

AOPD-7.2.709 Enrollment Blocker Job Aid

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Contents

Enrollment Blockers	4
Audience	4
Definition	4
Updating the FFE Policy	4
HICS Direct Dispute	5
ER&R Enrollment Dispute Form	6
Expected Resolution & Response Time.....	7
HICS Case Examples	8
Audience	8
Policy Termination Blocker	9
Adding a Member Blocker	9
Removing a Member Blocker.....	10
Updating Non-SEP CIC Blocker	10
Common HICS Direct Dispute Rejection Scenarios.....	11
Audience	11
Enrollment Blocker Cheat Sheet	12
Audience	12
What is an Enrollment Blocker?.....	12
How is an issuer notified of an Enrollment Blocker?	13
What steps should the issuer take upon receiving an Enrollment Blocker HICS case?	13
How should an issuer submit an Enrollment Blocker dispute to ER&R?	14
What information should be included in an Enrollment Blocker HICS case prior to submitting a HICS Direct Dispute?	15
How does an issuer submit a HICS Direct Dispute?	16
Which attributes can be updated and how?	16
What action should an issuer take to resolve an Enrollment Blocker case?	17
HICS Direct Disputes Tips	18
Choosing the Effective Date.....	18
Audience	18
Escalation	22
Audience	22

Exhibits

Exhibit 1: HICS Direct Dispute Process	6
Exhibit 2: ER&R Dispute Form Enrollment Blocker Data Elements & Source	6
Exhibit 3: Enrollment Blocker HICS Case Types.....	8
Exhibit 4: Common Rejection Scenarios	11
Exhibit 5: Methods for Submitting Enrollment Blocker Disputes	14
Exhibit 6: HICS Direct Dispute Enrollment Blocker Data Elements & Source	15
Exhibit 7: Enrollment Blocker Attributes	16
Exhibit 8: Methods for Resolving Enrollment Blocker Cases	17
Exhibit 9: SEP Reason Codes	19
Exhibit 10: Caseworker Escalation Path.....	22

Enrollment Blockers

Audience

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

Definition

An Enrollment Blocker, also referred to as a “blocker,” “confirmation blocker,” or “termination blocker,” occurs when a consumer with an existing enrollment on the Federally-Facilitated Exchange (FFE) successfully updates their current application through the Exchange but a technical issue prevents the policy from updating with the new eligibility information. The blocked policy update also prevents the issuer from receiving the change as no 834 transaction is sent and the correctly updated enrollment is not viewable on the Pre-Audit file.

Blocked policy updates may prevent issuers from receiving accurate policy-based payments due to the new Advanced Premium Tax Credit (APTC) amount not being updated on the FFE policy. Blockers can cause multiple issues, such as:

- An enrollee paying an incorrect premium amount and/or receiving inaccurate cost-sharing reductions.
- Preventing a new spouse or infant from being added to a policy, which may cause delays or rejection of submitted claims.
- Preventing consumers from removing Qualified Individuals (QIs).
- Preventing updates to demographic information, such as date of birth (DOB), address, gender, and SSN.

Enrollment Blockers can significantly impact consumers and issuers if not properly aligned with the FFE.

Updating the FFE Policy

When an enrollee with a blocker contacts the FFE, the FFE employs a manual workaround whereby the FFE creates a HICS case that includes the key eligibility updates and assigns it to the respective issuer. The FFE then relies on the issuer to apply the changes to the issuer’s records and to update key aspects of the FFE policy through Reconciliation or by submitting the case to the Enrollment Resolution & Reconciliation (ER&R) Contractor via the HICS Direct Disputes process or the Enrollment Dispute Form. Regardless of the method used to resolve the discrepancy with the FFE, the issuer’s Inbound Enrollment Reconciliation (RCNI) file must always reflect the change required by the HICS case.

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.

