
 - CMS may have follow-up questions about particular arrangements, so we encourage submissions well in advance of desired approval date
- Appendix B submissions should not typically need to describe white-label arrangements with non-web-broker agents/brokers ***unless an arrangement involves the use of additional functionality or systems and therefore may not be a white-label arrangement***

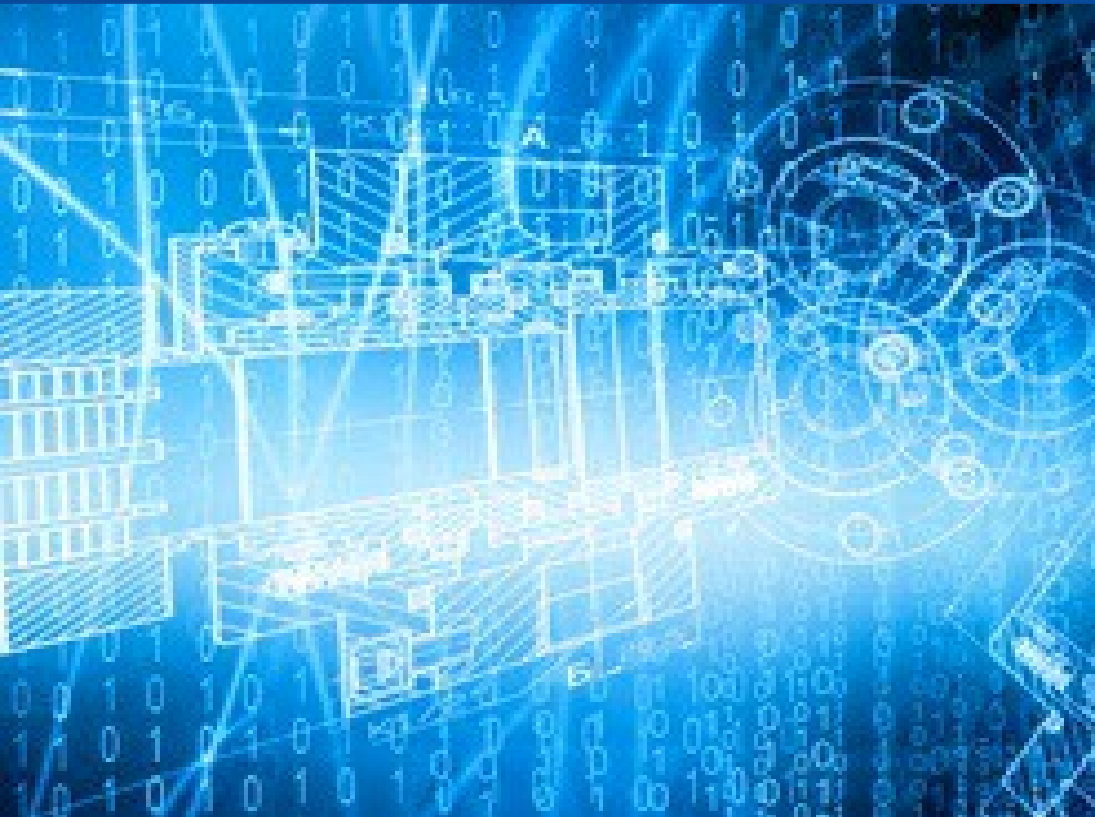
ISA Appendix B - Data Sharing and Connection Form (reminder)

- The EDE Interconnection Security Agreement (ISA) Appendix B – Data Sharing and Connection Form is available on [CMS zONE](#)
- The form is intended to capture information about the data connections, functionality, and systems between a primary EDE Entity and its upstream EDE Entities
 - For example, entities must describe the information transmitted between primary and upstream entities (e.g., personally identifiable information [PII] data elements, enrollment information, eligibility information, 834s, etc.) and the privacy and security protections applied to such data (e.g. Memorandum of Understanding [MOU], Business Agreement, etc.)
- **Note:** Primary EDE Entities need to complete all four sections of the form annually and **when onboarding a new upstream EDE Entity** as part of the Interconnection Security Agreement (ISA) and Information Security and Privacy Continuous Monitoring (ISCM) Strategy Guide
- A primary EDE Entity must complete this Appendix and return it via the Secure Portal to CMS
 - Please contact DE Support (directenrollment@cms.hhs.gov) with any questions

