

Enrollment Reconciliation & IC834 Workgroup



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IC834 – Housekeeping

- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted from 3/10 – 3/16 was sent out yesterday.
- **The PO-IC834 reporting suite** (PO Summary, PO Detailed, and Reinstatement Detailed) for transactions submitted from 3/3 – 3/9 ***was delayed; reports were sent out on Friday, March 13.***
- If you have any questions about these reports or any other IC834-related item, please contact Inbound834@bah.com

IC834 Policy Status Updates

The policy status indicator/maintenance reason code field can be updated as follows:

Existing Policy Status in FFM

		Initial	Effectuated	Terminated		Cancelled
				Initial	Effectuated	
IC834 Transaction Type	Effectuation	Accepted	Rejected	Accepted	Rejected	Rejected
	Cancellation	Accepted	Accepted	Accepted	Accepted	Rejected
	Termination	Accepted	Accepted	Accepted*	Accepted*	Rejected
	Maintenance	Rejected	Accepted	Rejected	Accepted	Rejected
	Reinstatement	Rejected	Rejected	Accepted	Accepted	Accepted

* End date must be less than current end date

IC834 – E095 Error Code (Secondary Matching)

- This is a secondary matching error code, indicating a transaction was sent out of sequence
- The E095 error code is generated when an IC834 transaction (Effectuation or Termination) is sent to update a policy that is in a cancelled status at the FFM
- **To prevent** – review the monthly Pre-Audit files to determine the latest status of these policies at FFM prior to generating IC834 transactions.

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2019)**
 - 1095-A Consumer-Initiated Dispute Update (1095Ax) Files were delivered to Issuers yesterday, Wednesday, March 18th
 - The next set of 1095Ax Files are scheduled for distribution to Issuers on Wednesday, April 1st
- **Plan Year 2014**
 - A full 2014 FFM extract was taken on Friday, March 13th at 6PM EDT
 - Comprehensive 2014 Pre-Audit (OTPAUD) Files based upon that extract were delivered to Issuers on Tuesday, March 17th
- **Plan Year 2017**
 - This month's 2017 FFM extract was taken on Sunday, March 15th at 6PM EDT
 - Incremental 2017 Pre-Audit (ISIPA7) Files based upon that extract were delivered to Issuers yesterday, Wednesday, March 18th
- **Plan Year 2018**
 - This month's 2018 FFM extract was taken on Sunday, March 15th at 6PM EDT
 - Incremental 2018 Pre-Audit (ISIPA8) Files based upon that extract were delivered to Issuers yesterday, Wednesday, March 18th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract was taken on Sunday, March 15th at 6PM EDT
- Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract were delivered to Issuers on Tuesday, March 17th
- The RCNI9 submission deadline for March's Run 16 is **TODAY, Thursday, March 19th at 3PM EDT**
 - As of 11AM EDT today, we have successfully received files from **77.4%** of 2019 FFM Issuers – **submit your files ASAP!**
 - 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**

- This month's 2020 FFM extract was taken on Sunday, March 15th at 6PM EDT
- Comprehensive 2020 Pre-Audit (AUD0) Files based upon that extract were delivered to Issuers on Tuesday, March 17th
- The RCNIO submission deadline for March's Run 4 is Thursday, March 26th at 3PM EST
 - As of 11AM today, **45.1%** of 2020 FFM Issuers have successfully submitted for Run 4
 - RCNO0 Files will be distributed to participating Issuers on Tuesday, March 31st

Reminder: Alignment of RCNI to FFM Extract Date

- Since enrollment reconciliation processing was initiated for PY2020, CMS has seen that the majority of Issuers are submitting 2020 Inbound Enrollment Reconciliation (RCNI0) Files with an Issuer Extract Date well after the FFM Extract Date for the month
- This causes timing discrepancies where the RCNI0 File contains records reflecting transactions that occurred after the FFM Extract but prior to the Issuer's RCNI Extract for the month
 - In these cases this will result in an uneven match in reconciliation and no updates will be made to those records
 - This will also cause an increase in flags warranting Issuer attention, solely due to timing discrepancies
- Issuers should make every effort to ensure the RCNI file submitted for each cycle reflects the state of the Issuer's enrollment data as of the time you process any 834 transactions on the FFM Extract Date (typically the 15th of the month)
 - For example, if the Issuer typically processes 834s from the FFM the business day after receipt, the Issuer should run their RCNI extract process late on the 16th (after the 834s have been applied from the 15th) or on the 17th to minimize potential timing discrepancies

