CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Continuing: 2018 Batch Auto-Reenrollment Update

Center for Consumer Information and Insurance Oversight (CCIIO)

October 23, 2017

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) Update

BAR to Date

Status	States
Completed (*including alternate enrollments*)	AL, IL, IN, LA, NC, NJ, OK, SC
Completed regular BAR (*alternate enrollments in progress*)	FL, MI, OH, TN, TX, VA, PA
In progress	AZ, KS, KY, UT, GA

Week of October 23, 2017

Status	States
In progress	AZ, KS, KY, UT, GA
Next states up	NV, ME, MS, NE, NH, WV

Final States:

DE, WY, WI, OR, AR, MT, AK, SD, HI, ND, MO, NM, ND

Batch Auto-Reenrollment (BAR) Update

Reminders:

- 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
- Please check your CMS Issuer Communication emails daily for updates. To be added to the distribution list send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
  - "Add POC to Distribution List"

Medicare Non-renewal: Forms to ER&R by 10/31/17

- As presented earlier, 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: Forms to ER&R by 10/31/17, cont'd.

- 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: Forms to ER&R by 10/31/17, cont'd.

- Issuers will use EFT code ERRM to submit a simple 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