

# Enrollment Reconciliation & IC834 Workgroup



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# IC834 – Housekeeping

- PO-IC834 Reporting Suite (1/8 - 1/14) was delivered on schedule
  - Please direct any inquiries to [Inbound834@bah.com](mailto:Inbound834@bah.com)
- Issuers are encouraged to review the latest Pre-Audit file to determine any changes required for policies
  - CMS recommends Issuers apply updates through IC834 for all eligible scenarios to promote timely application of status changes in the FFM
- Landing Zones
  - Production: **prod.eft.cms.gov** (route X12 files ending with .P here)
  - Testing: **impl.eft.cms.gov** (route X12 files ending with .T or .I here)

# IC834 – Date Processing Rules

- The below codes signify rejection **when a transaction does not follow date processing rules:**

BAA Error Codes				Rejection Reasons
Error Code	Error Reason	Element in Error	Modified Data Content	
E051	Incorrect date	BenefitBeginDate	FFM Benefit Begin Date	Cancellation IC834 transaction sent with Benefit End date <> Benefit Begin date OR Benefit Begin date -1
E051	Incorrect date	EligibilityEndDate	FFM End Date	Termination IC834 transaction sent for a Terminated FFM Policy (IC834 Term date > FFM Term Date)
E051	Incorrect date	EligibilityEndDate	FFM Benefit Begin Date	Termination IC834 transaction sent where Benefit End date < Benefit Begin date

What is the error in the IC834 file?

I834 20180201 VS IC834 20190101.

Termination IC834 transaction sent where Benefit End date < Benefit Begin date

- Note!** If a policy was auto-reenrolled to the new Plan Year, when submitting a change to the prior year policy, please ensure that all fields (e.g. QHPID, Exchange Assigned Policy and Subscriber ID, Start and End Dates) match the Initial 834 received from FFE for the prior year policy

# IC834 – EligibilityEndDate (Termination)

- Issuer sends the IC834 below and receives a rejection at FFM
  - Reason? Incorrect EligibilityEndDate

FFM Outbound I834	Issuer Outbound IC834
ISA*00* *00* *ZZ* CMSFFM *ZZ* 120674828V GS*BE* VA0*12028VA0120028*20160809*1631*1002*X*005010X220A1 ST*834*0200*005010X220A1 BGN*00*0200*20160809*132006*ET***2 QTY*TO*2 QTY*DT*1 N1*P5*Awesome Guy*FI*123456789 N1*IN*JMLoadTest2184*FI*460674828 INS*Y*18*024*59*A***TE REF*0F*0000500029 REF*17*0000500029 DTP*356*D8*20160201 * DTP*348*D8*20160201	ISA*00* *00* *ZZ*120674828V *ZZ*CMSFFM GS*BE*12028VA0120028*VA0*20160809*1631*1001*X*005010X220A1 ST*834*0001*005010X220A1 BGN*00*0001*20160809*132006*ET***2 QTY*TO*2 QTY*DT*1 N1*P5*Awesome Guy *FI*121212122 N1*IN*JMLoadTest2184*FI*460674828 INS*Y*18*024*59*A***TE REF* DTP*357*D8*20160101 *

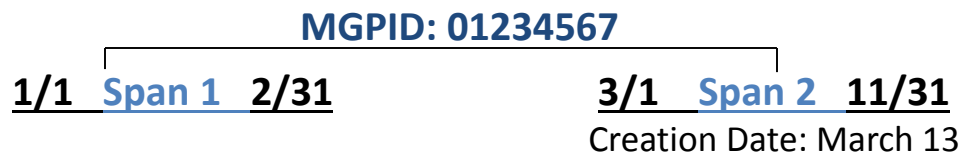
- What is the error in the IC834 file?
  - In the I834, the BenefitBeginDate 20160201 and in the IC834, End date is 20160101. Issuer must respond with a valid EligibilityEndDate.

I834 20160201 VS IC834 20160101



# IC834 – BenefitBeginDate (Reinstatement)

- Reinstatement transactions are accepted via IC834 if the Issuer provides values to activate the policy back to its original period of coverage (entire calendar year)
- Issuers sending IC834 reinstatements **must use** the initial start date for the policy
  - **NOTE:** Issuers are **not** permitted to update policy start dates (BenefitBeginDate) through IC834 for any transaction



- **Scenario:** Issuer sends an IC834 reinstatement transaction for eligible policy wherein Benefit Begin Date is:
  - Missing or;
  - Is later than the FFM Coverage Start Date for the eligible policy (IC834 BenefitBeginDate = 5/1)
- Transaction is rejected with **E147** “Reinstatement Transaction,” **E046** “Not Matching,” **E139** “Exchange Assigned,” **E135** “Invalid Policy ID,” **E157** “Coverage Start Date”