HICS Direct Dispute

Issuers are required to add a comment to the Resolution tab of the HICS case when submitting a HICS Direct Dispute to ER&R. To send the case as a HICS Direct Dispute, issuers must select the **Yes** radio button in the ER&R Review Requested field. Prior to submitting the case, the following must be noted in the HICS case comments:

- The change is due to an Enrollment Blocker, confirmation blocker, or an applicable error code
NOTE: This information must be included in the HICS Case Narrative and may not be added into the case comments.
- FFM Exchange Assigned Policy ID
- Total Premium Amount to be applied (required if being updated)

In addition to the required information, ER&R also requests that issuers include the APTC amount and the Benefit Start Date as a result of the new member, if known and applicable.

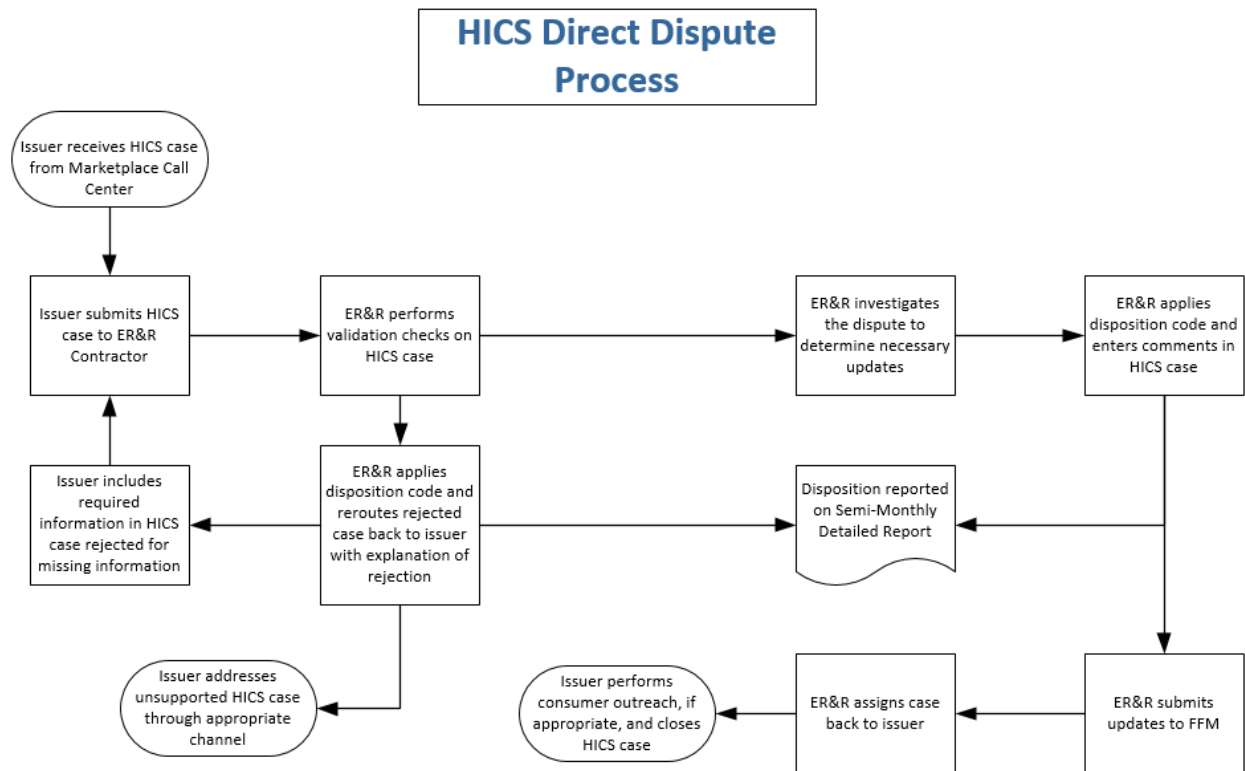
Sample Issuer Comment

"ER&R: Please make corrections due to Enrollment Blocker. Total Premium Amount: \$982.89, APTC Amount: \$643.00, Policy ID: 12345678, New Start date: 03/01/2017"

If the issuer finds that certain required information is missing from the HICS Case Narrative, the issuer should enter the missing values in the HICS case comments. Issuers should not contact the Marketplace Service Desk (MSD) for assistance with missing information, as the MSD will likely be unable to assist, nor should issuers refer the enrollee back to the FFE. The ER&R Support Center is often able to assist with identifying optional information.

