

Enrollment Reconciliation & IC834 Workgroup



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IC834 – Housekeeping

- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted 8/6 – 8/12 were sent out yesterday.
 - If you have any questions about specific IC834 transactions submitted or report delivery, please contact Inbound834@bah.com

IC834 – PY2018 Deadline

- The Inbound FFM Individual Market has stopped accepting IC834 submissions for 2018 policies
- Please note this deadline does not impact IC834 transactions for 2019 enrollments
- If your organization still has outstanding updates to apply for 2018 policies, please leverage the Enrollment Resolution and Reconciliation (ER&R) process
- Starting August 13, 2019, Issuers will receive rejected BAAs for “Year Out of Range” in response to IC834 transactions 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

IC834 – Resources Available

- Educational material is available on CMS zOne to support Issuer performance
 - [CMS zOne IC834 Site](#)
 - **IC834 Education Suite**
 - [IC834 101](#) – *Overview of Inbound834*
 - [IC834 201](#) – *Preparing and Submitting Inbound834s*
 - [IC834 301](#) – *Troubleshooting and Resolving Rejections*
 - **ASC X12 834 Companion Guide**
 - [ASC X12 834 Companion Guide](#) – *guidance on creating X12 files*
 - **OP834T Specifications Document**
 - [PO-IC834 FFM \(OP834T\) MIDAS to Issuer Outbound Specification](#) – *file specifications for weekly detailed PO Report files*

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 later today, 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
 - Issuers are encouraged to submit as soon as possible to allow sufficient time for possible correction and resubmission in response to any file-level validation issues resulting from the format change

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**
 - This month's 2017 FFM extract is scheduled for later today, 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 later today, 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 later today, 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 **next 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

Retirement of Standalone Effectuation Process in Recon

- Effective August 2019, CMS will no longer run the standalone effectuation process (or “mass effectuations”) based upon the results of Enrollment Reconciliation
- This process would apply effectuations to active, uneffectuated enrollments on the FFM when the Issuer submitted the policy as effectuated on the RCNI file
- This process would also apply changes to the start and/or end dates of the policy in cases where there was an update flagged for the FFM on the RCNO file

Retirement of Standalone Effectuation Process in Recon

- As the vast majority of these changes would already be applied via the even-sided update (or “full field-level update”) process, there is no longer a need to maintain this additional process
 - Because the standalone effectuation process would accept updates on uneven-sided matches, there was a larger margin for error in the updates applied versus the even-sided update process
- Likewise, effectuations and terminations are now routinely applied via the IC834 process, again lessening the need for a standalone effectuation process

Retirement of Standalone Effectuation Process in Recon

- **Impact to Issuers**

- Any enrollments with an even-sided match between records can still be effectuated through automated reconciliation, and start/end date changes applied
- There is no impact to the application of cancellations to the FFM through automated recon
- Issuers will **not** see any update applied to records flagged E or P on the RCNO File, indicating an uneven match
 - Issuers should closely review these records to determine the cause for the mismatch in record count
 - If possible, Issuers should align to the number of records maintained by the FFM for the enrollment group
 - If the Issuer has a different number of records due to a HICS Case or other legitimate business reason (such as a free coverage period for a newborn), the Issuer **must** submit a dispute to the ER&R Contractor to align the records and facilitate future reconciliation

Retirement of Standalone Effectuation Process in Recon

- **Impact to Issuers**

- Issuers will no longer see “Approved for Effectuations” as a result of statistical analysis

Updates Applied to the FFM Data Store	Issuer Inclusion Criteria (by HIOS ID)	Rules
Cancellations	HIOS ID must be within threshold for cancellation rate or verify accuracy of cancellation rate above threshold	Matched records submitted with Initial Premium Paid Status = C will be cancelled in the FFM; certain exceptions for cancellations of previously effectuated policies
Field-level updates on even-sided matched records	HIOS ID must fully pass statistical validation; no outstanding discrepancy rates identified or accuracy of any outstanding rates verified	Refer to the Field-Level Resolution Rules section of the <i>Enrollment Reconciliation Education Suite</i> for specific fields that are reconciled and updated in the FFM
Effectuations (with Benefit Start/End Date Changes)	HIOS ID must exhibit no outstanding discrepancy rate on Benefit Start/End Dates or accuracy of any outstanding rates verified	The status of any matched record submitted with Initial Premium Paid Status = Y will be updated to effectuated in the FFM; any Benefit Start/End Dates marked for FFM Update (field level flag F) will be updated in the FFM

