

CMS Issuer Technical Work Group

- *Housekeeping*
 - *Webinar Schedule*
 - *BAR Updates*
- *ER&R*
- *Pre-Audit and Recon Updates*
- *Direct Enrollment (DE) Updates:*
 - Compliance Team*
 - Enrollment Team*
- *Q&A*
- *November 12, 2019*

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
27	28	29 CMS Issuer Technical Workgroup 3:00pm-4:30	30	31 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	01	02
03	04 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	05 CMS Issuer Technical Workgroup 3:00pm-4:30	06	07 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	08	09
10	11 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	12 CMS Issuer Technical Workgroup 3:00pm-4:30	13	14 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	15	16
17	18 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	19 CMS Issuer Technical Workgroup 3:00pm-4:30	20	21 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	22	23
24	25 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	26 CMS Issuer Technical Workgroup 3:00pm-4:30	27	28 Thanksgiving There will be NO Data Recon & Inbound 834/BAA Workgroup call	29	30

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:

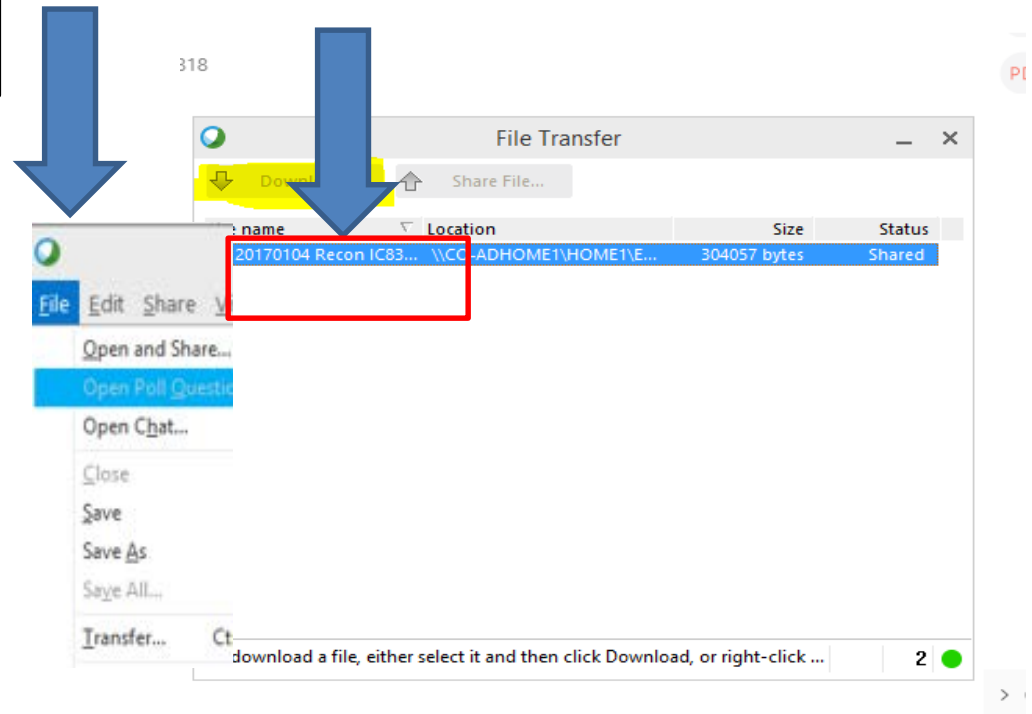
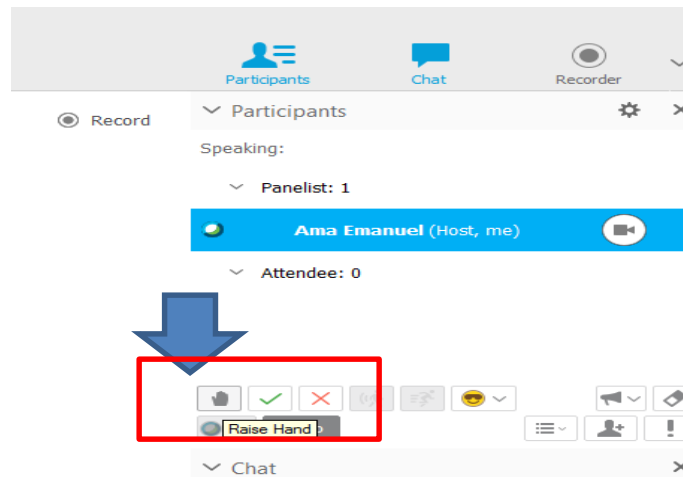
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***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)