Website Display Compliance Reminder

- *“Direct enrollment in a Federally-facilitated Exchange...The QHP issuer **must provide consumers with correct information, without omission of material fact**, regarding the Federally-facilitated Exchanges, QHPs offered through the Federally-facilitated Exchanges, and insurance affordability programs, **and refrain from marketing or conduct that is misleading....**” (45 CFR 156.1230(b)(2))*
- *“An agent, broker, or web-broker that assists with or facilitates enrollment of qualified individuals...in coverage ...through a Federally-facilitated Exchange, or assists individuals in applying for [APTC/CSRs]...**must...[p]rovide consumers with correct information, without omission of material fact**, regarding the Federally-facilitated Exchanges, QHPs offered through the Federally-facilitated Exchanges, and insurance affordability programs, **and refrain from marketing or conduct that is misleading....**” (45 CFR 155.220(j)(2)(i))*

Reminder for Issuers and Classic DE Partners: New FFM Gateway Certificate for UAT0



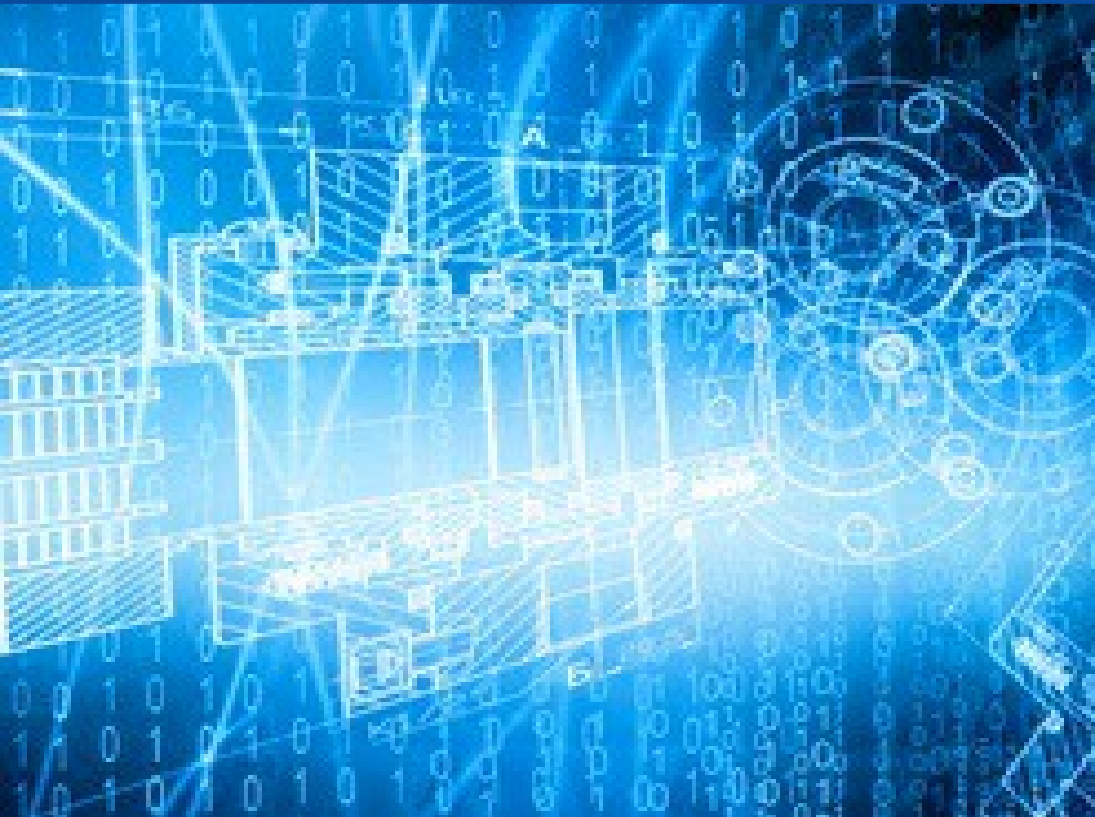
*Center for Consumer
Information and Insurance
Oversight (CCIIO)*