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

AM Approval for 2016 Disputes

- Due to the 2016 off-cycle RCNO run, issuers may submit 2016 disputes without AM approval until 3:00 PM ET on September 30th.
 - For corrections to be included in the October off-cycle, issuers will need to submit disputes on or before September 23rd.
- ER&R will require AM Approval for 2016 disputes submitted after 3:00 PM ET on September 30th if they do not include a supporting HICS case.

Refresher: Avoiding RU9 Disposition Codes

- Issuers receive disposition code RU9 for current year disputes when attempting to change the Premium Paid Indicator to “Y” when the RCNI has not been updated to reflect this change.
 - Rule Description: Premium Paid Indicator is blank, “C”, or “N”
 - Verbiage Returned to Issuer: *The issuer did not indicate the premium paid status should be “Y” on the latest RCNI submission. The issuer must indicate the enrollment is effectuated before ER&R can apply any updates. If you have questions or need assistance with updating the premium paid status, please contact the FMCC help desk at fmcc@cms.hhs.gov.*
- To prevent these errors, issuers should submit the PPI value of “Y” for the disputed record on the next RCNI submission.

Avoiding HU1 Disposition Codes

- ER&R returned several HICS Direct Disputes with the HU1 disposition code because the disputes are current year retroactive date changes that should be resolved through the next RCNI submission.
- ER&R assigns the HU1 disposition code when:
 - The HICS case is not an Enrollment Blocker scenario.
 - There is a segment with FFM data that already reflects the correct members and financial data.
 - Only the start and/or end date(s) of the disputed policy or segment must be corrected.
- Verbiage Returned to the Issuer: *ER&R is unable to accept the requested change through the HICS Direct Dispute process. The FFM is already reporting a coverage span with the requested financial amounts supported by the HICS case. In order to resolve the HICS case, a retroactive start/end date or reinstatement should be updated through the RCNI process. The HICS Direct Dispute process is reserved for disputes that cannot be resolved through the Reconciliation or Issuer Dispute process because a HICS case is required to verify the request. 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.*

Avoiding HU1 Disposition Codes (Cont.)

- HICS Case Narrative: Consumer, Iris West, is requesting that the policy that only has the husband enrolled, which starts 03/01/2019, be retroactively changed to start on 01/01/2019 so that Iris West is not enrolled this year.

ISSUER_PRS N_1ST_NAM E	ISSUER_PRS N_LAST_NA ME	FFM_PLAN_ PLCY_ID	ISSUER_PLA N_PLCY_ID	FFM_PLAN_ BNFT_STRT _DT	ISSUER_PLA N_BNFT_ST RT_DT	FFM_PLAN_B NFT_END_DT	ISSUER_PLAN _BNFT_END_ DT	FFM_PLCY_ APTC_AMT	ISSUER_PLC Y_APTC_AM T	FFM_PLCY_ TOT_PRM_A MT	ISSUER_PLC Y_TOT_PRM _AMT	PLAN_EXCH G_ASG_PLC Y_SEG
Wally	West	12345678	12345678	1/1/2019	1/1/2019	2/28/2019	2/28/2019	\$650	\$650	\$1,100	\$1,100	11111111
Iris	West	12345678	12345678	1/1/2019	1/1/2019	2/28/2019	2/28/2019	\$650	\$650	\$1,100	\$1,100	11111111
Wally	West	12345678	12345678	3/1/2019	3/1/2019	12/31/2019	12/31/2019	\$450	\$450	\$800	\$800	22222222

- Issuer Comment on HICS Case: *Remove Iris West from Segment 11111111, change APTC to \$450, change Total Premium to \$800. Subscriber Wally West should remain on the policy.*
- This scenario results in an HU1 disposition code because Iris West has been removed from coverage beginning 03/01/2019, as mentioned in the narrative, and no financial corrections are required.
- The issuer can resolve the discrepancy through RCNI by making the following changes:
 - Cancel segment 11111111 for policy 12345678
 - Change start date to 01/01/2019 for segment 22222222 for policy 12345678

Q&A

