

CMS Issuer Technical Work Group

- ***Housekeeping***
 - ***Reminder: New Enrollment***
 - ***Webinar Schedule***
 - ***CMS Issuer Communications***
 - ***Updates***
- ***Pre-Audit and Recon Update***
- ***ERR***
- ***Enhanced Direct Enrollment (EDE)***
Updates:
Eligibility
- ***Enhanced Direct Enrollment (EDE)***
Updates:
Enrollment
- ***Q&A***

June 9, 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>
 - 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.
 - 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.

JUNE 2020

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

CMS ISSUER COMMUNICATIONS: Subdomain Name Change

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*

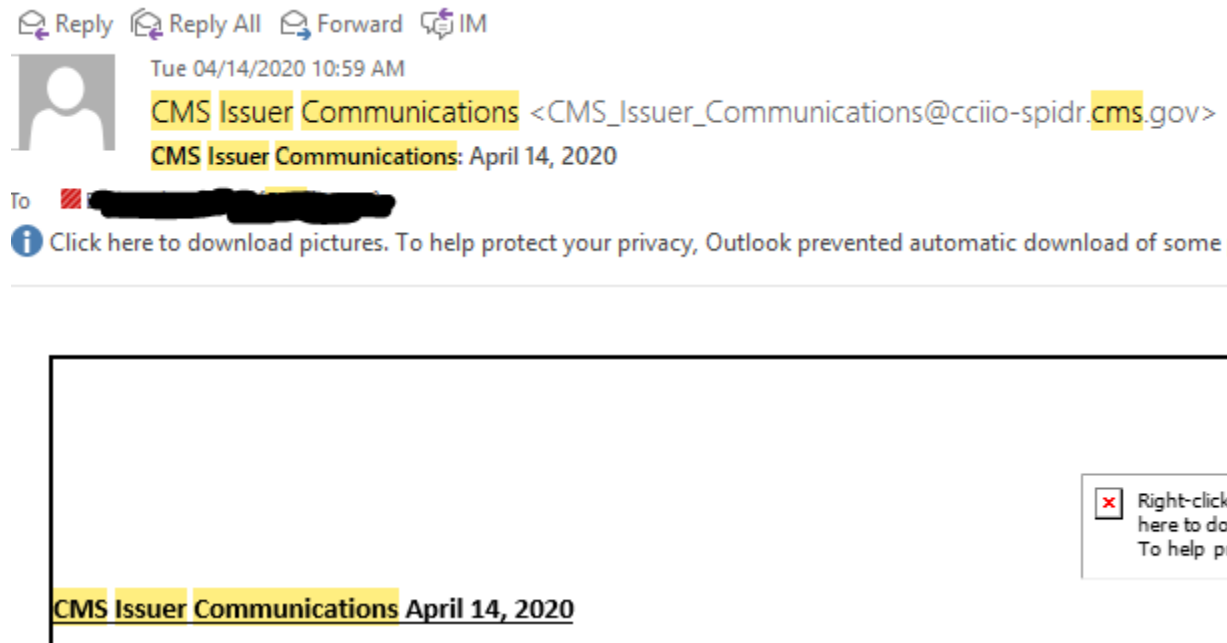
- Starting Thursday April 9, 2020: Issuers will see a subdomain change in the “from” line of their e-blast messages from the CMS Issuer communications team.
- o The from line will now read Cms_issuer_communications@cciio-spidr.cms.gov instead of how it previously displayed as: cms_issuer_communications@cms.hhs.gov or IssuerCommunications@cms.hhs.gov
- o In order to continue receiving e-mails from CMS Issuer Communications, CMS recommends the following:
 - We are asking Issuers and DE Partners to add Cms_issuer_communications@cciio-spidr.cms.gov to your email contacts to avoid it going to SPAM/JUNK folders
 - We also recommend that you work with your IT department to white list the sending IP Address **136.147.180.31**

CMS ISSUER COMMUNICATIONS: Subdomain Name Change

- o Issuers/DE Partners previously not receiving CMS Issuer Communications e-blasts should start receiving those messages again.
- o There are no Operational Changes to the process of emails being sent from Issuers/DE Partners to the CMS Issuer Communications team.
 - Emails inquiries **from Issuers and DE Partners** to the CMS Issuer Communications team will still be sent to the original email address
cms_issuer_communications@cms.hhs.gov **NOT**
Cms_issuer_communications@cciio-spidr.cms.gov
 - If there are further questions please send a message to
cms_issuer_communications@cms.hhs.gov.

