

CMS Issuer Technical Work Group



- ***Housekeeping***
 - ***Webinar Schedule***
 - ***Enrollment Pre-Audit & Reconciliation***
- ***ER&R***
- ***Enrollment Operations Updates***
- ***Direct Enrollment Updates: Enrollment Team***
- ***Q&A***

September 10, 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	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 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	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:

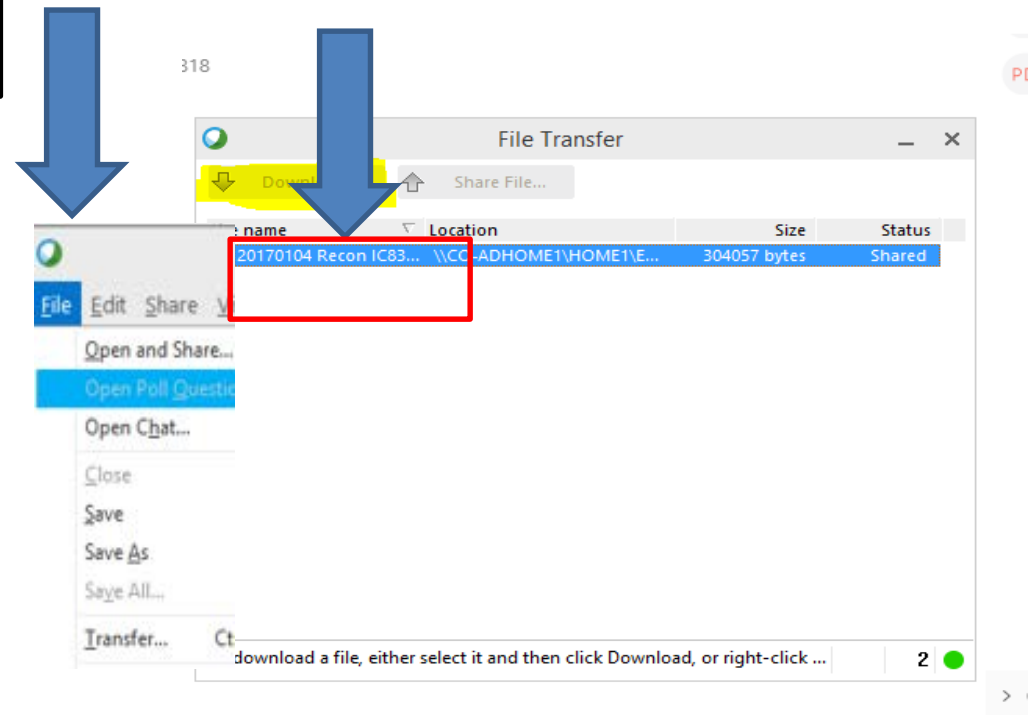
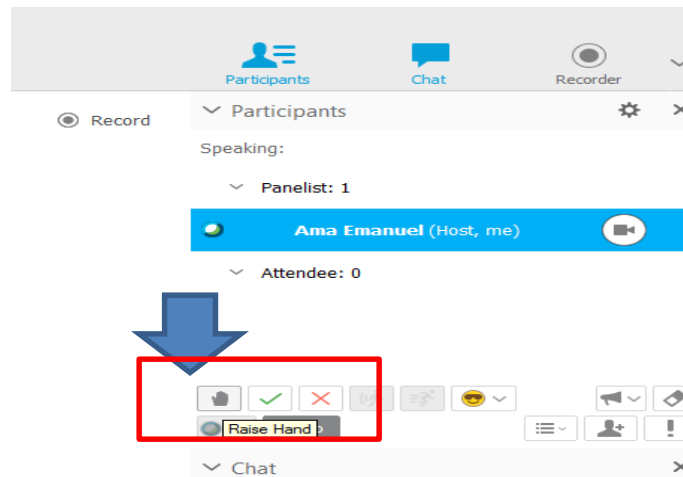
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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)

