

CMS Issuer Technical Work Group



- **Housekeeping**
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 - **Policy Webinar Series for 2020**
 - **Webinar Schedule**
 - **Registration Reminders:
New Tuesday and Thursday
Issuer Workgroup Calls**
 - **Reminders: CMS Issuer
Communications**
 - **Pre-Audit and Recon Update**
 - **ERR**
 - **EDE Updates**
 - **Compliance Team**
 - **Direct Enrollment (DE) Updates:**
 - **Eligibility Team**
 - **Enrollment Team**
 - **Q&A**
- February 4, 2020**

New 2020 Series for the CMS Issuer Technical Workgroup Call (Series I) and the Thursday Recon IC834 Workgroup

- The Tuesday Issuer Technical Workgroup started a new series on today Tuesday, January 7, 2020 at 3:00 PM EST.
- The Thursday Recon-IC834 Workgroup call started a new series on this Thursday, January 9, 2020

Please see the registration URLs for both calls below:

- Tuesday Issuer Technical Workgroup Call
letsmeet.webex.com/letsmeet/k2/j.php?MTID=t01b9595808d2c0225f5bbe4308047786
- Thursday Recon IC834 Workgroup Call
<https://letsmeet.webex.com/letsmeet/k2/j.php?MTID=tf57cab5409c2b02cd5ea749302c3014a>
 - o You will register one time, for the entire Tuesday Issuer Technical Workgroup Call Series I (through, July 28, 2020) and the Thursday Recon-IC834 Workgroup Series (through July 30, 2020)
Once the host approves your registration, you will receive a confirmation email with instructions for joining the session.
 - o Subsequently, registration information for both the Tuesday Issuer Technical Workgroup call will be sent in our daily CMS Issuer Communication blast messages.

Note: CMS will continue to keep call participants informed of any further changes of the Cisco Web-EX platform.

February 2020

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

CMS ISSUER COMMUNICATIONS

CMS uses a mass communications tool to distribute notices and general communications to issuers regarding topics such as *Enrollment Pre-Audit files; Enrollment Reconciliation Files; Open Enrollment Activities; IC834 Activities (Specifically Processing schedules, delays in processing or reporting), other alerts AND*

Daily UAT status

If you are not receiving these email communications:

1. To immediately see what message was blasted out, **you can access the daily CMS Issuer Communications on CMSzONE at:** <https://zone.cms.gov/community/issuer-community-private>
2. Contact the CMS_Issuer_Communications@cms.hhs.gov and confirm if you are listed as a point of contact (POC) for these communications for your organization.
 - » If you are not listed as a POC please see page 2 of this deck for instructions on being added. If you are a POC please proceed to the next step.
3. CMS recommends the applicable IP addresses (found at the urls below) are whitelisted. CMS recommends users work with their organization's IT support staff to whitelist both Salesforce's IP address as well as the relevant government ranges. More details are provided at the following resources*:

https://help.salesforce.com/articleView?id=000199327&language=en_US&type=1

https://help.salesforce.com/apex/HTViewSolution?urlname=What-are-the-Salesforce-IP-Addresses-to-whitelist&language=en_US

* There are some Issuers/DE Partners that may still experiencing problems after whitelisting. This is a known issue and we will report out once the issue is resolved.

If you have any further questions please contact the CMS FEPS Help Desk at: CMS_Issuer_communication@cms.hhs.gov

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:

