

Direct Enrollment Best Practices

An abstract digital background with a blue color scheme. It features a grid of binary code (0s and 1s) and various geometric shapes like circles and rectangles, some of which are highlighted with glowing lines, suggesting a network or data flow.

*Best Practices for Submitting
Enrollments Using the Direct
Enrollment Pathway*

*Last updated December 8,
2016*

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Introduction and Table of Contents

- These slides contain best practices and tips for using the direct enrollment pathway on the Federally-facilitated Marketplaces (FFMs).
- These slides contain the following sections:
 1. Best Practices for Submitting an Enrollment for a Child-only Qualified Health Plan (QHP) Using the Direct Enrollment Pathway
 2. Best Practices for Submitting a Joint QHP and Qualified Dental Plan (QDP) Enrollment Using the Direct Enrollment Pathway
 3. Best Practices for Submitting Specific Enrollment Scenarios
 4. Best Practices for Applying Advance Payments of the Premium Tax Credit (APTC) Across Enrollment Groups
 5. Best Practices for Federal Data Services Hub (DSH) Submit Enrollment Request Validation Requirements
 6. Additional Resources

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1. Best Practices for Submitting an Enrollment for a Child-only QHP Using the Direct Enrollment Pathway

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Child-only QHP Enrollments – Overview

- These slides provide information on how to submit a child-only QHP enrollment to the FFM using the direct enrollment pathway.
- A child-only QHP enrollment occurs when a parent or legal guardian is enrolling a child (or children) in a QHP and the parent or legal guardian is not in the enrollment group or the subscriber for the QHP.

Child-only QHP Enrollments – Eligibility Application

- On the Marketplace, when the agent, broker, or consumer is completing the eligibility application for the child (or children), the agent, broker, or consumer should do the following:
 - Provide information on the parent or legal guardian on the eligibility application
 - Indicate that the parent or legal guardian is not applying for coverage (see next slide)

Note: The Fetch Household/Eligibility Details web service response will not return information about the parent's or legal guardian's eligibility status.

Child-only QHP Enrollments – Identify Applicants on the FFM Eligibility Application

Home address

Enter the [permanent address](#) where everyone on your application lives. The apt./ste. # field is optional.

Street address		Apt./Ste. #	
City	North Carolina ▼	ZIP code	▼

YES **NO** Is your mailing address the same as your permanent address?

Check & update your information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card. These fields are optional: middle name, suffix, and race & ethnicity.

First name	Middle	Last name	Suffix ▼
Date of birth MM/DD/YYYY	Social Security Number (SSN) ⓘ XXX-XX-XXXX	Sex ▼	Race & ethnicity ▼

YES **NO** Are you applying for coverage for yourself?



Dependent information

These fields are optional: middle name, suffix, and race & ethnicity.

First name	Middle	Last name	Suffix ▼
Date of birth MM/DD/YYYY	Social Security Number (SSN) ⓘ XXX-XX-XXXX	Sex ▼	Race & ethnicity ▼

YES **NO** Are you applying for coverage for this person?

CONTINUE

Child-only QHP Enrollments – Submit Enrollment

- When creating the Submit Enrollment web service request, the direct enrollment partner should do the following:
 - Identify the parent or legal guardian as the tax filer on the request, and not as an “InsuranceApplicant” in the “EnrollmentGroup.”
 - Identify the child as the sole “InsuranceApplicant” in the “EnrollmentGroup.”
 - Set the child as the subscriber using the Subscriber Indicator data element within the “EnrollmentGroup” in the “PolicyCreationActivity” element tag.

Note: Not all QHPs will allow multiple children to enroll in a single policy for a child-only QHP. Please see the following slide for more information about enrolling multiple children in a child-only QHP.

Child-only QHP Enrollments – QHP Business Rules

- The Business Rules Public Use File contains a field, “Cohabitation,” that identifies the family relationships that a QHP allows for enrollees and the subscriber and whether cohabitation is required.
- For example, if the QHP allows multiple children on the same child-only QHP policy, the field will include “Brother or Sister” and state “Yes” or “No” for the cohabitation requirement.
 - In this scenario, the direct enrollment partner can enroll both children in the same policy and the same enrollment group for the QHP.
- If the QHP does not allow for siblings to be on the same child-only QHP policy, the field will not include “Brother or Sister.”
 - If the siblings cannot be on the same policy based on the cohabitation field, the direct enrollment partner can enroll them in the same QHP in different policies by using separate “PolicyCreationActivity” tags and by placing each child in their own enrollment group within their own “PolicyCreationActivity” tag.

