CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2018 Batch Auto Reenrollment (BAR) Launch and Medicare Non-Renewal Operations



Center for Consumer Information and Insurance Oversight (CCIIO)

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https://www.regtap.info/FFENR.php

The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This material summarizes current policy and operations as of the date it was uploaded to REGTAP. Links to certain source documents may have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

Batch Auto-Reenrollment (BAR) begins c. 10/12/17

Week of October 9, 2019

- Some issuers will begin receiving auto-reenrollments for both regular BAR and alternate enrollments (if applicable) by the end of the week
- A given issuer may receive its auto-renewals and alternate enrollments on the same day
  - Consumers matched to an alternate plan will receive a notice from CMS identifying the new issuer electronically in the same day that the issuer receives the transaction, and by mail within about a week
  - Issuers may want to delay contacting alternate enrollments until a week after receiving the transaction if they want CMS to be the first messenger of the match. Issuers receiving cross-issuer enrollments should not send 2018 invoices until after November 1
  - For more information on the CMS notice to enrollees matched to an alternate plan see the "cross issuer notice" at https://marketplace.cms.gov/applications-and-forms/notices.html
- The state order for the first week is likely to be **FL and NC**
  - Please check your CMS Issuer Communication emails daily for updates

BAR Progress Report

By request of issuers, CMS will deliver a daily report **via EFT code MISC8** beginning c. 10/12/17 to health and dental plan issuers listing the

Attribute	Definition
bar_eligible_policies	2017 coverage in initial or effectuated status with 12/31/17 Plan Benefit End Date & EOY = False (excludes 2017 policies with active 2018 reenrollments)
regular_auto_reenrolled	Total count to date of 2018 auto-renewals (policy origin = 11, and 2017 and 2018 HIOS match).
estimated_alternate_enrollments	[only applies to issuer who were notified by CMS] The count of new members (number of people) estimated by CMS to be matched to the issuer as of 10/4/17.
alternate_enrollments	The count of alternate enrollments (number of policies) sent to date (policy origin = 11, and 2017 and 2018 HIOS do not match

Batch Auto-Reenrollment (BAR)

Reminders:

- **Issuers will receive 2018 reenrollment transactions for regular BAR (EFT I834AR) and alternate enrollments (EFT I834) in October BAR**
    - Only late 2017 enrollments (e.g., enrolled for the first time with effective date of 12/1/17) and active reenrollees who have started an application before being BARed are the only major groups that an issuer would receive for the first time in December BAR
- **For more information on OE 2018**, see https://www.regtap.info/uploads/library/ENR_OE_TransactionSummary_5CR_082817.pdf
- **For more operational guidance on non-renewing QHP enrollments with Medicare enrollees**, see https://www.regtap.info/uploads/library/ENR_MedicareNonRenewal_Non_Issuance__OpGuidance_091817_5CR_100417.pdf
- **Issuer Outreach Files** will be distributed to issuers c 10/19/17 for voluntary outreach to encourage the active reenrollment of your members who will otherwise lose financial assistance

Auto-Reenrollment Files and Delivery Dates (Dates are Subject to Change)