If a case is ineligible for processing as a HICS Direct Dispute or is missing the required details, ER&R will assign the case back to the issuer with a comment in HICS explaining the reason. The issuer can resubmit a case that is missing required details after adding a comment to the case with the requested information. Once ER&R processes the HICS case, ER&R documents that the update has been submitted, and the FFE should update within 1–2 cycles. See Exhibit 1.

Exhibit 1: HICS Direct Dispute Process



ER&R Enrollment Dispute Form

Issuers can submit Enrollment Blocker corrections via the Enrollment Blocker tab of the Enrollment Dispute Form. The latest version of the Enrollment Dispute Form is available on CMS zONE: <https://zone.cms.gov//document/enrollment-resolution-and-reconciliation>

To submit an Enrollment Blocker correction using the Enrollment Dispute Form, the issuer should complete the fields on the Enrollment Blocker tab in accordance with the following table (Exhibit 2).

Exhibit 2: ER&R Dispute Form Enrollment Blocker Data Elements & Source

Attribute	Required/Optional	Source
Issuer POC Name	Required	Issuer
Issuer POC Telephone Number	Required	Issuer
Issuer POC Email Address	Required	Issuer
HIOS	Required	HICS
FFM Exchange Assigned Policy ID	Required	HICS

Attribute	Required/Optional	Source
FFM Exchange Assigned Subscriber ID	Required	Issuer
HICS Case ID	Required	HICS
FFM Benefit Start Date	Optional	RCNO
FFM Benefit End Date	Optional	RCNO
Total Premium to be Applied	Optional	HICS
APTC Amount	Optional	HICS
QHP Variant ID	Optional	HICS
Issuer Start Date as a result of Add or Removal of Member(s)	Optional	HICS

Issuers must submit the completed form to ER&R using the ERRS EFT function code. Upon receipt of the Enrollment Dispute Form, ER&R reviews the associated HICS case and any other information the issuer has provided. ER&R assigns a disposition code to the case, which is reported to the issuer on the subsequent Semi-Monthly Detailed Report. If the HICS case is not an Enrollment Blocker and does not mention the required Enrollment Blocker error verbiage in the HICS Case Narrative, or if the issuer did not provide the required details, ER&R rejects the case with a disposition code that explains the reason for the rejection. If ER&R is able to make the necessary correction(s), ER&R applies a disposition code beginning with BU, and the FFE should update within 1–2 cycles.

Expected Resolution & Response Time

ER&R resolves HICS Direct Disputes in a time frame comparable to the resolution time for disputes submitted via the Enrollment Dispute Form (1–2 cycles); however, resolution times may vary depending on the specifics of each dispute. When a case is under review, issuers are encouraged to notify the consumer of the investigation prior to receiving a response from the ER&R Contractor. Issuers can also notify consumers of the review after receiving a response from the ER&R Contractor.

Issuers are **NOT** penalized for HICS Direct Dispute cases pending resolution to the ER&R Contractor beyond the standard regulatory timelines. When the issuer submits the HICS Direct Dispute 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. Like disputes submitted on the Enrollment Dispute Form, outcomes for Enrollment Blocker cases submitted using the HICS Direct Dispute process appear on the Semi-Monthly Detailed Report that is delivered via the ERRD function code.

HICS Case Examples

Audience

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

Issuers may encounter several types of Enrollment Blocker HICS cases, and in all cases, the Exchange will not send an updated enrollment, termination, or maintenance 834 file showing the reported changes. Following are the most common types of Enrollment Blockers, with examples of the standard language used by the FFE Call Center when generating the HICS case (Exhibit 3).

Exhibit 3: Enrollment Blocker HICS Case Types

Scenario Description	Update RCNI?	ER&R Enrollment Blocker Dispute?	Sample HICS Case Narrative
Policy Termination Blocker	Yes	No	Consumer requested to terminate coverage. The Exchange is unable to process this request due to system error 500.280.
Adding a Member Blocker	Yes	Yes	Consumer was unable to submit application due to error 302100, 500.300588... Name of new enrollee: [NAME]
Removing a Member Blocker	Yes	Yes	Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process... Name and date of birth of person being removed from coverage: [NAME]
Updating Non-SEP Change in Circumstance Blocker	Yes	Yes, only if case includes financial update	Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process.

