

# Direct Enrollment

## (Relevant DE Materials from May 19 – June 16<sup>th</sup>)



- ✓ *DE Recap from June 16<sup>th</sup>*
- ✓ *DE SEP FAQ Revised from June 9th*
- ✓ *Table of SEP Qualifying Life Events*
- ✓ *Table of DE API Spec Changes & Highlights*
- ✓ *DE SEP Walk-Through from May 19th*
- ✓ *DE CiC Walk-Through from June 9th*

## DE Recap from June 16<sup>th</sup>



# Recap on Direct Enrollment Roll-Out: SEP & CiC

- **DE SEP (Special Enrollment Periods) Going Live This Summer:**
  - Currently targeted to go live in production ~ July 10<sup>th</sup> for new enrollments only.
  - Currently targeting week of June 23<sup>rd</sup> to start issuer testing in IMP1A, pending internal testing results.
  - Focused testing will end July 8<sup>th</sup> – issuers can continue to test afterwards but support will be at a tier 3 level.
  - DE issuers and web brokers who encounter issues while testing should submit issues to CMS\_FEPS @cms.hhs.gov with the subject line “CMS DE SEP Testing IMP1A Issue” to ensure timely routing to the right team.
  - DE issuers and web brokers can still choose when they “go live” with this functionality. (i.e. July 10<sup>th</sup> is earliest date of production availability)
- **DE CiC (Change in Circumstances) Going Live by Open Enrollment:**
  - Currently targeted to go-live shortly before Open Enrollment launch to enable DE for existing enrollees to make life changes (even if they do not qualify for an SEP).
  - Expected to be ready for testing along with Open Enrollment end-to-end testing ~ September 28<sup>th</sup>
  - Issuers & web brokers must make changes on their side to enable overall DE functionality to work.
- **Reminder for All DE Issuers & Web Brokers:**
  - For Direct Enrollment to work during Open Enrollment Period, DE issuers and web brokers **must** make the changes required by the DE CiC functionality before Open Enrollment begins. Failure to do so will cause problems during DE channels to enroll new consumers, enroll returning consumers, make changes for existing consumers, Batch Auto-Renewal (BAR), etc.
  - DE SEP & DE CiC drill-down Q&A sessions were held during previous webinars (May 19<sup>th</sup> & June 9<sup>th</sup>.)  
See DE SEP & DE CiC presentations, FAQ's, and updated DE API Spec at:  
<https://zone.cms.gov/document/direct-enrollment-materials-de-sep-improvements>

# DE SEP: Pre-Testing Actions

## (for Issuers Testing DE Agent/Broker Credentials)

- Prior to the start of SEP DE testing, issuers should validate their Agent/Broker credentials are working in IMP1A – If your credentials need to be reset or new credentials are needed perform one of the following:
- Steps to take if Credentials are expired:
  - E-mail CMS\_FEPS, [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov), with the specific subject line “CMS DE SEP Testing IMP1A”.
    - Please indicate existing credentials appear to have expired.
    - Please indicate whether you are an existing FFM issuer or a new FFM issuer.
    - Please provide your organization’s 5-character HIOS ID.
    - Allow for ~3 business days for resetting.
- Steps to take if you need New Credentials (i.e. never had them):
  - E-mail CMS\_FEPS, [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov), with the specific subject line “CMS DE SEP Testing IMP1A”.
    - Please indicate whether you are requesting brand new credentials,
    - Please indicate whether you are an existing FFM issuer or a new FFM issuer.
    - Please provide your organization’s 5-character HIOS ID.
    - Allow for ~3 business days for new credentials or resetting.

**Note:** Resetting as a rule takes less time then issuing of new credentials – please only request new credentials if you truly do not have any. We encourage DE issuers testing Agent/Broker to please test credentials today!

# DE Tips from Last Year:

## Agent/Broker Login Lessons

- **Important:** When logging in does your Agent/Broker experience a 403 error?

If so:

- 403 error typically occurs when the Agent is attempting to use credentials to login directly to the FFM website without redirecting from the issuer website.  
(Example: You cannot simply go to healthcare.gov with A/B credentials and login.)
- If problems logging in, be sure to validate the User is in the SAML, and that your credentials have not expired.

# DE FYI: Program Eligibility Status Code

- The programEligibilityStatusCode field will contain a value that is determined based on the eligibility status of the current version of the consumers application compared to the previous submitted version.
- For example, if an applicant was QHP ineligible on version 1 but eligible on version 2 then they will have “gain” as the status code. If an applicants APTC amount changes between versions then the code will read “change.”
- The field values according to the schema can be any of the following and are supported by the current HUB schema:
  - New
  - NoChange
  - Change
  - Gain
  - Loss
- There is currently a defect in production that causes the status code values to display incorrectly. This will be fixed for DE CIC, so the presence of change, noChange, Gain, or Loss will indicate that an application has been versioned for CIC.