CMS ISSUER COMMUNICATIONS: Subdomain Name Change

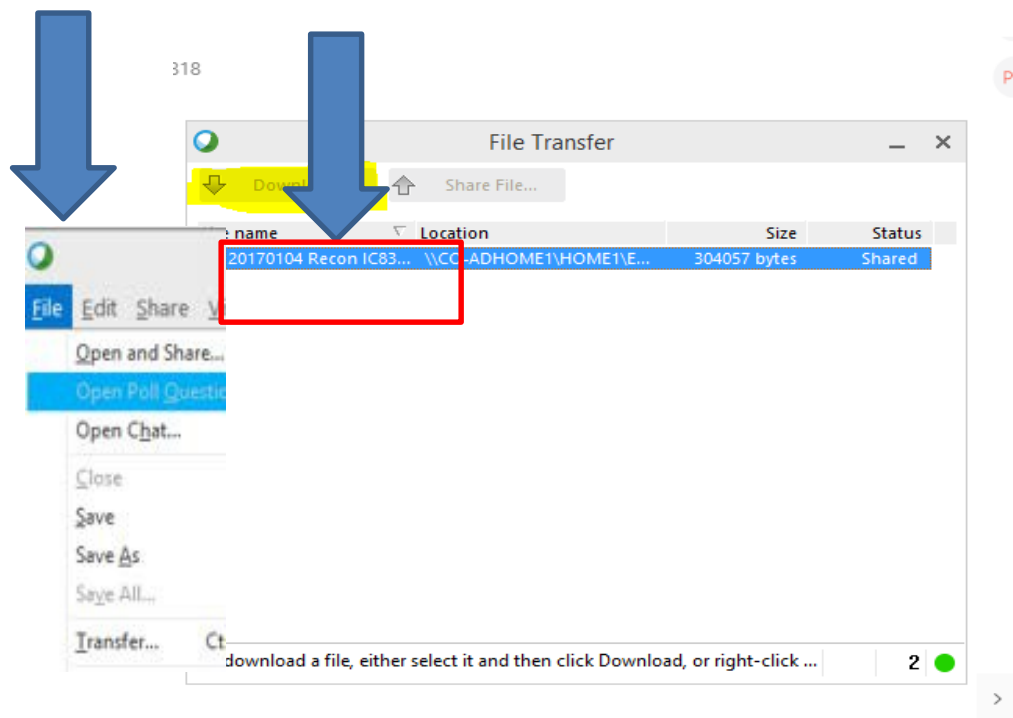
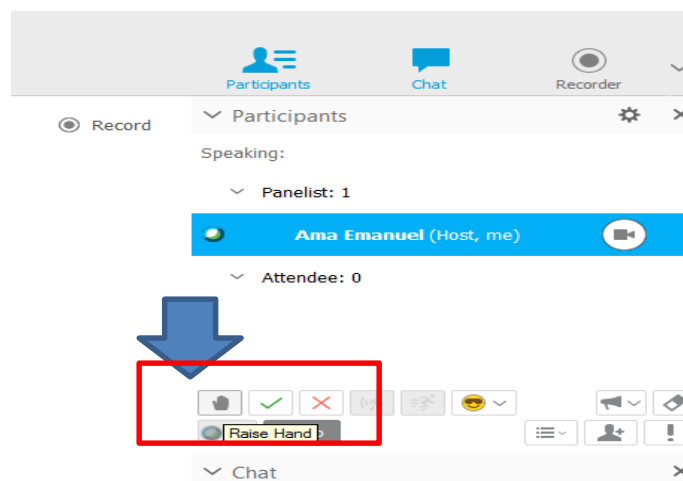
- Will add screenshot of from line on eblast



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)