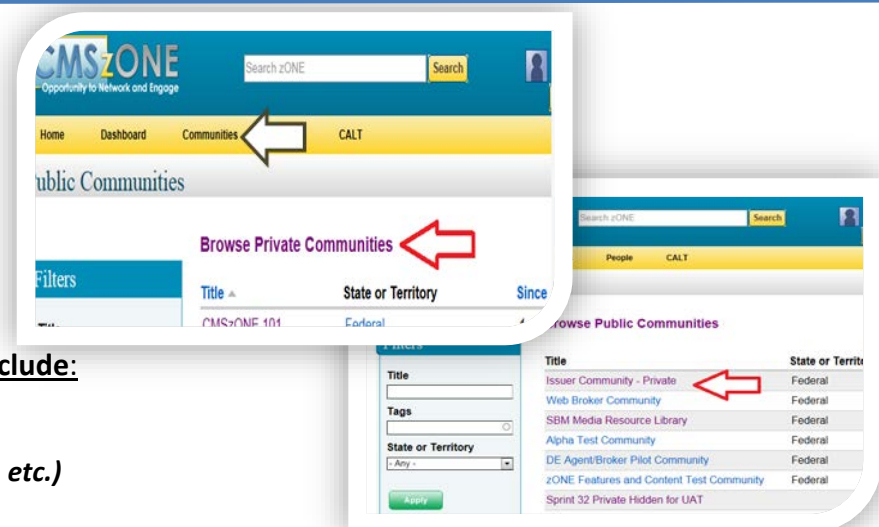
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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

Batch Auto Reenrollment (BAR) Update

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

November 12, 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

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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.

BAR Update

- Issuers can expect to receive BAR transactions on or around 11/14 for deferred populations during October BAR.
- Issuers will receive BAR transactions for 2019 enrollees eligible for 2020 passive re-enrollment if
 - 1.) they indicate current tobacco usage, or
 - 2.) they list multiple residency addresses for family members on a single application, or
 - 3.) the application needs a CMS data clean-up before it can be run through the new BAR Stand-alone Eligibility Service (SES).

BAR Update

- If a consumer in the deferred population makes an active selection once Open Enrollment begins, BAR is designed to not auto-renew that application. However, if we do auto-renew a policy that also actively reenrolled, we will cancel that via BARCN0 files.
- We will process BAR for all remaining applications that haven't actively reenrolled.

Passive Cancels

- Will cancel passive reenrollments that duplicate active enrollments for future year Marketplace coverage.
 - Delivery in November: 11/20, 11/27
 - EFT BARCN0 jobs (IPA layout)
- Issuers may alternatively send a IC834 cancel on the duplicate 2020 passive (BAR) rather than waiting for the BARCN0 job

Passive Cancels

- Prior to the first run of the Passive Cancel (BARCN0) job on 11/20, CMS will begin identifying passive reenrollments that duplicate active enrollments using the November Pre-Audit File for 2020 (delivery scheduled for 11/15). The Overlap Indicator is in field 89 on subscriber records only.
- Overlap indicators are:
 - 1 - Record was modified to resolve a within-HIOS overlap
 - 2 - Record was modified to resolve across-HIOS overlap
 - 3 – Record was modified to resolve a within-HIOS overlap with one or more members losing coverage
 - 4 – Record was modified to resolve across-HIOS overlap with one or more members losing coverage.

For more information on overlaps indicators, please review the Enrollment Reconciliation Education Suite and Pre-Audit File Specifications available on zONE.

Progress Report

- We have temporarily paused the distribution of the "BAR Progress Report". This report is sent to each individual issuer on a daily basis (including weekends) to help them track their progress in receiving BAR transactions via EFT code MISC0.
- The report is scheduled to resume on Friday, November 15.

Housekeeping: Enrollment Pre-Audit & Reconciliation

Enrollment Pre-Audit & Reconciliation

November 12, 2019

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files are scheduled for distribution to Issuers on Thursday, November 14th
 - **Please Note:** This is the final scheduled 1095Ax File delivery until February 2020
- **Plan Year 2016**
 - This month's 2016 FFM extract is scheduled for Friday, November 15th at 6PM EST
 - Incremental Pre-Audit (ISIPA6) Files based upon that extract are scheduled for delivery to Issuers on Thursday, November 21st

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2017**

- This month's 2017 FFM extract is scheduled for Friday, November 15th at 6PM EST
- Incremental Pre-Audit (ISIPA7) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, November 20th

- **Plan Year 2018**

- This month's 2018 FFM extract is scheduled for Friday, November 15th at 6PM EST
- Incremental Pre-Audit (ISIPA8) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, November 19th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract is scheduled for Friday, November 15th at 6PM EST
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, November 19th
- The RCNI9 submission deadline for November's Run 12 is **Tuesday, November 19th at 3PM EST**
 - **Please Note:** The deadline is on Tuesday rather than the typical Thursday to accommodate processing prior to the Thanksgiving holiday

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2020**

- The first set of Missing Outbound 834 Incremental Pre-Audit (MOIPA0) Files were delivered 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

Plan Year 2020 Off-Cycle Reconciliation

Plan Year 2020

- CMS plans to provide Issuers with an opportunity to exercise their production processes for 2020 reconciliation ahead of the first formal cycle in late December
- This off-cycle run is optional, however ***all Issuers are strongly encouraged to participate***
- Issuers can now submit RCNIO files to test file submission and validation processes
 - Please note that automated processes are not yet enabled for RCNIO file notifications; to inquire on the status of a submitted RCNIO file please send the filename to recon_issuer_support@bah.com
- The RCNIO File submission deadline for this optional Off-cycle run is **Thursday, December 5th at 3PM EST**
 - Issuer-submitted data will be compared against data from the FFM extract taken on Monday, December 2nd at 6PM EST
 - Issuers that participate will receive an RCNOO File following processing; as a reminder, CMS will not process any updates to FFM data based upon the results of off-cycle reconciliation

