

CMS Issuer Technical Work Group

- ***Housekeeping***
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 - ***Webinar Schedule***
 - ***Registration Reminders:
New Tuesday and Thursday
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 - ***Reminders: CMS Issuer
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- ***Pre-Audit and Recon Update***
- ***ERR***
- ***Overview of HRAs and Related Upcoming
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- ***Enhanced Direct Enrollment (EDE) Updates:
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Enrollment Team***
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March 3, 2020

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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.

March 2020

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

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

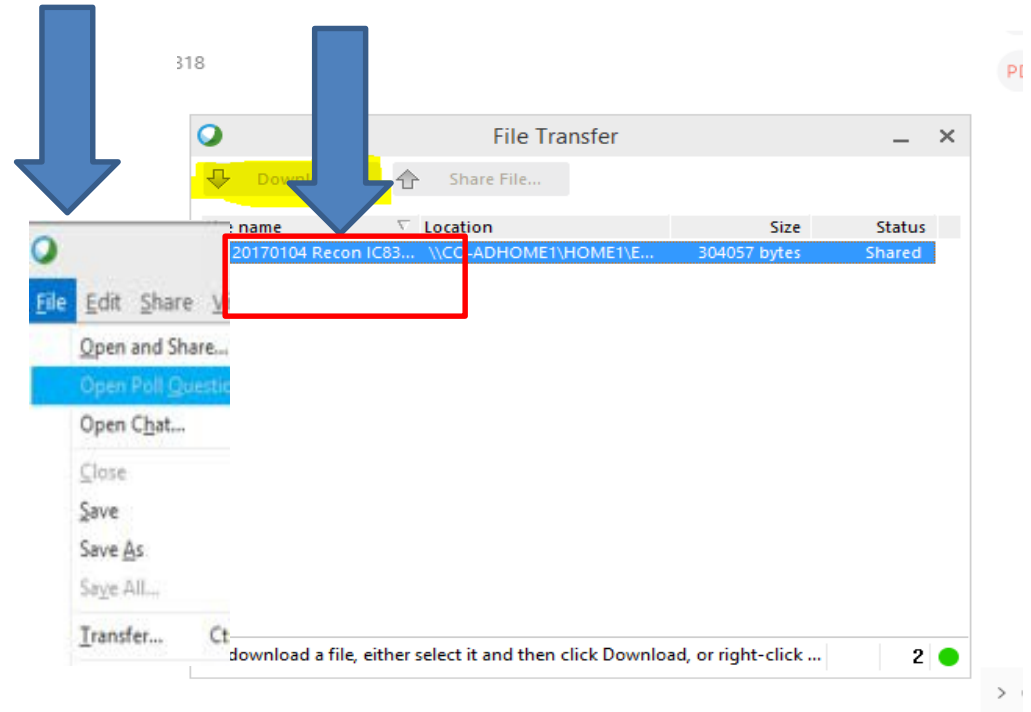
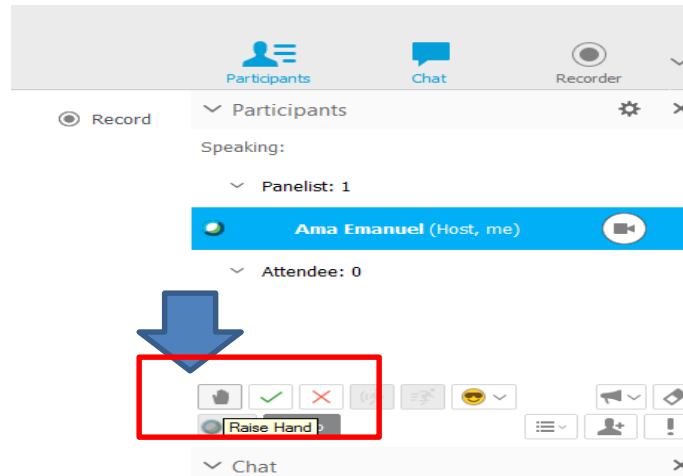
* There are some Issuers/DE Partners that may still experiencing problems after whitelisting. This is a known issue and we will report out once the issue is resolved.