File	Description	Delivery Date(s)	EFT Code & File Layout
Batch Auto-Reenrollment (BAR) Files	Will re-enroll current Marketplace enrollees into future year coverage.	1st Wave: Begins 10/10 2nd Wave: December	I834AR (Alternate Enrollments sent I834)
Outreach File	Will identify enrollees (but not why they are on the list) who will lose financial assistance in 2017 if they don't return to FFM because they either 1) **Opt-Outs.** Did not authorize the Federally-facilitated Marketplace (Marketplace) to obtain updated tax return information from the Internal Revenue Service (IRS); 2) **Special Notice Group**. Have incomes above 500% of the federal poverty level when checked against IRS updated income information; 3) **FTR**. Received APTC for a given year but didn't reconcile that year with tax return 4) **Consecutive Passive Group**. Applied in 2014 or 2015, were auto-renewed without application updates for two years, and have no available tax data Optional issuer outreach to direct these enrollees to actively apply and enroll in Marketplace coverage during Open Enrollment to maintain financial assistance.	10/15	IOUTRC (new code) https://zone.cms.gov/document/ioutrc-file-layout
Switch File	Will list current year subscribers who have not yet been auto-reenrolled and have actively switched to a different issuer for future year Marketplace coverage. Current year issuers should non-renew subscribers if on the Switch File	Daily from 11/3 to 12/15	SWTFL (same as previous) https://zone.cms.gov/document/reenrollment-transaction-summary-issuers-2016-coverage
Cancel Incremental Pre-Audit File	Will cancel passive reenrollments that duplicate active enrollments for future year Marketplace coverage. This is primarily associated with disconnected applications created when enrollees or their assisters fail to access their existing pre-populated future year application	Weekly 11/21 11/29 12/6 12/20	BARCN8 (new code) File Layout at https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v4_0_1.pdf
834 Cancel Transactions	Will cancel auto-reenrollments that are subsequently ineligible for BAR due to late terminations of current year Marketplace coverage. Active reenrollments or auto-reenrollments that have been updated by the enrollee will NOT be cancelled in this job.	Intermittent Late November, then monthly thru March	I834 through December IPAs sent EFT BARCN8 January – March https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v4_0_1.pdf
BAR Failures	A list of enrollments that because of processing issues were not auto-renewed; impacted issuers are encouraged to do outreach to get the enrollee to actively reenroll	One delivery in early January	IOUTRC (new code) https://zone.cms.gov/document/ioutrc-file-layout

Medicare Non-renewal - Operations

- As discussed on Enrollment Policy calls on 7/17/17 and 9/18/17, issuers that must non-renew QHP coverage for an enrollee it has knowledge is in Medicare will send a termination (or cancelation after receiving the BAR) to prevent or cancel auto-renewal
  - The 2018 Payment Notice change in interpretation of guaranteed renewal does not change an issuers' obligations under the Anti-duplication provision (Section 1882(d)(3) of the SSA), and does not create a new requirement under the guaranteed renewability provisions for issuers to ascertain the Medicare status of their enrollees.
- QHP issuers also must send a termination notice, pursuant to 45 CFR 156.270(b) and 45 CFR 155.430(b)(2)(i), to any enrollees whose coverage has been non-renewed due to an enrollee in the enrollment group being a Medicare beneficiary. The termination notice should advise mixed-eligibility enrollments to actively reenroll, making the Medicare-enrollee a non-applicant, if enrollees not in Medicare need QHP coverage
- For more information see https://www.regtap.info/uploads/library/ENR_MedicareNonRenewal_Non_Issuance__OpGuidance_091817_5CR_100417.pdf

Medicare Non-renewal – Issuer Submissions

- CMS also requests that issuers submit the lists of non-renewed policies by 10/31/17 to the ER&R contractor
  - This enables the Marketplace to perform any necessary outreach, provide SEPs were applicable, and have appropriate scripting at the Marketplace Call Center
- Enrollees who are terminated because they share a policy with a Medicare-enrollee will be eligible for a Special Enrollment Period
  - The Marketplace Call Center will have lists of enrollees eligible for the SEP
  - This SEP will not require an enrollee to submit documentation as the circumstances are already verified

Medicare Non-renewal – Issuer Submissions (continued)

- Issuers will use EFT code ERRM to submit a simple dispute form to the ER&R contractor using the naming convention below:

	TPID	APPID	FuncCode	Date	Time	Env	Direction
Format	1234567890	COG	ERRM	DYYMMDD	T145543453	P	IN

Issuers will use a very simple form to report the following values:

- HIOS/Issuer ID
- Coverage Year (2017 if terming current policy; or 2018 if canceling BAR policy)
- FFM Exchange Assigned Policy ID of the termed or canceled policy
- FFM Exchange Assigned Member ID of the member that the issuer has knowledge is in Medicare

Access the ER&R form to report non-renewals due to dual Medicare enrollment at
https://zone.cms.gov/system/files/documents/medicare_non_renewal_list_v1.xlsx