Important Dates: Reason Codes on RCNI

- As previously communicated, CMS requires 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
 - In Run 11, **70.2%** of FFM Issuers submitted at least one Cancel Reason Code on the RCNI File; **66.2%** of Issuers submitted at least one Termination Reason Code
- 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:
 - <https://zone.cms.gov//document/enrollment-reconciliation-and-ic834-workgroup-call-content>

ER&R

✓ *Topics*

✓ Enrollment Dispute Form v12:

- ✓ Launch
- ✓ Add-ins
- ✓ Improvements
- ✓ Segment ID and FFM Exchange Member ID
- ✓ Date of Birth Disputes
- ✓ Discrepancy Dispute Tab
- ✓ Rejected Enrollments Tab
- ✓ Reinstatement End Date 12.31 Tab
- ✓ Newborn Premium Updates Tab
- ✓ Enrollment Blocker Tab
- ✓ Mailing Address Change Tab
- ✓ Agent Broker Information Tab

✓ *Q&A*

November 12, 2019

Reminder: Enrollment Dispute Form v12: Launch

- **ER&R is accepting Enrollment Dispute Form v12 starting today.**
 - 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.
- **ER&R is no longer accepting Enrollment Dispute Form v11.**
 - Going forward, issuers who submit disputes on v11 will receive response emails that include a copy of v12 and instructions to resubmit the disputes using the new form.
- The final v12 file, enrollmentdisputeformv12.xlsx, is available on zONE.
 - <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>
- Issuers should delete the prototype form (20190619enrollmentdisputeformv122.xlsx) that was previously available on zONE.
 - Disputes submitted using the prototype form will not be accepted.

Enrollment Dispute Form v12: Add-ins

- Issuers who wish to use add-ins when submitting disputes must download and install the new v12 add-ins file.
- The enrollment_disputes_addins_v12.0.zip file is available on zONE.
 - <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>
- Instructions for installing and using the add-ins are provided on the PSV Format tab of the Enrollment Dispute Form; however, issuers should contact their IT department before installing the add-ins.
 - Prior to installing the new version of the add-ins, issuers should uninstall any previous version.
- Issuers may direct questions regarding the v12 form or add-ins to the ER&R Support Center.
 - ERRSupportCenter@Cognosante.com
 - **(855) 591-7113**

Enrollment Dispute Form v12: Improvements

- Improvements to the new version of the form include:
 - Addition of Date of Birth (DOB) member-level dispute type on the Discrepancy Dispute tab
 - Addition of the Segment ID column, to be used for prior year disputes
 - Addition of the FFM Exchange Assigned Member ID column, to be used for the following member-level Discrepancy Dispute types:
 - Gender
 - Tobacco Status
 - All issuer-assigned IDs
 - DOB
 - Elimination of Batch Number column
 - Elimination of FFM Benefit Start Date and FFM Benefit End Date columns
 - NOTE:** With the addition of the Segment ID column, it is no longer necessary for issuers to provide the FFM Benefit Start and End Dates.
 - Reordering of columns
 - New pipe-delimited file formats
 - Pipe-delimited formats now include version number and tab name
 - Field order now mirrors Excel format
 - Formatting changes for 508 compliance

Enrollment Dispute Form v12: Segment ID and FFM Exchange Member ID

- Based on issuer requests, ER&R added the Segment ID column to replace the FFM Benefit Start Date and FFM Benefit End Date columns.
 - On prior year disputes, issuers have the option to fill out both the FFM Exchange Assigned Policy ID and Segment ID fields instead of the FFM Internal Record Inventory Number field.
 - This change will allow issuers to submit prior year disputes based on the FFM Pre-Audit file and eliminate the need to refer back to prior year RCNO data.

NOTE: The Segment ID is always optional for current year disputes.

- The FFM Exchange Member ID column was also added to the Discrepancy Dispute tab and will be required for all member-level dispute types that do not have an FFM Internal Record Inventory Number.

NOTE: Member-level dispute types include DOB, Gender, Tobacco Status, Issuer Assigned Member ID, Issuer Assigned Policy ID, and Issuer Assigned Subscriber ID.

Enrollment Dispute Form v12: Date of Birth Disputes

- DOB is a new option in the Description of Disputed Item drop-down menu of the Discrepancy Dispute tab.
- Some DOB disputes may require a correction to the Total Premium Amount. In these scenarios, the issuer should include the new premium in the Comments field.