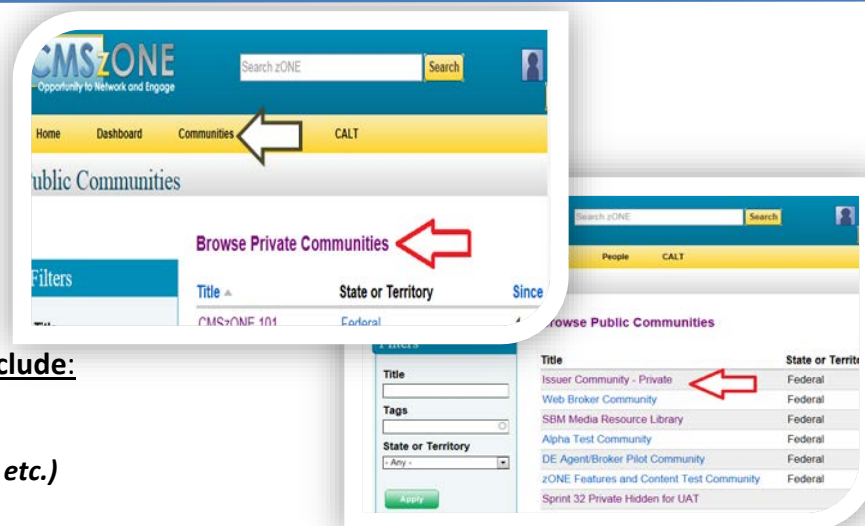
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

September 10, 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, September 18th

- **Plan Year 2016**

- The RCNI16 submission deadline for this month's 2016 off-cycle Reconciliation process was last Wednesday, September 4th at 3PM EDT
 - Data submitted on the RCNI16 Files was compared to the data extracted from the FFM on August 15th
 - RCNO16 Files from the off-cycle are being distributed to participating Issuers today, Tuesday, September 10th
- 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 **next 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 is not required for this series; the following URL and dial-in information can be used to access the training sessions:
 - Webinar URL: <https://letsmeet.webex.com/letsmeet/k2/j.php?MTID=tac50c1449d39116a7e9145a8445c412d>
 - Password: PREOE
 - Dial-In Information: 855-829-8848, Conference Code: 738-173-865
- Tentative schedule for future Enrollment Ops Training sessions:
 - Week 2 (September 25th): IC834 201, Recon 101
 - Week 3 (October 2nd): IC834 301, Recon 201
 - Week 4 (October 9th): Recon 301, Disputes 101
 - Week 5 (October 16th): UIR 101, EAPS 101

ER&R

✓ *Topics*

- ✓ Refresher: Avoiding FR10 Disposition Codes

✓ *Q&A*

September 10, 2019

Refresher: Avoiding FR10 Disposition Codes

- Issuers receive disposition code FR10 when ER&R is unable to locate the disputed record within the HIOS using the primary identifier provided by the issuer.
 - Rule Description: FFM Inventory Number or Policy ID Not Found
 - Issuer Verbiage: *ER&R is unable to process this request. When attempting to find the record using the information the issuer provided, the record was not found for HIOS [@@Dispute.HIOS_ID]. If the FFM Internal Inventory Number was the primary identifier provided on the dispute form, it was not found for the HIOS provided. If the FFM Exchange Assigned Policy ID was the primary identifier provided on the dispute form, it was not found for the FFM Benefit Start Date, FFM Benefit End Date, and HIOS provided. When using the FFM Exchange Assigned Policy ID as the primary identifier, please ensure the FFM Benefit End Date and FFM Benefit Start Date supplied on the dispute form correspond to the most recent RCNO data for the record in dispute.*
- To prevent most instances of these errors, issuers should always fill out the Enrollment Dispute Form with the FFM Benefit Start Date and FFM Benefit End Date values from the RCNO file, NOT the Pre-Audit file.

NOTE: The FFM Benefit Start Date and FFM Benefit End Date fields will be replaced with the Segment ID field in the Enrollment Dispute Form v12. Once v12 is implemented, issuers must fill in the Segment ID field when submitting a prior year dispute without an FFM Internal Record Inventory Number.

