

# Enrollment Reconciliation & IC834 Workgroup

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



*Metrics for Updates  
Submitted [8/15/2019-  
9/15/2019]*

*Presentation Date: 10/3/2019*

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

| Updates Submitted                                          | PY 2017        | PY 2018 |
|------------------------------------------------------------|----------------|---------|
| 8/15/2019-9/15/2019                                        | 1,272          | 2,686   |
| Year to Date (YTD) Total for PY 2017 (1/15/2019-9/15/2019) | 13,987         |         |
| YTD Total for PY 2018 (2/15/2019-9/15/2019)                | 226,206        |         |
| <b>Grand Total (PY 2017 &amp; PY 2018)</b>                 | <b>240,193</b> |         |

\*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](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

# IC834 – Housekeeping

- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted 9/24 – 9/30 were sent out yesterday.
- **The final session on IC834 in the Issuer Enrollment Ops Training Series** was held on Wednesday, 10/2 at 12:00PM ET
  - For any Issuers that were not able to attend, all slides presented during the workgroup series can be found on CMS zOne
- If you have any questions about either of these items or any other IC834-related item, please contact [Inbound834@bah.com](mailto:Inbound834@bah.com)

# IC834 – Outreach & Communications Overview

- **Outreach Communications**

- The IC834 Team regularly sends out communications to issuers for topics such as low transaction success, no submissions, or other ad-hoc concerns
- If you receive communications of this nature from the outreach support team, please let us know if the issue is known and if a fix is ongoing or is expected by a certain date.
- This acknowledgement and information helps for tracking purposes. We will note this information and the correction date so we reach out at appropriate intervals and not before a fix is implemented.

# Issuer Enrollment Ops Training for 2020

- CMS has begun its 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
- The series kicked off on Wednesday, September 18<sup>th</sup> at Noon EDT and will continue each Wednesday for **\*two\*** more weeks
- Next week's session (Wednesday, October 9<sup>th</sup> ) will cover:
  - Disputes 101
- 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
- Prior session materials available on zONE at:
  - <https://zone.cms.gov//document/2019-open-enrollment-ops-training-series>
- Tentative schedule for future Enrollment Ops Training sessions:
  - Week 5 (October 16<sup>th</sup>): Recon 301, UIR 101, EAPS 101

# Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
  - 1095-A Consumer-Initiated Dispute Update (1095Ax) Files were delivered to Issuers yesterday, Wednesday, October 2<sup>nd</sup>
  - The next set of 1095Ax Files is scheduled for distribution to Issuers on Thursday, October 17<sup>th</sup>
- **Plan Year 2016**
  - This month's 2016 FFM extract will be taken on Tuesday, October 15<sup>th</sup> at 6PM EDT
  - Comprehensive Enrollment Pre-Audit (AUD16) Files based upon that extract are scheduled for distribution to Issuers on Monday, October 21<sup>st</sup>
  - The RCNI16 submission deadline for the final scheduled 2016 off-cycle run is Wednesday, October 30<sup>th</sup> at 3PM EDT

# Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**
  - This month's 2017 FFM extract will be taken on Tuesday, October 15<sup>th</sup> at 6PM EDT
  - Incremental Pre-Audit (ISIPA7) Files based upon that extract are scheduled for distribution to Issuers on Friday, October 18<sup>th</sup>
- **Plan Year 2018**
  - This month's 2018 FFM extract will be taken on Tuesday, October 15<sup>th</sup> at 6PM EDT
  - Incremental Pre-Audit (ISIPA8) Files based upon that extract are scheduled for delivery to Issuers on Thursday, October 17<sup>th</sup>

# Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**
  - This month's 2019 FFM extract will be taken on Tuesday, October 15<sup>th</sup> at 6PM EDT
  - Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Thursday, October 17<sup>th</sup>
  - The RCNI9 submission deadline for October's Run 11 is Thursday, October 24<sup>th</sup> at 3PM EDT

# Refresher: Reason Codes on RCNI/RCNO

- **Cancellation Reason Code (Field 62)**
  - Issuers should include a reason code in Field 62 whenever the following conditions are true:
    - The entire policy (as defined by Exchange-Assigned Policy ID) is **cancelled** in the Issuer's enrollment system
    - The Issuer initiated the cancellation of the policy
    - Issuers may also include a Cancellation Reason Code when the cancellation was initiated on the FFM
  - Issuers **should not** populate the Cancellation Reason Code if any of the following is true:
    - The Initial Premium Paid Indicator value submitted is either Y or N
    - There is any period of effectuated coverage associated with that Exchange-Assigned Policy ID
    - The coverage represented by the record is a reinstatement of previously cancelled coverage
  - If a cancelled policy has more than one segment, **all segments** submitted on the RCNI File should have the Cancellation Reason Code populated