Description of Disputed Item	Issuer Value	FFM Value	HICS Case ID	Issuer Assigned Dispute Control Number	Comments
Date of Birth	19901010	19991010			New Premium: 800.00

- ER&R will assign a successful DOB dispute a BU106 or BU107 disposition code.
- BU106 indicates that the DOB correction was processed.
 - **Verbiage Returned to Issuer:** *ER&R has submitted updates to the FFM to correct the Date of Birth (DOB) for the disputed member. Please allow 1–2 monthly Reconciliation cycles from the date of ER&R resolution for the FFM and payments (if applicable) to be updated accordingly. Please ensure the RCNI also reflects the correct DOB.*
- BU107 indicates that the DOB and Total Premium Amount corrections were processed.
 - **Verbiage Returned to Issuer:** *ER&R has submitted updates to the FFM to correct the Date of Birth (DOB) for the disputed member. Additionally, ER&R has submitted a correction for the Total Premium Amount for the disputed policy as requested by the issuer. Please allow 1–2 monthly Reconciliation cycles from the date of ER&R resolution for the FFM and payments (if applicable) to be updated accordingly. Please ensure the RCNI also reflects the correct DOB.*

Enrollment Dispute Form v12: Date of Birth Disputes (Continued)

- DOB disputes are allowed for all coverage years.
- The DOB dispute type is a member-level dispute, and the FFM Exchange Assigned Member ID is required if the FFM Internal Record Inventory Number is not provided.
- DOB disputes do not require a HICS case; however, if a HICS case is not provided, ER&R must perform manual research and find evidence of the correct DOB within the FFM to make the correction.
- ER&R will assign a DR45 disposition code when a HICS case was not provided and there is no supporting evidence for a DOB change.
- Upon receiving a DR45 disposition code, issuers should advise the consumers to contact the Marketplace to initiate the DOB change.
 - **Verbiage Returned to Issuer:** *ER&R is unable to apply the requested Date of Birth (DOB) correction. The issuer did not provide a HICS case, and ER&R was unable to locate evidence of a Date of Birth change in the FFM. To resolve this discrepancy, the consumer will need to confirm the DOB change via the Marketplace.*

Enrollment Dispute Form v12: Discrepancy Dispute Tab

- Discrepancy Dispute tab changes:
 - Removed Batch Number column
 - Added Segment ID column
 - Added FFM Exchange Assigned Member ID column

Discrepancy Dispute												
Point of Contact Name				Use the Discrepancy Dispute tab when the FFM values from the RCNO do not match the issuer's records. A Discrepancy Dispute can be submitted for a policy relating to the subscriber. Changes apply to the entire enrollment group. NOTE: The Description of Disputed Item field (column I) must contain a value selected from the drop-down menu. Custom entries will not be accepted.								
Telephone Number												
Email Address												
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com				Additional information is available on zC https://zone.cms.gov/document/enrollment-resolution-and-reconciliation								
Required	Required	Required for prior year disputes if FFM Exchange Assigned Policy ID in column E and Segment ID in column F are not provided	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required	Required for prior year disputes when using Segment ID for Date of Birth, Gender, Tobacco Status, and all Issuer Assigned ID dispute types	Required	Required	Required	Required for Applied APTC Amount, QHP ID, and Total Premium Amount* disputes	Optional	NOTE: If the dispute type is Date of Birth and there is an associated Total Premium Amount change, enter the new Total Premium Amount in the Comments field.
		Required for current year disputes	Optional for current year disputes	Optional for current year disputes		Optional for current year disputes				*See Dispute Examples tab for information on Total Premium Amount disputes that do not require HICS cases		Optional
HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	Segment ID	FFM Exchange Assigned Subscriber Identifier	FFM Exchange Assigned Member ID	Description of Disputed Item	Issuer Value	FFM Value	HICS Case ID	Issuer Assigned Dispute Control Number	Comments

- Segment ID should only be used for prior year disputes. Issuers may populate the FFM Internal Record Inventory Number field instead of the Segment ID field for prior year disputes.
- The FFM Exchange Assigned Member ID is required for member-level disputes when the FFM Internal Record Inventory Number is not provided, even if the dispute is for the subscriber.

Enrollment Dispute Form v12: Rejected Enrollments Tab

- Rejected Enrollments tab changes:
 - Removed Batch Number column
 - Updated information section
 - Other general improvements

Rejected Enrollments

Point of Contact Name			Use the Rejected Enrollments tab to report member records that should be cancelled. Rejected Enrollments can be policies that should not have passively reenrolled, duplicate policies, "leftover" policies, or policies for which there was not coverage for that time period. Rejected Enrollments can only be submitted for policies during the current RCNO year. For prior year cancellations, use the Initial Premium Paid Status dispute type on the Discrepancy Dispute tab.
Telephone Number			
Email Address			
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com			NOTE: Using this form will cancel the entire policy. To cancel an individual coverage span, use the Initial Premium Paid Status dispute type on the Discrepancy Dispute tab and submit the Issuer Value of "C". Additional information is available on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation

Required	Required	Required if FFM Exchange Assigned Policy ID is not provided in column E	Required if FFM Internal Record Inventory Number is not provided in column D	Required	Optional
HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	FFM Exchange Assigned Subscriber Identifier	Issuer Assigned Dispute Control Number

- The Segment ID column was not added to the Rejected Enrollments tab. Rejected Enrollment disputes will continue to be available for current year only.

