CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Insurance Casework System (HICS) to Change Termination Date

-When Ending Coverage for Some Members on an Application-

Center for Consumer Information & Insurance Oversight (CCIIO)

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

HICS to Change Termination Date

When Ending Coverage for Some Members on an Application

Ending coverage for some but not all members on an application creates an unpredictable date of last coverage for the member(s) being removed.

- Ending coverage for some but not all members is accomplished by the enrollee reporting a life change (CiC), updating the application to remove someone from coverage.
    - This contrasts with terming all applicants, which uses the Marketplace Account “End Coverage” feature and allows the consumer to choose their term date (no later than December 31 of the Plan Year)
- Because of existing functional restraints, the term date for the removed member is unpredictable, ranging from the day before the change was submitted to 45 days in the future (day before if not associated with an SEP, 15-45 days if it is associated with an SEP). Additionally, CiCs in Open Enrollment (OE) set a different last date of coverage than after OE
- This causes a poor consumer experience, since the removed person cannot control their date of termination

HICS to Change Termination Date , continued.
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Long Term Strategy: Improve member-level term date functionality in the Marketplace

Short Term: Use Health Insurance Case System (HICS) cases to move up the term date for a member who receives an undesired term date that is beyond the date of the requested change.

- Enrollees ending coverage for some but not all will continue to be advised by Marketplace Call Center to make the request on the day they want the member's coverage ended (see https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/)
- The term date could be moved via HICS from any date between the system-assigned future date (as many as 45 days out) to 1 day before the change is reported
  - For example, a husband and wife try to remove the wife from coverage on 10/1 because she is enrolling in Medicare 10/1, with the husband continuing in FFM coverage
  - They are still in the 60- day window of a recent Financial Change SEP, and the system sets the wife's term date as 10/31, with the husband solely on the policy beginning 11/1
  - This means that the wife is left with a month of unwanted QHP coverage that duplicates Medicare
  - This family would be eligible to use HICS to move the term date to any date from 10/31 to 9/30

HICS to Change Termination Date, continued.
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- The request must be made by the enrollee no later than the initial member-level term date set by the FFM (no later than 10/31 in the example above)

The HICS path would be "Cancellation/Termination Request" and would have standard language & enrollment identifiers to assist issuers with processing it with the template language below:

> "[Consumer X] was removed from Marketplace coverage [Application ID] and all other members remain in coverage on the application. The consumer's intended termination date is [XX/YY/ZZZZ] but functionality limitations provided him/her with a termination date of [AA/BB/CCCC]. Per CMS guidance provided to issuers, please update the termination date in your system to XX/YY/ZZZZ and reconcile with the FFM as appropriate. If the termination date is moved sooner than the original system assigned date, use automated reconciliation."

HICS to Change Termination Date, continued.
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- The Issuer would process the HICS and use automated reconciliation to report the changed term date. The issuer should check the next Pre-Audit File to ensure that the FFM changed the member term date.
- For more information on how to submit using automated reconciliation, please visit:
  - https://zone.cms.gov/system/files/documents/enrollment_reconciliation_education_suite_v5_0_0.pdf (please see bottom of Page 30).