Direct Enrollment (DE) Updates: Enrollment Team



Tuesday, September 10, 2019

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Reminder and Update for Classic DE and EDE Partners: Upcoming Tobacco-Related Changes

- Classic DE and EDE Partners, as a reminder, there are a few tobacco-related changes occurring as follows:
 - The TobaccoUseIndicator (PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoUseIndicator) will now be required in all Submit Enrollment Requests
 - This change has already been deployed to UAT0, and will be deployed to production on 9/15
 - The updated Hub Business Service Definition (BSD) and DE API Specs are available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - Tobacco rating will now need to be accurate during CICs, as a fix will be deployed for the defect that was allowing for incorrect updates of tobacco status during CICs
 - This fix has already been deployed to UAT0, and will be deployed to production on 9/13
 - As a reminder, Section 7.3.2.7 in the DE API Specs now includes tobacco rating guidance/logic
 - DE Partners should be aware that the TobaccoUseIndicator and TobaccoLastUsageDate (PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/TobaccoLastUsageDate/Date) in the Submit Enrollment Request must reflect the tobacco rating for the given transaction
 - » In other words, if tobacco rating must be persisted during a CIC, the TobaccoUseIndicator and the TobaccoLastUsageDate provided in the Submit Enrollment Request should persist the values that were provided in the Fetch Eligibility Response
 - If a consumer can be rerated for purposes of tobacco use based on the tobacco rating logic in the DE API Specs, then the DE Partner must send the TobaccoUseIndicator and TobaccoLastUsageDate based on the consumer's current attestation within the DE Partner's UI
 - » The InsurancePremiumAmount (PolicyCreationActivity/ AffectedInsurancePremium/InsurancePremiumAmount) must also reflect the appropriate amount based on the tobacco rating logic in the DE API Specs
 - Otherwise, a Submit Enrollment transaction will fail with an IncorrectPremiumAmount error
 - » If a DE Partner does not correctly persist the existing TobaccoUseIndicator value in a scenario where the consumer's tobacco rating cannot be updated, the DE Partner will receive a Submit Enrollment failure with an error response of InvalidTobaccoUseIndicator
 - **Update:** Note that the updated DE API Specs **and Hub Submit Enrollment BSD (including the related schema package and XSD)** including the new InvalidTobaccoUseIndicator error response code are now available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - For a more detailed outline of the upcoming changes, please refer to the previous Issuer Technical Workgroup slides which can be found at: <https://zone.cms.gov/document/slides-cms-issuer-technical-workgroups-tuesdays>

Alert to Classic DE and EDE Partners: Nevada Transitioning to a State Based Exchange (SBE) Starting in Plan Year (PY) 2020

Classic DE and EDE Partners, please be advised that Nevada is transitioning to a State Based Exchange (SBE) for Plan Year (PY) 2020

- As a result, Classic DE and EDE Partners that currently offer plans in Nevada must update their UIs so that consumers are unable to create, update, or submit Nevada applications for PY2020 and beyond, beginning with the upcoming OE period
- Classic DE and EDE Partners that support mid-year CICs must still allow consumers to create, update, and submit PY2019 applications and enrollments
 - As a reminder, CMS recommends that Classic DE and EDE Partners do not allow consumers to complete applications via a DE/EDE pathway for current year coverage after 11/30
 - On and after 12/1, CMS recommends that Classic DE and EDE Partners refer consumers to the FFM Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) if they want to create, update, or submit a current coverage year application
 - » Note that there are very few circumstances (i.e. only newborn SEPs, adoption SEPs, and non-SEP CICs) for the current coverage year that will be supported via the Submit Enrollment API on and after 12/1
 - Classic DE and EDE Partners may want to consider creating an even earlier deadline, of 11/15, for consumers that are applying for current year coverage via their DE/EDE platforms, given some SEPs reported after 11/15 will result in a future coverage year effective date and will therefore result in an unsuccessful Submit Enrollment transaction
- Classic DE and EDE Partners that do not make the necessary UI changes may create a confusing consumer experience for Nevada consumers using their websites for the following reasons:
 - Nevada consumers redirected to HealthCare.gov for PY2020 coverage will be unable to create, update, or submit a PY2020 application for Nevada
 - EDE Create App/Create App from Prior Year App API requests for Nevada for PY2020 will fail (must_be_valid_ffm_state)
 - Submit Enrollment API requests for Nevada for PY2020 will fail
- CMS recommends that Classic DE and EDE Partners that currently offer plans in Nevada display appropriate messaging in their UIs for consumers seeking Nevada coverage for PY2020. Beginning Nov 1, 2019 at the latest, DE and EDE partners need to redirect consumers seeking 2020 coverage to Nevada's website (not HealthCare.gov). Below is example language that can be adapted for use on partner websites to redirect Nevada consumers (i.e. replace "HealthCare.gov" references with "the Marketplace & EDE Partner Name"):