Enrollment Dispute Form v12:

Reinstatement End Date 12.31 Tab

- Reinstatement End Date 12.31 tab changes:
 - Removed Batch Number column
 - Removed FFM Benefit Start Date and FFM Benefit End Date columns
 - Added Segment ID column
 - Added HICS Case ID column

Reinstatement End Date 12.31

Point of Contact Name			Use the Reinstatement End Date 12.31 tab to report member records that the issuer would like to reinstate to reflect the FFM Benefit End Date as December 31. Reinstatements can be submitted for any coverage year. If a policy needs to be reinstated to a date other than December 31, use the applicable option on the Discrepancy Dispute tab; to change the FFM end date on a prior coverage year policy, use <i>Prior Year – End Date</i> , and for current coverage year policies, use <i>Issuer End Date Later Than FFM</i> to change the end date to a later date or <i>Issuer End Date Earlier Than FFM</i> to change the end date to an earlier date. NOTE: By submitting a policy as a Reinstatement End Date 12.31, the issuer is indicating that the EOY Termination Indicator should be "N" or blank. Additional information is available on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation				
Telephone Number							
Email Address							
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com							
Required	Required	Required for prior year disputes if FFM Exchange Assigned Policy ID in column E and Segment ID in column F are not provided	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required	Optional	Optional
		Required for current year disputes	Optional for current year disputes	Optional for current year disputes			
HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	Segment ID	FFM Exchange Assigned Subscriber Identifier	HICS Case ID	Issuer Assigned Dispute Control Number

- Segment ID should only be used for prior year disputes. Issuers may populate the FFM Internal Record Inventory Number field instead of the Segment ID field for prior year disputes.

Enrollment Dispute Form v12: Newborn Premium Updates Tab

- Newborn Premium Updates tab changes:
 - Removed Batch Number column
 - Removed FFM Benefit Start Date and FFM Benefit End Date columns
 - Added Segment ID column
 - Added HICS Case ID column

Newborn Premium Updates

Point of Contact Name			Use the Newborn Premium Updates tab to report newborn member records that qualify for a free premium coverage period in accordance with state laws. Newborn Premium Updates are policies that currently reflect an individual premium amount for a period of time, when the state law indicates the newborn should not have a premium rate for the first month or two. NOTE: Issuers may not submit Newborn Premium Updates for newborns who have not gone through the FFE eligibility determination and already have coverage through the FFE under the subscriber's policy.							
Telephone Number										
Email Address										
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com			Additional information is available on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation							
Required	Required	Required for prior year disputes if Segment ID is not provided in column F	Required	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required	Required	Required (must be greater than zero)	Required	Optional	Optional
		Required for current year disputes		Optional for current year disputes						
HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	Segment ID	FFM Exchange Assigned Subscriber Identifier	Date to Begin Charging Newborn Premium	Subscriber Total Premium during Free Coverage Period	Subscriber APTC During Free Coverage Period	HICS Case ID	Issuer Assigned Dispute Control Number

- Segment ID should only be used for prior year disputes. Issuers may populate the FFM Internal Record Inventory Number field instead of the Segment ID field for prior year disputes.

Enrollment Dispute Form v12: Enrollment Blocker Tab

- Enrollment Blocker tab changes:
 - Removed Batch Number column
 - Removed FFM Benefit Start Date and FFM Benefit End Date columns

Enrollment Blocker

Point of Contact Name			Use the Enrollment Blocker tab to submit disputes related to Enrollment Blocker HICS cases. ER&R is able to update financial information, remove members, and adjust coverage periods. A consumer-initiated HICS case is required for ER&R to process the dispute. Issuers may submit open HICS cases using the HICS Direct Dispute process. If the HICS case is closed, the issuer may only submit the dispute using this form. ER&R will use the information in the dispute form fields, including the Comments field, and the information in the associated HICS case to resolve the dispute. NOTE: ER&R does not have the ability to add consumer information into the FFE. Only the dates and financial amounts can be updated to align with issuer data for the current coverage year. Additional information is available on ZONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation								
Telephone Number											
Email Address											
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com											
		The FFM Exchange- Assigned Policy ID from the disputed RCNO record	The entry must contain leading zeros.	Enter dollar amounts as XXX.XX.	Enter dollar amounts as XXX.XX.	The last two digits of the QHP ID	Enter dollar amounts as XXX.XX.	Enter dates in the RCNO format of YYYYMMDD.		An identifier chosen by the issuer	
Required	Required	Required	Required	Optional	Optional	Optional	Optional	Optional	Required	Optional	Optional
HIOS	Coverage Year	FFM Exchange Assigned Policy ID	FFM Exchange Assigned Subscriber Identifier	Total Premium to be Applied	APTC Amount	QHP Variant ID	CSR	Issuer Start Date as a result of Add or Removal of Member(s)	HICS Case ID	Issuer Assigned Dispute Control Number	Comments

- The Segment ID column was not added to the Enrollment Blocker tab. The FFM Exchange Assigned Policy ID and FFM Exchange Assigned Subscriber Identifier are required for all Enrollment Blocker disputes.

