

Enrollment Reconciliation & IC834 Workgroup



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October 10, 2019

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IC834 – Housekeeping

- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted 10/1 – 10/7 were sent out yesterday.
- If you have any questions about either of these items or any other IC834-related item, please contact Inbound834@bah.com

IC834 –Tips Ahead of Open Enrollment

- **Update system for new Plan Year:** Before the onset of Open Enrollment, Issuers should ensure systems are updated to include the new Plan Year (i.e. 2020)
- **Submit timely and accurate transactions:** CMS expects Issuers to submit timely and accurate transactions via IC834
 - Effectuations are expected within 3 days after receiving premium payment
 - Cancellations should take eligible grace periods into account (varies by state)
- **Avoid rejections:** Issuers should be mindful to avoid rejections due to the following:
 - **Policy mismatches** due to invalid field values on the IC834 for a subset of mandatory elements used to identify the associated FFM policy (Issuers will receive an E093 BAA error)
 - **Including enrollment start and end dates that cut across multiple plan years** (the Marketplace maintains policies within a single calendar year)
 - Transactions sent with **invalid maintenance reason codes**; ensure the maintenance code combination reflects the desired change
 - Successful IC834 transactions result in an update to the FFM without any manual review for validity of the information sent, so it is critical that the maintenance codes reflect the intended transaction type

E093 BAA Errors

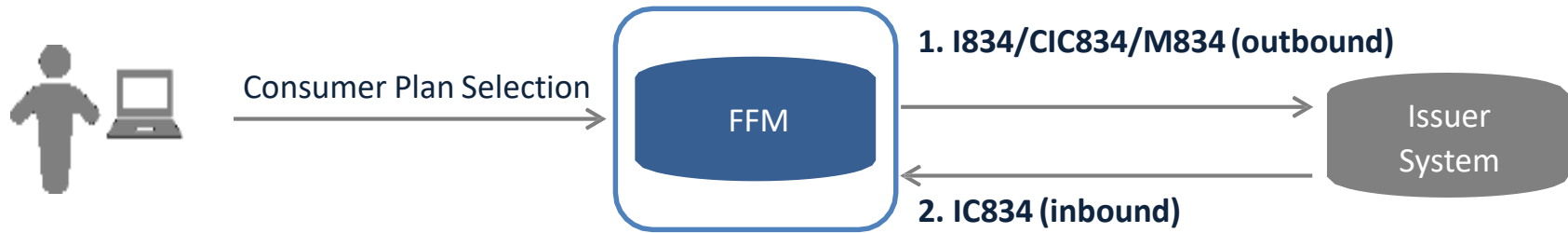
E093 signifies primary matching errors due to policy matching failures for 3 of the 4 key fields:

- QHPID
- Exchange Assigned Policy ID
- Exchange Assigned Subscriber ID

BAA Error Codes			Rejection Reasons
Error Code	Error Reason	Element in Error	
E093	Policy not found		Invalid Combination of Exchange Assigned Policy ID, QHP ID & Exchange Assigned Subscriber ID
E093	Policy not found	Group Policy Number	Exchange Assigned Policy ID does not match
E093	Policy not found	QHP ID	QHP ID does not match

IC834 Processing – Outbound and Inbound 834s

Inbound 834 (IC834) allows Issuers to respond to and provide updates related to enrollment activity in the Marketplace.



1. Initial 834 (I834) transactions are the first outbound transaction from the FFM to an Issuer:

- X12 document that communicates consumer enrollment in Marketplace coverage
- Issuers will also receive a CIC834 or M834 transaction (follow up outbound transactions) from the FFM to the Issuer if a policy is updated or if there is a change in policy
- The FFM also uses I834 transactions to communicate cancellation or termination of a policy

2. Inbound 834 (IC834) transactions provide the issuer response to the initial enrollment from the Marketplace:

- X12 document that communicates policy status and related information from the issuer system
- Issuers should use IC834 to report effectuation of the policy once binder payment has been made or cancellation if the binder payment is not made and coverage is cancelled
- Issuers can later use IC834 to communicate termination of the policy, reinstate a cancelled policy, or provide maintenance updates to Issuer-Assigned IDs

Issuer Enrollment Ops Training for 2020

- CMS is currently conducting 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 18th at Noon EDT and is scheduled to conclude next week, although an additional session may be added on Wednesday, October 23rd.
- Next week's session (Wednesday, October 16th) is scheduled to cover:
 - Recon 301: Recon Processing, RCNO Files, and Statistical Analysis
 - Unaffiliated Issuer Records (UIR) 101
 - Enrollment Alignment Performance Summary (EAPS) Reports 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 6 (October 23rd): If needed

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - 1095-A Consumer-Initiated Dispute Update (1095Ax) Files are scheduled for distribution to Issuers on Thursday, October 17th
- **Plan Year 2016**
 - This month's 2016 FFM extract will be taken on Tuesday, October 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD16) Files based upon that extract are scheduled for distribution to Issuers on Monday, October 21st
 - The RCNI16 submission deadline for the final scheduled 2016 off-cycle run is **Wednesday, October 30th at 3PM EDT**
 - Issuers can submit RCNI16 files for the off-cycle at any time until the deadline
 - RCNI data submitted in the off-cycle will be compared against the FFM extract taken on October 15th

