

CMS Issuer Technical Work Group



- *Housekeeping*
 - *Webinar Schedule*
 - *Enrollment Pre-Audit & Reconciliation*
 - *Form 1095-As Sent to Consumers Due to Issuer Enrollment Data Updates*
- *ER&R*
- *Enrollment Operations Updates*
- *Compliance and DE/EDE Updates*
- *Direct Enrollment Updates: Enrollment Team*
- *Q&A*

September 3, 2019

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

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:

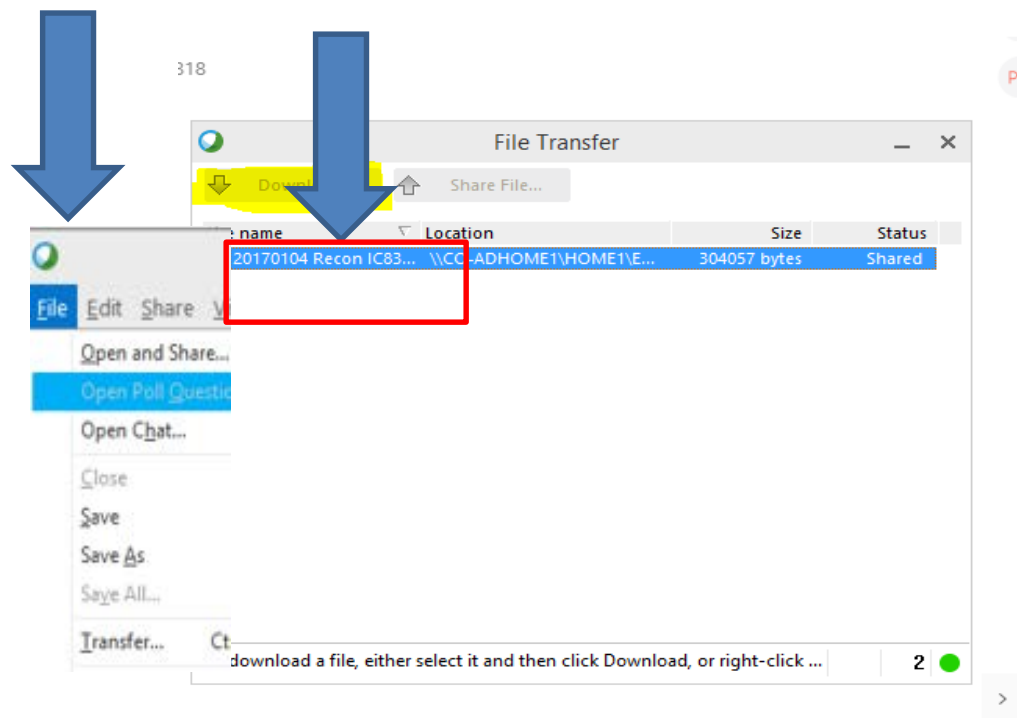
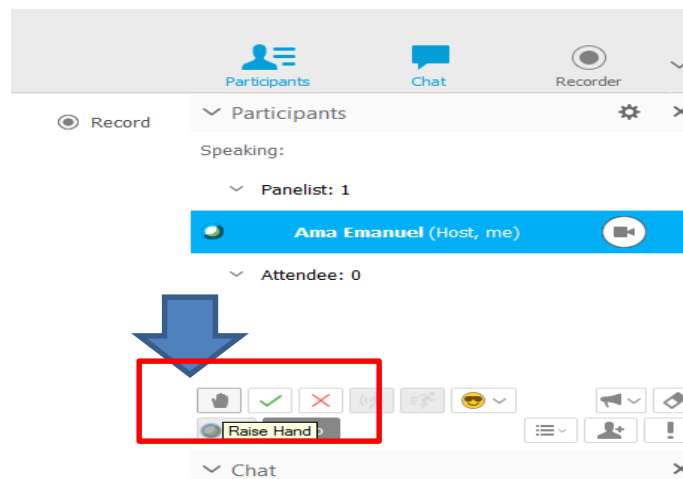
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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)