# Refresher: Reason Codes on RCNI/RCNO

- **Termination Reason Code (Field 63)**
  - Issuers should include a reason code in Field 63 whenever the following conditions are true:
    - The policy (as defined by Exchange-Assigned Policy ID) is **terminated** in the Issuer's enrollment system
    - The Issuer initiated the termination of the policy
      - Issuers may also include a Termination Reason Code when the termination was initiated on the FFM
    - The segment is the **final segment representing effectuated coverage** from the Issuer's perspective
      - Issuers may also include a Termination Reason Code on other segments for the same Exchange-Assigned Policy ID of the termination policy
  - Issuers **should not** populate the Termination Reason Code if any of the following is true:
    - The entire policy is **cancelled** in the Issuer's enrollment system
    - The policy represents active, open-ended coverage (even if this coverage had previously been terminated)

# Refresher: Reason Codes on RCNI/RCNO

- **Common Issues Identified in Runs 9 & 10**
  - Invalid Reason Codes submitted with a leading zero (i.e. “06”); Reason Codes should be the simple integer value corresponding to the appropriate reason for cancellation/termination of the policy
  - Termination Reason Codes submitted when the **policy** is not terminated; termination reasons should not be submitted when a segment within a policy ends if there is continuous coverage with subsequent policy segments
  - Reason Codes submitted that are “owned” by the FFM rather than the Issuer (for example, a voluntary cancel/term); these can only be used on the RCNI File when they are echoing back a cancel/term initiated on the FFM
- As a reminder, Issuers will be required to submit Cancellation and Termination Reason Codes on the appropriate RCNI records starting with November’s Run 12
  - Issuers that have not yet begun to submit the reason codes are encouraged to do so as soon as possible to identify and resolve any issues as quickly as possible

# Refresher: Reason Codes on RCNI/RCNO

- RCNI Reason Codes Example
  - Example: Kate enrolled effective 1/1/2020 and did not make an initial binder payment; while still active/uneffectuated on the FFM, Kate updated her income resulting in a different APTC calculation effective 1/5/2020
    - Kate never made binder payment and her enrollment was cancelled by the Issuer on 1/20

| Member | Benefit Start Date | Benefit End Date | Exchange-Assigned Policy ID | Applied APTC Amount | Initial Prm Paid Indicator | Cancellation Reason | Termination Reason |
|--------|--------------------|------------------|-----------------------------|---------------------|----------------------------|---------------------|--------------------|
| Kate   | 1/1/2020           | 1/1/2020         | 10001                       | \$250               | C                          | 6                   |                    |
| Kate   | 1/5/2020           | 1/5/2020         | 10001                       | \$280               | C                          | 6                   |                    |

# Refresher: Reason Codes on RCNI/RCNO

- RCNI Reason Codes Example
  - Example: Jane enrolled effective 1/1/2020 and effectuated coverage in QHP C; Jane got married to Jake and added him to her enrollment group effective 4/1/2020 while switching coverage to QHP D
    - Jane and Jake remain in coverage in good standing throughout 2020

| Member | Benefit Start Date | Benefit End Date | Exchange-Assigned Policy ID | QHP ID | Initial Prm Paid Indicator | Cancellation Reason | Termination Reason |
|--------|--------------------|------------------|-----------------------------|--------|----------------------------|---------------------|--------------------|
| Jane   | 1/1/2020           | 3/31/2020        | 34567                       | QHP C  | Y                          |                     | 3 (Optional)       |
| Jane   | 4/1/2020           | 12/31/2020       | 45678                       | QHP D  | Y                          |                     |                    |
| Jake   | 4/1/2020           | 12/31/2020       | 45678                       | QHP D  | Y                          |                     |                    |

# Refresher: Reason Codes on RCNI/RCNO

- RCNI Reason Codes Example
  - Example: John enrolled effective 1/1/2020 and effectuated coverage in QHP A; John updated his financial eligibility leading to a new Applied APTC Amount effective 3/1/2020; John moved and enrolled in QHP B with the same Issuer effective 5/1/2020
    - John did not pay for any coverage after March
    - After honoring the grace period the Issuer terminates John's coverage effective 4/30/2020
    - Because John enrolled in a new QHP effective 5/1, that resulted in a new policy which must also be cancelled

| Benefit Start Date | Benefit End Date | Exchange-Assigned Policy ID | Applied APTC | QHP ID | Initial Prm Paid Indicator | Cancellation Reason | Termination Reason |
|--------------------|------------------|-----------------------------|--------------|--------|----------------------------|---------------------|--------------------|
| 1/1/2020           | 2/28/2020        | 12345                       | \$250        | QHP A  | Y                          |                     |                    |
| 3/1/2020           | 4/30/2020        | 12345                       | \$300        | QHP A  | Y                          |                     | 6                  |
| 5/1/2020           | 5/1/2020         | 23456                       | \$300        | QHP B  | C                          | 6                   |                    |

