New Call Center Process- Pending Reinstatement



Center for Consumer Information and Insurance Oversight (CCIIO)

June 20, 2016

New Call Center Process – Pending Reinstatements

Background

- Until a reinstatement has been fully processed and reflected in the Federally facilitated Marketplace (FFM), consumers who have been erroneously terminated or canceled by the FFM or by an issuer will not appear to have active enrollment on the Marketplace
- As such, these consumers cannot make changes to his or her policy and the Marketplace Call Center may not have transparency into the issue.

Resolution

- The Enrollment Resolution & Reconciliation (ERR) contractor will provide the Marketplace Call Center with reports flagging enrollees for whom issuers have submitted reinstatement disputes.
- The Call Center Representative (CCR) can then advise the consumer that he or she is still enrolled in the plan and that the Centers for Medicare and Medicaid Services (CMS) is working to correct the enrollment status on the Marketplace

Pending Reinstatement Process

- Enrollees get processed two different ways depending on whether the Change- in- Circumstance (CiC) triggers a Special Enrollment Period (SEP) .
  - **SEP CiC** - via an 834 enrollment transaction with a prospective date – CCRs update the application and completes enrollment. Routine overlap clean-up runs eliminate the duplicate coverage, providing the original eligibility for the January + segment of the enrollment, and the post-CiC eligibility for the policy segment going forward
  - **Non-SEP CiC** - via a Health Insurance Casework System (HICS) Case – CCRs update the application and creates related HICS message that will read, ***"Reinstatement is pending, so CiC is sent via HICS. HICS case may be closed after issuer processes the CiC."***