Child-only QHP Enrollments – Sample Enrollment XML

- Embedded documents will be posted in a ZIP folder at the following site: <https://zone.cms.gov/document/direct-enrollment-technical-resources>



XML File

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2. Best Practices for Submitting a Joint QHP and QDP Enrollment Using the Direct Enrollment Pathway

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Joint QHP and QDP Enrollment – Overview

- These slides provide information about how to successfully send a Submit Enrollment request for an enrollment including a QHP and a QDP.
- The direct enrollment pathway does not support QDP enrollments without concurrent enrollment in a QHP.
- QDP-only enrollments must be processed directly on the FFM.
- The Submit Enrollment request must include all policies for the application, and the direct enrollment partner should not send multiple enrollment requests as doing so will cause an error.

Joint QHP and QDP Enrollment – Submit Enrollment Request Tips

- When creating the Submit Enrollment request, the direct enrollment partner should do the following:
 - Create a PolicyCreationActivity for the QHP enrollment with all of the corresponding elements inside.
 - Create a second, separate PolicyCreationActivity (with all corresponding elements nested inside) for the dental plan.
 - Set the InsuranceApplicant ID to “InsuranceApplicantDental1,” not “InsuranceApplicant1” in the QDP PolicyCreationActivity. Otherwise, there will be a schema validation error.

Joint QHP and QDP Enrollment – APTC Distribution Rules

- For further information on allocating APTC to a QDP, please review Table 19 in Appendix C.4 on page 183 of the API Technical Specifications at the following link:
https://zone.cms.gov/system/files/documents/de_api_spec_v4_2_as_of_2015_0818.pdf
- Please note that when submitting a joint QHP and QDP enrollment, APTC may only be applied to a QDP for a beneficiary age 18 or younger.

Joint QHP and QDP Enrollment – Sample Enrollment XML

- Embedded documents will be posted in a ZIP folder at the following site: <https://zone.cms.gov/document/direct-enrollment-technical-resources>



XML File

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3. Best Practices for Submitting Specific Enrollment Scenarios

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Specific Enrollment Scenarios – Overview

- Direct enrollment partners have asked about the types of enrollments possible through direct enrollment. Please see the following slide for information on the types of enrollments that the FFM allows through the direct enrollment pathway.

Specific Enrollment Scenarios – Overview

Type of Eligibility Scenario	DE Support	Special Notes
American Indian/Alaskan Native	Yes	Eligible for American Indian/Alaskan Native CSR variations
Applicants over age 65 (Medicare eligible)	Yes	Yes, under certain circumstances. Please refer to https://www.healthcare.gov/medicare/medicare-and-the-marketplace/
Adult dependents in the same household	Yes	N/A
Multiple policies for one tax household	Yes	Please see FFM and FF-Shop Enrollment Manual section 4.3
Catastrophic plans for any age	No	Please see FFM and FF-Shop Enrollment Manual section 4.3
Multiple tax households with no financial assistance	Yes	Please see FFM and FF-Shop Enrollment Manual section 4.3
Individuals eligible for Medicaid/CHIP	Yes	Please see the FFM and FF-SHOP Enrollment Manual sections 4.2.4 and 4.2.5
Children over age 26 with a slight disability	Depends	Please see the rules concerning multiple tax households and Medicaid/CHIP eligibility

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4. Best Practices for Applying APTC Across Enrollment Groups

Applying APTC Across Enrollment Groups – Overview

- During Open Enrollment for plan year 2017, direct enrollment partners will be able to split APTC across multiple enrollment groups.
- This enrollment scenario may arise in a joint QHP and QHP or joint QHP and QDP enrollment.
- The Fetch Eligibility web service will provide the Max Monthly APTC amount prorated for each member of the household.
- Please refer to Appendix C of the DE API Technical Specifications for more rules on the Allocation of APTC to Enrollment Groups at the following link:
https://zone.cms.gov/system/files/documents/de_api_spec_v4_2_as_of_2015_0818.pdf

Applying APTC Across Enrollment Groups – Elected and Applied APTC Allocation

- Some direct enrollment partners have received an incorrect APTC Amount error without a corrected value when splitting APTC across different enrollment groups in a single tax household.
- General Principles:
 - If Essential Health Benefits (EHB) % of Premium > Elected APTC then Applied = Elected
 - If EHB Premium < Elected APTC then Applied = EHB Premium
 - If applying leftover APTC from one enrollment group to another, direct enrollment partners must adjust the elected APTC between the two groups to not exceed the original accumulated elected APTC between the two groups.