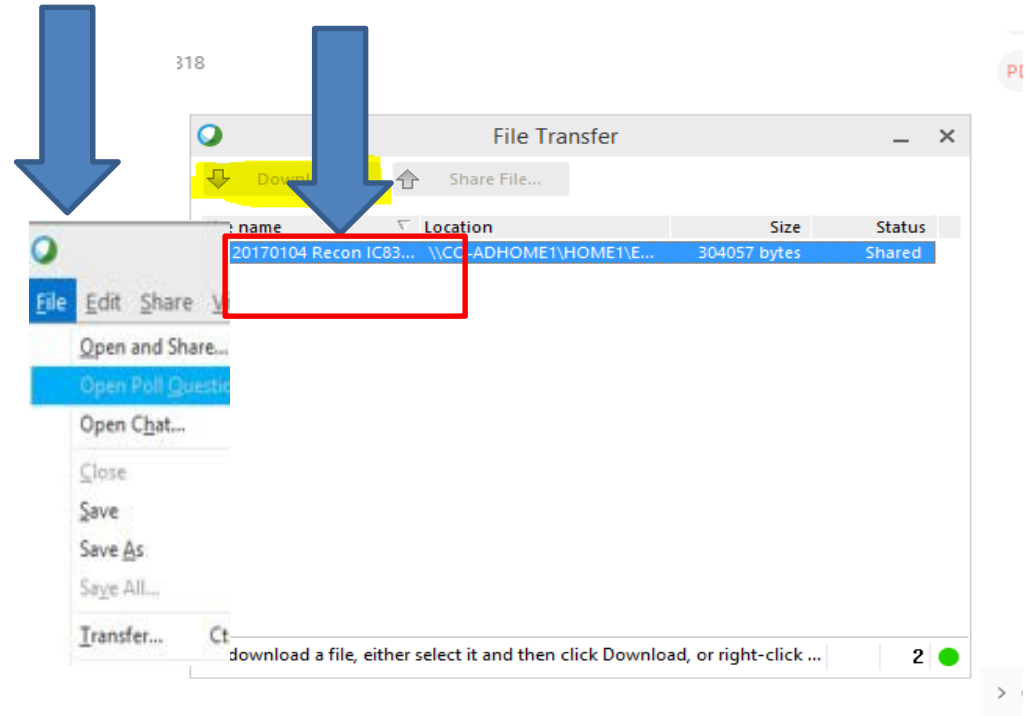
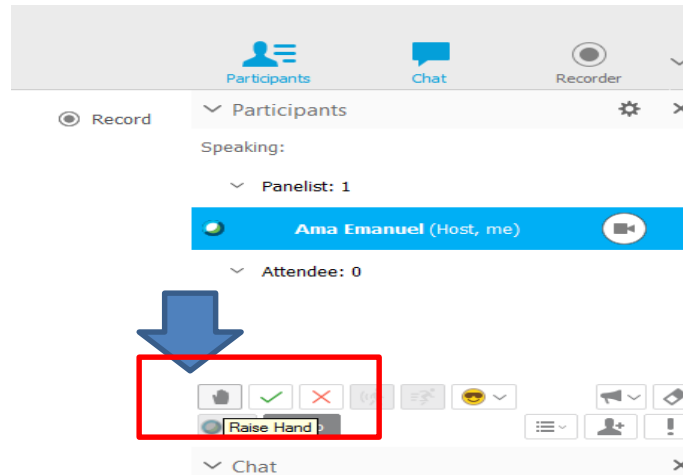
- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

**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)

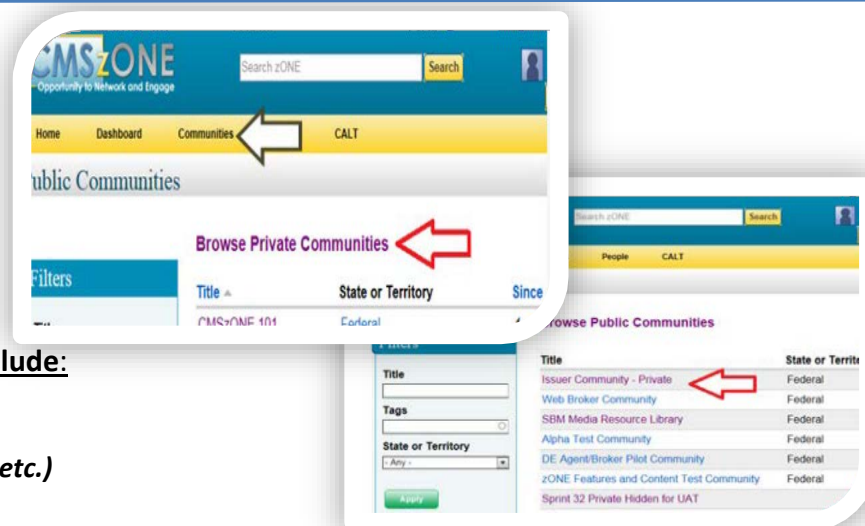
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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