# Direct Enrollment SEP FAQ



*Revised as of June 9<sup>th</sup>,  
2015*

# DE SEP FAQ 1 of 5

- Q: Will the Direct Enrollment API Spec be updated to reflect the changes that are coming for SEP?
  - A: Yes, update API spec is available on zONE – **See API Updates Slide**
- **Q: What are some of the changes for the Direct Enrollment API Spec?**
  - **A: SEP reason code will be coming through as a 2 character alphanumeric string (Note: Issuers may want to update their schemas)**
  - **A: Code for DE SEP**
  - **A: API Spec will be applicable for Web Brokers too**
- **Q: Do Issuers have to send in the period type in the Enrollment API and if so do we have to accompany this information with a SEP reason code**
  - **A: Yes, Issuers can include enrollmentPeriodCode of “Special” when submitting a request outside of OEP. (Note: This is not required, “Initial” will also be accepted outside of open enrollment)**

# DE SEP FAQ 2 of 5

- How will Effective Dates be applied for DE SEP?
  - A: FFM will provide the Effective Dates based on the application date and qualifying life event (*see* slides at the end of the FAQ for a list of qualifying life events)
- ***What are some examples of how Effective Dates will determined?***
  - ***A: Normal Date – Consumer or Agent/Broker enrolls for 2015 coverage and reports that they were just married. The effective date for a marriage SEP (reason code “32”) will be the first of the following month.***
  - ***A: Accelerated Date– Consumer or Agent/Broker enrolls for 2015 coverage 8-15-2015, but reports a future loss of MEC on 8/25/2016. The effective date will reflect the first of the following month, so in this case 9/1/2016.***
    - ***Note: Note: that the latest QHP effective date will be populated but treat it as a null value and the earliest effective date should be used on the partner side.***
  - ***A: Retroactive Date– Consumer or Agent/Broker enrolls for 2015 coverage on 8-15-2015, but reports that they either had a newborn or adopted a child on 8/5/2015. The effective date will retroactively reflect this date (8/5/2015) for all members.***
    - ***Note: that the latest QHP effective date will be null and the earliest effective date should be used on the partner side.***
  - ***A: Not SEP Eligible– Consumer or Agent/Broker enrolls for 2016 coverage on 1-16-2016, and is not eligible for a SEP.***
    - ***Note: that the latest QHP effective date will be populated but treat it as a null value and the earliest effective date should be used on the partner side.***

# DE SEP FAQ 3 of 5

- Do the consumers have the option to select one from a possible set of effective dates?
  - A: No, FFM will select the earliest Effective Date of the potential multiple effective dates available
- If consumers want to change their effective dates can they?
  - A: Consumers will need to contact the Marketplace Call Center to determine if it is possible for their situation
- Will consumers in the future be able to select effective dates?
  - A: CMS is evaluating this change but no timeline for it has been determined
- ***What will happen if Issuers try to use a date besides the earliest effective date in the SEP node?***
  - ***A: Submit enrollment will error out with “InvalidEffectiveDateForEnrollmentPeriod”***
- Will there be any change in the Fetch Eligibility XML schema related to the SEP support?
  - A: No other changes beyond SEP reason code have been made to the FFM XML schema

# DE SEP FAQ 4 of 5

- Does an SEP require a NEW Application for Subsidy or do you use your existing Application?
  - A: Individuals should only create one application for a given coverage year (i.e. 2015). If an individual needs to report a life change, they should update their application through CiC, including financial changes, and that application will be versioned. The first version can result in a person being eligible for a SEP and why DE will be able to support SEP outside of OE. Since DE can only support an application version of 1 this summer, it is only available for new enrollees. Those who already have an application should come back to the Marketplace to report a change.
- When will SEP be available on IMP1A?
  - A: Mid-June pending internal testing results.
- Will everyone have access on IMP1A to test the SEP when is ready for testing or we should be part of an "alpha testers" team?
  - A: yes, once the testing dates are announced they can test
- We have had general issues getting support through web broker email; are there some other contacts we can use for technical questions?
  - A: Please utilize the CMS Help Desk, CMS\_FEPS, [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) for all Issues **Note:** If have policy questions please indicate this in your submission

# DE SEP FAQ 5 of 5

- Will issuers have a choice of supporting only open enrollment via DE or will SEP be required if doing DE?
  - A: Issuers will have a choice on whether they will support it and when they would like to begin supporting it.
- Q: For DE SEP – Will eligibility tell us whether it is a CiC or a new SEP?
  - A: The Fetch Eligibility response will indicate if there is a SEP or not. CiC is not supported through DE.
- ***Q: If the SEP indicator is “False”, then we can assume that they’re either truly not eligible for a SEP or that they’re an existing application?***
  - ***A: Correct.***
- Q: Will DE SEP work for both the consumer and Agent/Broker channels?
  - A: Yes, both channels will support DE SEPs on initial applications.
- Q: Will premium calculations for SEP eligible applications differ from how they are handled in Open Enrollment?
  - A: No, they will be calculated exactly the same. The premium calculation will be based on the effective date that is provided in the Fetch Eligibility response, which is the earliest effective date tag. This effective date will be used to determine the age of the applicants.