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

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)

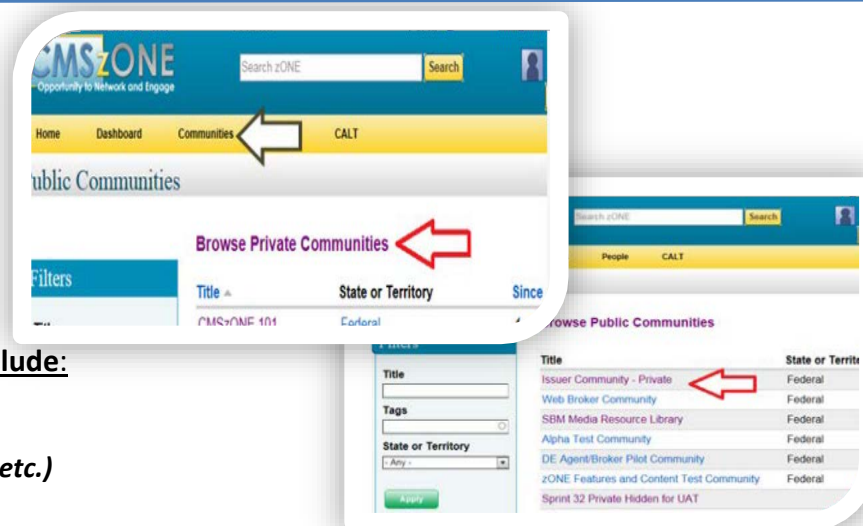
EIDM Registration Process: *(Pre-requisite to CMSzONE Access)*