August 13, 2019

Reminder for Issuers and Classic DE Partners: New FFM Gateway Certificate for UAT0

- Issuers and Classic DE Partners, please be advised that the FFM gateway certificate will be updated in UAT0 on 8/29, during our 7:00 PM ET deployment
 - The new certificate can be found on zONE at <https://zone.cms.gov/document/ffm-gateway-certificates>
 - Note that this certificate is only used for the Classic DE SAML Redirect and the non-EDE payment redirect in UAT0
 - If an issuer or Classic DE Partner does not authenticate the incoming SAML certificate from the FFM, then no changes are required
 - If an issuer or Classic DE Partner system does authenticate the incoming SAML certificate however, then the issuer or Classic DE Partner will need to update their system to accept the new certificate in alignment with the 8/29 change being made by the FFM

Direct Enrollment (DE) Updates: Enrollment Team



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

August 13, 2019

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

- Classic DE and EDE Partners, as a reminder, the following Fetch Eligibility and Submit Enrollment schema changes will be deployed to UAT0 on 8/16, and will be deployed to Prod on 9/15
 - “Category” has been misspelled in “InsurancePlanVariant**Categoy**NumericCode” in the Fetch Eligibility Response for some time
 - The relevant path is: InsuranceApplication/ InsuranceApplicant/ ProgramEligibilitySnapshot/ CSREligibility/ InsurancePlanVariantCategoryNumericCode
 - We will be correcting the spelling (i.e. adding the missing “r”)
 - » DE and EDE Partners using Fetch Eligibility will also need to make the spelling correction at the same time
 - 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
 - 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
 - Related to the removal of EnrollmentPeriodCode, we will also be updating the Submit Enrollment Request schema to make the TobaccoUseIndicator required
 - » The relevant path is: PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoUseIndicator
 - » The TobaccoUseIndicator was previously conditionally, “required on initial enrollment for all applicants in the enrollment group,” and, “required for new members to an existing enrollment group on an enrollment change”
- The corresponding Hub Business Service Definitions (BSDs) and associated schema packages are now available on zONE at both of the following links:
 - <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - The updated Fetch Eligibility and Submit Enrollment API Specs are also available here
 - <https://zone.cms.gov/document/api-information>

Update for Classic DE and EDE Partners: Tobacco Rating Defect

- EDE and Classic DE Partners, as a reminder, please be aware that we have a defect that is incorrectly resulting in tobacco statuses being updated in some SEP CIC and non-SEP CIC scenarios
 - This defect results in applicants incorrectly being updated from a tobacco user to a non-tobacco user in some instances, for purposes of premium rating
 - We are seeing incorrect tobacco rerating in the following scenarios:
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request includes a TobaccoLastUsageDate that is greater than 6 months in the past
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request includes a TobaccoUseIndicator of False
 - » Tobacco status is incorrectly being updated, when it otherwise shouldn't be, in scenarios where the Submit Enrollment Request does not include a TobaccoUseIndicator tag
 - This defect may result in erroneous IncorrectPremiumAmount errors, where DE Partners are correctly rating for tobacco usage during CIC scenarios
 - **Update: This fix has been deployed to UAT0**, and will be deployed to production on 9/13
 - Note: We will have an earlier than normal code freeze for this release, starting on 8/24
 - » DE Partners are encouraged to test and submit any potential defects by 8/23
 - Potential defects should be submitted to both cms_feps@cms.hhs.gov and CMS.FFM.EDESupport@accenturefederal.com
- As a reminder, Section 7.3.2.7 in the DE API Specs includes tobacco rating guidance/logic
 - The DE API Specs are available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>

Update for EDE and Classic DE Partners: Tobacco Rating Guidance Added to DE API Specs

