

CMS Issuer Technical Work Group



- ***Housekeeping***
 - ***Webinar Schedule***
 - ***EXE***
 - ***OE and BAR FAQ***
 - ***Enrollment Pre-Audit & Reconciliation***
- ***ER&R***
- ***Direct Enrollment (DE) Updates: Enrollment Team***
- ***Issuers: Payment Redirect Updates***
- ***Q&A***

October 22, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
29	CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm Effective 9/30*Switching from Biweekly to Weekly Cadence	01 CMS Issuer Technical Workgroup 3:00pm-4:30	02	03 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	04	05
06	07 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	08 CMS Issuer Technical Workgroup 3:00pm-4:30	09	10 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	11	12
13	14 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	15 CMS Issuer Technical Workgroup 3:00pm-4:30	16 Enrollment OPS Training 12:00pm_1:00pm	17 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	18	19
20	21 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	22 CMS Issuer Technical Workgroup 3:00pm-4:30	23 Enrollment OPS Training 12:00pm_1:00pm	24 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	25	26
27	28 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	29 CMS Issuer Technical Workgroup 3:00pm-4:30	30	31 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	November 01	02

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:

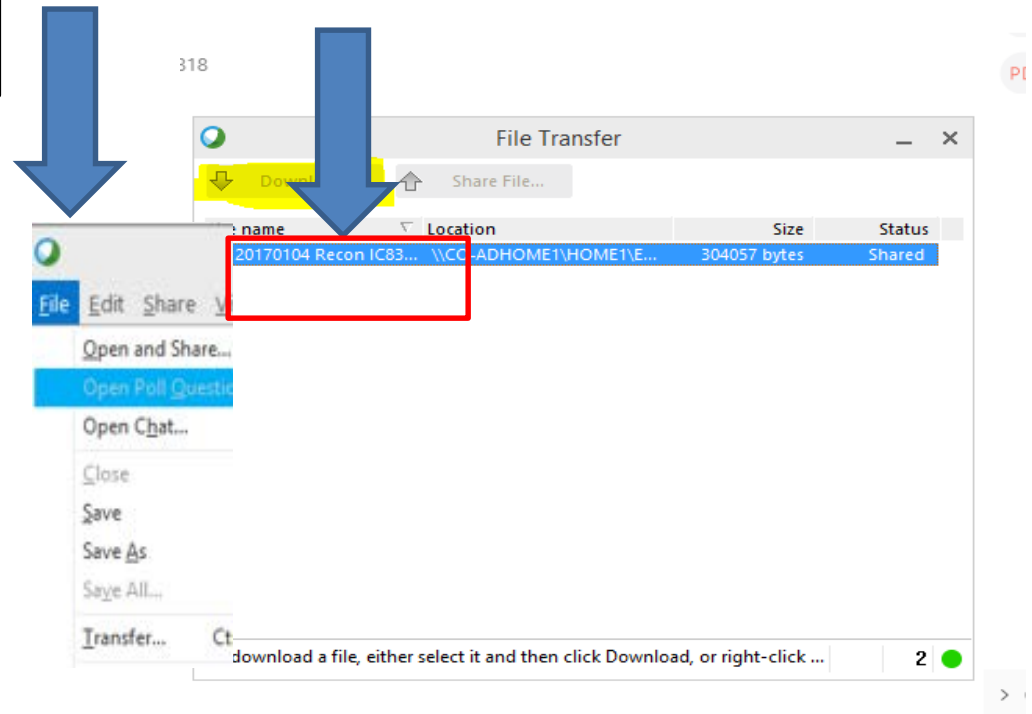
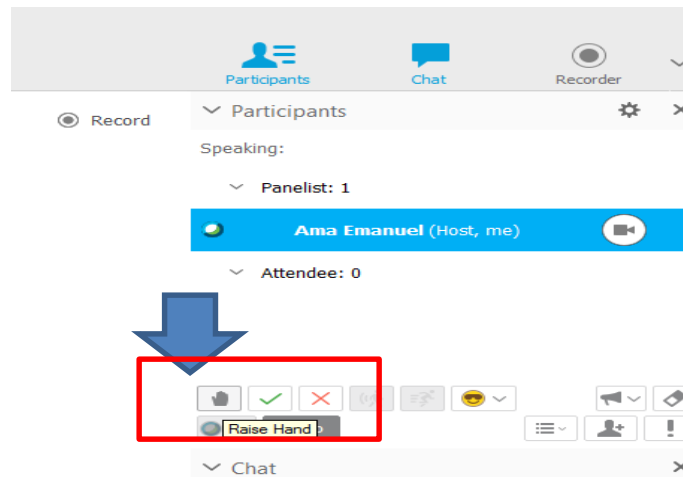
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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)