NOTE: Demographic non-SEP CIC blockers can generally be resolved with an 834 generated by the Lead Caseworker.

Policy Termination Blocker

This error occurs when a consumer or FFE Call Center representative attempts to terminate Exchange coverage for a policy. This blocker type typically generates an error code of **500.280**.

- **Standard HICS Narrative:** “Consumer requested to terminate coverage. The Exchange is unable to process this request due to system error 500.280. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State], [ZIP], and has a date of birth of [Birth Date]. Consumer enrolled on [Enrollment Start Date] in [Plan Name], [Plan Phone Number]. The consumer’s policy number is [FFE Policy Number] and the plan identification number is [Issuer ID].”
- **Issuer Action:** Issuers should 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, issuers should contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.

Adding a Member Blocker

This error occurs when a consumer tries to complete a Change in Circumstance (CIC) after a successful application submission by selecting or confirming a Qualified Health Plan (QHP) in Plan Compare. This blocker type typically generates an error code of **500.300588** or **302100**.

- **Standard HICS Narrative:** “Consumer was unable to submit application due to error 302100, 500.300588. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State], [ZIP], and has a date of birth of [Birth Date]. Consumer enrolled on [Enrollment Start Date] in [Plan Name], [Plan Phone Number]. The consumer’s application ID is [Application ID]. Reason for change in circumstance: [Answer 1]. Name of new enrollee: [Answer 2]. Date of birth/adoption/marriage: [Answer 3]. Coverage effective date: [Answer 4]. New APTC amount: [Answer 5]. Cost-sharing reduction variant: [Answer 6]. Exchange Assigned Policy ID [FFE Policy Number].”
- **Issuer Action:** Issuers should make the requested changes in their internal systems and report the correct information in Reconciliation. If the added member was not previously present on the enrollment during the coverage year, issuers should contact their 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,

issuers should follow the instructions to submit all changes via the HICS Direct Dispute process.

Removing a Member Blocker

This error occurs when a consumer reports a CIC on an active Exchange application but is not able to proceed into Plan Compare to confirm the change because of an error. There is no error code generated by this blocker. When enrollment data alignment guidelines are properly followed, the FFE policy record will have the member removed, unlike the “Adding a Member” blocker, where only the FFE policy record financial amounts can be updated.

- **Standard HICS Narrative:** “Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State] [ZIP] date of birth is [Birth Date]. Consumer enrolled on [Enrollment Submission Date] in [Plan Name], [Plan Phone Number]. The consumer's application ID is [Application ID]. The consumer's policy number is [FFE Policy Number]. Reason for change in circumstance: [Answer 1]. Name and date of birth of person being removed from coverage: [Answer 2]. Effective date the person should be removed from coverage: [Answer 3]. New APTC amount: [Answer 4]. Cost-sharing reduction variant: [Answer 5]. Additional information: [Answer 6].”
- **Issuer Action:** Issuers should remove the applicant from the policy by adjusting their internal records to reflect the appropriate financial information as indicated in the HICS case and report the correct information in Reconciliation. Issuers should follow the instructions to submit all changes via the HICS Direct Dispute process.

Updating Non-SEP CIC Blocker

This error occurs when a consumer reports a CIC on an active Exchange application but is not able to proceed into Plan Compare to confirm the change because of an error. Some of the most frequent changes impacted by this blocker include changes to name, gender, address, date of birth, social security number, and income. This blocker is believed to be caused by the new demographic information, leading the FFE to believe the enrollee is now a new person, and because the member is not eligible for a Special Enrollment Period (SEP), the member is blocked from Plan Compare. There is no error code generated by this blocker.