Enrollment Dispute Form v12: Mailing Address Change Tab

- Mailing Address Change tab changes:
 - Removed Batch Number column
 - Added Segment ID column
 - Added HICS Case ID column

Mailing Address Change

Point of Contact Name			Use the Mailing Address Change tab to submit address changes. Issuers should ensure they are submitting valid addresses. Mailing Address Changes can be submitted for current and prior year RCNO records. For current year address changes, the issuer must submit the same address in RCNI that is being requested using this form.									
Telephone Number												
Email Address												
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com			Additional information is available on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation									
Required	Required	Required for prior year disputes if Segment ID is not provided in column F	Required	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column D	Required	Required	Optional	Required	Required	Required	Optional	Optional
		Required for current year disputes		Optional for current year disputes								
HIOS	Coverage Year	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	Segment ID	FFM Exchange Assigned Subscriber Identifier	Issuer Mailing Address Line 1	Issuer Mailing Address Line 2	Issuer Mailing Address City	Issuer Mailing Address State	Issuer Mailing Address ZIP Code	HICS Case ID	Issuer Assigned Dispute Control Number

- Segment ID should only be used for prior year disputes. Issuers may populate the FFM Internal Record Inventory Number field instead of the Segment ID field for prior year disputes.

Enrollment Dispute Form v12: Agent Broker Information Tab

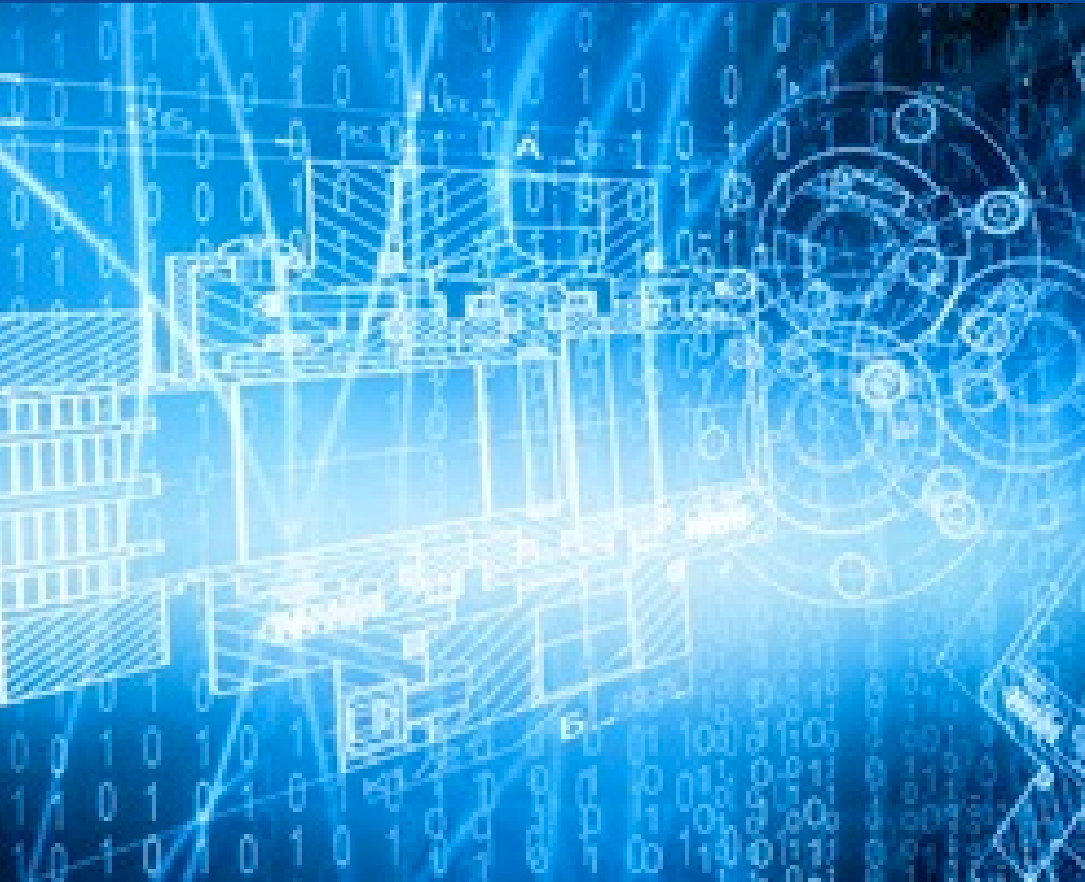
- Agent Broker Information tab changes:
 - Added Segment ID column
 - Added HICS Case ID column