# SEP Qualifying Life Events

| SEP Conditions                                    | Consumer action                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| Loss of minimum essential coverage (MEC)          | Consumer attests to losing MEC in the past or in the future      |
| Marriage                                          | Consumer attests to recently getting Married                     |
| American Indian/Alaskan Native tribal affiliation | Consumer attests to being an American Indian/Alaskan Native      |
| Birth of a child                                  | Consumer adds an applicant who how was born in the last 60 days  |
| Acquired eligible immigration status              | Consumer attests to recently gaining eligible immigration status |
| Placement for adoption                            | Consumer attests to adopting a child                             |
| Relocation                                        | Consumer attests to recently moving                              |

# SEP Qualifying Life Events

| SEP Conditions                     | Consumer Action                                        |
|------------------------------------|--------------------------------------------------------|
| Release from incarceration         | Consumer attests to recently being released from jail  |
| State Medicaid revocation          | Consumer attests to recently being denied Medicaid     |
| Exceptional Circumstances/ HHS SEP | Call Center Representative grants a SEP                |
| Previous year tax penalty          | Consumer attests to not being aware of the tax penalty |

# API Spec

| Section                    | Change Description                                                                                                                                                                                                                                                                                                                                                                 | Page |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Introduction               | Remove reference to lead generation API                                                                                                                                                                                                                                                                                                                                            | 1    |
| Key Considerations         | Clarify consideration 6 to describe Agents and Brokers functionality. Their workflow is different than consumers and includes the use of a landing page.                                                                                                                                                                                                                           | 7    |
| Key Considerations         | Add a consideration similar to 11 that recognizes that agents and brokers will also need to maintain both usernames and passwords                                                                                                                                                                                                                                                  | 8    |
| System Access and Workflow | Correct sentence that “When an Agent of Broker tries to look up an existing FFM consumer, they would need to provide responses (obtained from the consumer) to Assister Authorization Questions for the FFM to validate that the Agent or Broker has the consumer’s authorization to access their account.” This is not accurate as the AB does not need to provide any responses. | 11   |
| System Access and Workflow | Correct how ABs access consumer accounts. This sentence is incorrect: “Once the association is established the Agent/ Broker will be able to access the consumers account till the consumer explicitly removes the association or associates with a different Agent or Broker.”                                                                                                    | 11   |



# API Spec

| Section                        | Change Description                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Page |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| API Interaction Scenarios      | Remove Scenario #1c as lead generation is not supported.                                                                                                                                                                                                                                                                                                                                                                                                               | 14   |
| List of API Interfaces         | Edit references to include consumers and ABs                                                                                                                                                                                                                                                                                                                                                                                                                           | 16   |
| Connectivity Pre-requisites    | This section should also include the process for web brokers. Web brokers should contact CCIIO via <a href="mailto:webbroker@cms.hhs.gov">webbroker@cms.hhs.gov</a> to initiate the process for being certified as web brokers. The statement, 'The companion document titled "Federal Data Services Hub (DSH) - Requester Onboarding Summary Document" outlines the protocol for interacting with the Hub including onboarding requirements' only applies to issuers. | 18   |
| 6.2.3 Web Services Interaction | Suggest updating the reference in this section to the end to end implementation guide.                                                                                                                                                                                                                                                                                                                                                                                 | 20   |
| 6.3.1.1 Transfer User          | Remove lead generation from transfer type and remove lead generation data group                                                                                                                                                                                                                                                                                                                                                                                        | 23   |

# API Spec

| Section                            | Change Description                                                                                                       | Page |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------|
| 6.3.1.2                            | Provide full list of error responses                                                                                     | 29   |
| 6.3.2 Transfer User Back           | Remove reference to lead generation.                                                                                     | 31   |
| 7.3.1.3 Fetch Eligibility          | Include column that provides the specific tags or reference the XML mapping document between fields and the actual tags. | 43   |
| 7.3.1.3 Fetch Eligibility          | Provide XML example message and mapping similar to secure redirect examples above                                        | 44   |
| 7.3.1.4 Fetch Eligibility Response | Provide XML tag column or mapping table reference.                                                                       | 44   |
| 7.3.1.4 Fetch Eligibility Response | Provide XML example message and mapping similar to secure redirect examples above                                        | 64   |
| 7.3.2.3 Submit Enrollment Request  | Provide XML mapping / tags to actual message                                                                             | 74   |

# API Spec

| Section                            | Change Description                                     | Page |
|------------------------------------|--------------------------------------------------------|------|
| 7.3.2.3 Submit Enrollment Request  | Provide note that SEPs and CICs are not yet available. | 81   |
| 7.3.2.3 Submit Enrollment Request  | Provide XML example message and mapping                | 83   |
| 7.3.2.4 Submit Enrollment Response | Provide XML mapping / tags to actual message           | 83   |
| 7.3.2.4 Submit Enrollment Response | Provide XML example message and mapping                | 88   |
| B.3.1                              | Suggest removing lead generation scenario              | 103  |

# DE SEP Walk-Through from May 19<sup>th</sup>



*Direct Enrollment Special  
Enrollment Periods (SEP)*

*May 19, 2015*

# Direct Enrollment SEP Scope

- In Scope:
  - Initial SEP
- Out of Scope:
  - Direct Enrollment Change in Circumstances (CiC)
  - Direct Enrollment supporting Application 2.0
  - Consumer choice of effective date

# Direct Enrollment SEP Overview

- Modify the UI to allow users of DE pathways to enroll outside open enrollment via SEPs.
    - Give users the capability to select from multiple coverage year options.
    - Enable buttons outside of OEP when SEP eligible and application version=1.\*
  - Modify the Fetch Eligibility response to correctly map SEP reason codes.
    - Include SEP reasons from the application in the Fetch Eligibility response.
  - Modify enrollment services to accept DE Submit Enrollment requests outside of open enrollment.
    - Create policy documents and generate 834s outside of open enrollment.
    - Return errors for non-SEP enrollment requests in the DE Submit Enrollment response.
- \*Application's are versioned every time a consumer reports a life change or an inconsistency is adjudicated. This is to keep a historical perspective of applications every time a change is made after a submission has taken place. The Application ID will stay the same within a year, but a versioned tag will be present to reflect multiple versions.