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

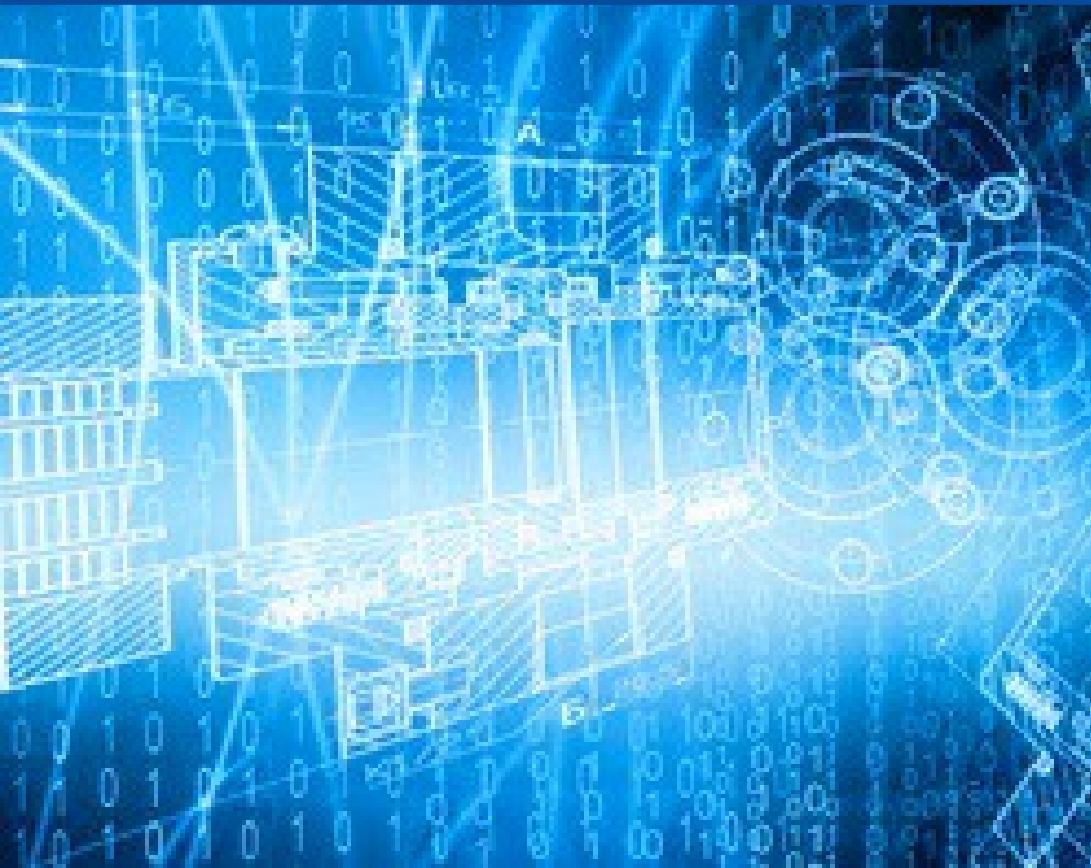
Reminder: Supported Browser Versions

- ✓ **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, March 3, 2020

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Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2019)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for delivery tomorrow, Wednesday, March 4th
- **Plan Year 2014**
 - A full 2014 FFM extract will be taken on Friday, March 13th at 6PM EDT
 - Comprehensive 2014 Pre-Audit (OTPAUD) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, March 17th
- **Plan Year 2017**
 - This month's 2017 FFM extract will be taken on Sunday, March 15th at 6PM EDT
 - Incremental 2017 Pre-Audit (ISIPA7) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, March 18th
- **Plan Year 2018**
 - This month's 2018 FFM extract will be taken on Sunday, March 15th at 6PM EDT
 - Incremental 2018 Pre-Audit (ISIPA8) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, March 18th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract will be taken on Sunday, March 15th at 6PM EDT
- Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, March 17th
- The RCNI9 submission deadline for March's Run 16 is Thursday, March 19th at 3PM EDT
 - RCNO9 Files for Run 16 will be distributed to participating Issuers on Tuesday, March 24th
 - **Reminder:** *Run 16 is the final scheduled reconciliation cycle for PY2019!*

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2020**

- The RCNIO submission deadline for February's Run 3 was last Thursday, February 27th at 3PM EST
 - RCNIO Files for Run 3 are being distributed to Issuers today, Tuesday, March 3rd
- This month's 2020 FFM extract will be taken on Sunday, March 15th at 6PM EDT
- Comprehensive 2020 Pre-Audit (AUD0) Files based upon that extract are scheduled for distribution to Issuers on Tuesday, March 17th
- The RCNIO submission deadline for March's Run 4 is Thursday, March 26th at 3PM EST
 - RCNIO Files will be distributed to participating Issuers on Tuesday, March 31st

Cancellation Reason Codes

- CMS continues to analyze Issuer Cancellation and Termination Reason Codes submitted on the RCNI Files
- For PY2020 in Run 3:
 - Of cancels that would be newly applied to the FFM based upon the RCNI File:
 - **13.0%** did not have an Issuer Cancellation Reason Code provided on the cancelled enrollment record
 - **3.1%** had an invalid Issuer Cancellation Reason Code provided
 - Invalid Cancellation Reason Codes submitted include:
 - » **06** – Leading zeroes should not appear on reason codes
 - » **1** – Indicates voluntary cancellation and should only be initiated on the FFM side

ER&R Topics

✓ **Topics**

- ✓ Enrollment Blocker: Addition of a New Member Scenarios
- ✓ 2020 Run 2 UIR Report Delivery Delay
- ✓ 2019 Reinstatements After BAR
- ✓ zONE Publications

✓ **Q&A**

March 3, 2020

Enrollment Blocker: Addition of a New Member Scenarios

- Going forward, CMS will process Enrollment Blocker HICS cases that instruct issuers to add a new member to an existing enrollment group the same way as demographic changes.
- CMS is proactively working addition of member scenarios by Regional Office caseworkers.
- Issuers can expect to receive 834 transactions for addition of member Enrollment Blocker scenarios.
- If an addition of member scenario has not been addressed by CMS, please notify the applicable CMS Lead Caseworker.
- HICS Case Narratives for new members will typically follow this format:
Consumer was unable to submit application due to error 302100, 500.300588. Make the updates. XXX lives at XXX and has a date of birth of XX/XX/XXXX. Consumer enrolled on XX/XX/XXXX in XXX. The consumer's application ID is XXX. Reason for change in circumstance: Change in financial help and added grandson. Name of new enrollee: XXX. Date of birth/adoption/marriage: NA. Coverage effective date: XX/XX/XXXX. New APTC amount: \$XXX. Cost-sharing reduction variant: Applicant(s): XXX, CSR Variant data not available at this time. Exchange Assigned Policy ID XXX. The consumer added grandson. The consumer will be keeping her same policy and grandson have a new, different policy.