Applying APTC Across Enrollment Groups – Elected and Applied APTC Allocation

- If applicant A and B in Enrollment Group 1 are using \$150 in APTC combined, and applicant C in Enrollment Group 2 is using \$150 in APTC, the Elected APTC of both enrollment groups **should not** be set to \$300 (total APTC amount). The elected and applied APTC values should be set as follows:
 - Enrollment Group 1
 - ElectedAPTC: \$150
 - EHB Premium: \$150
 - AppliedAPTC: \$150
 - Enrollment Group 2
 - ElectedAPTC: \$150
 - EHB Premium: \$150
 - AppliedAPTC: \$150

Applying APTC Across Enrollment Groups – Elected and Applied APTC Allocation

- If applicant A and B in Enrollment Group 1 are using \$200 in APTC combined, and applicant C in Enrollment Group 2 is using \$100 in APTC, the Elected APTC of both enrollment groups **should not** be set to \$300 (total APTC amount). The elected and applied APTC values should be set as follows:
 - Enrollment Group 1
 - ElectedAPTC: \$200
 - EHB Premium: \$300
 - AppliedAPTC: \$200
 - Enrollment Group 2
 - ElectedAPTC: \$100
 - EHB Premium: \$200
 - AppliedAPTC: \$100

Applying APTC Across Enrollment Groups – Elected and Applied APTC Allocation

- Applicant A in Enrollment Group 1 was eligible for \$200 in APTC and is using \$150 in APTC. Applicant B in Enrollment Group 2 was eligible for \$150 in APTC and is using \$150 in APTC **and** \$50 of applicant A's unused APTC for a total of \$200 in APTC. In this scenario, the Elected APTC of both enrollment groups **should not** be set to \$350 (total APTC amount). The elected and applied APTC values should be set as follows:
- Enrollment Group 1
 - ElectedAPTC: \$150
 - EHB Premium: \$150
 - AppliedAPTC: \$150
- Enrollment Group 2
 - ElectedAPTC: \$200
 - EHB Premium: \$200
 - AppliedAPTC: \$200

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5. Best Practices for DSH Submit Enrollment Request Validation Requirements

Submit Enrollment Request Validation Requirements – Overview

- CMS implemented several changes with Hub’s Release 18 on July 29, 2016. These changes included new validation rules on the Submit Enrollment web service to the following fields:
 - Agent Name
 - National Producer Number
 - Person Given Name and Person Surname
 - Payload Characters
 - Social Security Number (see next slide for more details)
- For more information on the new validation rules, please refer to the following resources:
 - The Direct Enrollment & Fetch Eligibility BSDs, specifically “Figure 6. DE Service Schematron Rules,” located at: <https://zone.cms.gov/document/direct-enrollment-fetch-eligibility-bsds>.
 - The direct enrollment slides from the August 30 Issuer Technical Workgroup located at: <https://zone.cms.gov/document/direct-enrollment-slides-issuer-technical-workgroups>

Submit Enrollment Request Validation Requirements – SSN Data Element

- The SSN element of the Submit Enrollment request is validated for the following conditions (please note, in particular, the last two validation rules):
 - Must be 9 characters only (no special characters allowed)
 - Cannot be all 0s
 - Cannot start with 000
 - Cannot start with 666
 - Cannot start with 9 (e.g., 900-999*)
 - Cannot contain XXX-00-XXXX (0s in middle piece)
 - Cannot contain XXX-XX-0000 (0s in the end piece)
 - Cannot be null/empty (if not sending a SSN value, omit the SSN XPath“nc:PersonSSNIdentification/nc:IdentificationID”)

Submit Enrollment Request Validation Requirements – Error Message HE001111

- If any of the above DE changes fails validation, the Hub will return a response code HE001111, response description, and the respective TDSResponseDescriptionText, along with the Xpath, to the requesters.

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6. Additional Resources

Additional Resources

- The following resources can be used by direct enrollment partners:
 - FFM and Federally-facilitated Small Business Health Options Program (FF-SHOP) Enrollment Manual: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR-FFM-SHOP-Manual-v1-071916.pdf>
 - Direct Enrollment End-to-End Testing Materials: <https://zone.cms.gov/document/issuer-ffm-end-end-testing-materials-open-enrollment-fall-2016>
 - Direct Enrollment & Fetch Eligibility Business Service Definitions (BSDs): <https://zone.cms.gov/document/direct-enrollment-fetch-eligibility-bsds>