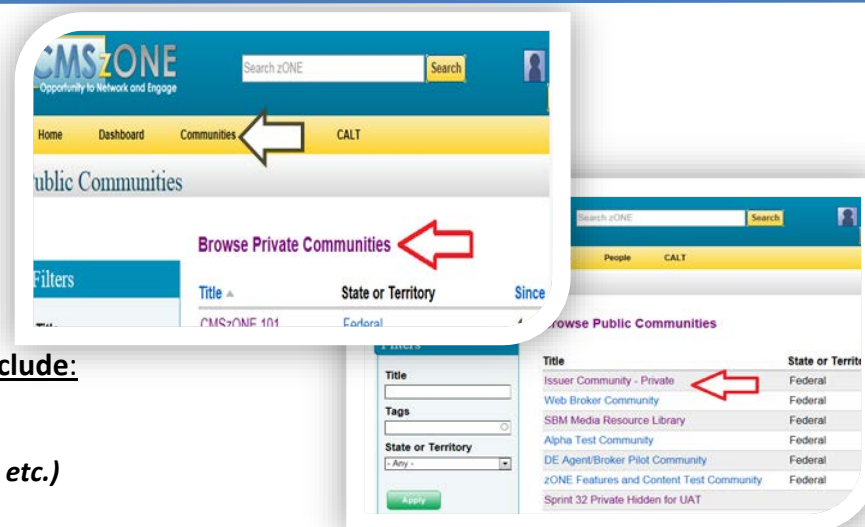
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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

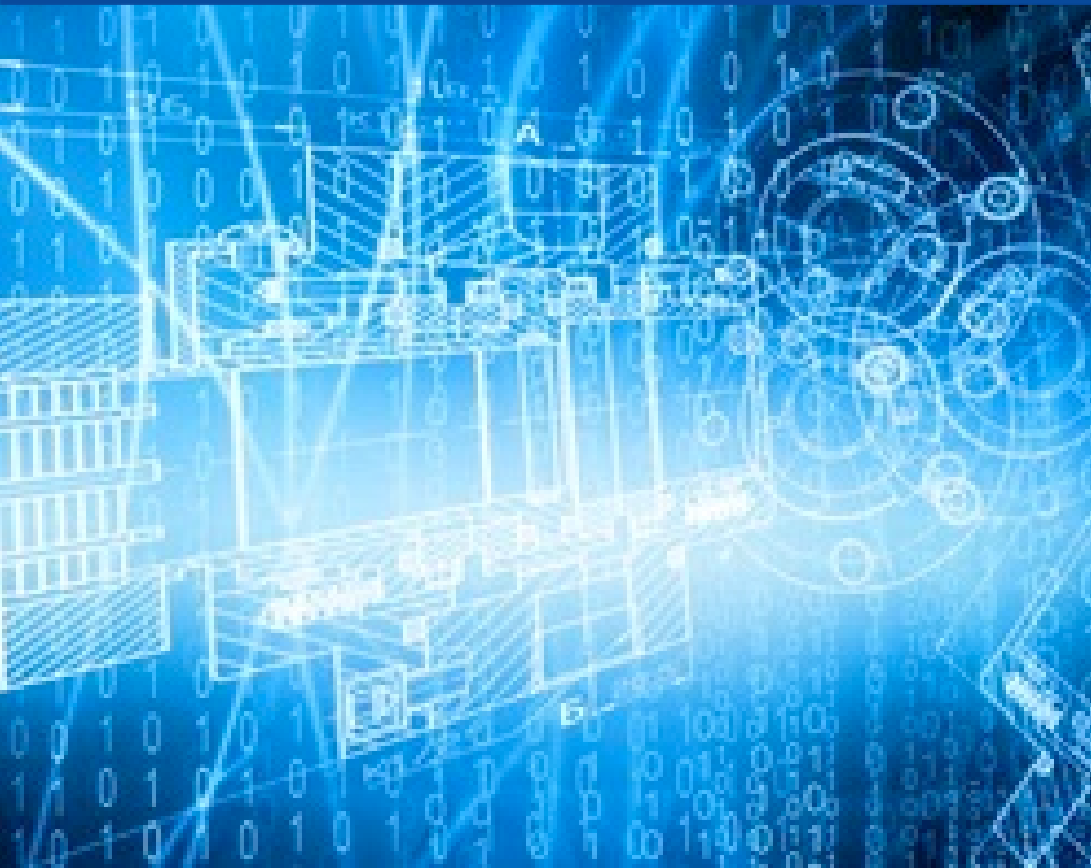
- ✓ Internet Explorer Version 9.0
- ✓ Internet Explore Version 10.0
- ✓ Google Chrome
- ✓ Safari

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

UAT0 PY2020 All Issuer Testing Known Issues and Testing Tips Update



***External Engagement
Team***

October 22, 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.

UAT0 Testing Tips

- **Plan Compare vs Window Shopping**

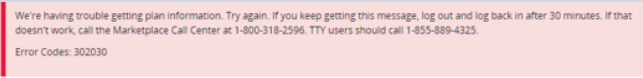
- Plan Compare

- You have filled out an application using CMS test data, and are looking at what plans would be available for your test household to enroll in
 - If you submit a testing ticket for this type of issue in Plan Compare, note that it is related to the QHP template/Plan Data submission form that your organization submitted to CMS
 - For Plan Compare issues, we need the test data you used as well as the Application ID associated with the

- Window Shopping

- You did not fill out an application, and simply went to the UAT0 link ending in “/see-plans/” and are entering in high level availability information to see plans
 - Not all functionality/rules are available in Window Shopping
 - If you submit a testing ticket for a Window Shopping issue, note that most of the data is related to your JSON/Machine Readable data, and please confirm that your organization has looked internally to ensure the information you are feeding to Healthcare.gov is up to date on your end