Nevada: For 2020 coverage, use Nevada Health Link to enroll

Starting November 1, 2019, Nevada residents will no longer enroll in coverage through HealthCare.gov. Instead, you'll use NevadaHealthLink.com. Enroll for 2020 as soon as November 1, 2019. Continue using HealthCare.gov for 2019 coverage information.

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

September 10, 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.

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.-

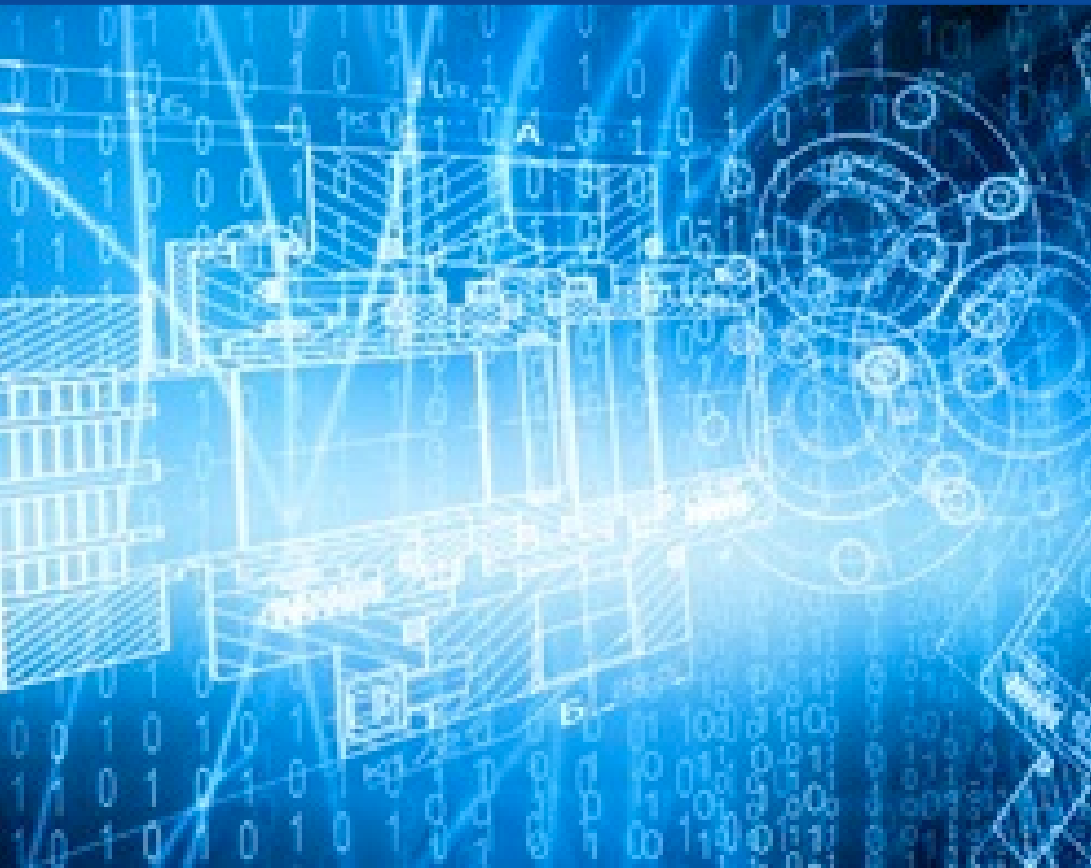
If you have not already; please register here <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t1ee33e596961101e4a00ce2fdd928fce> one time for the entire Tuesday Issuer Technical Workgroup Call Series III (through February 26, 2020).

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.

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**

September 10, 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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