# Updates made to the UI – Year Drop Down

- A dropdown for the coverage year will be added to allow a consumer to select the coverage year they are seeking coverage for.

Anton, what would you like to do?

Get coverage for:

Select Year ▼ Select State ▼ **APPLY OR RENEW**

Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4335). Find your state's website.

Your existing application

If you had coverage in the past year, you can update your application. If you are updating this, select your 2015 application.

[2015 Virginia application Individual & Family](#)

[2014 Virginia application Individual & Family](#)

What would you like to do?

**Start a client's new application**

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year ▼ Select State ▼

**START APPLICATION**

**Look up a client's existing application**

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

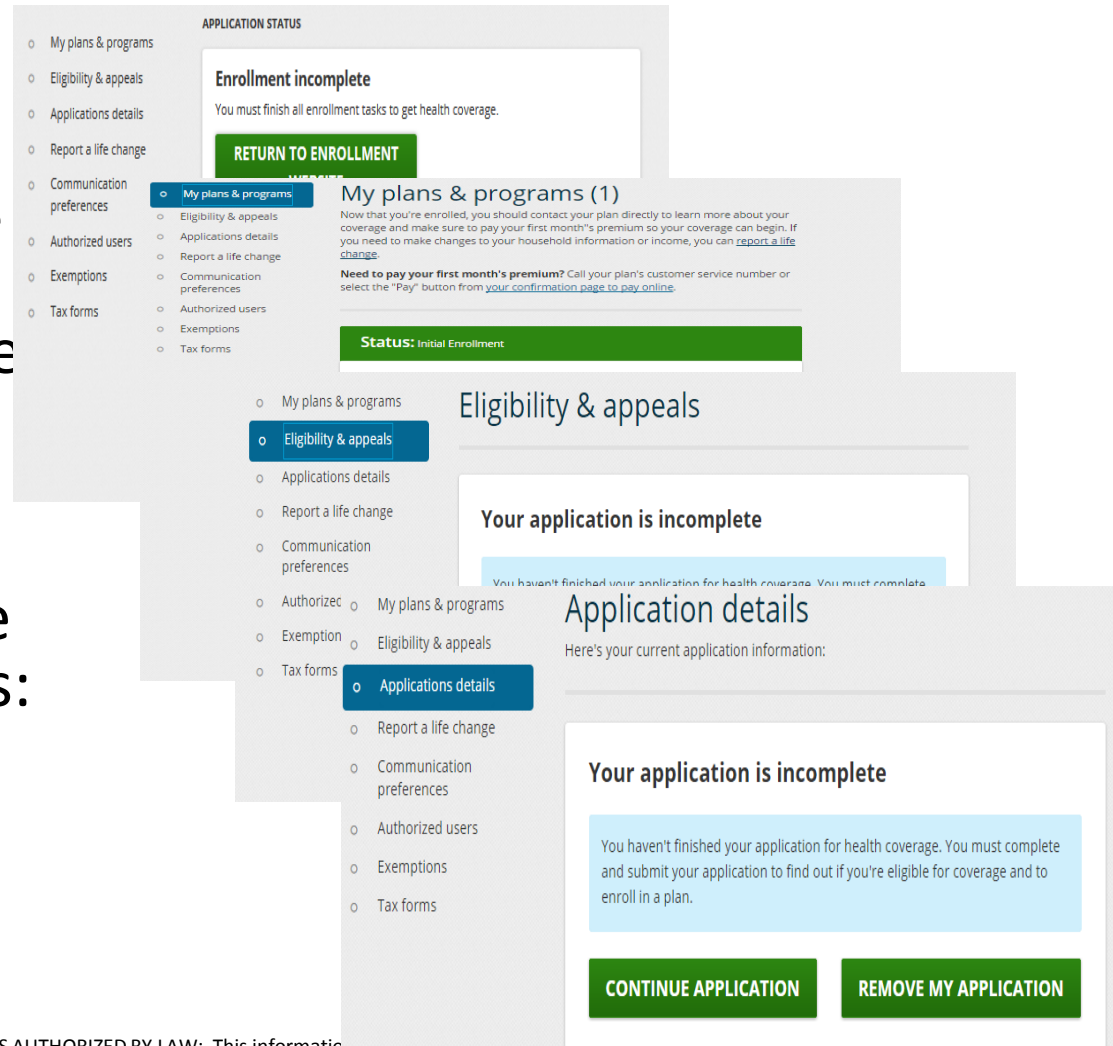
**LOOK UP APPLICATION**

**Small business employers and employees**

This application is only for helping consumers get coverage for individuals and families.