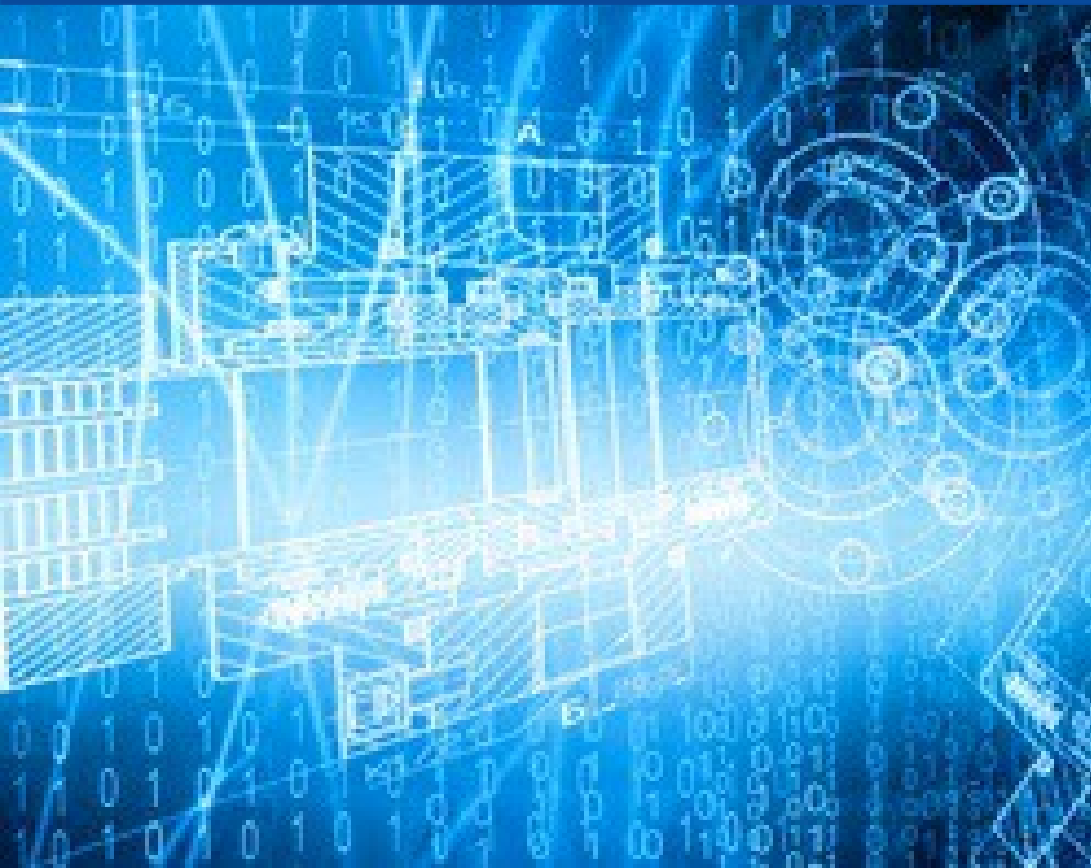
- ✓ Internet Explorer Version 9.0
- ✓ Internet Explore Version 10.0
- ✓ Google Chrome
- ✓ Safari

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

Housekeeping: Enrollment Pre-Audit & Reconciliation



Enrollment Pre-Audit & Reconciliation

Tuesday, February 4, 2020

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.

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 2015**

- A full 2015 FFM extract will be taken on Thursday, February 13th at 6PM EST
- Comprehensive 2015 Pre-Audit (AUD15) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, February 18th

- **Plan Year 2017**

- This month's 2017 FFM extract will be taken on Saturday, February 15th at 6PM EST
- Incremental 2017 Pre-Audit (ISIPA7) Files based upon that extract are scheduled for delivery to Issuers on Thursday, February 20th

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Saturday, February 15th at 6PM EST
- Incremental 2018 Pre-Audit (ISIPA8) Files based upon that extract are scheduled for delivery to Issuers on Thursday, February 20th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- The RCNI9 submission deadline for January's Run 14 was Thursday, January 23rd
 - RCNO9 files were distributed to participating Issuers on Tuesday, January 28th
 - **Please Note:** Starting with this set of RCNO9 Files, records with an improperly populated Cancellation or Termination Reason Code will have that field flagged **U**
 - Issuers should carefully review these records and refer to the guidance in the Enrollment Reconciliation Education Suite to correct the population of the reason codes
 - Questions on how to correctly populate Cancellation and Termination Reason Codes should be sent to recon_issuer_support@bah.com
- This month's 2019 FFM extract will be taken on Saturday, February 15th at 6PM EST
- Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, February 19th
- The RCNI9 submission deadline for February's Run 15 is **Thursday, February 20th at 3PM EST**