NOTE: Issuers should not contact the ER&R Support Center for missing data elements, as ER&R needs the HICS case in order to investigate.

2020 Run 2 UIR Report Delivery Delay

On 02/21/2020, ER&R sent Unmatched "I" Record (UIR) reports for RCNO Run 2 to impacted issuers utilizing the UIRO function code. This transmission failed and the applicable issuers did not receive the file. ER&R is working to correct the issue before retransmitting the UIR Reports.

- Upon retransmitting the UIR reports, ER&R will send an email to impacted issuers containing the new UIR report file name and date.
- Notification of file transmission will be sent to the designated ER&R contact person for each issuer via email and will include the filename.

NOTE: Only issuers with UIRs present in Run 2 RCNO data will receive the report.

- Issuers should reference the UIR Master Guidance for further details on addressing UIRs which is available on zONE: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

Issuers who wish to modify their contact information or ask additional questions, may contact the ER&R Support Center:

- Email: ERRSupportCenter@Cognosante.com.
- Phone: (855) 591-7113

Reminder: 2019 Reinstatements After BAR

- CMS has identified additional 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 a second EFT file listing the additional qualifying 2019 reinstatements to impacted issuers on **Tuesday, February 25**, 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 IOUTRC function code.

NOTE: Issuers can locate file specifications for the IOUTRC format on zONE at <https://zone.cms.gov/document/ioutrc-file-layout>.
- ER&R sent the first EFT file to impacted issuers on **Monday, January 27**.

Reminder: 2019 Reinstatements After BAR (Cont.)

- Issuers are encouraged to complete outreach and advise the consumers to contact the Marketplace Call Center to enroll in a 2020 plan.
- CMS recommends including the following messaging in any outreach to consumers listed on the **Tuesday, February 25**, EFT file:
 - 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 April 25** 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/.

zONE Publications

- The new Enrollment Dispute Training packet is now available on zONE. This packet contains a series of items designed to introduce new employees to the Enrollment Dispute process. The packet includes:
 - An introductory slideshow that covers the packet and basic information about the methods available to update FFM data.
 - A slideshow providing details on the Enrollment Dispute Form tabs.
 - A video tutorial detailing the process of creating an Enrollment Dispute.
 - A slideshow covering the naming requirements and tips for submitting a completed Enrollment Dispute Form.
 - A short reference guide identifying suggested documents as well as resources issuers can contact for further assistance.

NOTE: Issuers must download and unzip the Enrollment Dispute Training packet to access the contents.
- The UIR Master Guidance v4.0 and UIR TRG v9.0 are available on zONE. These new versions include the new FFM_Updates_Processing guidance, changes related to the 2020 coverage year, and other minor improvements.
- Access the updated documentation on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Enhanced Direct Enrollment (EDE) Updates: Compliance Team



Tuesday, March 3, 2020

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EDE Business Requirements Audit Toolkit Update

- CMS released updated baseline Eligibility Results Toolkits (Phase 1 and 2) on 2/21/20 (e.g., test data in Test Case 2.A was updated)
- CMS also released an updated Application UI Toolkit on 2/25/20 (i.e., informational text was updated in accordance with CMS-initiated CR #39)
- Prospective EDE Entities (including Entities considering phase changes) that intend to submit EDE audits this year and their Auditors must use the updated versions found in the Business Requirements Audit Baseline toolkit zip folder (named “2020 Business Report Template and Toolkits”) available at the following link on CMS zONE:
<https://zone.cms.gov/document/business-audit>
- Entities and Auditors that did not use the prior version of the toolkits can disregard this update, and simply start this portion of the audit using the versions available on CMS zONE
- For Auditors that used the prior versions, when transferring findings to the updated toolkits, they must first review the updated toolkits to assess if they need to re-review requirements before transferring their findings