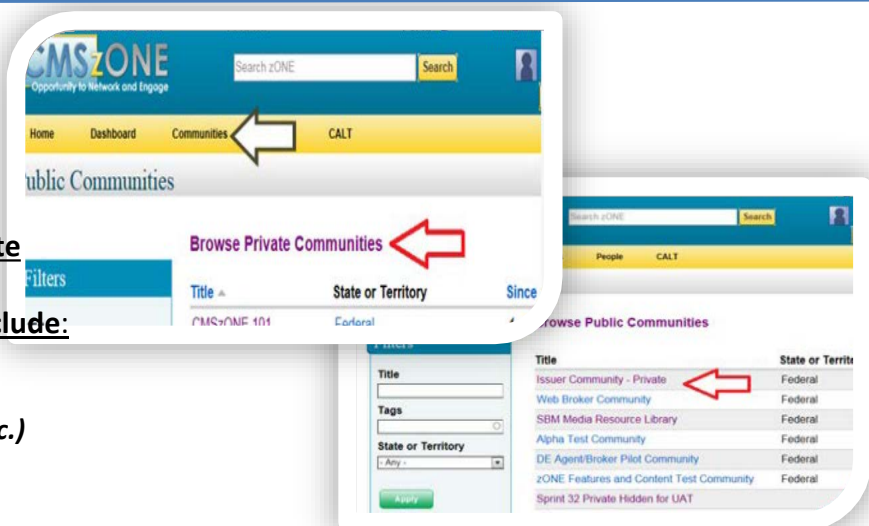
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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** Click **Issuer Community – Private**
3. Click **Join Community**
4. Provide explanation of why you need access to this community; **Include:**
5.
 - 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, June 9, 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 distribution on Wednesday, June 17th
- **Plan Year 2014**
 - An incremental 2014 FFM extract is scheduled for Friday, June 12th at 6PM EDT
 - Incremental 2014 Pre-Audit (ISIPA4) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, June 16th
- **Plan Year 2017**
 - This month's 2017 FFM extract will be taken on Monday, June 15th at 6PM EDT
 - Comprehensive 2017 Pre-Audit (AUD17) Files based upon that extract are scheduled for distribution to Issuers on Thursday, June 18th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Monday, June 15th at 6PM EDT
- Incremental 2018 Pre-Audit (ISIPA8) Files based upon that extract are scheduled for distribution to Issuers on Thursday, June 18th

- **Plan Year 2019**

- This month's 2019 FFM extract will be taken on Monday, June 15th at 6PM EDT
- Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, June 17th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2020**

- This month's 2020 FFM extract will be taken on Monday, June 15th at 6PM EDT
- Comprehensive 2020 Pre-Audit (AUD0) Files based upon that extract are scheduled for distribution to Issuers on Wednesday, June 17th
 - **Please Note:** The first SADP Effectuation process for 2020 will be run this week and will be reflected in these AUD0 Files
- The RCNIO submission deadline for June's Run 7 is Thursday, June 18th at 3PM EDT
 - RCNO0 Files from Run 7 are scheduled for distribution to Issuers on Tuesday, June 23rd

Updated Recon Calendar Posted to zONE

- On Friday, June 5th, CMS published an update to the Pre-Audit and Reconciliation Calendar, including file delivery dates and reconciliation deadlines through September 2020
 - These updated documents are available on zONE at:
 - <https://zone.cms.gov/document/pre-audit-and-recon-calendar-and-file-specification>
- CMS is working to finalize the recon calendar for the remainder of calendar year 2020, including Open Enrollment (OE) 2021, and will publish following publication of the 2021 OE Transaction Summary

Cancellation/Termination Reason Code Updates

- CMS continues to analyze Issuer submission of Cancellation and Termination Reason Codes in the recon process to assess data quality and readiness to update the FFM with the Issuer-submitted values
- Common issues identified on Termination Reason Codes in May's Run 6 include:
 - No Termination Reason Code given on records where the Issuer has terminated the policy from active, open-ended coverage or is terminating to a different end date
 - Cancellation Reason Code given on a terminated policy
 - FFM-initiated Termination Reason Code given on records where the Issuer has terminated the policy from active, open-ended coverage or is terminating to an earlier end date
 - Issuers sending terminations initiated on the FFM after the 15th of the month and not yet reflected on the FFM extract (timing issue)

ER&R



- ✓ **Topic**
 - ✓ Disposition Code Verbiage Updates
 - ✓ Update: Avoiding FR9 Disposition Codes
- ✓ **Q&A**

June 9, 2020

Disposition Code Verbiage Updates

- ER&R is making updates to the verbiage of most of the enrollment dispute disposition codes.
- The majority of the updates will be cosmetic in nature and are designed to clarify the instructions for an existing disposition or to make verbiage more uniform across multiple codes.
- The only significant process change contained in these updates is regarding dispositions that previously instructed issuers to contact the Financial Management Coordination Center (FMCC) help desk, which now directs issuers to request assistance from one of the following:
 - ER&R Support Center
 - Recon Issuer Support
 - Marketplace Service Desk

NOTE: ER&R is also making similar changes to the detail code verbiage for Payment Disputes.