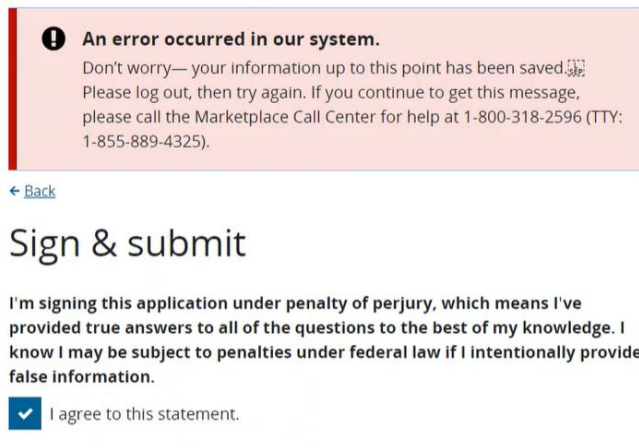
UAT0 App 3.0/Plan Compare/Window Shopping Known Issues – UPDATES

Issue	Description	Workaround	Status Update
Able to create two 2019 applications for same state	Able to create two 2019 applications for same state (should not be able to)	Do not attempt to create two applications for the same year in the same state in a single consumer account	Back logged for next year
Confusing error message in tribal income when negative rental income in entered	When there is negative rental or royalty income and if user enters positive tribal income, the error code is confusing even and cannot move to next screen without checking 'None of this income is tribal income'	None	Teams are still tracking
Getting error 302030 in Read these statements & agree to continue page	Getting error 302030 in Read these statements & agree to continue page for the tested scenario. In Read these statements & agree to continue page seeing red box error with error code 302030.  Read these statements & agree to continue These statements apply to: susan griffith dependent nnn spouse bbb I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:	None; cause and scope under investigation	RESOLVED

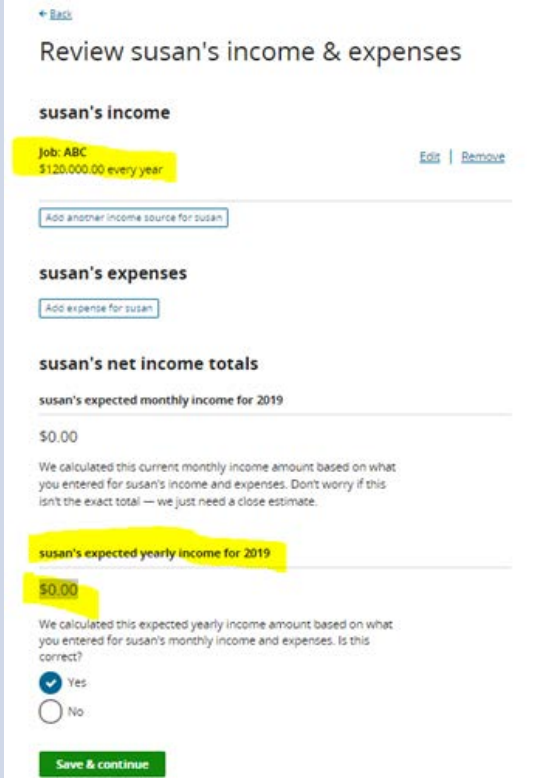
UAT0 App 3.0/Plan Compare/Window Shopping Known Issues - UPDATES

Issue	Description	Workaround	Status Update
Getting incorrect eligibility result in EDN	Getting incorrect eligibility result in EDN. -Your yearly household income (\$0.00) is too high for advance payments of the premium tax credit. Generally, households whose income for the year is between 100% and 400% of the federal poverty level for their family size may be eligible.	N/A; cause and scope under investigation	RESOLVED
Discrepancy in APTC amount on Eligibility page and Plan compare	Discrepancy in APTC amount on Eligibility page and Plan compare (in some scenarios)	None	RESOLVED
Window Shopping: 'View steps' is not displayed in every screen/No way to go back to to-do list after dental plan is selected	'View steps' should be displayed in every screen. This is not the case in grouping page, plan result page, dental page, document upload page, agree and confirm page, and plan confirmation page.	Be aware that during window shopping, you cannot navigate back to the to-do list from some screens.	RESOLVED

UAT0 App 3.0/Plan Compare/Window Shopping Known Issues - UPDATES

Issue	Description	Workaround	Status Update
Full time student flow is run upon CIC even If the parent lives in the application state	Seeing the below two questions, which are not expected when the applicant parent and child lives in same state of application. -Does [Applicant] have a parent or guardian living in [State of Application]? -Does Applicant go to School in [Application State]?	Answer additional questions per your test scenario	RESOLVED
Red box error displayed when a coverage through one of the employers on the Job based coverage section is removed on CiC	Red box error is displayed on submission when a coverage through one of the employers on the Job based coverage section is removed on CiC. 	None	RESOLVED

UAT0 App 3.0/Plan Compare/Window Shopping Known Issues - UPDATES

Issue	Description	Workaround	Status Update
In CIC: Expected yearly Income displays \$0 "This field is required" for primary applicant on Income page	Income: Issue: Expected yearly income for 2019 displays \$0- This field is required after applicant entered \$120k job income 	None	RESOLVED