Agent Broker Information

Point of Contact Name				Use the Agent Broker Information tab to remove or update the Agent Broker information associated to an exchange-assigned policy. Issuers should ensure they are submitting valid information. Updates will be made at the policy level for all active coverage spans. Agent Broker changes can be submitted for current and prior year RCNO records. For current year changes, the issuer must submit the same Agent Broker information in RCNI that is being requested using this form.							
Telephone Number											
Email Address											
Contact the ER&R Support Center for assistance using this form: 1-855-591-7113 or ERRSupportCenter@cognosante.com				Additional information is available on zONE: https://zone.cms.gov/document/enrollment-resolution-and-reconciliation							
Required	Required	Required	Required for prior year disputes if Segment ID is not provided in column G	Required	Required for prior year disputes if FFM Internal Record Inventory Number is not provided in column E	Required	Required for <i>Update</i> disputes	Optional for <i>Update</i> disputes	Required for <i>Update</i> disputes	Optional for <i>Update</i> disputes	Required for <i>Update</i> disputes
			Required for current year disputes		Optional for current year disputes		Must be left blank for <i>Remove</i> disputes	Must be left blank for <i>Remove</i> disputes	Must be left blank for <i>Remove</i> disputes	Must be left blank for <i>Remove</i> disputes	Must be left blank for <i>Remove</i> disputes
HIOS	Coverage Year	Action	FFM Internal Record Inventory Number	FFM Exchange Assigned Policy ID	Segment ID	FFM Exchange Assigned Subscriber Identifier	Issuer Agent Broker First Name	Issuer Agent Broker Middle Name	Issuer Agent Broker Last Name	Issuer Agent Broker Suffix	Issuer Agent Broker NPN

- Segment ID should only be used for prior year disputes. Issuers may populate the FFM Internal Record Inventory Number field instead of the Segment ID field for prior year disputes.

Direct Enrollment (DE) Updates: Compliance Team



Tuesday, November 12, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
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Announcement: New FAQs Regarding the *Quality Rating Information Bulletin's* (Quality Bulletin's) Display Guidelines for DE Entities

- These FAQs, posted on CCIIO's website last week ([here](#)), clarify the guidelines for DE entities to display the 2019 QHP quality rating information for the 2020 individual market open enrollment period (OEP) as established in the Quality Bulletin available [here](#).
 - For any questions regarding these FAQs, please contact DE Support at directenrollment@cms.hhs.gov.
1. Does the Quality Bulletin change the limited Qualified Health Plan (QHP) details that web-brokers must display when utilizing the [Plan Detail Disclaimer](#) in lieu of displaying the standardized comparative information listed in 45 C.F.R. 155.205(b)(1)?

Answer: No, under these circumstances, web-brokers must display at least the issuer name, plan name, plan type, and metal level as clarified in [guidance](#), along with the Plan Detail Disclaimer.

New FAQs Regarding the Quality Bulletin's Display Guidelines for DE Entities (cont.)

2. Does the Quality Bulletin require a web-broker to display the Plan Detail Disclaimer next to QHPs when a web-broker displays all of the required standardized comparative information listed in 45 C.F.R. 155.205(b)(1) other than QHP quality rating information and intends to display the QHP quality rating information in the future?

Answer: No, when web-brokers display all of the required standardized comparative information listed in 45 C.F.R. 155.205(b)(1) other than 2019 QHP quality rating information for a particular QHP, they are not required to display the Plan Detail Disclaimer next to that QHP while they work to modify their plan displays to add the QHP quality rating information consistent with the Quality Bulletin.

New FAQs Regarding the Quality Bulletin's Display Guidelines for DE Entities (cont.)

3. When may CMS begin enforcing the requirement that DE entities display QHP quality rating information consistent with the Quality Bulletin and these FAQs?

Answer: The Quality Bulletin indicates DE entities should prepare to display the 2019 QHP quality rating information beginning with the individual market OEP for the 2020 plan year (i.e., starting 11/1/2019). It also encourages DE entities to report to their CMS points of contact the status of their implementations.

The third FAQ clarifies that CMS is providing a compliance safe harbor with respect to the requirements as stated in the August guidance, and will not use formal enforcement remedies as long as DE entities have communicated their intent to implement the required changes within a reasonable amount of time.

CMS will provide a minimum of 90 days advance notice to DE entities of the display guidelines for QHP quality rating information for future benefit years in future guidance.

Direct Enrollment (DE) Updates: Enrollment Team



Tuesday, November 12, 2019

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Classic DE and EDE Partners: Plan Suppression for Guardian Life Insurance Company of New Jersey

- Classic DE and EDE Partners, please note that we have suppressed the below Guardian Life Insurance Company of New Jersey plans as of 11/10, due to incorrect rates
 - DE and EDE Partners that allow enrollment in these plans will also want to suppress these plans in the short-term
 - If a Submit Enrollment request is submitted for one of these plans during the suppression, the Submit Enrollment request will fail
 - We expect to unsuppress these plans at some point in the near future, when the rates have been corrected
 - A deployment date for rate correction and unsuppression has not yet been confirmed
 - » An update will be provided when one is available
 - An updated Public Use File (PUF) is expected to be made available with the corrected rates

Issuer Name (Legal Name)	Plan ID	QHP/SADP	Plan Name
Guardian Life Insurance Company	93627NJ0140002	SADP	Guardian Essentials for Families and Individuals
Guardian Life Insurance Company	93627NJ0150002	SADP	Guardian Select for Families and Individuals
Guardian Life Insurance Company	93627NJ0170001	SADP	Guardian Preferred for Families and Individuals
Guardian Life Insurance Company	93627NJ0180001	SADP	Guardian Basics for Families and Individuals

Update for Classic DE and EDE Partners: Submit Enrollment SpecialEnrollmentVerificationDueDate Defect