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2020**

- The RCNIO submission deadline for January's Run 2 was last Thursday, January 30th at 3PM EST
 - RCNO0 files will be distributed to participating Issuers today, February 4th
 - Records with an improperly populated Cancellation or Termination Reason Code will have that field flagged **U**
 - Issuers should carefully review these records and refer to the guidance in the Enrollment Reconciliation Education Suite to correct the population of the reason codes
 - Questions on how to correctly populate Cancellation and Termination Reason Codes should be sent to recon_issuer_support@bah.com
- This month's 2020 FFM extract will be taken on Saturday, February 15th at 6PM EST
- Comprehensive 2020 Pre-Audit (AUD0) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, February 19th
- The RCNIO submission deadline for February's Run 3 is **Thursday, February 27th at 3PM EST**

Change to Agent/Broker Flags

- Starting with January Enrollment Reconciliation cycles (2019 Run 14 and 2020 Run 2), Issuers will receive **I** flags on Agent/Broker information where they do not provide any information and the FFM does have an Agent/Broker attributed to the enrollment
 - Prior to this cycle, these fields would have been flagged **D**

ER&R Topics

- ✓ ***ER&R Topics***
 - ✓ 2019 Reinstatements After BAR
 - ✓ ER&R Issuer Point-of-Contact Update Request
- ✓ ***Q&A***

2019 Reinstatements After BAR

- CMS has identified consumers whose 2019 health plan enrollments were reinstated through Reconciliation or disputes after BAR ended but who are not enrolled in a 2020 health plan.
- CMS tagged each consumer's Marketplace account with an SEP to allow them to enroll in 2020 coverage. Enrollees who want to access the SEP must contact the Marketplace Call Center (**1-800-318-2596**).
 - Issuers with enrollees who enroll under the SEP will get an 834 transaction with a prospective date and potentially a HICS case to make the enrollment retroactive to January 1, 2020, at the enrollee's option.
- ER&R sent an EFT file to impacted issuers on **Monday, January 27**, along with an email communication including the filename. The subject of the email was: *2019 Reinstatement After BAR File Guidance Update*.
 - The EFT file included policies reinstated both through Reconciliation and disputes and was transmitted using the IOUARC function code.
- Issuers are encouraged to complete outreach and notify the consumers that they may contact the Marketplace Call Center to enroll in a 2020 plan.
- ER&R will send a second EFT file listing the additional qualifying 2019 reinstatements to impacted issuers in February.

2019 Reinstatements After BAR (Cont.)

- CMS recommends including the following messaging in any outreach to the consumer:
 - Due to a processing error, the Health Insurance Marketplace does not have a complete application record for your 2020 healthcare plan.
 - You **MUST** complete a new 2020 Marketplace application to get 2020 coverage.
 - Call the Marketplace **by March 27** to complete a new 2020 application. You are eligible to enroll through a Special Enrollment Period, but you can only access this Special Enrollment Period by calling the Health Insurance Marketplace at **1-800-318-2596**.
 - If you want to stay in your 2019 plan, select [insert plan name and plan ID]. You can select a coverage start date in the future or a start date retroactive to January 1, 2020.
 - To complete your 2020 application quicker and easier, gather income information for everyone in your household before you call. The Marketplace needs this information to make sure you receive the correct eligibility and cost information.
 - For more information on applying, visit www.healthcare.gov/apply-and-enroll/get-ready-to-apply/.
- Issuers can locate file specifications for the IOUTC format on zONE at <https://zone.cms.gov/document/ioutrc-file-layout>.