- EDE and Classic DE Partners, please be aware that we have added tobacco rating guidance to Section 7.3.2.7 in the DE API Specs
 - The DE API Specs are available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - As a reminder, there are a number of considerations that need to be made when determining an applicant's tobacco status, for purposes of calculating premium
 - The added logic accounts for these considerations
 - » Note, if you are receiving IncorrectPremiumAmount errors in Submit Enrollment Responses, you may want to ensure that your tobacco rating logic accounts for all of these considerations
 - The updated logic includes the following:
 1. Is there an existing policy in the InsurancePolicy section of the Fetch Eligibility Response?
 - a) If no, all applicants should be rated based on their current tobacco use. As a reminder, DE Partners must collect tobacco status for each consumer, prior to sending a Submit Enrollment Request. The relevant Submit Enrollment paths are PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoUseIndicator and PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoLastUsageDate/ Date. Note also, DE Partners can use the Business Rules Public Use File (PUF) to determine the number of months a consumer has to be tobacco-free in order to qualify for the non-tobacco insurance rate.
 - b) If yes, proceed to #2.
 2. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response, is the SpecialEnrollmentVerificationPendingIndicator (InsuranceApplication/ InsuranceApplicant/ SpecialEnrollmentPeriodEligibility/ SpecialEnrollmentVerificationPendingIndicator) in the Fetch Eligibility Response "True"?
 - a) If yes, tobacco rating should be as described in 1a.
 - b) If no, proceed to #3.

Reminder for EDE and Classic DE Partners: Tobacco Rating Guidance Added to DE API Specs

3. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response and the SpecialEnrollmentVerificationPendingIndicator is “False,” is the InsurancePolicyEffectiveDate (InsurancePolicy/ InsurancePolicyEffectiveDate/ Date) prior to both the IEP and SEP EarliestQHPEffectiveDate?
 - a) If no, tobacco rating should be as described in 1a.
 - b) If yes, proceed to #4.
4. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response, the SpecialEnrollmentVerificationPendingIndicator is “False,” and the InsurancePolicyEffectiveDate is prior to both the IEP and SEP EarliestQHPEffectiveDate, is the InsurancePolicyExpirationDate (InsurancePolicy/ InsurancePolicyExpirationDate/ Date) prior to both the IEP and SEP EarliestQHPEffectiveDate?
 - a) If yes, proceed to #5.
 - b) If no, proceed to #6.
5. If the InsurancePolicyExpirationDate is prior to both the IEP and SEP EarliestQHPEffectiveDate, is there a gap in coverage? For example, if the InsurancePolicyExpirationDate is 1/31/2019 and the EarliestQHPEffectiveDate is 2/1/2019, there is no gap in coverage.
 - a) If yes, tobacco rating should be as described in 1a.
 - b) If no, proceed to #6.
6. Is the enrollment group enrolling in a new plan? In other words, will the InsurancePlanStandardComponentIdentification in the Submit Enrollment Request (PolicyCreationActivity/ EnrollmentGroup/ SelectedInsurancePlan/ InsurancePlanStandardComponentIdentification / IdentificationID) be different than the InsurancePlanStandardComponentIdentification in the Fetch Eligibility Response (InsurancePolicy/ InsurancePlan/ InsurancePlanStandardComponentIdentification/ IdentificationId)?
 - a) If yes, tobacco rating should be as described in 1a.
 - b) If no, proceed to #7.

Reminder for EDE and Classic DE Partners: Tobacco Rating Guidance Added to DE API Specs

7. Is the subscriber for the enrollment group changing? In other words, will the subscriber in the Submit Enrollment Request (PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/ProposedSubscriberIndicator) be different than the subscriber in the Fetch Eligibility Response (InsurancePolicy/ InsuranceMember/ InsuranceMemberSubscriberAssociation/ InsuranceSubscriberReference)? Note, subscriber logic can be found in Appendix E.
 - a) If yes, tobacco rating should be as described in 1a.
 - b) If no, proceed to #8.
8. **Update:** Are the applicants in the InsurancePolicy/ InsuranceMember section of the Fetch Eligibility Response the same as the applicants that are included in the InsuranceApplication/ InsuranceApplicant section of the Fetch Eligibility Response?
 - a) **If yes, the applicants should be rated based on their tobacco status in the Fetch Eligibility Response (InsurancePolicy/ InsuranceMember/ TobaccoUseIndicator).**
 - b) If no: 1) currently enrolled applicants should be rated as described in 8a, and 2) new applicants (i.e. those not in the InsurancePolicy/ InsuranceMember section of the Fetch Eligibility Response) should be rated as described in 1a.