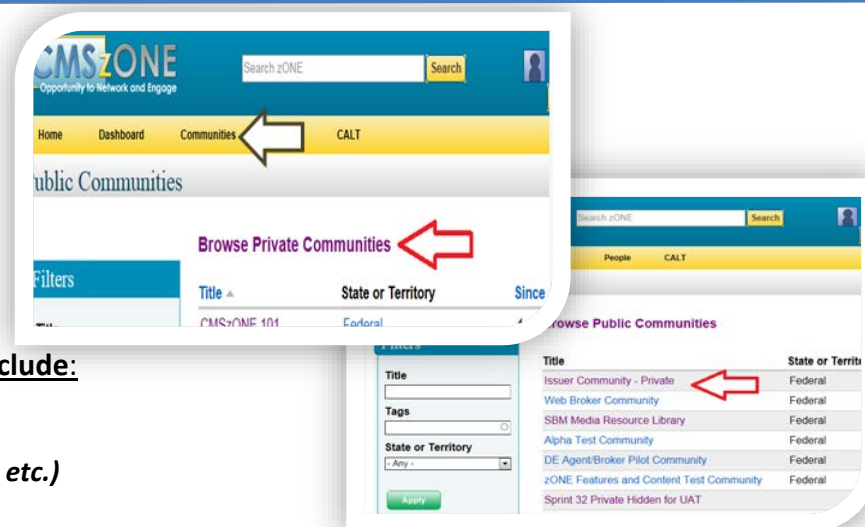
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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.

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

September 3, 2019

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 Thursday, September 5th
- **Plan Year 2016**
 - The RCNI16 submission deadline for the next 2016 off-cycle Reconciliation process is **tomorrow, 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
 - Data submitted on the RCNI16 files will be compared to the data extracted from the FFM on August 15th
 - This month's 2016 FFM extract will be taken on Sunday, September 15th at 6PM EDT
 - Incremental Pre-Audit (ISIPA6) Files based upon that extract are scheduled for distribution to Issuers on Thursday, September 19th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

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

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Sunday, September 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD8) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, September 17th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract will be taken on Sunday, September 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, September 17th
- The RCNI9 submission deadline for September's Run 10 is Thursday, September 19th at 3PM EDT
 - **Please note:** Run 10 is the **FINAL** reconciliation cycle 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

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



*Metrics for Updates
Submitted [7/15/2019-
8/15/2019]*

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

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

Updates Submitted	PY 2017	PY 2018
7/15/2019-8/15/2019	875	4,058
Year to Date (YTD) Total for PY 2017 (1/15/2019-8/15/2019)	12,625	
YTD Total for PY 2018 (2/15/2019-8/15/2019)	223,520	
Grand Total (PY 2017 & PY 2018)	236,145	

*Issuer-submitted updates include:

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

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

What Issuers Need to Know

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

Next Steps

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

Helpful Resources

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

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

ER&R

✓ *Topics*

- ✓ Reminder: Enrollment Dispute Form v12

August 27, 2019

Reminder: Enrollment Dispute Form v12

- ER&R will implement the new Enrollment Dispute Form v12 in October 2019.
 - ER&R will announce an exact implementation date as soon as possible.
- The 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.
- Issuers may review the Recon slide deck from 06/20/2019, available on zONE at <https://zone.cms.gov/document/enrollment-reconciliation-and-ic834-workgroup-call-content>, for additional details.

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.

Enrollment Operations Update

September 3, 2019
Issuer Technical Workgroup Call

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Medicare Non-Renewal Process for 2019 (OE2020)

- Aligning with prior year guidance issued by CMS to help issuers comply with legal requirements that prohibit issuing policies that violate the Anti-duplication Provision of the Social Security Act, issuers should use 2 IC834 AMRCs to terminate or cancel policies to prevent duplication of benefits involving Medicare and a Federally Facilitated Exchange Qualified Health Plan. Effective 2018, these codes help CMS identify the reason for the cancellations and/or terminations, and are used to improve the consumer experience and to reduce processing for issuers and CMS.
- For IC834 to the FFM, issuers should apply the following AMRCs:
 1. **CANCEL-ANTIDUPLICATION:** To cancel a policy when an issuer receives an Initial 834 enrollment (I834) for a consumer the issuer knows is currently enrolled in Medicare, and issuing QHP coverage would duplicate their benefits
 2. **TERM-ANTIDUPLICATION:** To send a termination effective 12/31 near the end of a plan year (no sooner than October 1) so that an enrollee is non-renewed to comply with Anti-duplication.

*Issuers should not send an IC834 transaction to the FFE using TERM-ANTIDUPLICATION prior to October 1, 2019.