ER&R Issuer Point of Contact Update Request

- ER&R requests that issuers email an updated point of contact (POC).
- Issuers may designate a primary and secondary POC.
NOTE: ER&R only sends notifications to the primary POC.
- Issuers can update the POC by emailing the following information to ERRSupportCenter@cognosante.com:
 - Email subject: *RECONCILIATION – ER&R CONTACTS*
 - Issuer name
 - HIOS ID(s)
 - Trading Partner ID(s)
 - First name and last name of the POC
 - POC email address
NOTE: Issuers may provide multiple email address or an email address for a distribution list instead of an individual.
 - POC phone number
- Issuer POCs will receive the following:
 - Semi-Monthly Detailed Reports (ERRD and ERRZ) and UIR Reports (UIR#)
 - Proactive outreach to resolve disputes or when a high percentage of errors occur
 - Other unscheduled notifications related to ER&R disputes, UIRs, and ad hoc items

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)

Enhanced Direct Enrollment (EDE) Updates: Compliance Team

Tuesday, February 4, 2020

EDE Compliance Reminders

- Reminder: Prospective EDE Entities (including Entities considering phase changes) that intend to submit EDE audits this year should submit notices of intent as soon as possible
 - Entities should send their notice of intent to DE Support at directenrollment@cms.hhs.gov.
- Reminder: Entities will have an audit kick off call with CMS and their auditor(s) prior to starting the audit

Direct Enrollment (DE) Updates: Eligibility Team

Tuesday, February 4, 2020

Updated Eligibility Documents on zONE

- CMS recently updated eligibility documents on [zONE](#):
 - Updated Eligibility Results Toolkits within the baseline Business Report Template and Toolkits
 - Updated UI Question Companion Guide (UI Q CG), including a new Change Log; all updates are in **purple** font
 - Updated CMS-Initiated Change Request Tracker with **eight** new Change Requests
 - Updated EDE Test Case Suite with an accompanying User Guide

Baseline PY20 Eligibility Results Toolkits

- This is a clean version and is included in the new baseline Business Report Template and Toolkits zip file on zONE.
- If submitting an audit during the March–June submission window, use these toolkit versions as baseline for approval.
- **Scenario updates:**
 - 1C: Clarified that test data should trigger an income discrepancy question.
 - 2E: Added new test data that includes document numbers for an applicant with eligible immigration status. The test data should not generate a DMI.
 - 2.E.2: New scenario where Sarah from 2.E reports a change-in-circumstance (CiC), no longer attests to being denied Medicaid, and attests her late spouse is an honorably discharged veteran. She is eligible for Medicaid despite not meeting the five-year bar.
 - 2F: Updated so John does *not* attest to eligible immigration status and is therefore not QHP eligible.
 - CiC test cases were relabeled and one new scenario was added
 - 1.D.2 (originally 1.G)
 - 2.B.2 (originally 2.C)
 - 2.E.2 (new scenario)
 - 3.A.2 (originally 3.B)

Baseline PY20 Eligibility Results Toolkits, cont.

- **Auditor Checklist:** This column includes 2-6 “checks” per test case for Auditors to verify compliant implementation of requirements. Auditors are required to sign off on checklist items in the Phase Tab for each toolkit.
 - For example, checklist items verify that correct questions display based on conditional logic, compliant answer options, required help text display, and accurate language on the eligibility results page
- **JSON Requirement:** For each test case, Auditors are required to submit a raw JSON from the Get App API response for the application version used to complete the scenario.
- **UI Question Companion Guide Reference:** This column includes item numbers from the UI Question Companion Guide that correspond with test case inputs. It is a tool for Auditors to easily refer to requirements. This column does not provide an exhaustive list of item numbers for each test case and will not be used for compliance purposes.
- **General Updates:**
 - Reformatted test cases to better organize application inputs and match the flow of the UI Question Companion Guide and Phase Example Workflows.
 - Added two rows to the Eligibility Results Section. The first clarifies display requirements and guidance for the Eligibility Results Page. The second includes expected eligibility results found in the Eligibility Determination Notice (EDN).
 - Updated exact APTC amounts in test cases 1.K, 1.L, 1.M, 1.N, 1.O, 3.G, 3.H.