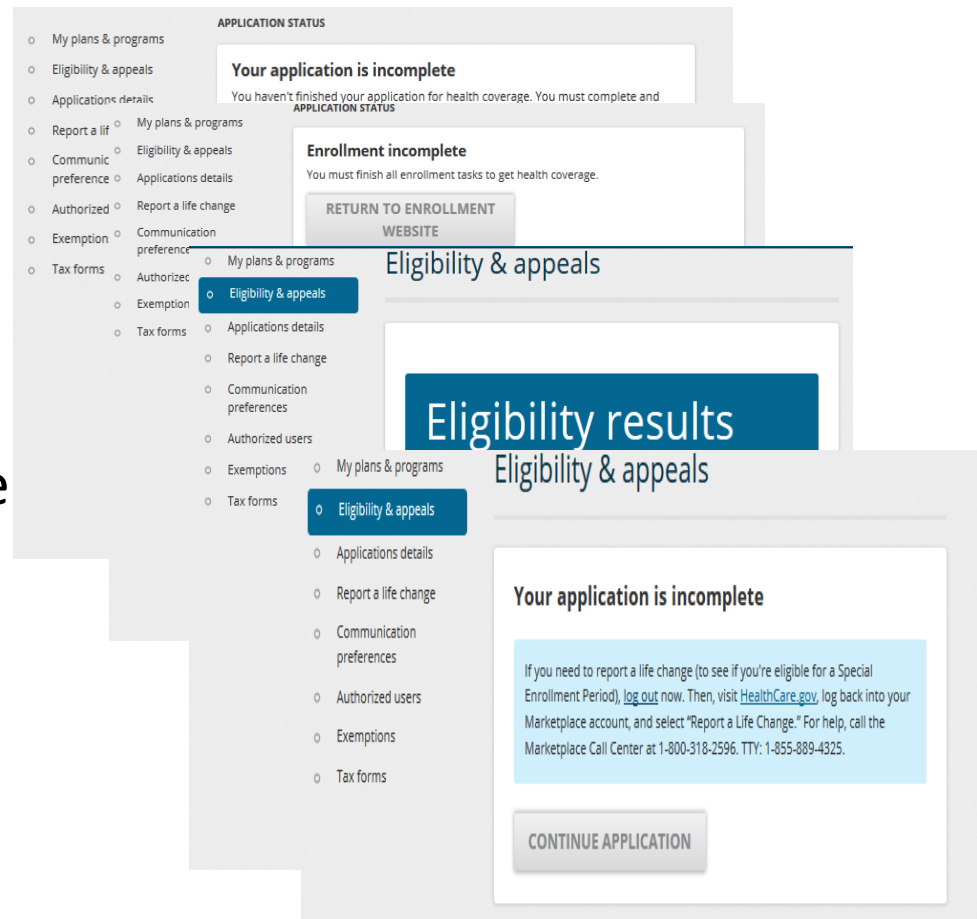
# Updates made to the UI – Enable Buttons

- Direct Enrollment consumers and Agent/Brokers will be able to apply and be redirected back to the partner website to enroll if they qualify for a SEP. The following page will be modified to allow this:
  - Application Status Page
  - My Plans & Programs
  - Eligibility & Appeals Page
  - Application Details Page



# Updates made to the UI – Application is greater than 1.

- When an Application version is greater 1, buttons on the application will be disabled and prevent the consumer or Agent/Broker to return back to the Partner Site Language will be provided on the screen to direct the consumer or Agent/Broker to log out and visit HealthCare.gov.



# Modify Fetch Response– SEP Reason Code Mapping

- The Fetch Eligibility response will be modified to include SEP reason codes.
- SEP eligibility start and end dates are also provided in the Fetch Eligibility response.

| Application Reason Code | Reason Code Description                                                                                          | Maps To |
|-------------------------|------------------------------------------------------------------------------------------------------------------|---------|
| 183                     | CSR eligibility level changed                                                                                    | FC      |
| 197                     | Granted for acquiring a status that makes them eligible for the Exchange                                         | NE      |
| 198                     | Granted for adoption in household                                                                                | 05      |
| 199                     | Granted for baby born in household                                                                               | 02      |
| 200                     | Granted for having moved to a new service area                                                                   | 43      |
| 201*                    | Granted for Indian who has not changed plans this month                                                          | NE      |
| 202*                    | Granted for intent to move to a new service area                                                                 | 43      |
| 203                     | Granted for marriage in household                                                                                | 32      |
| 204*                    | Granted for placement for adoption in household                                                                  | 05      |
| 207*                    | Granted for prospective release from incarceration                                                               | NE      |
| 208                     | Granted for release from incarceration                                                                           | NE      |
| 209                     | Granted for MEC loss                                                                                             | 07      |
| 281                     | PTC eligibility changed                                                                                          | FC      |
| 310*                    | Granted for being on same policy as someone who qualifies for PTC/CSR SEP                                        | FC      |
| 312*                    | Granted for being on a policy with someone who is moving                                                         | 43      |
| 313                     | Granted SEP for Exceptional Circumstance                                                                         | EX      |
| 323                     | Granted SEP reason provided by HHS                                                                               | EX      |
| 324                     | Granted SEP reason provided by Employer                                                                          | EX      |
| 471                     | Non-SEP SEP: Plan is no longer available so the consumer needs to go back into Plan Compare to choose a new plan | PN      |
| 472                     | Applicant granted SEP for attesting to being denied Medicaid                                                     | 07      |

*\*Reason codes not currently used in production*

# Direct Enrollment SEP Node Examples

- The next few slides will reflect how the SEP Node would look in the Fetch Eligibility response for four separate situations.