UAT0 App 3.0/Plan Compare/Window Shopping Known Issues – Updates

Issue	Description	Workaround	Status Update
Fix landing page layout/background image in IE11	The landing page does not look correct on IE 11. The layout is incorrect (goes across the entire screen, continue button is not next to ZIP code input) and the background image is not loading properly.	N/A; use a different browser (i.e. Chrome) for a cleaner landing page	RESOLVED
User is sent back to enter ZIP code when time out modal appears	When a user navigates to the "Tell us about You" page and the "Are you still there?" time out modal appears, once they click "Continue" and enter their information (age + sex) they are taken back to the landing page and are asked to enter their zip code again. The expected behavior is that a user's zip code information would have been saved and they are taken to the next page.	This only seems to happen if the "Tell us about You" page is empty. If a user started to fill out these fields and then the "Are you still there?" time out modal appears, clicking "Continue" does not take the user back to the first screen.	RESOVLED
Plan Results - filter facets disappear on refresh	On plan results page, select a metal filter (ex. "Silver"). Apply filters. Refresh the page. Open filters. Only checked metal filters appear.	None	RESOLVED
Date in the statement of Job-based coverage screen not correct	In job-based health coverage screen, there is a date in the statement as 'starting 1/1/2019, which is not correct, since this is 2019 app and is out of OE.	N/A. Note that although UAT0 will be configured to OE for All-Issuer testing, this issue may still be present for 2019 SEP apps.	RESOLVED

Open Enrollment (OE) and Batch Auto Reenrollment (BAR) FAQ

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

October 21, 2019

<https://www.regtap.info/FFENR.php>

The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This material summarizes current policy and operations as of the date it was uploaded to RegTap. Links to certain source documents may have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

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.

Open Enrollment and BAR

The Open Enrollment Period for 2020 Coverage runs from November 1 – December 15, 2019

- Enrollees may actively reenroll (origin code ≠ 11) at any time throughout Open Enrollment.
- During **Open Enrollment** season, issuers can expect to receive *both* 2019 and 2020 enrollments sent via EFT I834 and I834AR.

Reminder of Files Sent to Issuers After November 1:

- **Switch File**
 - The Switch file (sent via EFT SWTFL) will begin daily delivery on 11/3/19. The file lists 2019 subscribers who have not yet been auto-reenrolled and have actively selected a different issuer for 2020 year Marketplace coverage.
 - Current year issuers should non-renew subscribers if they are on the Switch File.
 - The Switch File will run until about 12/16/19.

BAR Announcements

- Following Monday's 834 delivery, BAR is substantially complete in FL, VA, SC, OR, NC, and TX, except for deferred populations
- CMS is continuing the October wave of Batch Auto Renewal ("BAR," also called passive reenrollment) for issuers in all remaining states.
- **Special Note for October BAR Wave:**
 - Issuers will receive delayed BAR transactions for some 2019 enrollees eligible for 2020 passive re-enrollment if:
 - The consumer indicates current tobacco use,
 - The consumer lists multiple residency addresses for family members on a single application, or
 - The application needs a CMS data clean-up prior to running through the new BAR Stand-alone Eligibility Service (SES) process.

BAR Announcements

- **Supplemental Issuer Outreach File (IOUTRC)**
 - A supplemental Issuer Outreach File is targeted for delivery today, 10/22.
 - File contains members who had 2019 coverage created between 8/24 and 10/10.
 - Identifies individuals at risk for losing financial assistance effective 1/1/2020 unless they follow steps listed in MOEN
 - Issuers are encouraged to conduct consumer outreach and direct member to Marketplace to actively apply during OE to avoid losing financial assistance.

BAR Daily Progress Report

- CMS will deliver a daily tab-delimited report **via EFT code MISCO** on/around 10/22/19 to health and dental plan issuers listing the following attributes:

Attribute	Definition
bar_eligible_policies	2019 coverage in initial or effectuated status with 12/31/19 Plan Benefit End Date & EOY = False (excludes 2019 policies with active 2020 reenrollments)
regular_auto_reenrolled	Total count to date of 2020 auto-renewals (policy origin = 11, and 2019 and 2020 HIOS match).
estimated_alterate_enrollments	[only applies to issuer who were notified by CMS] The count of new members (number of people) estimated by CMS to be matched to the issuer as of 10/9/19.
alterate_enrollments	The count of alterate enrollments (number of policies) sent to date (policy origin = 11, and 2019 and 2020 HIOS do not match)

General BAR Questions

- **Can an issuer cancel a consumer's passive enrollment at the consumer's request or is the consumer required to contact the Marketplace?**
 - An issuer may cancel a passive re-enrollment (aka BAR, policy origin = 11) at consumer's request. Issuers should report the cancel back via IC834 or monthly reconciliation.
- **When a member is auto-renewed, will they receive a new Application ID for 2020?**
 - Yes, there will be a new FFE Application ID for the new coverage year. The FFE-Assigned Policy ID will also change. FFE-assigned Member IDs remain the same year-over-year.
- **Will the BAR include demographic changes?**
 - The BAR file will include all changes that have been reconciled with the FFE up to that moment. Any demographic changes the consumer reported throughout the year will be included in the BAR file.

BAR Stop Coverage

- An enrollee has until December 31 to indicate to the Exchange that they don't want to be auto-reenrolled by using the "Stop Coverage for 2020" button available on healthcare.gov.
- Selecting this button will immediately generate a current year policy termination with a benefit end date of December 31, and simultaneously cancel the future year BAR policy.

Don't want your current coverage to continue into 2020?

You can choose to end all of your Marketplace coverage on 12/31/2019. If you do this, we won't automatically enroll you in coverage next year.