- CMS will publish updated guidance documents to zONE once the updated verbiage is implemented.

Update: Avoiding FR9 Disposition Codes

- Issuers receive disposition code FR9 for current year disputes when the issuer value on the dispute form does not match the issuer value in the RCNO.
 - Rule Description: End Date – Different in the RCNO file than on the Dispute Form
 - Verbiage Returned to Issuer: *The RCNI file submitted reflects a Benefit End Date of [@@RCNO.Issuer_PLAN_BNFT_END_DT]. If the issuer believes that the Benefit End Date should be [@@Dispute.IssuerValue], the issuer must apply the appropriate Benefit End Date on the RCNI before it can be reviewed and updated via the ER&R dispute process. For assistance with updating the RCNI to ensure it is correct, please contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.*
NOTE: ER&R updated this verbiage to direct issuers to the ER&R Support Center, previously, the verbiage directed issuers to the FMCC help desk.
- Often, this error is caused by the issuer entering the FFM Benefit End Date into the Issuer Value field on the dispute form.
- To prevent these errors, issuers should enter the desired end date in the Issuer Value field on the dispute form and ensure this value matches the value the issuer reported in the RCNI file.

Enhanced Direct Enrollment (EDE) Updates: Eligibility Team



Tuesday, June 9, 2020

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Updated Eligibility Documents on zONE

CMS recently released updated eligibility documents on [zONE](#):

- An updated [Marketplace Spanish Application Translations](#) document is now available. All updates reflect the most recent updates to the UI Question Companion Guide, including HRA functionality.
- A suite of [four test cases](#) to submit as part of CMS-initiated Change Request #41 is now available
 - Partners are required to submit a full screenshot flow for each test case, along with the Eligibility Determination Notice and the application ID.
 - Additionally, the [CMS-initiated Change Request Tracker](#) was updated to reflect the new test case submission date of **July 5, 2020**, for partners that want to go-live with the FFE at the end of July.
- Draft HRA Eligibility Results Page Messaging [document](#), which outlines language to display to 1) Consumers who are offered an unaffordable individual coverage HRA (ICHRA) and are determined APTC-eligible, and 2) Consumers who attest to a newly provided QSEHRA and are determined APTC-eligible

Direct Enrollment (DE) Updates: Enrollment Team



Tuesday, June 9, 2020

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Classic DE and EDE Partners: Update to Catastrophic Enrollment Guidance in the DE API Specs

- Classic DE and EDE Partners, as a reminder, you are permitted to enroll eligible consumers in catastrophic coverage
 - Note that the AllowedPlanMetalLevelType in the Fetch Eligibility response will reflect “Catastrophic” when an entire household is eligible to enroll in a catastrophic plan
 - This data element will reflect catastrophic eligibility based on both age (i.e. under 30) and hardship exemption
 - If offering catastrophic coverage, please be advised that there are currently two limitations you should be aware of:
 1. Enrollments for catastrophic coverage can only be submitted if all members of the household are eligible for catastrophic coverage
 2. When enrolling in catastrophic coverage, all applicants must enroll in catastrophic coverage
 - » In other words, Submit Enrollment does not currently allow some applicants to enroll in catastrophic coverage, while others enroll in non-catastrophic coverage
 - Section 7.3.2.2 in the DE API Specs was updated to include limitation #2 above
 - » The DE API Specs can be found on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
- In addition to the limitations noted above, be advised that consumers enrolling in catastrophic coverage cannot use APTC towards catastrophic enrollment
- If a Submit Enrollment request is sent that violates any of the above limitations/requirements, the transaction will fail
- As a reminder as well, if you are not currently allowing catastrophic enrollment, you must display an appropriate disclaimer as described in the FFE Enrollment Manual
 - The FFE Enrollment Manual can be found on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>