- **Standard HICS Narrative:** “Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State] [ZIP] date of birth is [Birth Date]. Consumer enrolled on [Enrollment Submission Date] in [Plan

Name], [Plan Phone Number]. The consumer's application ID is [Application ID]. The consumer's policy number is [FFE Policy Number]. Reason for change in circumstance: [Answer 1]. Name and date of birth of person being removed from coverage: [Answer 2]. Effective date the person should be removed from coverage: [Answer 3]. New APTC amount: [Answer 4]. Cost-sharing reduction variant: [Answer 5]. Additional information: [Answer 6]."

NOTE: In addition, the narrative may provide guidance identified as "Issuer Action".

- **Issuer Action:** Issuers should adjust internal records to reflect the correction noted in HICS and resolve the case. 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. 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.

Common HICS Direct Dispute Rejection Scenarios

Audience

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

Upon receipt of the HICS Direct Dispute case, ER&R reviews the data submitted. In some instances, ER&R cannot process the case as submitted and the case is rejected. The following table (Exhibit 4) lists the most common scenarios that lead to rejections and provides the recommended issuer follow-up actions.

Exhibit 4: Common Rejection Scenarios

ER&R Rejection Reason	Issuer Follow-Up
Clarifying Resolution Note Required	The issuer should review the HICS case note, add a note in HICS with the requested clarification or information, and reselect the Yes radio button in the ER&R Review Requested field. NOTE: HICS Direct Dispute cases submitted for ER&R review must be in the Open status.
No Change in FFE Required	ER&R has determined that the change reflected in the HICS case is already reflected in the FFE.
Invalid Dispute Type	The HICS Case Narrative does not contain verbiage referring to "Enrollment Blocker," "Confirmation Blocker" or an applicable error code. The issuer should review the Case Narrative to determine the correct resolution.

ER&R Rejection Reason	Issuer Follow-Up
Ineligible – Demographic	The HICS case is requesting a change to demographic information, which cannot be updated by the ER&R Contractor. The issuer should update internal records to reflect the change requested in the HICS case.
Member Requesting to be Removed Not on Policy	The HICS Case Narrative is requesting the removal of a member who is not present on the FFE policy.
Ineligible – Start or End Date Update	The HICS case is requesting a start date and/or end date change and the FFM APTC and QHP ID/Variant ID already match the HICS case values. The issuer should make this update via the RCNI process.
Missing Policy ID	The policy ID is not provided in the HICS case. The issuer should add the policy ID as a comment in the HICS case and reselect the Yes radio button in the ER&R Review Requested field. NOTE: HICS Direct Dispute cases submitted for ER&R review must be in the Open status.
Conflicting Information	This indicates that there is a discrepancy between what is provided in the Case Narrative and what is provided in the issuer comment(s). This discrepancy may be related to Total Premium Amount, effective date, or other required elements.

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 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, 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 5) provides additional information on the two methods available for submitting Enrollment Blocker disputes.

Exhibit 5: Methods for Submitting Enrollment Blocker Disputes

Criteria	HICS Direct Dispute	Enrollment Dispute Form
HICS Case Status	Open	Open or Closed

Criteria	HICS Direct Dispute	Enrollment Dispute Form
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 6). If any pertinent information is not available in the Case Narrative, the issuer should add the details to the case comments.

Exhibit 6: 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

Attribute	Required/Optional	Source
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 7) 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 7: 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

Attribute	ER&R	RCNI
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 8).

Exhibit 8: 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 .
Adding a Member	Make the requested changes in the internal issuer systems and report the correct information in Reconciliation. Follow the instructions to submit the financial 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.

Enrollment Blocker Case Type	Issuer Action
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.

Choosing the Effective Date

Audience

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

When an Enrollment Blocker HICS case is created, the effective date of the change should be included in the HICS Case Narrative. If this information is not available in the Case Narrative, ER&R should use the following guidance to determine the effective date.

- For consumers who report a life change outside the Open Enrollment Period (OEP) and qualify for an SEP, the effective date should coincide with the type of SEP being granted.