TERM-ANTIDUPLICATION Policy

- **TERM-ANTIDUPLICATION** is only valid for non-renewals at the end of the plan year (term effective date=12/31) where renewing coverage would violate anti-duplication because it changes the contract of insurance. In order to prevent the policy from being BARed, and also in an attempt to not disrupt the cancel carry forward process, issuers should utilize this AMRC no earlier than October 1. If an issuer is not able, or does not desire to send TERM-ANTIDUPLICATION, they can cancel the new enrollment (if received) by using the CANCEL-ANTIDUPLICATION AMRC.

*If an issuer realizes after effectuating a policy that an enrollee has Medicare coverage, guaranteed renewal requirements at 45 CFR 147.106 generally require that coverage be continued until 12/31 of the new plan year. The issuer may not terminate the policy mid-year, but should instead wait to send an IC834 transaction using the AMRC of TERM-ANTIDUPLICATION no sooner than October 1. Transactions received before October 11 will prevent auto-renewal; after October 11, it will trigger auto-renewed policies to be canceled later.

TERM-ANTIDUPLICATION Policy

- In addition to sending the FFE a term or cancel, QHP issuers also must send a termination notice, pursuant to 45 CFR 156.270(b) and 45 CFR 155.430(b)(2)(i), to any enrollees whose coverage has been non-renewed due to an enrollee in the enrollment group being a Medicare beneficiary.
- The termination notice should advise mixed-eligibility enrollees to return to the FFE, and make the Medicare-enrollee a non-applicant. If enrollees not in Medicare need QHP coverage, the FFE will use the term or cancel AMRCs to flag enrollees for SEPs at the FFE Call Center.

TERM-ANTIDUPLICATION Scenario

- On January 1, 2019, Bill begins coverage in an Exchange QHP. However, prior to enrolling in an Exchange QHP, Bill was already enrolled in Medicare coverage, which is still active. As a result, he is enrolled in both an Exchange QHP, and Medicare, which duplicates coverage.
- In June, the issuer providing QHP coverage for Bill gains knowledge he is dually enrolled. However, guaranteed renewal requirements documented at 45 CFR 147.106 require that Bill be provided continuous coverage by the QHP issuer until 12/31/19.
- The issuer **may not** terminate Bill's coverage mid-year absent an exception to guaranteed renewal. Instead, the issuer should wait until no earlier than October 1 to send an IC834 with the AMRC of TERM-ANTIDUPLICATION effective 12/31/19 to the FFE in order to prevent renewal of Bill's QHP coverage for Plan Year 2020.

CANCEL-ANTIDUPLICATION Policy

- **CANCEL-ANTIDUPLICATION** is only valid when an issuer receives an initial enrollment (I834) transaction for duplicative Exchange coverage from the FFE for a member whom the issuer knows to be currently enrolled in Medicare, and effectuating the enrollment would duplicate coverage, and violate the Anti-Duplication provision of the Social Security Act.
- Initial enrollments received inside and outside of Open Enrollment may be cancelled prior to effectuation using this code if issuing (or renewing) Marketplace coverage violates Anti-duplication.

CANCEL-ANTIDUPLICATION Policy

- As with the TERM-ANTIDUPLICATION AMRC, QHP issuers also must send a cancellation notice to any enrollees whose coverage has been non-renewed due to an enrollee in the enrollment group being a Medicare beneficiary.
- The cancellation notice should advise mixed-eligibility enrollees to return to the FFE, and make the Medicare-enrollee a non-applicant. If enrollees not in Medicare need QHP coverage, the FFE will use the term or cancel AMRCs to flag enrollees for SEPs at the FFE Call Center.