- Classic DE and EDE Partners, as a reminder, we have identified a defect that is resulting in the SpecialEnrollmentVerificationDueDate (PolicyActivityMetadata/SpecialEnrollmentVerificationDueDate/ Date) not returning in the Submit Enrollment response when applicable
 - Note that the SpecialEnrollmentVerificationDueDate field indicates the due date for submission of supporting documentation if a consumer's eligibility results indicate the consumer has a Special Enrollment Period (SEP) Verification Issue (SVI)
 - As a result of this defect, DE and EDE Partners may be unable to provide consumers with their documentation due dates in the short-term
 - If a DE or EDE Partner has conditional logic that looks for the SpecialEnrollmentVerificationDueDate when the SpecialEnrollmentVerificationPendingIndicator (PolicyActivityMetadata/SpecialEnrollmentVerificationPendingIndicator) is "True", the DE or EDE Partner may want to deploy a short-term change so that unnecessary errors aren't presented to users in their UI
 - Note, during OE, SVIs will not be created for future year applications
 - **Update:** We expect to deploy a fix to production for this issue on 12/18, which should hopefully minimize the consumer impact, given it is currently OE and most consumers are applying for future year coverage

Classic DE and EDE Partners: OE Tobacco Rating Defect

- Classic DE and EDE Partners, as a reminder, we recently deployed a fix to our tobacco rating logic so that we are correctly handling tobacco rating during changes in circumstances (CICs) outside of OE
 - We've identified a defect related to this effort however, where we are incorrectly persisting tobacco rating if a consumer reports a CIC during OE and they attempt to enroll in the same plan they are currently enrolled in
 - Thus, if a consumer is already enrolled for PY2020 and they attempt to change their tobacco status during an OE CIC where they are enrolling in the same plan they are currently enrolled in, we are incorrectly returning an InvalidTobaccoUseIndicator error in the Submit Enrollment response
 - » As a reminder, consumers should be able to change their future year tobacco status at any time during OE
 - We expect to deploy a fix for this issue during the evening hours on 11/13
 - » We expect this to be a no-downtime deployment

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.-

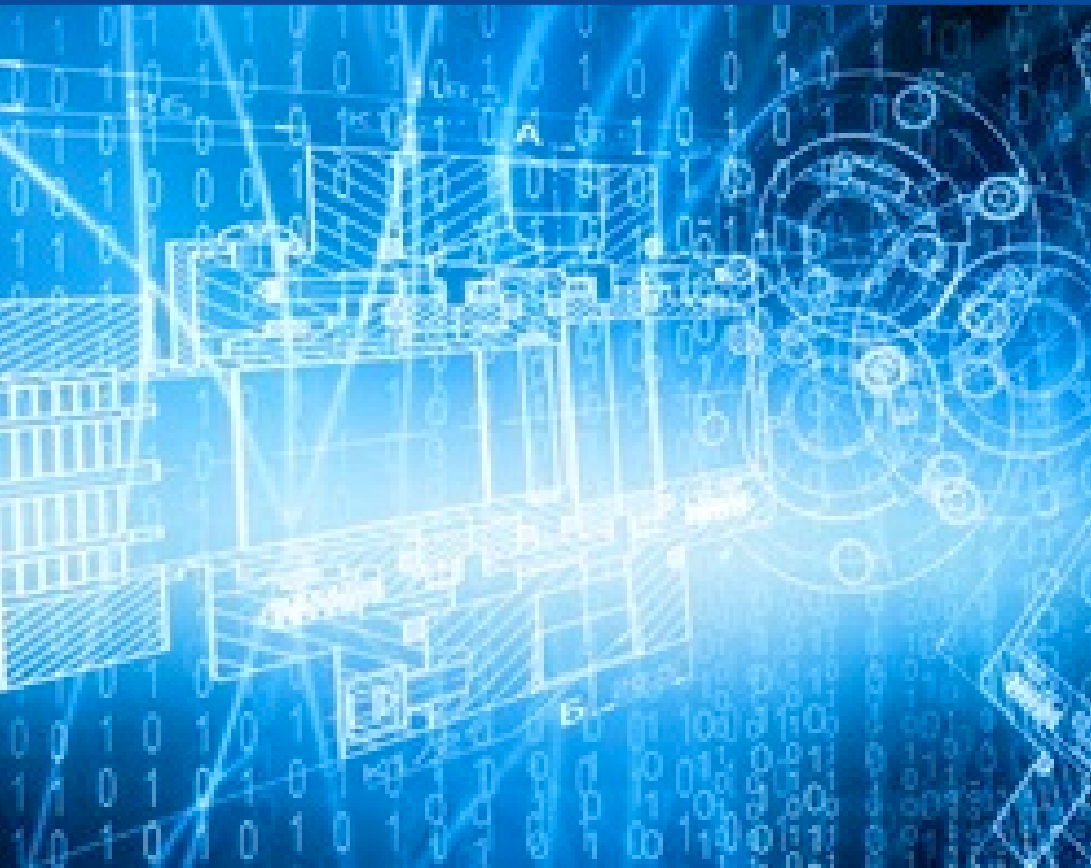
If you have not already; please register here <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t1ee33e596961101e4a00ce2fdd928fce> one time for the entire Tuesday Issuer Technical Workgroup Call Series III (through February 26, 2020).

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

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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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