STOP COVERAGE FOR 2020

De-duplication of Auto-reenrollments

- The Marketplace works diligently to prevent sending passive re-enrollment (BAR) transactions for someone with an active 2020 enrollment.
- Nevertheless, there are enrollees who temporarily have duplicative re-enrollments. For example:
 - BAR passively reenrolled a person because the 2020 active reenrollment was created by an agent who failed to use the enrollee's pre-existing Marketplace Account, and thus was not initially detected by BAR. The FFE regularly searches for any duplicates and will cancel the auto-reenrollment and leave the active selection in force.

De-duplication of Auto-reenrollments

- To be responsive to the consumer, an issuer may report an unwanted BAR policy as cancelled in reconciliation without a Health Insurance Casework System (HICS) case if the following criteria are met:
 - Only passive reenrollments (origin type 11) should be cancelled without a transaction or HICS case.
 - Issuers who receive a HICS request for cancellation of a passively reenrolled policy must honor the consumer's request.
 - The cancellation should be reported as cancelled through IC834 or other enrollment data alignment channel.

Current Year Termination Impact on Future year BAR Policy

- If an issuer receives an 834 termination of the member's 2019 coverage after the member is auto-renewed for 2020 coverage, should the issuer cancel the 2020 BAR coverage as well?
 - CMS will cancel the 2020 policy if it is still in passive status through the cancel carry-forward job. However, some issuers do not wish to wait for the completion of the cancel carry-forward process; therefore, an issuer can send the FFM a transaction to cancel the 2020 policy. Some scenarios also permit the issuer to cancel a 2020 policy in active status, but the issuer should be sure to follow the rules around guaranteed availability.
 - For more information, see Chapter 3s, and 7.4.2 and 7.4.3 of the Enrollment Manual at https://www.regtap.info/uploads/library/ENR_EnrollmentManualForFFEandFF-SHOP_v1_5CR_092519.pdf

BAR Policy Reinstatement Requests

- **If an enrollee's coverage wasn't auto-renewed because FFE records indicated the 2019 policy was terminated, but the issuer later reinstates the 2019 coverage, what happens for 2020 coverage?**
 - 2019 policies reinstated in the FFE by December 15 will be auto-renewed for 2020 coverage in the final wave of BAR
 - 2019 policies reinstated after December 15 require the enrollee to actively reenroll during Open Enrollment, or at the FFE Call Center after December 15
 - In February and March, the FFM facilitates post-BAR reinstatements.
 - The FFE Call Center has a list of members whose 2019 coverage was reinstated by the issuer in enrollment data alignment after December 15 if no associated active re-enrollment for 2020 coverage is found.
 - These impacted enrollees are flagged for a Special Enrollment Period (SEP) and issuers are encouraged to conduct voluntary outreach for them to actively prospectively or retroactively to January 1, 2020.

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

October 22, 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.

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 will finish tomorrow, Wednesday, October 23rd
- Tomorrow's final session will cover:
 - Recon 301: Recon Processing, RCNO Files, and Statistical Analysis
- 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>

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for distribution to Issuers on Wednesday, October 30th
- **Plan Year 2016**
 - This month's 2016 FFM extract was taken on Tuesday, October 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD16) Files based upon that extract were distributed to Issuers yesterday, 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 was taken on Tuesday, October 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA7) Files based upon that extract were distributed to Issuers on Friday, October 18th

- **Plan Year 2018**

- This month's 2018 FFM extract was taken on Tuesday, October 15th at 6PM EDT
- Incremental Pre-Audit (ISIPA8) Files based upon that extract were delivered to Issuers on Thursday, October 17th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

