

Enrollment Reconciliation & IC834 Workgroup



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January 23, 2020

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IC834 – Housekeeping

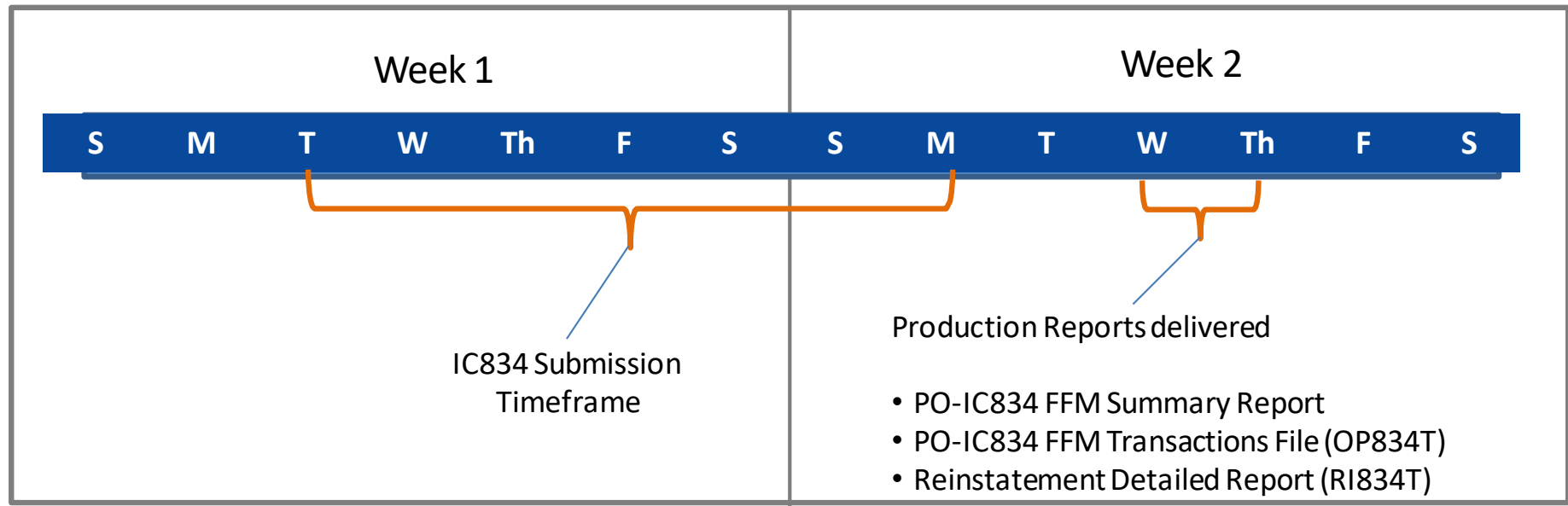
- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted from 1/14 – 1/20 was sent out yesterday.
- If you have any questions about these reports or any other IC834-related item, please contact Inbound834@bah.com

Overview of Production Operation (PO) Reports

- **The PO (Production Operation) Report Suite** is provided to Issuers to:
 - Share a full list of IC834 transactions submitted (since only Rejected BAAs are sent to Issuers)
 - Understand the overall IC834 submission performance
 - Assist in the troubleshooting of rejected BAAs
- Two PO Reports are sent to Issuers each week:
 - **PO Summary Report** (via email from Inbound834@bah.com) - High-level summary of transaction count and error grouping (BAA)
 - **PO Detailed (OP834T) Report** (via EFT) – Details for each IC834 submitted and processing results (BAA)
 - The report should tie 1:1 to the BAAs received for submissions within the same timeframe
- One additional weekly report is sent to Issuers:
 - **Reinstatement Detailed (RI834T) Report** (via EFT) – Details for each FFM policy impacted by an IC834 Reinstatement transaction
 - This report is sent only to Issuers with one or more successful reinstatement transactions processed during that week

PO Reports – Delivery Schedule

- PO reports are delivered to Issuers weekly on Wednesday/Thursday and represent the transactions for the prior week
- The PO Summary Report is delivered via e-mail as an Excel spreadsheet at the Issuer/Trading Partner level
- The PO Detailed (OP834T) Report contains PII and is delivered via EFT at a HIOS level in an unzipped, .PSV file with function code OP834T



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Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2019)**
 - 1095-A Consumer-Initiated Dispute Update (1095Ax) Files are scheduled for delivery to Issuers on Wednesday, February 5th
- **Plan Year 2016**
 - This month's 2016 FFM extract was taken on Monday, January 13th at 6PM EST
 - Comprehensive 2016 Pre-Audit (AUD16) Files based upon that extract were delivered to Issuers on Wednesday, January 15th
- **Plan Year 2017**
 - This month's 2017 FFM extract was taken on Wednesday, January 15th at 6PM EST
 - Incremental 2017 Pre-Audit (ISIPA7) Files based upon that extract were delivered to Issuers on Tuesday, January 21st
- **Plan Year 2018**
 - This month's 2018 FFM extract was taken on Wednesday, January 15th at 6PM EST
 - Incremental 2018 Pre-Audit (ISIPA8) Files based upon that extract were delivered to Issuers on Tuesday, January 21st

