CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Insurance Casework System (HICS) Direct Dispute Enrollment Q & As

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

Health Insurance Casework System (HICS) Direct Dispute Review

- HICS cases involving Enrollment Blocker, Advance Payment of the Premium Tax Credit (APTC), and changes to Total Premium Amounts have historically required issuers to update values in RCNI and submit an Enrollment Dispute to the ER&R Contractor.
- As of 6/23/2017, issuers may utilize the HICS Direct Disputes functionality to assign these cases directly to ER&R to work.
- Only the following HICS Cases may be routed to ER&R through this process:
  - Enrollment Blocker
  - Changes to Advanced Premium Tax Credit (APTC)
  - Changes Total Premium Amount that cannot be resolved through automated reconciliation
  - Term No Longer Eligible (NLE) Appeal

Health Insurance Casework System (HICS) Direct Dispute Review

- ER&R will process updates to the FFM using information directly from the HICS case, as long as they are for the correct type and have all required information included in the issuer notes.
- Once ER&R processes the HICS case, ER&R will add a comment that indicates that the update has been submitted and the FFM should update within 1-2 cycles.
  - Issuers should continue to review their ERRD semi-monthly report.
  - If the update to FFM fails and requires the issuer to resubmit the dispute, an RJ Disposition Code will be applied to the dispute and updated on the ERRD semi-monthly report.
  - The descriptions and definitions of each disposition code are located in the document labeled CCIIO_EnrollmentDispositions_ZoneV4.0 on zONE: https://zone.cms.gov/document/enrollment-data-reconciliation

Q & As

Question 1: Will the new ER&R direct Health Insurance Casework System (HICS) process affect the first and second level casework resolution timeframes and will issuers be penalized for the time period that the ER&R Contractor (Cognosante) takes in handling/resolving open cases ?

Answer: No. Issuers will not be penalized for any HICS cases pending resolution to the ER&R contractor. When the issuer submits the HICS case to the ER&R contractor, it stops the clock and will not count toward the three (3) or fifteen (15) day resolution timeline. Once the case is resolved and sent back to the issuer for closure, the clock restarts.

Q & As, continued

Question 2: How will consumers know the status of his/her request and will issuers be required to notify consumers that it can take 1-2 months to fully resolve their issue in the FFM?

Answer: Issuers are encouraged to notify consumers of the review, after they receive a response from the ER&R contractor. However, the issuer can notify the consumer their case is being reviewed prior to receiving the response from the ER&R contractor.

Q & As, continued

Question 3: How long will it take for Issuers to receive a response once the case is assigned to ER&R?

Answer: The time it will take to resolve a HICS Direct Dispute will be similar to disputes submitted via a dispute form. The resolution time may vary depending on the specifics of the dispute. Disposition outcomes for HICS Direct Disputes will appear on the Semi Monthly Detailed (ERRD) Report in the same way dispositions are returned for disputes submitted on the form.

Resources for more information on HICS Direct Disputes:

- If you have any questions about the information required for each Direct Dispute, please review the IC834 Recon Slides from 5/18/2017 on CMS zONE: https://zone.cms.gov/document/enrollment-reconciliation-and-ic834-workgroup-call-content
- If you have additional questions, contact the ER&R Support Center for assistance:
  - Email: ERRSupportCenter@Cognosante.com
  - Phone: 1-855-591-7113
- Attend the:

  Data Reconciliation & Inbound 834/BAA Workgroup
  - Thursdays weekly: @12:30-1:30pm E.T.
  - 877-267-1577, **ID 2284-2124**
  - Webinar URL: **https://webinar.cms.hhs.gov/data_recon_webinar**