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

Housekeeping: Pre-Audit & Reconciliation

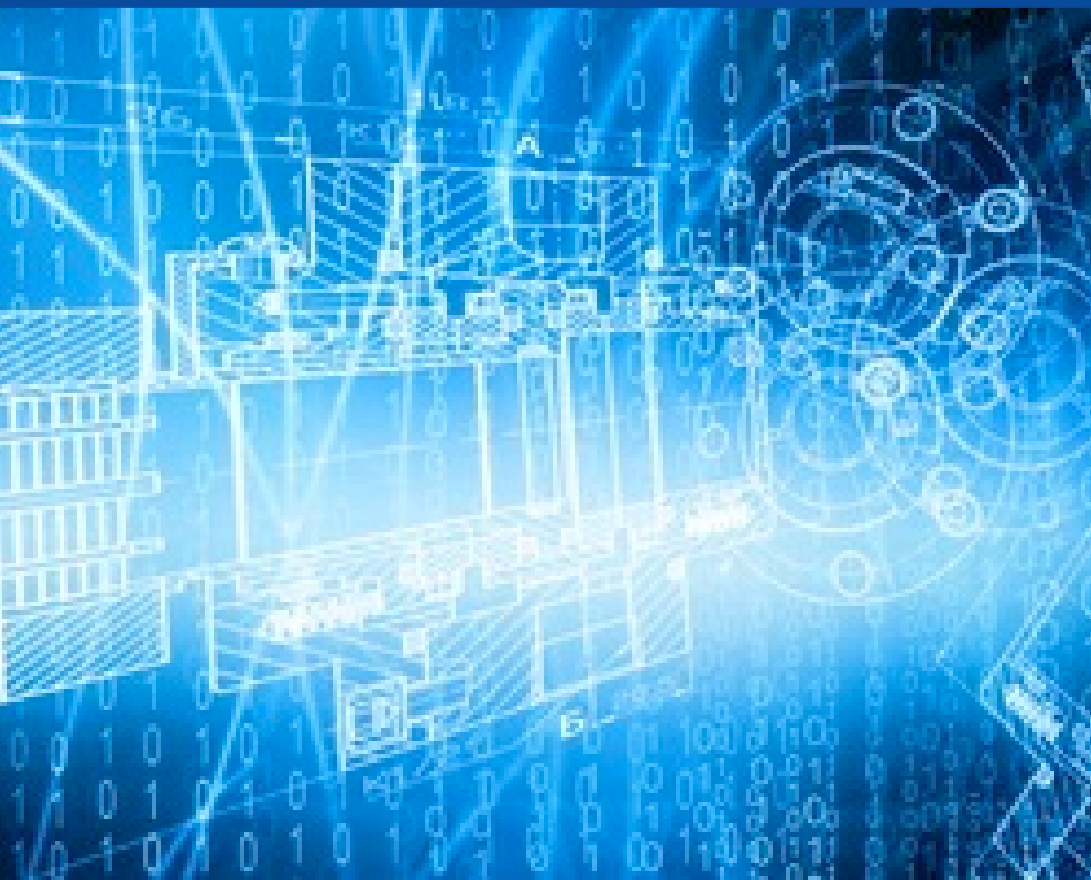
- **Plan Year 2020**

- The first set of Missing Outbound 834 Incremental Pre-Audit (MOIPA0) Files is scheduled for delivery to impacted Issuers on Tuesday, November 5th
- The first 2020 FFM Extract is scheduled for Wednesday, November 13th at 6PM EST
- The first comprehensive 2020 Enrollment Pre-Audit (AUD0) Files are scheduled for delivery to Issuers on Friday, November 15th

Important Dates: Reason Codes on RCNI

- As previously communicated, CMS intends to require population of Cancellation and Termination Reason Codes on the RCNI File starting with November's Run 12
 - Issuers that do not submit reason codes on cancelled or terminated records may have those cancellations and terminations suppressed starting with that cycle
- CMS plans to continue analysis of the reason codes submitted by Issuers on the RCNI File to ensure sufficient data quality to apply updates to FFM data
 - CMS is currently targeting the **March 2020 cycle for PY2020** to begin applying reason codes to the FFM based upon Issuer-submitted data on the RCNI File
- Issuers are encouraged to review the deep dive educational materials on proper use of the new reason code fields shared on the October 10th and 17th Recon/IC834 Workgroup calls, available on zONE at:

ER&R

- 
- ✓ **Topics**
 - ✓ Enrollment Dispute Form v12 Launch Date
 - ✓ zONE Publications
 - ✓ **Q&A**

October 22, 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.

Enrollment Dispute Form v12 Launch Date

- ER&R has completed the final production version of Enrollment Dispute Form v12 and posted the file enrollmentdisputeformv12.xlsx to zONE.
 - <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>
- **ER&R will accept v11 through Friday, November 8th.**
 - Issuers who submit disputes on v11 after the 8th will receive response emails that include a copy of v12 and instructions to resubmit the disputes using the new form.
- **ER&R will begin accepting v12 on Tuesday, November 12th.**
 - While issuers may submit v12 starting on November 12th, be aware that ER&R will be completing deployment and testing for several days. Issuers may not receive timely acknowledgement of disputes submitted from November 12th–14th.
- **ER&R anticipates returning to normal cadence by Friday, November 15th.**
 - All new disputes and disputes received since November 12th will receive responses and be processed normally by Friday, November 15th.
- Issuers should delete the prototype form (20190619enrollmentdisputeformv122.xlsx) that was previously available on zONE.
- Issuers who utilize add-ins will need to install the v12-compatible add-ins, which will be posted to zONE in advance of the launch date.

Enrollment Dispute Form v12 Launch Date (Continued)

- As a reminder, Enrollment Dispute Form v12 includes 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
- Issuers may direct questions regarding the v12 form or add-ins to the ER&R Support Center.
 - ERRSupportCenter@cognosante.com
 - **(855) 591-7113**

zONE Publications

- ER&R released UIR TRG v7.0 and UIR Master Guidance, which contain updated information regarding the UIR function code used for UIR Reports.
- ER&R released the Disposition and Detail Code List v24, which contains new and modified detail codes used for payment disputes.
- Access the updated documentation on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Issuers: Payment Redirect Updates



Tuesday, October 22, 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.