EDE and Classic DE Partners: Submit Enrollment Expectations for Tobacco Related Fields

- EDE and Classic DE Partners, please note that the Fetch Eligibility and Submit Enrollment schema tables within the DE API Specs have been updated to more accurately reflect what is expected for the TobaccoUseIndicator and the TobaccoLastUsageDate
 - The updated DE API Specs can be found on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - Partners should be aware of the following Submit Enrollment requirements that will apply after fix for the tobacco rating defect (see prior slide) is deployed:
 - First, as a reminder, tobacco status is not collected during the eligibility application
 - » DE Partners must ask each applicant that is age 18 or older what their current tobacco status is, in order to properly apply QHP business rules and the tobacco rating logic
 - This includes asking the applicant whether they've used tobacco in the last 6 months, along with asking the applicant the date of last tobacco use when applicable (i.e. if the applicant indicates they have used tobacco in the last 6 months)

EDE and Classic DE Partners: Submit Enrollment Expectations for Tobacco Related Fields

- Partners should be aware of the following Submit Enrollment requirements that will apply after fix for the tobacco rating defect (see prior slide) is deployed:
 - PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoUseIndicator
 - » This is an indicator of the member's tobacco use rating for purposes of premium
 - » When there is no existing policy in the InsurancePolicy section of the Fetch Eligibility response, DE Partners must identify the correct tobacco use rating based on the applicant's tobacco attestations within the DE Partner's UI
 - DE Partners can use the MinimumTobaccoFreeMonthsRule column in the Business Rules PUF to identify the number of months a consumer has to be tobacco-free in order to qualify for the non-tobacco insurance rate
 - » When there is an existing policy in the InsurancePolicy section of the Fetch Eligibility response, DE Partners must apply the logic that is outlined in the "Determining Tobacco Status for Purposes of Calculating Premium" Section of the DE API Specs
 - If an applicant's tobacco use rating from an existing enrollment must be persisted based on the logic, the DE Partner must send the same TobaccoUseIndicator and TobaccoLastUsageDate that is returned in the InsurancePolicy section of the Fetch Eligibility response (i.e. InsurancePolicy/ InsuranceMember/ TobaccoUseIndicator and InsurancePolicy/ InsuranceMember/ TobaccoLastUsageDate/ Date)
 - If an applicant should be rerated based on the logic, this attestation will reflect what the applicant attests to in the DE Partner's UI
 - PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoLastUsageDate/ Date
 - » This is the last date on which the applicant used tobacco products, based on the logic outlined in the "Determining Tobacco Status for Purposes of Calculating Premium" Section of the DE API Specs
 - » If an applicant's tobacco use rating from an existing enrollment must be persisted based on the logic that is outlined in the "Determining Tobacco Status for Purposes of Calculating Premium" Section of the DE API Specs, the DE Partner must send the same TobaccoUseIndicator and TobaccoLastUsageDate that is returned in the InsurancePolicy section of the Fetch Eligibility response (i.e. InsurancePolicy/ InsuranceMember/ TobaccoUseIndicator and InsurancePolicy/ InsuranceMember/ TobaccoLastUsageDate/ Date)
 - » If an applicant should be rerated based on the logic, this attestation will reflect what the applicant attests to in the DE Partner's UI

EDE and Classic DE Partners: Submit Enrollment Expectations for Tobacco Related Fields - Examples

- Below is an example of a correct and incorrect Submit Enrollment submission
 - Example of correct Submit Enrollment behavior:
 - Consumer enrolls during OE and indicates they have not used tobacco in the last 6 months, and is rated accordingly
 - Consumer reports a CIC with a SEP mid-year, and indicates that they now are a tobacco user, with a date of last tobacco use the day of the transaction
 - Based on the logic outlined in the "Determining Tobacco Status for Purposes of Calculating Premium" Section of the DE API Specs, the consumer is not eligible to be rerated for purposes of tobacco use in relation to their premium
 - The DE Partner therefore persists the non-tobacco premium during the CIC and sends the following in the DE Submit Enrollment request:
 - » TobaccoUseIndicator = False
 - » No TobaccoLastUsageDate is provided
 - Submit Enrollment request is successful
 - Example of incorrect Submit Enrollment behavior:
 - Consumer enrolls during OE and indicates they have not used tobacco in the last 6 months, and is rated accordingly
 - Consumer reports a CIC with a SEP mid-year, and indicates that they now are a tobacco user, with a date of last tobacco use the day of the transaction
 - Based on the logic outlined in the "Determining Tobacco Status for Purposes of Calculating Premium" Section of the DE API Specs, the consumer is not eligible to be rerated for purposes of tobacco use in relation to their premium
 - The DE Partner sends the correct non-tobacco premium amount in the Submit Enrollment request, but incorrectly sends the consumer's most recent tobacco attestations:
 - » TobaccoUseIndicator = True
 - » TobaccoLastUsageDate = Date of transaction
 - Submit Enrollment request will fail because the consumer's TobaccoUseIndicator cannot be true, given the consumer cannot be rerated as a tobacco user