# Refresher: Reason Codes on RCNI/RCNO

- RCNI Reason Codes Example
  - Example: Andy enrolled effective 1/1/2020 and effectuated coverage in QHP A; Andy updated his financial eligibility leading to a new Applied APTC Amount effective 3/1/2020; Andy moved which impacted his rating but stayed in QHP A effective 5/1/2020
    - Andy did not pay for any coverage after March
    - After honoring the grace period the Issuer terminates Andy's coverage effective 4/30/2020
    - As Andy stayed in the same policy with the change effective 5/1, at the policy level there is only a termination needed to end all coverage

| Benefit Start Date | Benefit End Date | Exchange-Assigned Policy ID | Applied APTC | QHP ID | Initial Prm Paid Indicator | Cancellation Reason | Termination Reason |
|--------------------|------------------|-----------------------------|--------------|--------|----------------------------|---------------------|--------------------|
| 1/1/2020           | 2/28/2020        | 16789                       | \$250        | QHP A  | Y                          |                     |                    |
| 3/1/2020           | 4/30/2020        | 16789                       | \$300        | QHP A  | Y                          |                     | 6                  |
| 5/1/2020           | 5/1/2020         | 16789                       | \$310        | QHP A  | C                          |                     |                    |

# Updated Disposition Code: FR49

- Issuers receive disposition code FR49 when disputing a financial value that should be addressed by modifying the Benefit Start Date and/or Benefit End Date.
  - Rule Description: Financial Value Not Present in HICS Case
  - Verbiage Returned to Issuer: *ER&R is unable to process this dispute. The HICS case does not support a change to the disputed financial value. The HICS case appears to be for a retroactive start/end date or a reinstatement. These can be resolved by updating the start/end date and/or effectuation status on the RCNI or by submitting start date and/or Prior Year – End Date disputes if the policy is from a prior year. If you believe the HICS case/FFM policy should have an APTC adjustment, please contact your Account Manager and have them update the HICS case. If the HICS case has been resolved for more than 30 days, a new HICS case will need to be created. Otherwise, please update the RCNI to reflect the APTC amount associated in the FFM. 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](mailto:fmcc@cms.hhs.gov).*
- Previously, FR49 only applied to APTC disputes. ER&R made this change to address issuer inquiries regarding certain Total Premium Amount disputes that received FR7 disposition codes.
- To prevent most instances of these errors, issuers should ensure that the HICS case explicitly states the need to change the financial value and that there is no existing segment that already contains the requested value.

# Enrollment Dispute Form V12 Launch Timing

- As a reminder, Enrollment Dispute Form v12 will include the following enhancements:
  - Addition of Date of Birth discrepancy dispute type
  - Replacement of FFM Benefit Start Date and FFM Benefit End Date columns with Segment ID column
  - Addition of FFM Exchange Assigned Member ID column for member-level disputes
  - Elimination of Batch Number column
  - Formatting changes for 508 compliance
  - Other minor fixes and improvements

# Enrollment Dispute Form V12 Launch Timing

- ER&R is entering the final stages of pre-deployment testing of form v12
- Upon successful completion of testing, CMS will provide approval to communicate a formal launch date to issuers
- Once approval is received, ER&R will post the final production version of form v12 and add-ins to zONE and communicate dates for the following:
  - The final date for acceptance of form v11 disputes
  - The date to begin accepting form v12 disputes

**Note:** ER&R plans to launch v12 at least 3 weeks after the final form is posted to zONE.
- There will be no code changes between the v12 prototype and final production version.
  - There will be some minor cosmetic changes
  - You can locate the prototype for v12 by visiting:  
<https://zone.cms.gov/system/files/documents/20190619enrollmentdisputeformv122.xlsx>

# HICS Direct Disputes Delay

- ER&R experienced a delay with some HICS direct disputes in the last month.
- The delay has been resolved and we are working through a small backlog of disputes.
- Issuers should receive responses to their disputes in the coming days.
- Expect a return to our normal HICS direct dispute cadence within the next two weeks.

# zONE Publications

- ER&R released UIR TRG v7.0 which contains updated information regarding the UIR function code used for UIR Reports. UIR9 is used for 2019 reports and UIR0 will be used for 2020 reports.
- Access the updated documentation on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

# Q&A

