

Enrollment Blocker Cheat Sheet

Audience

☒ Issuer ☒ CMS Account Manager/Caseworker ☐ FFE Call Center ☐ ER&R

What is an Enrollment Blocker?

Enrollment Blocker is the term for a defect encountered when a consumer submits an updated eligibility application to the FFE but a technical issue prevents the enrollment data from being updated. When a consumer encounters an Enrollment Blocker in the application flow, the policy does not update correctly in the FFE and an 834 transaction is not sent to the issuer. Instead, the consumer is directed to contact the FFE Call Center to request an update to their policy. The FFE Call Center opens a HICS case to forward these updates to issuers via the HICS Case Routing process.

Enrollment Blockers impact the following:

- Start or end date changes
- Income changes
- APTC amount changes
- Variant ID/Plan ID changes
- Addition or removal of covered individuals
- Demographic changes

If issuers have questions on the Enrollment Blocker process, please contact the ER&R Support Center for assistance by emailing ERRSupportCenter@Cognosante.com or calling (855) 591-7113.

How is an issuer notified of an Enrollment Blocker?

The issuer receives a HICS case that contains “Enrollment Blocker,” “confirmation blocker,” or an applicable error code in the Case Narrative. The case may also contain “Issuer Action” to request assistance specifically related to updating demographic information.

What steps should the issuer take upon receiving an Enrollment Blocker HICS case?

The issuer should review the Case Narrative to determine what changes need to be made and update their records accordingly.

How does the issuer reconcile the Enrollment Blocker HICS case with the FFE?

Once the issuer has applied the necessary updates to their system, the issuer must take the appropriate steps to reconcile the update with the FFE. Regardless of the nature of the update, the issuer should reflect the updated state of the enrollment on all subsequent

Inbound Enrollment Reconciliation (RCNI) files submitted to the FFE. In some cases, submission on the RCNI file is sufficient, as Reconciliation business rules allow issuers to apply the update to FFE data. Updates that can be completed solely through automated Reconciliation include changes to the following:

- Start and end date
- Gender
- Mailing address

Other changes require a dispute in addition to proper submission on the RCNI file in order to update FFE data. These discrepancies are flagged for issuer update on the Outbound Enrollment Reconciliation (RCNO) file, which reinforces that a dispute is required. Such updates include changes to the following:

- APTC Amount (including changes associated with adding a dependent)
- Total Premium Amount (including changes associated with adding a dependent)
- CSR variant
- Removal of a Member

It is important to note that only the financial information associated with a new member can be changed through the dispute, and the new member's name, date of birth (DOB), and other demographic information currently cannot be added through any process. If the Enrollment Blocker is related to adding a member, the issuer should submit a dispute to ER&R to update only the financials. In these cases, the added member and updated financials should still be reported on the RCNI file to ensure that the added member is visible to CMS and can be flagged for manual 1095-A generation as needed.

NOTE: As of September 24, 2018, Regional Office casework staff can assist in the resolution of name changes, DOB, SSN, and residential address, as noted in a HICS case. Regional Offices actively look for blockers and assign these cases to CMS staff to generate 834 transactions to resolve the blockers. If issuers see these cases, they can notify their Lead Caseworker.

How should an issuer submit an Enrollment Blocker dispute to ER&R?

Prior to submitting an Enrollment Blocker, the issuer should visit the HICS Direct Dispute Master Guidance presentation at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation> for detailed instructions.

- If the HICS case is open, the issuer should submit the case for ER&R review using the HICS Direct Dispute process.

- If the HICS case is closed and has been resolved for less than 30 days, the issuer can request to reopen the HICS case through their Lead Caseworker and submit the case for ER&R review using the HICS Direct Dispute process.
- If the HICS case is closed and has been resolved for more than 30 days, the issuer should submit a dispute using the Enrollment Blocker tab of the Enrollment Dispute Form. Access the latest version of the form on CMS zONE:
<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

The following table (Exhibit 1) provides additional information on the two methods available for submitting Enrollment Blocker disputes.

Exhibit 1: Methods for Submitting Enrollment Blocker Disputes

Criteria	HICS Direct Dispute	Enrollment Dispute Form
HICS Case Status	Open	Open or Closed
Case Processing Time	▶ Faster processing – ER&R can communicate with the issuer if clarification or additional information is needed ▶ Timer related to case resolution is placed on hold while the case is under ER&R review and resumes when the case is sent back to the issuer	▶ Slower processing – ER&R must communicate with the issuer via issuer outreach to obtain additional information ▶ Timer related to case resolution is not placed on hold
Accuracy of Information	Updates are more accurate because the HICS case is recent and related to the dispute	ER&R may not have the most up-to-date or accurate information due to the age of the HICS case
Bulk Upload	Issuers do not have the option to bulk upload cases	Issuers can bulk upload cases
Response Time	After processing, the issuer receives an immediate response regarding the outcome of the dispute	The issuer must wait to review the outcome of the dispute on the Semi-Monthly Detailed Report

What information should be included in an Enrollment Blocker HICS case prior to submitting a HICS Direct Dispute?

The issuer should review the HICS Case Narrative to ensure the required information is included in accordance with the guidelines specified in the following table (Exhibit 2). If any

pertinent information is not available in the Case Narrative, the issuer should add the details to the case comments.