Cancellation and Termination Reason FAQs

- **Q:** Should Cancellation and Termination Reasons be provided for all members or only subscribers?
 - **A:** Cancellation and Termination Reasons are applied at the policy level and must minimally be included on the appropriate subscriber records; they may also be included optionally on the dependent records on the policy, but if they are included, they should match what is on the subscriber record
 - **For Cancellations:** All records submitted for the subscriber on a cancelled policy should include the Cancellation Reason
 - **For Terminations:** The subscriber record for the final segment representing a period of active coverage **must** include the Termination Reason; it can optionally be included on all records for the policy including other subscriber and dependent records
- If your team needs technical assistance regarding proper submission of reason codes in recon, please contact the Recon Issuer Support Team at recon_issuer_support@bah.com

Cancellation and Termination Reason FAQs

- **Q:** Can we use a standard reason code such as 12 (Other) for all Issuer-initiated cancellations and terminations?
 - **A:** No, it is expected that Issuers will use the appropriate Issuer-initiated reason code corresponding to the reason for which the policy was cancelled or terminated; for example if the cancellation was due to non-payment, reason code 6 must be used
- **Note:** Issuers are strongly encouraged to review all **U** field-level flags on the RCNO file as that indicates an issue with the way the reason code has been submitted
- If your team needs technical assistance regarding proper submission of reason codes in recon, please contact the Recon Issuer Support Team at recon_issuer_support@bah.com

Enrollment Dispute Form Version 13

- ER&R is developing v13 of the Enrollment Dispute Form to allow issuers to include Term and Cancel Reason Codes on applicable disputes.
- The implementation date for Enrollment Dispute Form v13 is currently planned for June. ER&R will provide issuers with an exact implementation date as far in advance as possible.
- When v13 is implemented, ER&R will no longer accept v12. Issuers should begin making any necessary changes on their end to support the use of v13.
- The Excel add-ins for Enrollment Dispute Form v12 will not be compatible with v13.
 - ER&R will release complete v13-compatible add-ins prior to implementation.
 - Once implementation of v13 is complete, issuers should discontinue using the v12 add-ins, which will be retired.

Update: 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 will send a third EFT file listing the additional qualifying 2019 reinstatements to impacted issuers on **Wednesday, March 25**, along with an email communication including the filename.
 - The subject of the email will be *2019 Reinstatement After BAR File Guidance Update*.
 - The EFT file will include policies reinstated both through Reconciliation and disputes and will be 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 previously sent EFT files to impacted issuers on **January 27** and **February 25**.

Update: 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 **Wednesday, March 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 May 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/.

Reminder: Prior Year and Account Manager Approval for 2019 Policies

- 2019 disputes are considered prior year starting April 1, 2020.
- When submitting disputes for 2019 records after April 1, 2020, issuers should:
 - Use the correct dispute type when changing end dates.
 - Refrain from using dispute types that are reserved for current year records.
 - Consider using the FFM Exchange Assigned Policy ID and Segment ID fields instead of the FFM Internal Record Inventory Number field.
- Starting on May 1, 2020, issuers will need to send completed Issuer Prior Year Approval Request Forms to their Account Managers to submit 2019 disputes to ER&R.
 - For more information regarding requesting Account Manager approval for prior year disputes or to download the request form, issuers should access the [poryeardisputeapprovalmasterguidance.pptx](https://zone.cms.gov/document/enrollment-resolution-and-reconciliation) and [issuerprioryearapprovalrequest_final_5.28.2019.xlsx](https://zone.cms.gov/document/enrollment-resolution-and-reconciliation) files on zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

zONE Publications

- The new FFE Disposition and Detail Code List v26 is now available on zONE. This updated version contains new and updated detail codes for Payment Disputes and is available in both Word and Excel formats.
- CMS has removed several outdated documents and consolidated several existing UIR issuer letters into the new UIE Issuer Letter and Outreach Samples zip file. This new file contains letters related to UIEs and manual payments from 2016–2019.
- Access the updated documentation on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Q&A