- If the consumer is approved for a Medicaid Denial SEP (accelerated SEP), the start date would be the first day of the month following plan selection.
- If the consumer is approved for a Relocation (Move) SEP, the start date would follow regular effective date rules, which are based on the time of plan selection, where plans selected on the 1st-15th of the month become effective on the first day of the following month and plans selected on the 16th-31st of the month become effective on the first day of the second following month.
- For consumers who report a life change outside the OEP (a CIC) and do not qualify for an SEP, the effective date should be the date the CIC was reported to the Exchange.
 - A new Eligibility Determination Notice (EDN) with an updated amount is generated.
 - If the consumer reports a change of household income on 06/15/2018, the effective date of the new APTC should be the date the change was reported to the Exchange, which is the date on the EDN, 06/15/2018.

NOTE: The effective date of a change is not reported anywhere on the EDN. The effective date is the date on the EDN, as the change would have taken effect on the date the consumer reported it to the Exchange.

 - If the consumer is not already receiving APTC, the consumer would qualify for either a CSR or APTC Eligibility Change SEP and the Benefit Start Date would follow regular effective date rules.

The following table (Exhibit 9) provides the complete list of SEP reason codes that would appear in the Marketplace Change Utility (MCU), along with the description, how it relates to 834 transactions to issuers, and the effective date rule for each SEP type.

Exhibit 9: SEP Reason Codes

Application Reason Code	SEP Reason Code Description	Maps To 834 SEP Reason	Effective Date Rule
252	Non-SEP CIC	N/A	Effective date of CIC
199	Granted for baby born in household § 155.420(d)(2)(i)	02	Retro (DOB) accelerated, or regular, at enrollee option
198	Granted for adoption or foster care placement in household § 155.420(d)(2)(i)	05	Retro (DOB) accelerated, or regular at enrollee option

Application Reason Code	SEP Reason Code Description	Maps To 834 SEP Reason	Effective Date Rule
204*	Granted for placement for adoption in household § 155.420(d)(2)(i)	05	Retro (DOB) accelerated, or regular, at enrollee option
203	Granted for marriage in household § 155.420(d)(2)(i)	32	Accelerated
472	Applicant granted SEP for attesting to having applied for Medicaid or CHIP coverage during an OEP or due to an SEP qualifying event, and then being denied after their enrollment period has ended.	07	Accelerated
209	Granted for MEC loss § 155.420(d)(1)	07	Accelerated
281	An existing enrollee who became newly eligible or ineligible for PTC § 155.420(d)(6)(i)	FC	Regular
183	An existing enrollee whose CSR eligibility level changed – 45 CFR § 155.420(d)(6)(i) or (ii)	FC	Regular coverage effective dates

Application Reason Code	SEP Reason Code Description	Maps To 834 SEP Reason	Effective Date Rule
310*	Granted for being on same policy as an existing enrollee who qualifies for an SEP based on being determined newly eligible or ineligible for PTC and/or a change in eligibility for CSR § 155.420(d)(6)(ii)	FC	Regular
298	Granted for release from incarceration § 155.420(d)(3)	NE	Regular
197	Granted for acquiring a status that makes them newly eligible for Exchange coverage § 155.420(d)(3)	NE	Regular coverage effective dates
201	Granted for Indian who has not changed plans this month, and/or for their dependent(s) changing plans with them § 155.420(d)(8)	NE	Regular
200	Granted for having moved to a new service area § 155.420(d)(7)	43	Regular coverage effective dates
312*	Granted for being on a policy with someone who is moving § 155.420(d)(7)	43	Regular

Application Reason Code	SEP Reason Code Description	Maps To 834 SEP Reason	Effective Date Rule
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	
313	Granted SEP for Exceptional Circumstance § 155.420(d)(9)	EX	At option of Exchange
323	Granted SEP reason provided by HHS § 155.420(d)(4) or (12)	EX	At option of Exchange
324	Granted SEP reason provided by Employer § 155.420(d)(6)(iii)?	EX	Accelerated?

Escalation

Audience

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

Issuers who are unable to submit an Enrollment Blocker HICS case due to unknown required information should contact their CMS Lead Caseworker for assistance with locating the value or other next steps. If unable to assist, the Caseworker should escalate the case in accordance with the following exhibit (Exhibit 10).

Exhibit 10: Caseworker Escalation Path