Reminder for Issuers: Payment Redirect URL Testing

- Issuers, as a reminder, CMS is implementing new functionality that will allow us to verify on a daily basis that an issuer's payment redirect URL appears to be working
 - Essentially, we'll be making a daily call to each issuer's payment redirect URL, and we'll validate that certain data is present when we land on the payment redirect page
- Prior to this daily testing functionality going live in production, we'll be conducting some sporadic testing to determine what data is consistent across all issuers' payment redirect pages
 - The data that is found to be consistent across all issuers' payment redirect pages will be used for our daily production validation, when confirming that an issuer's payment redirect page appears to be working
- During both our preliminary and daily testing, we'll be sending "mock" data within the SAML
 - » The SAML will include our production FFM Gateway certificate, and will also include the "mock" data shown below:
 - Payment Transaction ID: 12345
 - Market Indicator: Individual
 - Assigned QHP Identifier: Will be unique to each issuer
 - Total Amount Owned: 99.9999
 - First Name: TestJoe
 - Last Name: JohnTesting
 - Street Name 1: 123 Whatever
 - State: VA
 - Zip Code: 20170
 - City Name: Herndon
- Note, during the testing, CMS will only post the SAML to the payment redirect URL, and will not attempt to make a payment

Issuers: New Payment Redirect Page on zONE

- Issuers, please be advised that there is a new page on zONE that outlines how the payment redirect service works
 - The page can be found at <https://zone.cms.gov/document/payment-redirect-information>
 - Note that this page does not describe how the EDE Payment Redirect API works
 - » Information related to the use of the EDE Payment Redirect API can be found in the EDE API Companion Guide and the EDE Payment Redirect API Specs available at <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>
- Note that the payment redirect service is a service that allows eligible consumers to redirect from HealthCare.gov (or from an Enhanced Direct Enrollment entity's site) to their respective issuer's site to make a binder payment
- Below is a high-level overview of the applicable steps in the payment redirect process:
 1. The issuer provides their payment redirect URL via plan data template submission
 - Issuers with questions about how to submit their payment redirect URL via plan data template submission should email CMS_FEPS@cms.hhs.gov
 - » Issuers should also note that it is critical that the payment redirect URL submitted via plan data template submission is accurate, as subsequent plan data corrections of the payment redirect URL will not be updated immediately in the production environment

Issuers: New Payment Redirect Page on zONE

2. A consumer enrolls in a plan, is eligible to make a binder payment via the payment redirect service, and the consumer selects the payment button on HealthCare.gov (or via an EDE entity's site)
 - Below are the rules that make a consumer eligible to make a binder payment via the payment redirect service:
 - » The issuer has provided the FFM with their payment redirect URL via plan data template submission
 - » The consumer's policy is active and has not already been effectuated
 - Note, if the consumer receives a Pended Plan Selection (PPS) due to a SEP Verification Issue (SVI), the consumer will not be eligible for payment redirect until the SVI has been resolved and the PPS has been released to the issuer
 - » The consumer's coverage effective date is in the future
 - Note, after the effective date of the policy, the consumer will not be eligible for payment redirect
 - So for example, if a new policy is created with a newborn SEP, and the effective date is retroactive, the consumer will not be eligible for payment redirect
 - » For dental plans only, a consumer will only be able to complete the payment redirect if the dental policy has a guaranteed premium
 - To be clear, if a dental policy has an estimated premium, the consumer will not be eligible for payment redirect

Issuers: New Payment Redirect Page on zONE

3. The consumer is redirected to the payment redirect URL provided by the issuer on their plan data template submission, where SAML is posted that includes the FFM Gateway certificate
 - The FFM Gateway certificate can be found at <https://zone.cms.gov//document/ffm-gateway-certificates>
 - The SAML specifications can be found in the Payment Redirect Business Service Definition (BSD), which is available on the new zONE page
4. The issuer's system validates the FFM Gateway certificate, ingests the SAML data, and subsequently displays the payment information for the consumer within their UI
 - Note that ingestion of the SAML data is critical to the payment redirect process, since an issuer may not yet have received an 834 for the consumer as of the time the payment redirect is initiated
 - » The SAML includes the relevant data that the issuer would need to complete the payment transaction, as well as to match the payment with the 834 transaction
 - The SAML includes things like the consumer's name, address, amount owed, etc.
5. The consumer makes their binder payment via the issuer's payment portal

Direct Enrollment (DE) Updates: Enrollment Team



Tuesday, October 22, 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.

Classic DE and EDE Partners: PY2020 PUFs Now Available

- Classic DE and EDE Partners, please be advised that the PY2020 Public Use Files (PUFs) are now available at <https://www.cms.gov/cciio/resources/data-resources/marketplace-puf.html#>

EDE Partners: New Employer Sponsored Coverage (ESC) SES Fields

- EDE Partners, please be advised that we are adding some new ESC fields to the SES APIs
 - The fields are intended to provide API users with the ability to indicate when a consumer has multiple types of ESC
 - We tentatively expect to update our App 3.0 experience in January of 2020, so that we allow users to enter more than one type of ESC when applicable
 - EDE Partners will not be required to make similar UI changes
 - » This said, updates will be made to the UI Question Companion Guide, reflecting the new optional implementation approach for Phase 3 EDE Partners
 - Phase 3 EDE Partners should refrain from using the new fields until additional guidance is provided
- While there will be no required UI changes for EDE Partners, EDE Partners should be aware that App 3.0 will begin collecting related attestations, and therefore EDE Partners could begin seeing these attestations being returned in the Get App response
 - Accordingly, EDE Partners will need to be sure they can ingest the new data elements if received in the Get App response, and EDE Partners will also need to clear the attestations during CICs, if the optional UI changes haven't been adopted by the EDE Partner
- Below are the new fields that are being added to SES:
 - Add Member:
 - applicationMembers.insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePlanName
 - applicationMembers.insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyMemberId
 - applicationMembers.insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyNumber
 - Update App:
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePlanName
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyMemberId
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyNumber
 - Get App:
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePlanName
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyMemberId
 - members.[MEMBER-ID].insuranceCoverage.employerSponsoredCoverageOffers.escOffer[n].insurancePolicyNumber