Reminder: Maintenance of an Accurate Testing Environment

- CMS requires each EDE Entity to maintain a testing environment that accurately represents its EDE production environment in Section II, Background, of the February 19, 2019 *Third-party Auditor Operational Readiness Reviews for the Enhanced Direct Enrollment Pathway and Related Oversight Requirements* (commonly referred to as the EDE Auditor Guidelines) located at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>.
 - Please note this is also included in the EDE Business Agreement (Section VIII.e, Maintenance of an Accurate Testing Environment) located on CMS zONE at: <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>.
- Per the Change Notification SOP (also located on CMS zONE), each EDE Entity must have a separate test environment and a pre-production environment that hosts an instance of the production operational environment [...] a pre-production environment must reflect production at all times, and therefore must not be used for testing.
- CMS also reminded workgroup attendees of this requirement in March and April of 2019. The Issuer Technical Workgroup slides are located on CMS zONE at: <https://zone.cms.gov/document/slides-cms-issuer-technical-workgroups-Tuesdays>.
- CMS may release future updates to guidance to clarify this requirement and terminology.

Overview of HRAs and Related Upcoming Changes That Will Impact Partners



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Policy Overview: What is an HRA?

- A Health Reimbursement Arrangement (HRA) is a type of account-based group health plan that employers can use to reimburse employees for their medical care expenses. HRA reimbursements are excludable from the employee's income and wages for federal income tax and employment tax purposes.
- A new rule released by the Departments of Labor, Health and Human Services, and the Treasury (now referred to as the "Final HRA Rule" released by the "Tri-Departments") allows employers of all sizes to offer a new "individual coverage HRA" (sometimes referred to as an "ICHRA") instead of offering traditional group health plan coverage for their employees (and any dependents, like a spouse). Employers could start offering individual coverage HRAs on January 1, 2020.
- Employees and dependents must be enrolled in individual health insurance coverage either on or off-Exchange (or in Medicare Parts A and B or in Medicare Part C) for each month that they're covered by the individual coverage HRA.

Resource: [Health Reimbursement Arrangements - CMS.gov Resource Page](#)

Policy Overview: Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

- As of January 1, 2017, small employers who don't offer group health plan coverage to any of their employees can provide a qualified small employer health reimbursement arrangement (QSEHRA) to their eligible employees to help employees pay for medical care expenses, as well as any covered dependents (if permitted by the employer).
- To receive reimbursements from a QSEHRA, an employee and any covered dependents must be enrolled in minimum essential coverage (MEC).

Resources: [HealthCare.gov – What's a QSEHRA?](https://www.healthcare.gov/what-is-a-qsehra/);

[IRS Notice 2017-67 – Qualified Small Employer Health Arrangements](https://www.irs.gov/charities-non-profits/qualified-small-employer-health-arrangements)

Operational Impacts of the New HRA Rule: EDE Partners

- At minimum, EDE Partners should expect to need to make the following changes related to the new HRA rule:
 - Phase 3 EDE Partners will be required to add the new ICHRA and QSEHRA SEP functionality, and the ICHRA affordability functionality to their eligibility applications.
 - Phase 1 and Phase 2 EDE Partners may need to add screener questions, however CMS is still exploring whether HRA functionality should be allowed/required for Phase 1 or Phase 2 EDE eligibility applications.
 - All EDE Partners will need to make SES API (Update App, Submit App, and Get App) schema updates to accommodate new ICHRA and QSEHRA SEP functionality, and new ICHRA affordability functionality.
 - All EDE Partners are expected to need to make Fetch Eligibility schema updates to accommodate new ICHRA and QSEHRA fields related to required messaging that will need to be displayed during the enrollment experience.
 - All EDE Partners will need to make Fetch Eligibility schema updates to accommodate new ICHRA and QSEHRA SEP Reason Codes.*
 - All EDE Partners will need to make Get Enrollment schema updates to accommodate new ICHRA and QSEHRA SEP Reason Codes.*
 - All issuer EDE Partners will need to make 834 schema updates to accommodate new ICHRA and QSEHRA SEP Reason Codes.*

*Note:

- The ICHRA SEP Reason Code is expected to be HR.
- The QSEHRA SEP Reason Code is expected to be QS.