Health Insurance Casework System (HICS) to Change Termination Date -When Ending Coverage for Some Members on an Application-



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

August 13, 2019

CMS Issuer Technical Workgroup Call Appendix

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

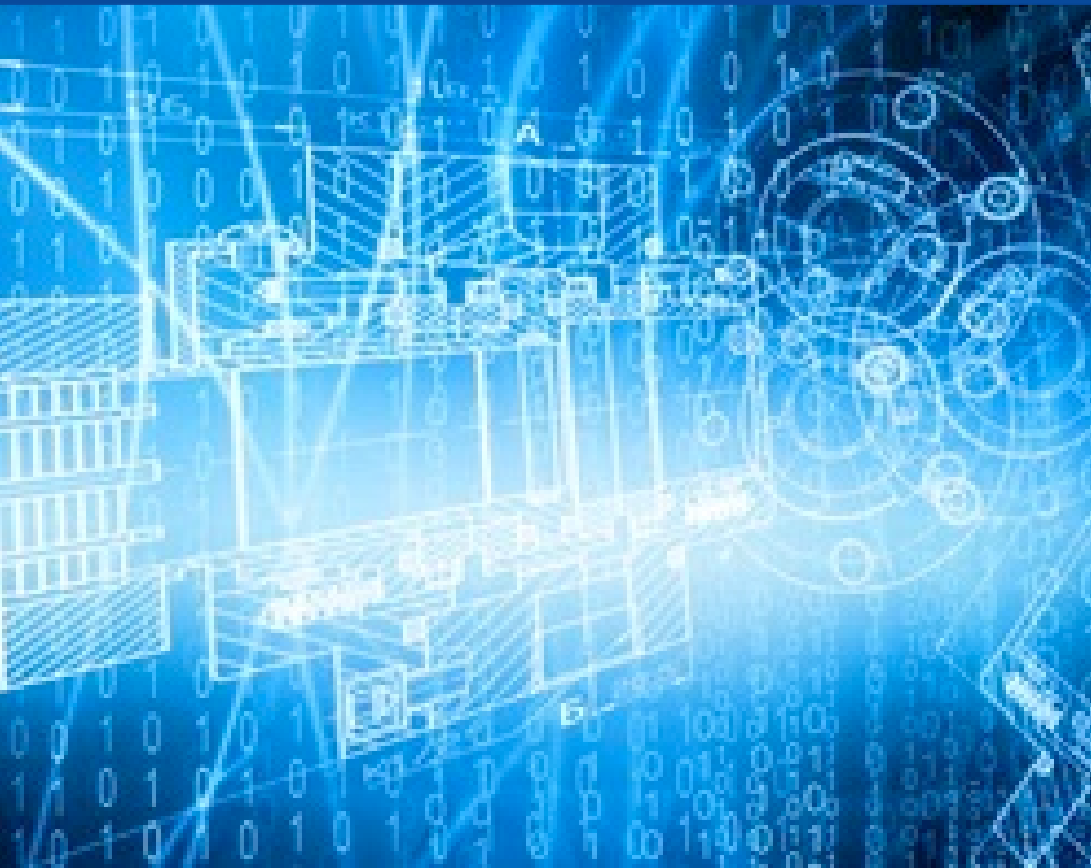
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

Updating Contact Information for the Marketplace

4/30/2019

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Updating Contact Information for Marketplace Issuers

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- **New Series for the CMS Issuer Technical Workgroup Calls**
 - **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**

July 15, 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.

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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