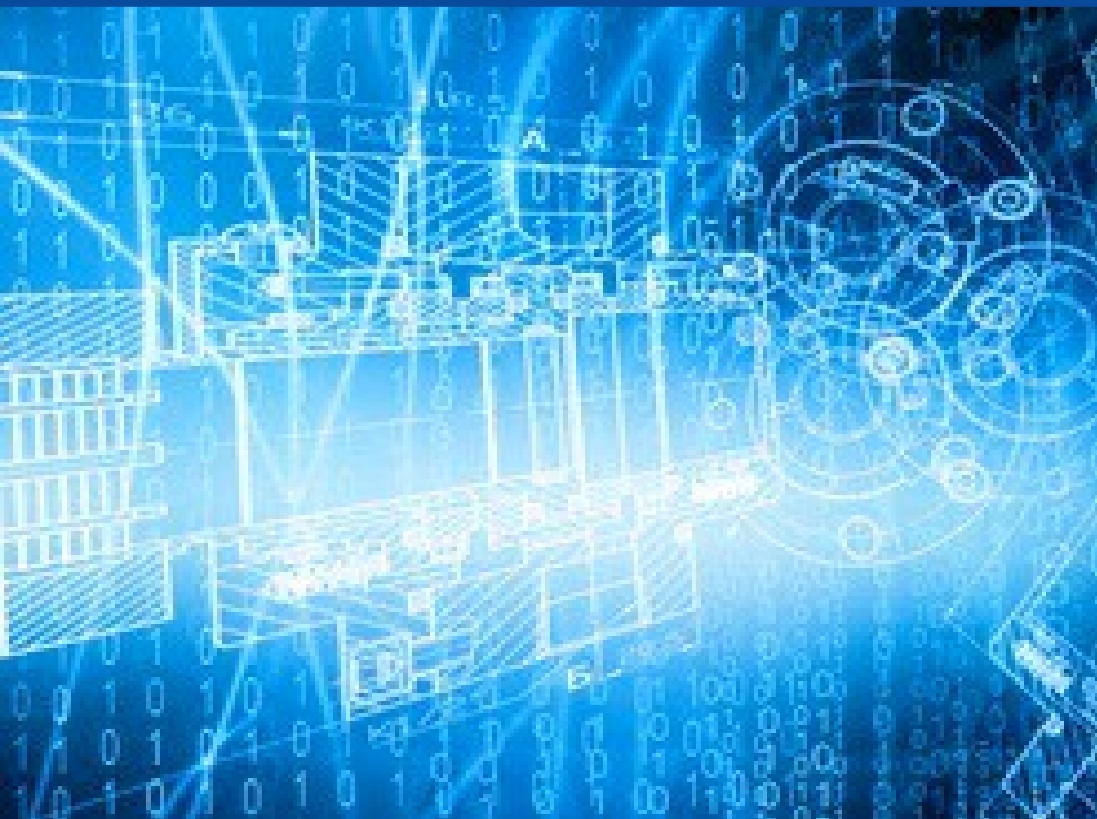
CANCEL-ANTIDUPLICATION Scenario #1

- On December 12, 2019, an issuer receives (passive reenrollment, active reenrollment, or initial enrollment) for a QHP with an effective date of January 1, 2020, for a member whom the issuer has knowledge of being currently enrolled in Medicare.
 - Active or passive reenrollments that maintain the same contract of insurance might not violate Anti-duplication (issuers should consult their compliance departments on what constitutes a change in contract)
- If issuing coverage violates Anti-duplication, the issuer must send an IC834 cancellation to the FFE by using the CANCEL-ANTIDUPLICATION AMRC in order to avoid issuing a policy which would result in the consumer being dually enrolled in a QHP and Medicare.

Additional Policy Notes

- The addition of specific term/cancel codes for Medicare Anti-duplication enrollments replace other Enrollment Data Alignment channels:
 - Issuers should not use IC834 “TERM-OTH,” or “CANCEL-OTH” for coverage that is ending, or not being issued because of Medicare Anti-duplication
 - Every attempt should be made to end coverage for Medicare Anti-duplication enrollments via IC834 prior to those enrollments being submitted as cancelled or terminated on an RCNI file.
 - As was true for OE 2019, there is no need for a separate Medicare non-renewal submission to ER&R for OE 2020 non-renewals
 - TERM-ANTIDUPLICATION transactions received before October 11 will prevent auto-renewal; after October 11, it will trigger auto-renewed policies to be canceled later
 - The AMRCs of TERM-ANTIDUPLICATION and CANCEL-ANTIDUPLICATION are eligible for reinstatement using IC834

Direct Enrollment (DE) Updates: Enrollment Team



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

September 3, 2019

Reminder and Update for Classic DE and EDE Partners: Updated Quality Rating Guidance Published