Baseline 2020 UI Question Companion Guide

- The 2020 UI Q CG baseline toolkit now includes a “Change Log” tab
 - The Change Log includes only items that were updated within each tab
 - Use columns B and C to see whether an update is associated with a CMS-initiated Change Request
- The items in the UI Questions tab were organized by application section to more closely align with the HealthCare.gov application
- There are eight new CRs (overview on next slide)
- Non-CR updates include backend logic clarifications, updated help text and question wording adopted by hc.gov, corrections to spelling errors in data element names
- While only changes marked as CRs require proof of implementation, partners should review all updates to ensure their UI logic and question flows are in sync

CMS-Initiated Change Request Tracker

- Here is a high-level overview of CMS-initiated change requests. Please refer to the **CMS-initiated Change Request Tracker** to review detailed requirements.
 1. Newborns (children 60 days old or younger) and consumers who have had a child in the last 60 days are now supported by Phase 1 applications. *(Phase 1)*
 2. The screening question for American Indian or Alaska Native status was updated to apply to all household members, not just applicants. *(Phases 1 and 2)*
 3. New required UI language for consumers who select the option to receive notifications via text. *(All Phases)*
 4. A warning message must display for applicants who are 65 years or older about Medicare enrollment. *(All Phases)*
 5. Certain familial relationships (daughter/son/sister/brother-in-law) must be included when collecting the non-applicant child's information for purposes of parent-caretaker relative status. *(Phase 3)*
 6. Required informational text for applicants who continue without eligible immigration status. In addition, a warning message must display for applicants who attest to eligible immigration status and document type but do not provide information to all answer fields for their selected document. *(Phases 2 and 3)*
 7. Some eligible immigration status document type answer options were updated to include the collection of additional information. Entities must display these updated answer options; however, the answer options must remain optional for the consumer to answer. *(Phases 2 and 3)*
 8. Add the Little Shell Tribe of Chippewa Indians of Montana to the list of federally recognized tribes. *(Phase 3)*

EDE Partner Test Case Suite

- An updated version of “EDE Partner Test Cases v4” has been posted to zONE
- This Test Case Suite contains 153 cases for EDE Partners to use to validate their UIs:
 - Cases are categorized by topic
 - EDE entities are encouraged to use the Test Case Suite’s filtering function to locate and run the cases that apply to their phase of production and geographic area using the following columns
 - o “Test Case Phase” (Column F)
 - o “State” (Column H)
 - Some test cases contain verified test data to allow EDE Partners to test complex Citizenship/Immigration and Income Discrepancy situations within their UIs

EDE Test Case Suite User Guide

- **The EDE Test Case Suite User Guide** has been posted to zONE and provides EDE entities with additional information to assist them in using the EDE Partner Test Case Suite, including:
 - Detailed description of the Test Case Suite Categories (e.g. Household Composition)
 - Detailed descriptions of each column of the Test Case Suite (e.g. Test Case Inputs)
 - Information regarding UI Flexibility Consults
 - A sample test case
 - An outline demonstrating the major differences between Phase 1, Phase 2, and Phase 3 applications
- EDE entities are encouraged to review the user guide in advance of testing the cases provided in the EDE Partner Test Case Suite

Direct Enrollment (DE) Updates: Enrollment Team

Tuesday, February 4, 2020

EDE Partners: New Baseline API Functional Integration Toolkit Available on zONE

- EDE Partners, please be advised that CMS has published a new baseline API Functional Integration Toolkit, which is available on zONE at <https://zone.cms.gov//document/enhanced-direct-enrollment-edo-documents-and-materials>
 - The new toolkit will be used by EDE Partners that are submitting audits during the upcoming audit submission window, from 3/1 – 6/30/2020
 - The new toolkit includes a number of changes, with the most significant changes described below:
 - The new toolkit includes a “Required Evidence” column, which will now require EDE Partners to submit screenshots, API requests/responses, etc., for certain steps within the test scenarios
 - Scenario F008, which was previously a very basic scenario where the consumer switched plans within their SEP window, has now been replaced with a more complex scenario that includes allowing consumers to enroll in multiple enrollment groups, and also includes a CIC in which existing members will be restricted to their current plan due to Plan Category Limitations when a newly adopted child is added to the household
 - Payment Redirect API steps were added to applicable scenarios, and are required steps unless the EDE Partner hosts their own payment redirect service
 - » As a reminder, CMS-initiated Change Request (CR) #28 requires that all EDE Partners whom don’t host their own payment redirect service, to integrate with the Payment Redirect API and provide users with related UI functionality by 3/1/2020
 - Event-Based Processing API steps were added to scenarios F007, F009, and F011
 - » As a reminder, integration with the Event-Based Processing API is optional, and these steps are therefore only required for EDE Partners that wish to disable FFE-generated emails during their initial EDE implementation
 - Some of the test data sheets that correspond to the test cases within the toolkit have been modified or replaced
 - » For example, new test data sheets have been provided for F008 and F011