Housekeeping: Pre-Audit & Reconciliation

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

Housekeeping: Pre-Audit & Reconciliation

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

Deep Dive: Proper Use of Termination Reasons on RCNI

- CMS has been performing detailed analysis of the Cancellation and Termination Reason Codes submitted by Issuers on RCNI in September's Run 10
- The most common issue seen thus far has been the incorrect inclusion of Termination Reasons in the RCNI File; this has been observed in the following scenarios:
 - Policies representing active/open-ended coverage
 - Policies that had been previously terminated but have since been fully reinstated
 - Policies for enrollees that have had a different policy terminated in 2019
 - Policies where a member had been removed from the enrollment group
- **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

Proper Use of Termination Reason Codes

- **Scenario:** Policies representing active/open-ended coverage
 - Example: Bob enrolls effective 1/1/2019 and makes his binder payment, staying current with payments throughout the year

Member	Benefit Start Date	Benefit End Date	Exchange-Assigned Policy ID	Applied APTC Amount	Initial Prm Paid Indicator	Cancellation Reason	Termination Reason
Bob	1/1/2019	12/31/2019	14689	\$250	Y		12

- Observations and Recommendations
 - Some Issuers appear to be submitting Termination Reason codes for policies in active/open-ended coverage
 - Issuers should not be defaulting to a Termination Reason such as **12** (Other) simply to comply with the upcoming requirement to submit reason codes on the RCNI File
 - Issuers should review instances where their extract process has placed a Termination Reason Code on a record with a 12/31 end date that represents active/open-ended coverage to conduct root-cause analysis and ensure a reason code is not submitted in this scenario

Proper Use of Termination Reason Codes

- **Scenario:** Policies that had been previously terminated but have since been fully reinstated
 - Example: Mary enrolls effective 1/1/2019 and makes her binder payment
 - During the year, Mary enters the grace period for non-payment and is eventually terminated for non-payment by the Issuer effective 4/1/2019
 - Mary realizes the error in payments from her bank and makes full payment to the Issuer; the Issuer then reinstates Mary's coverage fully as active/open-ended in the existing policy

Member	Benefit Start Date	Benefit End Date	Exchange-Assigned Policy ID	Applied APTC Amount	Initial Prm Paid Indicator	Cancellation Reason	Termination Reason
Mary	1/1/2019	12/31/2019	23532	\$350	Y		6

- Observations and Recommendations
 - Some Issuers appear to be persisting Termination Reason codes for policies that have since been reinstated
 - Issuers should ensure that policies that have previously been terminated but are now being submitted as reinstated, active/open-ended coverage do not include the Termination Reason code associated with the earlier termination

Proper Use of Termination Reason Codes

- **Scenario:** Policies for enrollees that have had a different policy terminated in 2019
 - Example: Mike enrolls effective 1/1/2019 and makes binder payment in Policy 38475
 - Mike returns to the Marketplace and enrolls in new coverage with the same Issuer when he moves across the state; as Mike selected a new plan his original policy is terminated and he receives a new policy 41837 effective 5/1/2019

Member	Benefit Start Date	Benefit End Date	Exchange-Assigned Policy ID	QHP ID	Initial Prm Paid Indicator	Cancellation Reason	Termination Reason
Mike	1/1/2019	4/30/2019	38475	12345XX001000101	Y		12 (Issuer may optionally send 3)
Mike	5/1/2019	12/31/2019	41837	12345XX003000501	Y		12

- Observations and Recommendations
 - Some Issuers appear to be submitting Termination Reason codes for policies where the same member has had a policy terminated earlier in the year
 - In some cases the Issuer includes the Termination Reason from the earlier terminated policy on the later active/open-ended policy; in other cases it appears that some default code such as **6** (Non-Payment) or **12** (Other) is being included
 - Issuers should ensure that Termination Reason codes that are appropriately associated to a policy do not appear on other policies for the same enrollee(s)

Proper Use of Termination Reason Codes

- **Scenario:** Policies where a member had been removed from the enrollment group
 - Example: Anna enrolls effective 1/1/2019 with her son Alex and makes binder payment and stays current with payments throughout the year
 - Alex gets a new job with employer-sponsored coverage and is removed from the enrollment group effective 6/30/2019

Member	Benefit Start Date	Benefit End Date	Exchange-Assigned Policy ID	Applied APTC Amount	Initial Prm Paid Indicator	Cancellation Reason	Termination Reason
Anna	1/1/2019	6/30/2019	51035	\$550	Y		1
Alex	1/1/2019	6/30/2019	51035		Y		1
Anna	7/1/2019	12/31/2019	51035	\$300	Y		1

- Observations and Recommendations
 - Some Issuers appear to be submitting Termination Reason codes when a member is removed from the enrollment group, even though the policy remains active/open-ended
 - These reasons are being submitted either for the individual member that was removed or for all records related to the policy
 - **Terminations do not occur at the member level;** removal of a member does not constitute termination of the policy
 - Termination Reason Codes are only to be used when the policy is terminated

Q&A