- Classic DE and EDE Partners, as a reminder, updated Quality Rating guidance was published on 8/15/2019 and the related documentation can be found at the following links:
 - The Quality Rating System guidance is available at:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Quality-Rating-Information-Bulletin-for-Plan-Year-2020.pdf>
 - <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/QualityRatingInformationBulletinforPlanYear2020.pdf>
 - The Plan Year 2019 nationwide Quality Rating System PUF is available at:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Plan-Year-2019-Nationwide-Quality-Rating-System-PUF.zip>
 - <https://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>
 - The results at a glance are available at:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Health-Insurance-Exchanges-QRS-Program-for-Plan-Year-2019-Results-At-A-Glance.pdf>
 - <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/HealthInsuranceExchangesQRSforPY2020-ResultsataGlance.pdf>
 - The Quality Rating System fact sheet is available at:
 - <https://www.cms.gov/newsroom/fact-sheets/health-insurance-exchange-quality-ratings-system-101>
- Also as a reminder, QHP issuer and web-broker DE/EDE entities that display Quality Rating data on their non-Exchange websites should prominently display the following disclaimer language provided by CMS:
 - *Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2019. The ratings are being displayed for health plans for the 2020 plan year. Learn more about these ratings. [Link to appropriate explanatory/Help text on HealthCare.gov.]*
 - **Update:** Classic DE and EDE Partners can use the below link for this disclaimer:
 - » <https://www.healthcare.gov/quality-ratings/>

Q&A



CMS Issuer Technical Workgroup Call Appendix

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

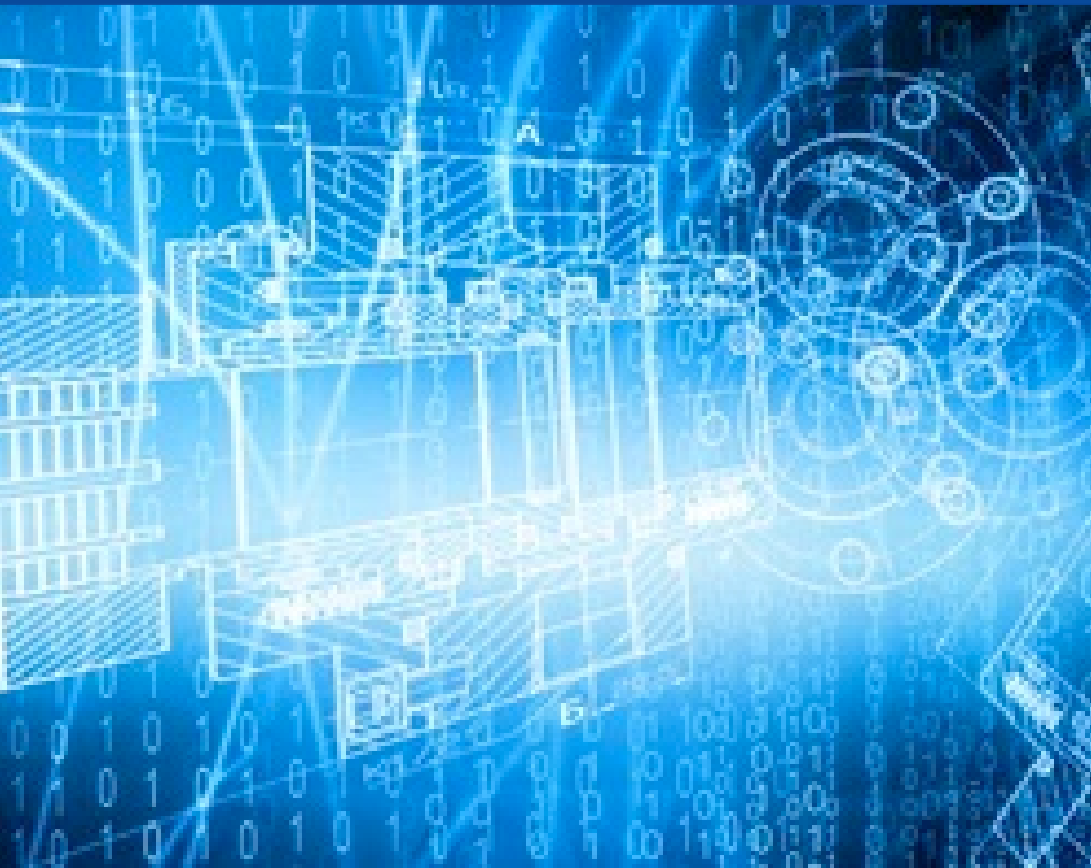
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

Updating Contact Information for the Marketplace

08/20/2019

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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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