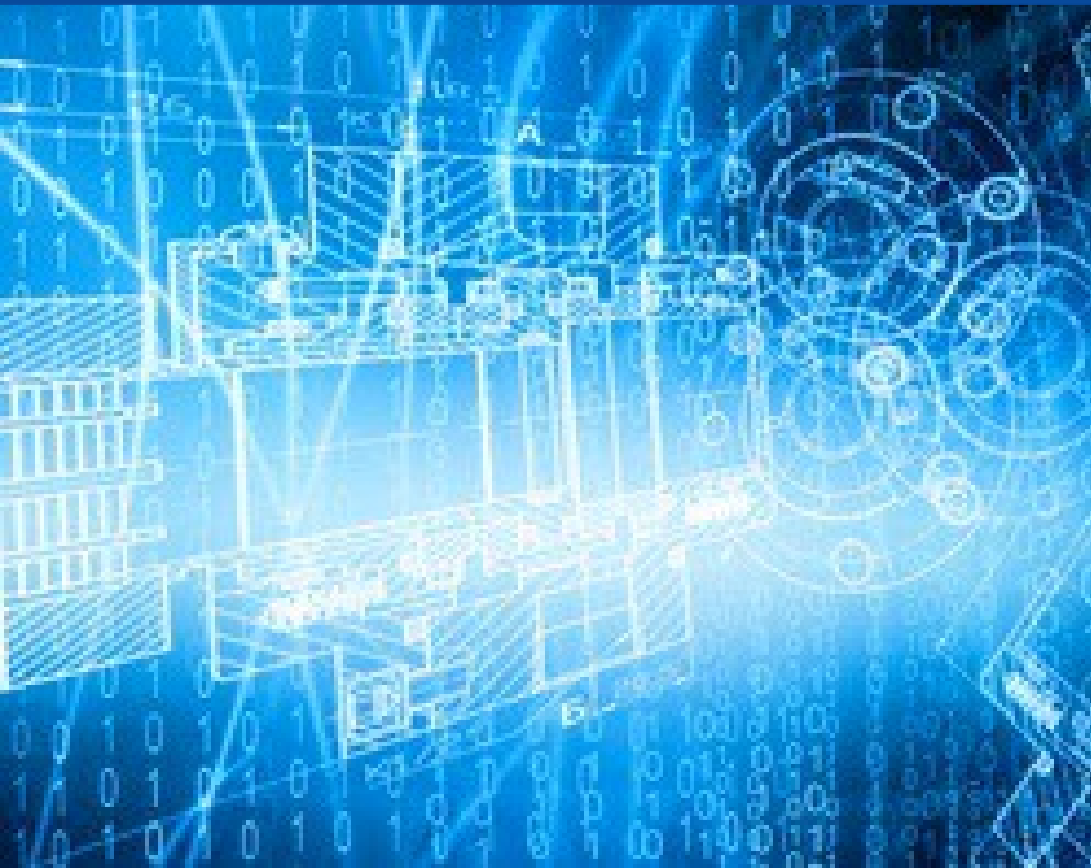
EDE Partners: EDE Payment Redirect API Currently Disabled in UAT0

- EDE Partners, please be advised that the EDE Payment Redirect API is currently disabled in UAT0
 - We identified an issue related to the EDE Payment Redirect API after our Friday (1/31) UAT0 deployment
 - Because this issue was impacting UAT0 as a whole, we have disabled the EDE Payment Redirect API in the short-term
 - » We are hoping to re-enable the EDE Payment Redirect API in UAT0 on Friday, 2/7, however it is possible that the API remains disabled in UAT0 until Friday, 2/14
 - » We'll include related messaging in our daily CMS Issuer Communication blast messages until the EDE Payment Redirect API is re-enabled in UAT0
 - As a reminder, CMS-initiated Change Request (CR) #28 requires EDE Partners whom don't host their own payment redirect service, to integrate with the EDE Payment Redirect API and provide their users with related UI functionality by 3/1/2020
 - This CR was socialized in September of 2019
 - If an EDE Partner believes they won't be able to meet the 3/1 integration deadline due to the current unavailability of the EDE Payment Redirect API in UAT0, the EDE Partner should email DirectEnrollment@cms.hhs.gov to see whether an extension of the 3/1 integration deadline can be granted

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