EDE Partners: Removal of lastPremiumPaidDate from the Update Policy Response

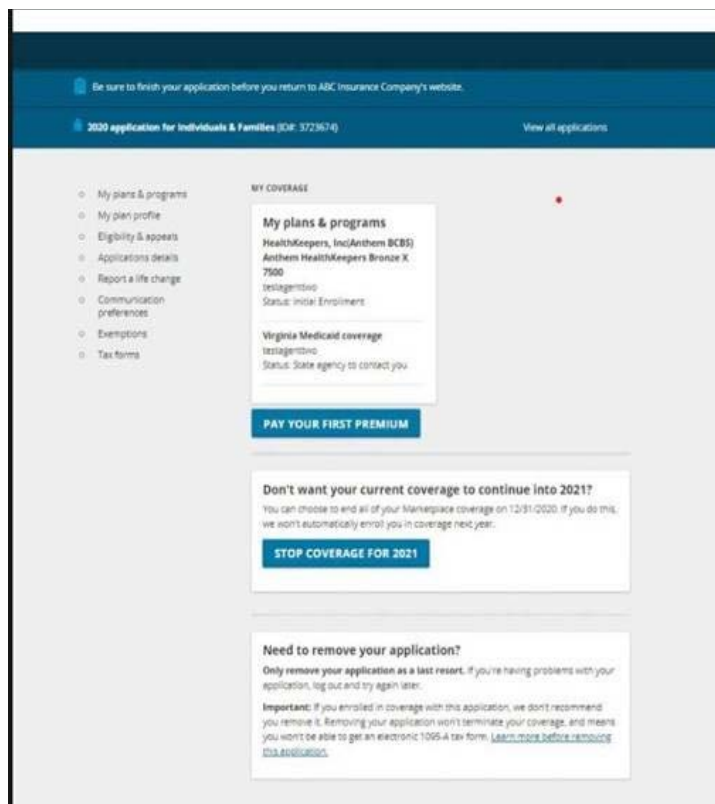
- EDE Partners, please be advised that we've identified that an unexpected field is being returned in the Update Policy response
 - Specifically, we are incorrectly returning a lastPremiumPaidDate field in the Update Policy response
 - Accordingly, we'll be deploying an update to UAT0 on 6/19 and to PROD on 7/31, which will remove this field from the Update Policy response
 - If an EDE Partner has accounted for the lastPremiumPaidDate field in their schema, or is leveraging this field in some way, the EDE Partner should prepare accordingly

EDE Partners: BAR Opt-Out Messaging

- EDE Partners, as a reminder, CR#40 on the CMS-Initiated Change Request (CR) Tracker requires that you integrate with and expose BAR opt-out functionality to your users by 8/15/2020
 - Note that CMS has not released any required BAR opt-out messaging to this point
 - This said, EDE Partners integrating with BAR opt-out functionality should display appropriate messaging to users within their UI, so that users understand that their coverage won't be automatically renewed when they elect to opt out of BAR
 - EDE Partners may want to use HealthCare.gov BAR opt-out messaging as a model for their own BAR opt-out UI language, and given BAR opt-out functionality is not available year-round in UAT0, we've added Section 17.3.1 to the EDE API Companion Guide, which includes example BAR opt-out screenshots from the HealthCare.gov UI
 - » The updated EDE API Companion Guide can be found on zONE at <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>
 - » The next three slides also include the applicable screenshots