**Normal Date** – Consumer or Agent/Broker enrolls for 2016 coverage before 12-15-2015 and reports that they were just married. The effective date for a marriage SEP will be the first of the following month.

NOTE: that the latest QHP effective date will be null and the earliest effective date should be used on the partner side.

```
<ext:SpecialEnrollmentPeriodEligibility>
  <hix-ee:EligibilityIndicator xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">true</hix-ee:EligibilityIndicator>
  <hix-ee:EligibilityReason xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">43</hix-ee:EligibilityReason>

  <ext:EarliestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0">2016-01-01</niem-core:Date>
  </ext:EarliestQHPEffectiveDate>
  <ext:LatestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0"></niem-core:Date>
  </ext:LatestQHPEffectiveDate>
</ext:SpecialEnrollmentPeriodEligibility>
```

# Direct Enrollment SEP Node Examples

**Accelerated Date**– Consumer or Agent/Broker enrolls for 2016 coverage before 12-15-2015, but reports a future loss of MEC on 1/25/2016. The effective date will reflect the first of the following month, so in this case 2/1/2016.

NOTE: that the latest QHP effective date will be null and the earliest effective date should be used on the partner side.

```
<ext:SpecialEnrollmentPeriodEligibility>
  <hix-ee:EligibilityIndicator xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">true</hix-ee:EligibilityIndicator>
  <hix-ee:EligibilityReason xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">07</hix-ee:EligibilityReason>

  <ext:EarliestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0">2016-02-01</niem-core:Date>
  </ext:EarliestQHPEffectiveDate>
  <ext:LatestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0"></niem-core:Date>
  </ext:LatestQHPEffectiveDate>
</ext:SpecialEnrollmentPeriodEligibility>
```

# Direct Enrollment SEP Node Examples

**Retroactive Date**– Consumer or Agent/Broker enrolls for 2016 coverage on 2-15-2016, but reports that they either had a newborn or adopted a child on 1/5/2016 . The effective date will retroactively reflect this date for all members.

NOTE: that the latest QHP effective date will be null and the earliest effective date should be used on the partner side.

```
<ext:SpecialEnrollmentPeriodEligibility>
    <hix-ee:EligibilityIndicator xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">true</hix-ee:EligibilityIndicator>
    <hix-ee:EligibilityReason xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">05</hix-ee:EligibilityReason>

    <ext:EarliestQHPEffectiveDate>
        <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0">2016-01-05</niem-core:Date>
    </ext:EarliestQHPEffectiveDate>
    <ext:LatestQHPEffectiveDate>
        <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0"></niem-core:Date>
    </ext:LatestQHPEffectiveDate>
</ext:SpecialEnrollmentPeriodEligibility>
```

# Direct Enrollment SEP Node Examples

**Not SEP Eligible**– Consumer or Agent/Broker enrolls for 2016 coverage on 1-16-2016, and is not eligible for a SEP.

NOTE: that the latest QHP effective date will be null and the earliest effective date should be used on the partner side.

```
<ext:SpecialEnrollmentPeriodEligibility>
  <hix-ee:EligibilityIndicator xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee">false</hix-ee:EligibilityIndicator>
  <hix-ee:EligibilityReason xmlns:hix-ee = "http://hix.cms.gov/0.1/hix-ee"></hix-ee:EligibilityReason>

  <ext:EarliestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0">2016-03-01</niem-core:Date>
  </ext:EarliestQHPEffectiveDate>
  <ext:LatestQHPEffectiveDate>
    <niem-core:Date xmlns:niem-core = "http://niem.gov/niem/niem-core/2.0"></niem-core:Date>
  </ext:LatestQHPEffectiveDate>
</ext:SpecialEnrollmentPeriodEligibility>
```

# Submit Enrollment Error Handling

- Modify enrollment services to accept DE Submit Enrollment requests outside of open enrollment.
- Return proper error response of “no available enrollment period error” for the following conditions:
  - When the Submit Enrollment request for the current coverage year is submitted outside of OEP and the consumer is not SEP eligible.
  - When the Submit Enrollment request for the “previous open enrollment coverage year” is submitted when the current date > enrollmentCutOffDate.
- Return proper error response of “invalid effective date for enrollment period” when Submit Enrollment requests are sent with effective dates outside of the application coverage year.

# Recently Asked Issuer Questions

- Q: Will issuers have a choice of supporting only open enrollment via DE or will SEP be required if doing DE?
  - A: Issuers will have a choice on whether they will support it and when they would like to begin supporting it.
- Q: For DE SEP – Will eligibility tell us whether it is a CiC or a new SEP?
  - A: The Fetch Eligibility response will indicate if there is a SEP or not. CiC is not supported through DE.
- Q: If the SEP indicator is “N”, then we can assume that they’re either truly not eligible for a SEP or that they’re an existing application?
  - A: Correct.
- Q: Will DE SEP work for both the consumer and Agent/Broker channels?
  - A: Yes, both channels will support DE SEPs on initial applications.