EDE Partners: New Employer Sponsored Coverage (ESC) SES Fields

- Below are the validations that will be implemented for the new fields that are being added to SES:
 - insurancePlanName:
 - Send error when (errorCode = length_must_be_lesser):
 - insurancePlanName <> null AND
 - insurancePlanName > 100 characters
 - insurancePlanName character validations:
 - Send error when:
 - Characters <> a-z OR A-Z OR 0-9 OR space OR diacritics OR Special Characters of (_ . @ - ! " # \$ % & ' () * + / = ? ^ ` { } ~ : ; , []) OR
 - Characters contain a combination of two dots and forward slash (../)
 - insurancePolicyNumber:
 - Send error when (errorCode = length_must_be_lesser):
 - insurancePolicyNumber <> null AND
 - insurancePolicyNumber > 18 characters
 - insurancePolicyMemberId
 - Send error when (errorCode = length_must_be_lesser):
 - insurancePolicyMemberId <> null AND
 - insuranceMemberId > 256 characters
- The updated API Spec extract can be found on zONE at <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>

EDE Partners: FARS API Schema Missing FinalDecisionCode Enumeration Value

- EDE Partners, please be advised that we've identified an inaccuracy in the FARS API schema
 - Specifically, we've identified that the FinalDecisionCode field in the FARS API response schema should also include an acceptable enumeration value of "RF3"
 - Similar to the RIDP schema, RF3 represents a use limit violation in the FARS schema, where a user has attempted to remotely identity proof themselves too many times within a 48 hour period, without success
- The Hub is expected to update their FARS schema so that RF3 is reflected as an acceptable enumeration value for the FinalDecisionCode in the FARS API response, however this change is not expected to occur in production until March of 2020
 - A more definitive deployment schedule will be provided at a later time
 - In the meantime, EDE Partners should be aware that they may receive an RF3 FinalDecisionCode value in the FARS API response
 - Thus, EDE Partners using the FARS API will likely want to make the necessary changes to accept the RF3 value when it is received in the FARS API response

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.-

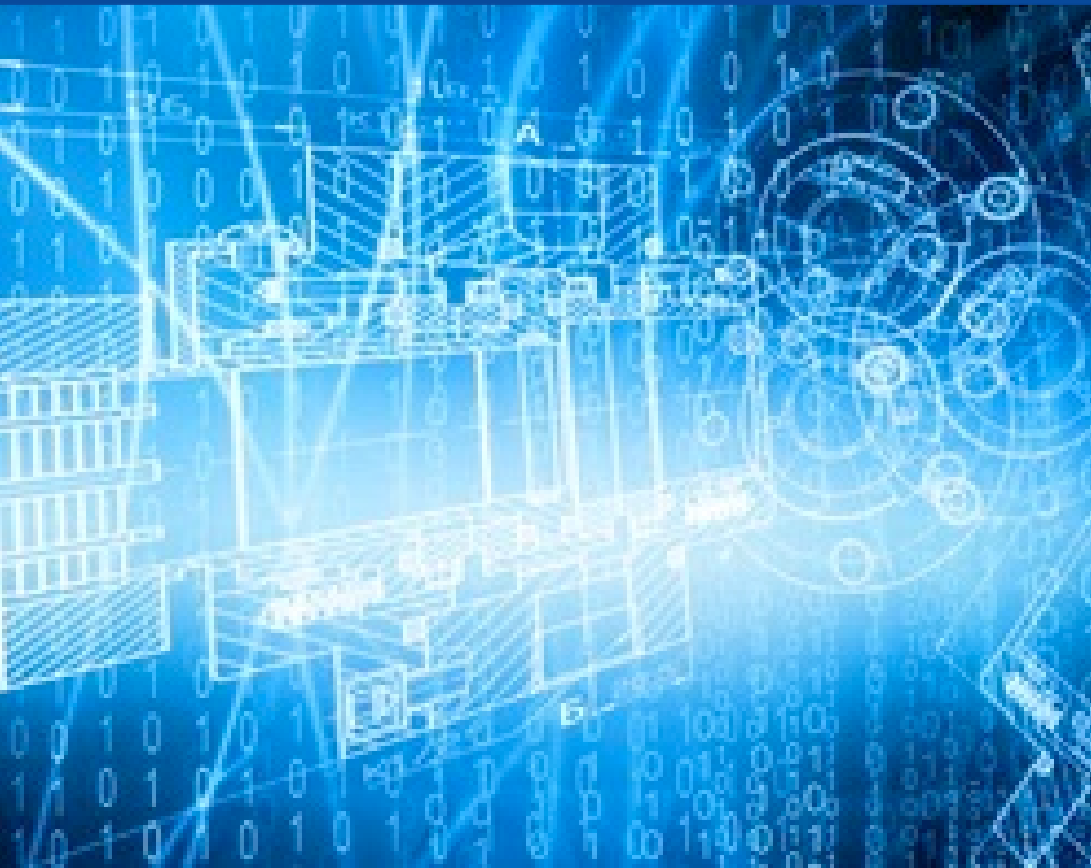
If you have not already; please register here <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t1ee33e596961101e4a00ce2fdd928fce> one time for the entire Tuesday Issuer Technical Workgroup Call Series III (through February 26, 2020).

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

- 
- **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

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>

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.