Exhibit 2: HICS Direct Dispute Enrollment Blocker Data Elements & Source

Attribute	Required/Optional	Source
Enrollment Blocker, Confirmation Blocker, or Error Code Number	Required	HICS
Total Premium Amount to be Applied	Optional (if no changes to report)	Issuer
APTC Amount	Optional	HICS
CSR Variant	Optional (if no changes to report)	HICS
FFM Exchange Assigned Policy ID	Required	HICS
FFM Exchange Assigned Subscriber ID	Optional	Issuer
Start Date as a Result of the New Member, if Applicable	Optional	HICS

NOTE: The ER&R Support Center is often able to assist with identifying optional information.

How does an issuer submit a HICS Direct Dispute?

The issuer should use the following procedure to submit a HICS case to ER&R as a HICS Direct Dispute:

1. Enter a comment in the Resolution tab. Ensure that any vital information that is missing from the Case Narrative is included in the HICS comment and that the exact details of the requested changes are clear. Please note that a reference to “Enrollment Blocker,” “confirmation blocker,” or an applicable error code must be included in the HICS Case Narrative and may not be added into the case comments.
2. Select the **Yes** radio button in the ER&R Review Requested field.
3. Leave the case in the **Open** status.

NOTE: The case will remain open during ER&R review.

Which attributes can be updated and how?

Some attributes found in an Enrollment Blocker HICS case can be updated in the FFE through more than one channel. The following table (Exhibit 3) identifies the appropriate channel for updating each attribute. Regardless of the method used to resolve the discrepancy with the FFE, the issuer’s RCNI file must always reflect the change required by the HICS case.

Exhibit 3: Enrollment Blocker Attributes

Attribute	ER&R	RCNI
Name	No	No
Date of Birth	No	No
Social Security Number	No	No
Gender	Yes	Yes
Residential Address	No	No
Tobacco Status	Yes	Yes
QHP ID/Variant ID	Yes	No
Benefit Start Date	Yes	Yes
Benefit End Date	Yes	Yes
APTC	Yes	No
CSR	Yes	No (Not individually, only if Total Premium Amount is changed)
Total Premium Amount	Yes	Yes
Enrollment Group Members	Removal only (financials only for added members)	No
Effective Date	Yes	Yes

What action should an issuer take to resolve an Enrollment Blocker case?

The issuer should resolve Enrollment Blocker cases in accordance with the following table (Exhibit 4).

Exhibit 4: Methods for Resolving Enrollment Blocker Cases

Enrollment Blocker Case Type	Issuer Action
Policy Termination Blocker	Use RCNI to establish the correct policy end date in the FFE. A HICS Direct Dispute is not the appropriate enrollment data alignment method for blockers where the entire policy needs to be terminated. In some cases, end dates or effectuation status may be updated through the ER&R Contractor using the Enrollment Dispute Form. For additional details regarding these processes, contact the ER&R Support Center at ERRSupportCenter@Cognosante.com .

Enrollment Blocker Case Type	Issuer Action
Adding a Member	Make the requested changes in the internal issuer systems and report the correct information in Reconciliation. If the added member was not previously present on the enrollment during the coverage year, contact the Lead Case Worker for assistance adding the member to the FFE. If the member was present on the enrollment at a different time during the coverage year, follow the instructions to submit the all changes via the HICS Direct Dispute process or via the Enrollment Blocker tab of the Enrollment Dispute Form.
Removing a Member	Remove the applicant from the policy and adjust internal records to reflect the appropriate financial information as indicated in the HICS case. Report the correct information in Reconciliation. Follow the instructions to submit all changes via the HICS Direct Dispute process or via the Enrollment Blocker tab of the Enrollment Dispute Form.
Updating Demographic Information	Adjust internal records to reflect the correction noted in HICS and resolve the case. Certain demographic changes, such as address, DOB, and SSN, cannot be reconciled through any Exchange data alignment channel. If the HICS case includes a change to financials (i.e., APTC, CSR, Total Premium Amount), the issuer should submit the changes via the HICS Direct Dispute process.

HICS Direct Disputes Tips

- Issuers will not be penalized for any HICS cases pending resolution to the ER&R Contractor beyond the standard resolution timelines.
 - When the issuer submits the HICS case to the ER&R Contractor, the timer related to the 72-hour or 15-calendar day resolution timeline is on hold.
 - Once the case is resolved and sent back to the issuer for closure, the timer resumes.
- Issuers should not resolve the HICS case or change the E&R Review Requested selection to **No** while the case is being reviewed by ER&R. This action would end the ER&R review prematurely.
- If ER&R requests more information, the issuer should remember to resubmit the HICS case for ER&R review after adding the requested information to the case comment.

- For example, if the case is sent back to the issuer with a note from ER&R requesting clarifying information, the issuer should add a note to the case and reselect the **Yes** radio button in the ER&R Review Requested field as soon as possible.

NOTE: Cases submitted for ER&R review must be in the **Open** status.

- If information is missing from the HICS Case Narrative (e.g., name of member to be removed, new APTC, CSR variant), issuers should add the information to the HICS case comments. Issuers should not email CMS_FEPS@cms.hhs.gov for assistance with these missing items.