# Recently Asked Issuer Questions

- Q: Will premium calculations for SEP eligible applications differ from how they are handled in Open Enrollment?
  - A: No, they will be calculated exactly the same. The premium calculation will be based on the effective date that is provided in the Fetch Eligibility response, which is the earliest effective date tag. This effective date will be used to determine the age of the applicants.
- Q: Will the Direct Enrollment API Spec be updated to reflect the changes that are coming for SEP?
  - A: Yes, general housekeeping and updates to reflect SEP through DE will be made in the API Spec.

# Recently Asked Issuer Questions

| SEP Conditions                                    | Consumer action                                                  |
|---------------------------------------------------|------------------------------------------------------------------|
| Loss of minimum essential coverage (MEC)          | Consumer attests to losing MEC in the past or in the future      |
| Marriage                                          | Consumer attests to recently getting Married                     |
| American Indian/Alaskan Native tribal affiliation | Consumer attests to being an American Indian/Alaskan Native      |
| Birth of a child                                  | Consumer adds an applicant who how was born in the last 60 days  |
| Acquired eligible immigration status              | Consumer attests to recently gaining eligible immigration status |
| Placement for adoption                            | Consumer attests to adopting a child                             |
| Relocation                                        | Consumer attests to recently moving                              |

# Recently Asked Issuer Questions

| SEP Conditions                     | Consumer Action                                        |
|------------------------------------|--------------------------------------------------------|
| Release from incarceration         | Consumer attests to recently being released from jail  |
| State Medicaid revocation          | Consumer attests to recently being denied Medicaid     |
| Exceptional Circumstances/ HHS SEP | Call Center Representative grants a SEP                |
| Previous year tax penalty          | Consumer attests to not being aware of the tax penalty |

# Direct Enrollment Change in Circumstances



*Functionality planned for  
Open Enrollment 2016*

*June 9th, 2015*

# Direct Enrollment CiC Scope

- In Scope:
  - Direct Enrollment Change in Circumstances (CiC)
    - CiC functionality to be delivered in the Fall.
    - Issuers would be able to test in IMP1A as part of Open Enrollment end-to-end testing (~September 28<sup>th</sup> onwards)
- Out of Scope:
  - Direct Enrollment supporting Application 2.0
  - Consumer choice of effective date

# Direct Enrollment CiC Overview

- Modify UI to allow users of DE pathways to report life changes to their applications.
  - Always enable buttons in My Account inside and outside of OEP regardless of application version.
  - Display guiding content to DE Consumers when they access My Account following the logic implemented as part of ARR 2A.
- Modify enrollment services for DE Submit Enrollment requests.
  - Accept Submit Enrollment requests for CIC enrollments with transaction code 'C' (representing “change”).

# Direct Enrollment CiC Overview (Cont.)

- Modify the Fetch Eligibility response to map the following from the insurance application and policy documents.
  - Effective change date
  - Policy start date
  - Policy end date
  - Policy status code
  - Member coverage start date
  - Member coverage end date
  - QHP ID
  - QHP variant code
  - Applied APTC amount
  - Policy premium amount
  - Issuer assigned policy ID
  - Issuer assigned subscriber ID
  - Issuer assigned member ID
  - FFM assigned policy ID
  - FFM assigned subscriber ID
  - FFM assigned member ID

# Direct Enrollment CiC Assumptions

- Partner websites will have to implement FFM age rating logic on their systems in order to take on CIC functionality.
- Policy information will be sent to partner websites in all cases
  - There will not be logic to determine if the consumer or agent/broker is from a new partner website.
- Agent/Brokers will not see My Account guiding content.

# Updates made to the UI – Enable Buttons

- Direct Enrollment consumers and Agent/Brokers will be able to apply and be redirected back to the partner website at all times.
  - Application Status Page
  - My Plans & Programs
  - Eligibility & Appeals Page
  - Application Details Page

The image displays three overlapping screenshots of the CMS Direct Enrollment user interface, illustrating the 'Enable Buttons' update. Each screenshot shows a sidebar menu with options: My plans & programs, Eligibility & appeals, Applications details, Report a life change, Communication preferences, Authorized users, Exemptions, and Tax forms.

**Top Screenshot (Application Status):** The 'My plans & programs' menu item is selected. The main content area shows 'Enrollment incomplete' with the message 'You must finish all enrollment tasks to get health coverage.' and a green 'RETURN TO ENROLLMENT' button.

**Middle Screenshot (Eligibility & appeals):** The 'Eligibility & appeals' menu item is selected. The main content area shows 'Your application is incomplete' with the message 'You haven't finished your application for health coverage. You must complete...' and a green 'CONTINUE APPLICATION' button.

**Bottom Screenshot (Applications details):** The 'Applications details' menu item is selected. The main content area shows 'Your application is incomplete' with the message 'You haven't finished your application for health coverage. You must complete and submit your application to find out if you're eligible for coverage and to enroll in a plan.' and two green buttons: 'CONTINUE APPLICATION' and 'REMOVE MY APPLICATION'.

# Updates made to the UI – Report a Life Change

- Consumers and Agent/Brokers will always have the capability to report a life change inside and outside of the Open Enrollment Period.