Operational Impacts of the New HRA Rule: EDE Partners

- CMS expects to provide EDE Partners with a CMS-initiated Change Request (CR) in early April, outlining the EDE requirements related to the new ICHRA and QSEHRA SEP functionality, as well as the new ICHRA affordability functionality.
- CMS will include detailed requirements documentation with the CR. Updates will be made to the following documentation to reflect UI and other required changes: the UI Question Companion Guide, the Application Services Companion Guide, the 834 Operations Manual, the DE API Specs, the SES API Specs, and the Get Enrollment API Specs.
- CMS also expects to provide EDE Partners with HRA specific test cases, some of which will likely be required as proof of completion of the CR.
- The FFE tentatively plans to deploy ICHRA affordability and HRA SEP code to UAT0 around mid-May, with production go-live targeted for late July.
- EDE partners will be expected to make changes in alignment with the FFE timelines, in order to remain in compliance, and to avoid errors or other issues related to the API schema changes.

Tentative Timeline for HRA Implementation

Application/Eligibility Logic Requirements		
ICHRA and QSEHRA Special Enrollment Period (SEP) Functionality Requirements	Requirement and design documentation for ICHRA and QSEHRA SEP Functionality that will be added to the FFE application and eligibility logic and required for certain EDE partners in 2020.	Code deployed to UAT0 in mid-May; late July 2020 production go live; anticipate sharing partner requirements by early April 2020
ICHRA Employee Affordability Functionality Requirements	Requirement and design documentation for ICHRA Employee Affordability Functionality that will be added to the FFE application and eligibility logic and required for certain EDE partners in 2020.	Code deployed to UAT0 in mid-May; late July 2020 production go live; anticipate sharing partner requirements by early April 2020
ICHRA and QSEHRA SEP Verification Issue (SVI) Functionality Requirements	Requirement and design documentation for ICHRA and QSEHRA SVI Functionality that will be added to the FFE application and eligibility logic and required for certain EDE partners.	TBD
QSEHRA Employee Affordability Functionality Requirements	Requirement and design documentation for QSEHRA Employee Affordability Functionality that will be added to the FFE application and eligibility logic and required for certain EDE partners.	TBD

Operational Impacts of the New HRA Rule: Classic DE Partners

- CMS expects to provide Classic DE Partners with required HRA changes in early April, related to the new ICHRA and QSEHRA SEP functionality, as well as the new ICHRA affordability functionality.
- CMS also expects to provide Classic DE Partners with a comprehensive set of requirements documentation in early April, including updates to the DE API Specs and 834 Operations Manual.
- Additionally, CMS expects to provide Classic DE Partners with test cases prior to the UATO HRA code deployment, which is tentatively expected to occur around mid-May.
- Classic DE Partners are expected to need to make the following changes:
 - All Classic DE Partners are expected to need to make Fetch Eligibility schema updates to accommodate new ICHRA and QSEHRA fields related to required messaging that will need to be displayed during the enrollment experience.
 - All Classic DE Partners will need to make Fetch Eligibility schema updates to accommodate new ICHRA and QSEHRA SEP Reason Codes.*
 - All issuer Classic DE Partners will need to make 834 schema updates to accommodate new ICHRA and QSEHRA SEP Reason Codes.*

*Note:

- The ICHRA SEP Reason Code is expected to be HR.
- The QSEHRA SEP Reason Code is expected to be QS.

Operational Impacts of the New HRA Rule: Non-DE/EDE Issuers

- For non-DE/EDE issuers, CMS expects required changes related to the new ICHRA and QSEHRA SEP functionality, as well as the new ICHRA affordability functionality, to be limited to just 834 schema updates to accommodate the new SEP Reason Codes.
- CMS expects to provide updates to the 834 Operations Manual by early April, however updates are expected to be limited to the new SEP Reason Codes as follows:
 - The ICHRA SEP Reason Code is expected to be HR.
 - The QSEHRA SEP Reason Code is expected to be QS.
- CMS also expects to provide issuers with test cases prior to the UAT0 HRA code deployment, which is tentatively expected to occur around mid-May.