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**
 - This month's 2019 FFM extract was taken on Wednesday, January 15th at 6PM EST
 - Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract were delivered to Issuers on Friday, January 17th
 - The RCNI9 submission deadline for January's Run 14 is **today, Thursday, January 23rd at 3PM EST**
 - As of 11AM today, approximately **92%** of 2019 Issuers have successfully submitted for Run 14
 - RCNO9 files will be distributed to participating Issuers on Tuesday, January 28th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2020**
 - This month's 2020 FFM extract was taken on Wednesday, January 15th at 6PM EST
 - Comprehensive 2020 Pre-Audit (AUD0) Files based upon that extract were delivered to Issuers on Friday, January 17th
 - The RCNIO submission deadline for January's Run 2 is **Thursday, January 30th at 3PM EST**
 - As of 11AM today, approximately **59%** of 2020 Issuers have successfully submitted for Run 2
 - As a reminder, RCNI data submitted on these files will be compared to the extract taken on January 15th; Issuers should submit their files in alignment with records received from the FFM through that date for proper matching and to minimize timing discrepancies
 - RCNO0 files will be distributed to participating Issuers on Tuesday, February 4th

Updated Recon Education Suite Published

- CMS has published an updated version of the Enrollment Reconciliation Education Suite (Version 5.11)
 - The Enrollment Reconciliation Education Suite is a comprehensive document containing guidance regarding proper use of Enrollment Pre-Audit Files, submission of RCNI Files, understanding enrollment reconciliation data, etc.
- The updated document is available on zONE at:
<https://zone.cms.gov/document/enrollment-data-reconciliation>
- Version 5.11 includes:
 - Updated content to reflect sunseting of mass effectuation process in enrollment reconciliation
 - Updated reconciliation business rules
 - New content regarding FFM enrollment data, as shared in Recon 101 for PY2020
 - Other general updates to ensure consistency

Refresher – Common Early Year Scenarios:

Dependent Removed Prior to Effective Date

- **Example Scenario:** A subscriber, spouse, and 22-year old dependent enroll in coverage effective January 1st, 2020
 - Prior to January 1st, the dependent gains employer-sponsored coverage
 - The subscriber returns to the marketplace to remove the dependent from the policy
 - The subscriber makes no changes to the enrollment for herself or her spouse

Refresher – Common Early Year Scenarios:

Dependent Removed Prior to Effective Date

- A change to enrollment group composition is conveyed to Issuers via M834 with no change to Exchange-Assigned Policy ID
- On the Enrollment Pre-Audit File and RCNO File, ***only the segment version with the subscriber and spouse will be present***
 - **There will be no record for the dependent that was removed as never effective**
 - **Note: This is different from CIC functionality (mid-2016 and earlier) which would cancel the Policy ID with the dependent and send a new initial enrollment with a new Policy ID for the remaining members**
 - **Key Concept:** Issuers will never see individual segments that were “cancelled” due to a change prior to the effective date within the same Policy ID
 - **Do not send records for the entire enrollment group with Initial Premium Paid Status “C” to represent cancellation of the original enrollment group configuration**
 - **Records should not be sent for the same Exchange-Assigned Policy ID and Benefit Start Date with a different Initial Premium Paid Status**
 - **Key Concept:** All members within an enrollment group will have the same coverage status within the same segment
 - **Do not send a dependent with Initial Premium Paid Status “C” on an enrollment group where the Subscriber’s Initial Premium Paid Status is “Y”**

Refresher – Common Early Year Scenarios:

Financial Change Prior to Effective Date

- **Example Scenario:** A subscriber and spouse enroll in coverage effective January 1st with \$550 APTC and no CSR
 - On December 10th, the subscriber returns to the marketplace to update their financial information resulting in an increase to \$800 APTC
 - The subscriber makes no other changes to the enrollment

Refresher – Common Early Year Scenarios:

Financial Change Prior to Effective Date

- A change to financials on an enrollment is conveyed to Issuers via M834 with no change to Exchange-Assigned Policy ID
- On the Enrollment Pre-Audit File and RCNO File, ***only the segment version with the final financial information will be present***
 - **There will be no record with the original APTC and CSR Variant**
 - **Note: This is different from CIC functionality (mid-2016 and earlier) which would cancel the Policy ID with \$550 APTC and no CSR, and send a new initial enrollment with a new Policy ID with the updated financials**
 - **Key Concept:** Issuers will never see individual segments that were “cancelled” due to a change prior to the effective date within the same Policy ID
 - **Do not send records for the entire enrollment group with Initial Premium Paid Status “C” to represent cancellation of the original financial information**
 - **Records should not be sent for the same Exchange-Assigned Policy ID and Benefit Start Date with a different Initial Premium Paid Status**

Date of Death Reporting Responsibilities

- Consumers must call the Marketplace Call Center to report the death of an enrollee.
- If a consumer contacts an issuer directly, the issuer should advise the consumer to contact the Marketplace Call Center to initiate the termination and report the date of death.
- The Marketplace Call Center can be reached at **1-800-318-2596** (TTY: **1-855-889-4325**).
- Issuers may also advise the consumer that:
 - Any adult in the household who is included on the application may contact the Marketplace to report the date of death.
 - If no adults on the application are available, the responsible party should contact the Marketplace and will be provided a list of documents and information required to verify the date of death.
 - The consumer can update their account online through HealthCare.gov but will still need to call the Marketplace Call Center to create a HICS case and retroactively terminate the coverage.

Processes for Date of Death Scenarios

- If an issuer receives a HICS case reporting the death of an enrollee, the issuer may use the HICS Direct Dispute functionality to assign the HICS case to ER&R.
 - In some cases, if the deceased member has already been removed from coverage, the issuer may retroactively change the effective coverage end date to the date of death through the RCNO process.
 - If there is no other member on the policy, the issuer may retroactively terminate the deceased member's coverage back to the date of death.
- When an issuer submits a HICS Direct Dispute to ER&R to remove a member due to death, the issuer should provide the following:
 - FFE Exchange Assigned Policy ID
 - Name of member being removed
 - Date of removal
 - Subscriber that should remain on the policy, if member removed was the subscriber (optional)
 - Total Premium Amount after the removal of the member (optional)

Q&A