The screenshot shows a web interface for reporting a life change. On the left is a vertical navigation menu with the following items: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted with a blue background), 'Communication preferences', 'Authorized users', 'Exemptions', and 'Tax forms'. The main content area is titled 'Report a life change' and includes the question 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. Below this is a section titled 'What kinds of changes should be reported?' with the text: 'Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.' This is followed by a section 'Here are some examples of the changes you should report:' containing two columns of bullet points. The first column lists: 'Change in citizenship or immigration status', 'Change status as American Indian/Alaska Native, or member of federally recognized tribe'. The second column lists: 'Add or remove members of household', 'Marriage, birth or adoption', and 'Gain or loss of health coverage'. At the bottom of the main content area is a green button with the text 'REPORT A LIFE CHANGE'.

Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

**What kinds of changes should be reported?**  
Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

**Here are some examples of the changes you should report:**

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

**REPORT A LIFE CHANGE**

# Updates made to the UI – Guiding Questions

- After logging in, Consumers will be prompted with Guiding Questions. The Guiding Questions are a few cards that were implemented last year for OE, but were only visible through the “normal” FFM flow. These cards will be dynamic based upon the situation the consumer is and will guide them to either apply for current or future year coverage. In this case 2015 or 2016 coverage.

# Effective Change Date

- The effective change date will be included in the Fetch Eligibility Response to indicate that information provided in the response is from a CIC application. The date populated will be the date that the eligibility determination was received. This date will only be present on Fetch Eligibility responses for CIC applications and will not require modification to the current schema.

| Field                 | Description                       | Mapped From                             |
|-----------------------|-----------------------------------|-----------------------------------------|
| Effective Change Date | Date of eligibility determination | insuranceApplication/submissionDatetime |

# Current Policy Information

- The following fields will be mapped from the insurance application and insurance plan policy documents to the Fetch Eligibility Response. Inclusion of these fields will enable partner websites to calculate age rating correctly for CIC enrollment requests. **Consistent rating calculations for CIC transactions for both FFM and partner websites are required in order for DE enrollment requests sent by partner websites to be accepted by the FFM:**
  - These fields will be included in the Fetch Eligibility Response when the consumer has policy history for the associated application.
  - The Fetch Eligibility response will only include data for the most recent policies associated to the application.
  - The policy data will be grouped by policy document and will include the associated policy and member level data
    - Each policy will have all its data in its own insurance policy data node.
  - Inclusion of these fields does not require any modification to the web service schema.

# Current Policy Information

| Field                         | Description                                                                         | Mapped From                                                                                                                                  |
|-------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Policy level start date       | Effective date of coverage of current policy                                        | insurancePlanPolicy/insurancePlanPolicyStartDate                                                                                             |
| Policy level end date         | Last day of coverage of current policy                                              | insurancePlanPolicy/insurancePlanPolicyEndDate                                                                                               |
| Policy status code            | Current enrollment status: Pending Effectuation, Effectuated, Cancelled, Terminated | insurancePlanPolicy/recordedInsurancePolicyStatus/<br>definingInsurancePolicyStatusType &<br>insurancePlanPolicy/issuerConfirmationIndicator |
| Applicant ID                  | Unique ID assigned to each member of the application.                               | insuranceApplication/applicationMember/applicationMemberIdentifier                                                                           |
| Member coverage start date    | Member level effective date of coverage                                             | InsurancePlanPolicy/coveredInsuredMember/coverageStartDate                                                                                   |
| Member coverage end date      | Member level last day of coverage                                                   | insurancePlanPolicy/coveredInsuredMember/coverageEndDate                                                                                     |
| QHP ID                        | 14 digit plan ID                                                                    | insurancePlanPolicy/selectedInsurancePlan                                                                                                    |
| Applied APTC amount           | APTC amount used toward premium payment                                             | insurancePlanPolicy/calculatedInsurancePolicyPremium/appliedAPTCAmount                                                                       |
| Premium Amount                | Total monthly premium amount                                                        | insurancePlanPolicy/calculatedInsurancePolicyPremium/monthlyPolicyPremiumAmount                                                              |
| Issuer assigned policy Id     | Policy ID generated by the issuer to be included if present in the IPP              | insurancePlanPolicy/ insurancePolicyNumber                                                                                                   |
| Issuer assigned member ID     | Member ID generated by the issuer to be included if present in the IPP              | insurancePlan<br>Policy/coveredInsuredMember/issuerInsuredMemberIdentifier                                                                   |
| Issuer assigned subscriber ID | Subscriber ID generated by the issuer to be included if present in the IPP          | insurancePlanPolicy/issuerAssignedSubscriberIdentifier                                                                                       |
| FFM assigned policy Id        | Policy ID generated by the FFM                                                      | insurancePlanPolicy/ policyTrackingNumber                                                                                                    |
| FFM assigned member ID        | Member ID generated by the FFM                                                      | insurancePlan Policy/coveredInsuredMember/<br>insuredMemberIdentifier                                                                        |
| FFM assigned subscriber ID    | Subscriber ID generated by the FFM                                                  | insurancePlan Policy/coveredInsuredMember/<br>insuredMemberIdentifier                                                                        |

# Submit Enrollment Request

- The Submit Enrollment Request will use the Transaction Type field to differentiate a CIC enrollment request from an initial enrollment request by using the Transaction Type of 'C'. The value of 'C' will allow the FFM enrollment services to initiate the CIC workflow for enrollment transactions.