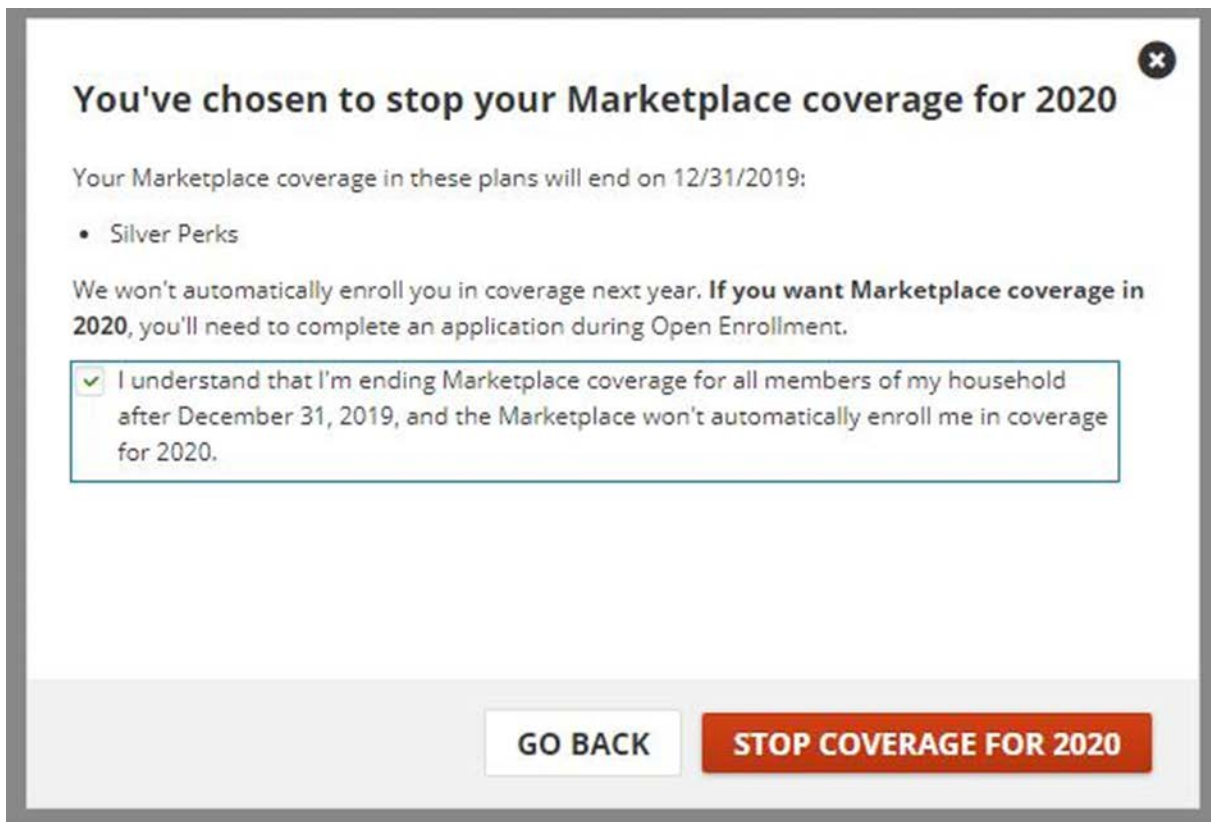
EDE Partners: BAR Opt-Out Messaging - Screenshots

- Example HealthCare.gov My Account screenshot showing the “Stop Coverage for 2021” (i.e. BAR opt-out) button
 - Reads: **“Don’t want your current coverage to continue into 2021?”** You can choose to end all of your Marketplace coverage on 12/31/2020. If you do this, we won’t automatically enroll you in coverage next year.”
 - Button reads: **“STOP COVERAGE FOR 2021”**



EDE Partners: BAR Opt-Out Messaging - Screenshots

- Example messaging displayed in My Account when the BAR opt-out button is selected
 - Note that the previous screenshot was for 2021 BAR opt-out, whereas this screenshot is for 2020 BAR opt-out



The screenshot shows a confirmation dialog box with a close button (X) in the top right corner. The main heading is "You've chosen to stop your Marketplace coverage for 2020". Below this, it states "Your Marketplace coverage in these plans will end on 12/31/2019:" followed by a bullet point "Silver Perks". A paragraph follows: "We won't automatically enroll you in coverage next year. **If you want Marketplace coverage in 2020**, you'll need to complete an application during Open Enrollment." Below this is a confirmation box with a green checkmark icon and the text: "I understand that I'm ending Marketplace coverage for all members of my household after December 31, 2019, and the Marketplace won't automatically enroll me in coverage for 2020." At the bottom, there are two buttons: "GO BACK" and "STOP COVERAGE FOR 2020".

You've chosen to stop your Marketplace coverage for 2020

Your Marketplace coverage in these plans will end on 12/31/2019:

- Silver Perks

We won't automatically enroll you in coverage next year. **If you want Marketplace coverage in 2020**, you'll need to complete an application during Open Enrollment.

☒ I understand that I'm ending Marketplace coverage for all members of my household after December 31, 2019, and the Marketplace won't automatically enroll me in coverage for 2020.