# IC834 – Additional Tips for PY2019

- Issuers are encouraged to include only the fields that are required and validated on an IC834 transaction
  - This ensures that other fields, e.g. financials, are not rejected at EDI due to format or schema errors
- Review the weekly OP834T and monthly Pre-Audit file to determine the latest status of the policy at FFM prior to generating IC834 transactions
  - This will avoid E025 (duplicate) or E095 (out of sequence) errors due to outdated policy information that may exist in Issuer systems
- Use the reference table on CMS zOne to include the appropriate maintenance code combination on IC834 transactions to ensure it reflects the intended status change (e.g. effectuation, termination, maintenance, etc.)
  - Successful IC834 transactions result in an update to the FFM without any manual review for validity of the information sent, so it is critical that the maintenance codes reflect the appropriate transaction type

# IC834 – Issuer Testing

- For Issuers who wish to test new Inbound 834 functionalities
  - Please send an email with subject “Inbound Testing: [HIOS ID]” to [Inbound834@bah.com](mailto:Inbound834@bah.com)
- General steps
  - Create test applications in specified IMPL environment
  - Prepare files based on test policy data
  - Share filenames with Inbound834 team and receive information on available IMPL environment
  - Route test files to the same specified IMPL environment
  - Review results
- Our team will provide support throughout the testing process
  - 1) Ensure your test files are processed; and
  - 2) Share information on the testing outcomes

# Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2016**

- This month's 2016 FFM extract was taken on Tuesday, January 15<sup>th</sup> at 6PM EST
- Incremental Pre-Audit (ISIPA6) Files based upon that extract are scheduled to be delivered to Issuers on Wednesday, January 23<sup>rd</sup>

- **Plan Year 2017**

- This month's 2017 FFM extract was taken on Tuesday, January 15<sup>th</sup> at 6PM EST
- Incremental 2017 Pre-Audit (ISIPA7) Files based upon that extract are scheduled to be delivered to Issuers on Tuesday, January 22<sup>nd</sup>

# Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2018**

- This month's 2018 FFM extract was taken on Tuesday, January 15<sup>th</sup> at 6PM EST
- Comprehensive 2018 Pre-Audit (AUD8) Files based upon that extract are scheduled for delivery to Issuers tomorrow, Friday, January 18<sup>th</sup>
- The RCNI8 submission deadline for January's Run 14 is **TODAY – Thursday, January 17<sup>th</sup> at 3PM EST**
  - As of 11AM today, **94.8%** of 2018 FFM Issuers have successfully submitted for Run 14
  - ***Please be aware, due to operational constraints this deadline will be strictly enforced***
  - RCNO8 files will be distributed to participating Issuers on Wednesday, January 23<sup>rd</sup>

# Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- This month's 2019 FFM extract was taken on Tuesday, January 15<sup>th</sup> at 6PM EST
- Comprehensive 2019 Pre-Audit (AUD9) Files based upon that extract are scheduled for delivery to Issuers tomorrow, Friday, January 18<sup>th</sup>
- The RCNI9 submission deadline for January's Run 2 is next **Thursday, January 24th at 3PM EST**
  - As of 11AM today, **39.1%** of 2019 FFM Issuers have successfully submitted for Run 2
  - RCNO9 files will be distributed to participating Issuers on Tuesday, January 29<sup>th</sup>

# Reminder: Upcoming Change to Enrollment Pre-Audit Files

- Beginning this month (January 2019), CMS will add the Marketplace Policy Segment ID to the Enrollment Pre-Audit File for all plan years
- This field will replace the currently unused Field 69 in the Pre-Audit File Specification
  - This change is reflected in the latest version of the Pre-Audit File Spec (v4.2) available on zONE at: <https://zone.cms.gov/document/enrollment-data-reconciliation>
- For more details on the Marketplace Segment ID and the impact of this change, please refer to the slide deck from the September 27<sup>th</sup> Recon/IC834 Technical Workgroup call, available on zONE at: <https://zone.cms.gov//document/enrollment-reconciliation-and-ic834-workgroup-call-content>

# 2018 Reinstatements After BAR

- CMS has identified some consumers whose 2018 health plan enrollments were reinstated through Reconciliation or disputes after BAR ended, and the associated consumer is not enrolled in a 2019 health plan.
  - CMS is tagging the consumer's Marketplace account with an SEP to allow them to enroll in 2019 coverage. Enrollees who want to access the SEP must contact the FFM Call Center.
    - Issuers with enrollees who enroll under the SEP will get an 834 transaction with a prospective date (and potentially a HICS case to make it retroactive to January 1, 2019, at enrollee's option).
  - ER&R will send an EFT file to issuers who are impacted on **Friday, January 25th**, along with an email communication including the filename.
    - The EFT file will include policies reinstated both through Reconciliation and disputes.
    - The EFT file will be transmitted using the IOUTRC function code.
  - Issuers are encouraged to complete outreach and notify the consumers that they may contact the FFM Call Center to enroll in a 2019 plan.

**NOTE:** On the 01/14/2019 CMS Technical Workgroup ER&R communicated a delivery date of 01/18/2019, this was pushed back to **01/25/2019** due to availability of updated 2019 enrollment data.