Policy Impacts of the New HRA Rule: Special Enrollment Period (SEP) and SEP Verification

- Employees and their dependents who newly gain access to an ICHRA or who are newly provided a QSEHRA may qualify for a special enrollment period (SEP) to enroll in individual coverage through or outside of the Marketplace.
- If a consumer qualifies for an ICHRA or QSEHRA SEP, the triggering event is the first day on which coverage for the qualified individual, enrollee, or dependent under the ICHRA can take effect, or the first day on which coverage under the QSEHRA takes effect.
- The ICHRA and QSEHRA SEPs are not currently included in the HealthCare.gov application, so until the functionality is added in late July, individuals offered an ICHRA or provided a QSEHRA offer in states that use the HealthCare.gov platform will need to contact the Marketplace Call Center to request the SEP.
- After SVI functionality is added to the HealthCare.gov application (timing still TBD), individuals seeking the ICHRA or QSEHRA SEP will need to submit documentation to confirm their SEP eligibility.

Policy Impacts of the New HRA Rule: Premium Tax Credit (PTC) Eligibility

- For employees who are offered an ICHRA:
 - If the ICHRA offer is affordable, a premium tax credit (PTC) is not allowed for an individual's Marketplace coverage. This applies to employees as well as spouses and dependents of employees to whom the offer extends.
 - If the ICHRA is not affordable based on standards set forth in the final rule, a PTC is allowed if the employee offered the coverage "opts out" of the HRA and the other PTC requirements are met.
 - A PTC is not allowed for an individual's Marketplace coverage if the individual chooses to be covered by an ICHRA, regardless of whether the HRA is affordable.
- For employees who are provided a QSEHRA:
 - If the QSEHRA is affordable, a PTC is not allowed for an individual's Marketplace coverage. This applies to employees as well as spouses and dependents of employees who the QSEHRA also covers.
 - If the QSEHRA is not affordable, the employee should reduce the amount of advance payments of the PTC (APTC) they apply to their monthly premiums by their monthly QSEHRA amount.

Resources

- For more information on the 2019 Health Reimbursement Arrangement Rule see <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/ICHRA-Pre-Open-Enrollment-Period-Training.pdf>.
- For help determining if an individual coverage HRA is or isn't considered affordable see <https://www.healthcare.gov/downloads/ichra-worksheet.pdf>.
- To determine how much of the tax credit employees should take in advance to lower their monthly premium, based on the amount of their QSEHRA see <https://www.healthcare.gov/downloads/qsehra-worksheet.pdf>.

Direct Enrollment (DE) Updates: Enrollment Team



Tuesday, March 3, 2020

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
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Reminder and Update for EDE Partners: FARS API Schema Missing RF3 FinalDecisionCode Enumeration Value

- EDE Partners, as a reminder, 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
 - The Hub deployed the schema update to UAT0 on 2/14 and will be deploying the schema update to production on 3/1
 - An updated Hub BSD has been uploaded to zONE, and is available at <https://zone.cms.gov//document/enhanced-direct-enrollment-edo-documents-and-materials>
 - The Hub will make the updated FARS schema available via new endpoints:
 - » UAT0:
 - FARS: <https://impl.hub.cms.gov/FARSServiceDEV3>
 - » Production:
 - FARS: <https://hub.cms.gov/FARSServiceDEV3>
 - » The prior versions of the FARS endpoints will be available for use until 5/29/2020
 - The prior versions of the endpoints will be decommissioned on 5/29 between 9:00 and 10:00 AM ET
 - EDE Partners using the FARS API will therefore need to update their schemas and move to the new endpoint prior to this time
 - » **Update:** We previously reported that the RIDP endpoints would be changing, however the RIDP endpoints will remain the same
 - RIDP endpoints:
 - UAT0: <https://impl.hub.cms.gov/RIDPServiceDE>
 - Production: <https://hub.cms.gov/RIDPServiceDE>
 - As a reminder, EDE Partners should be aware that they may receive an RF3 FinalDecisionCode value in the FARS API response for either version of the services

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