[GO BACK](#) [STOP COVERAGE FOR 2020](#)

EDE Partners: BAR Opt-Out Messaging - Screenshots

- After a user elects to opt out of BAR, EDE Partners may also want to display language in the UI reminding the user that they have opted out of BAR
 - For example, the EDE Partner may want to leverage the `insurancePolicyEndDate` and `specifiedEoyEndDateIndicator` in the Get Enrollment response to identify when a user's coverage will not be auto-renewed
 - When the `insurancePolicyEndDate` equals 12/31 of the given coverage year and the `specifiedEoyEndDateIndicator` is true, the EDE entity might want to display something like: "You won't automatically be enrolled in coverage next year. Your Marketplace coverage will end on December 31, 2020. If you want Marketplace coverage in 2021, you'll need to complete an application during Open Enrollment."
 - Below is an example of what is displayed on the HealthCare.gov eligibility results page when BAR opt-out has occurred
 - Again, note that the first screenshot was for 2021 BAR opt-out, whereas this screenshot is for 2020 BAR opt-out

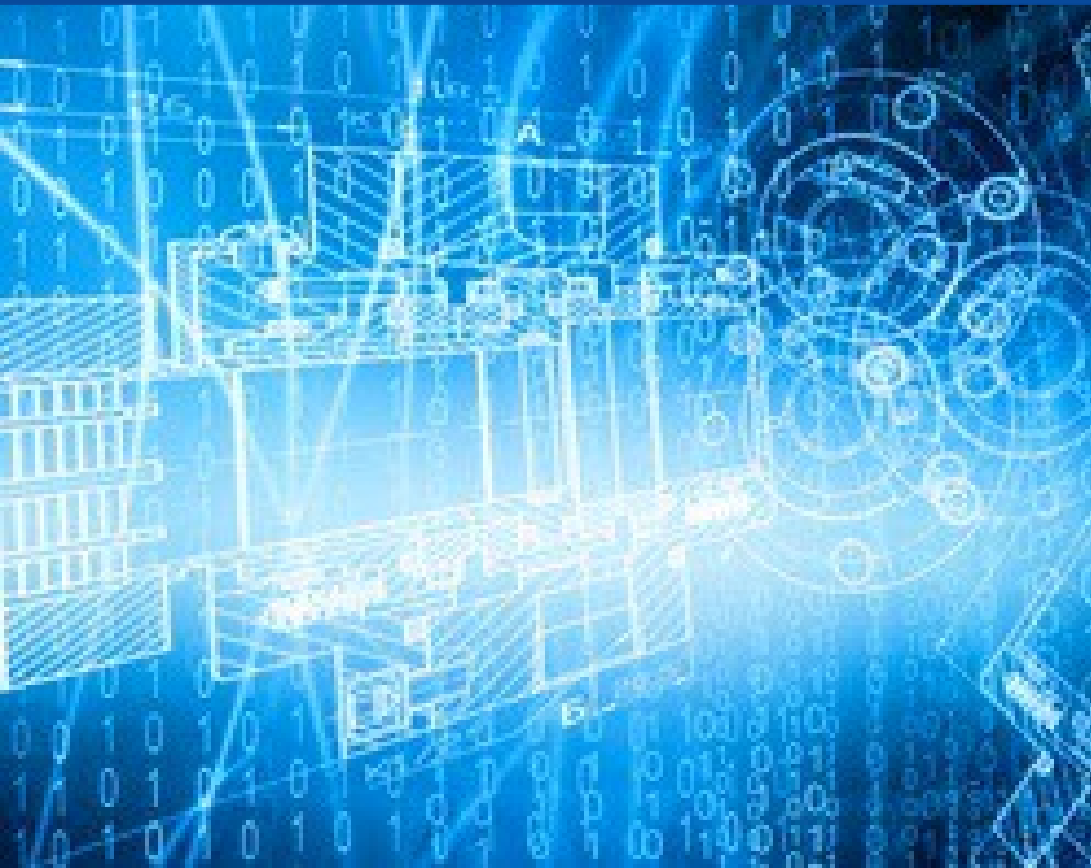
Optional: Stop Marketplace coverage for 2020

Your Marketplace coverage will end on December 31, 2019 and we won't automatically enroll you in coverage for 2020.

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