# 2018 Reinstatements After BAR (Cont.)

- CMS recommends including the following messaging in any issuer outreach:
  - Due to a processing error, the Health Insurance Marketplace does not have a complete application record for your 2019 healthcare plan.
  - You **MUST** complete a new 2019 Marketplace application to get 2019 coverage.
  - Call the Marketplace **by March 25<sup>th</sup>** to complete a new 2019 application. You are eligible to enroll through a Special Enrollment Period, but you can only access this Special Enrollment Period by calling the Health Insurance Marketplace at **1-800-318-2596**.
  - If you want to stay in your 2018 plan, select <insert plan name and plan ID>. You can select a coverage start date in the future or a start date retroactive to January 1.
  - To complete your 2019 application quicker and easier, gather income information for everyone in your household before you call. The Marketplace needs this information to make sure you get the right eligibility and cost information.
  - For more information on applying, visit [www.healthcare.gov/apply-and-enroll/get-ready-to-apply/](http://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/).
- Consumers who are already enrolled in a 2019 plan will not be included in this process.
- ER&R will deliver the EFT file to issuers using the IOUTCRC function code and format. Issuers can locate file specifications for the IOUTCRC format on zONE at <https://zone.cms.gov/document/ioutrc-file-layout>.
- In February, March, and April, ER&R will send additional files listing the qualifying 2018 reinstatements processed in Reconciliation and disputes through the end of 2018 monthly Reconciliation.

# Deceased Member with Active HICS Cases

- ER&R has received several Deceased Member Marketplace Service Desk (MSD) tickets where there are active HICS cases for the same requests.
- In a deceased member scenario, issuers should submit the open HICS case to ER&R directly by selecting the Yes option in the ER&R Review Requested radio button within the HICS case.
- When an active HICS case is available, issuers should not email CMS FEPS/MSD for the same request as this causes ER&R to receive a duplicate request.

# zONE Publications

- Combined Enrollment & Payment Disputes TRG v6.0 is available on CMS zONE and includes the following changes:
  - Updated verbiage for ET15, FR1, FR7, FR10, FR33, HU1, HU22, F20, FV202, FV803, FV9 and FV900
  - Updated CSR variant requirement
  - Other updates made for clarity
  - Format improvements
- HICS Direct Disputes Master Guidance v3.0 is available on CMS zONE and includes the following changes:
  - Updated Enrollment Blocker requirement for CSR variant
  - Updated HU1 and HU22 ER&R Responses
  - Other minor improvements
- HICS Direct Disputes Cheat Sheet v4.0 is available on CMS zONE and includes the Updated Enrollment Blocker requirement for CSR variant as well as other improvements.
- Issuers can review the updated documentation on CMS zONE:
  - <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>

# Enrollment Alignment Performance Summary (EAPS) – UPDATES

- FMCC is releasing updated versions of the monthly EAPS report, scheduled to be released on Wednesday, January 23rd.
- The changes being implemented were based on consultation with CMS and issuer support teams, as well as issuer feedback.
- This will be a first-round of changes, with additional changes tentatively scheduled to be released over the next 2-3 months.

# Overview of Changes to EAPS – Released for January Report Cycle

- Beginning this month, FMCC will be publishing the monthly EAPS report for 3 plan years: 2017, 2018, 2019
  - Your organization will receive separate reports for each year, depending on which year you had active issuers participating in the marketplace.
- **Applied to PY18 Versions ONLY – the EAPS report now reports:**
  - The Inbound 834 Update Acceptance Rate at a transaction level. Reports will include individual metrics for effectuations, cancellations, terminations, and reinstatements.
  - An Inbound 834 Reliance metric for Reinstatements.
  - Additional values for all 834 Reliance metrics to capture scenarios where a score cannot be applied.
  - An Unmatched “I” Record metric excluding “non-actionable” UIRs.
  - A metric reporting the volume of corrected Forms 1095-A that have been triggered due to an issuer-initiated update.
- **Applied to BOTH PY17 & PY18 Versions – the EAPS now reports:**
  - New criteria and scoring methodology of the Aged Initial metric.
  - A metric capturing dispute volume to reflect the percent of an issuer’s total policies that were disputed via payment or enrollment disputes within the report’s Period of Performance.
  - For the dispute metric’s Period of Performance, reflect submissions between the Period of Performance cutoff dates of the report immediately prior and the current EAPS report and the Dispute Success Rate will now be cumulative of all submissions within that Period of Performance.
- **PY19:** In addition to the changes described above, this month will be the first publication of the PY19 version of the report, which will reflect some of the changes described above. First publication of the PY19 report will have limited data sets, with additional data being phased in over next 2-3 months.

# Future Changes Planned

- Develop companion report to the EAPS that provides list of policies associated to the monthly Inbound Reliance metrics to support issuers with analysis.
- Add “Front Page” to the EAPS excel file that displays the EAPS email content for ease of reading.
- Modify the design of the report to include historical data across each metric (instead of only the Current/Prior data that’s currently reported).

**If you have any additional comments or feedback regarding the monthly EAPS report, please don’t hesitate to email [FMCC@cms.hhs.gov](mailto:FMCC@cms.hhs.gov). We’ll make every effort to incorporate additional updates to the report where feasible.**

# Q&A

