

HICS Direct Disputes Master Guidance

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Revision History

Version Number	Change Date	Author	Change Reason/Description
3.0	01/03/2019	CMS and ER&R	2019 Baseline • Slide 6: Updated Enrollment Blocker requirement for CSR variant • Slide 13: Updated HU1 ER&R response • Slide 14: Updated HU22 ER&R response • Updated “2018” references to “2019” throughout
3.1	05/06/2019	CMS and ER&R	• Slide 5: Updated HICS Direct Disputes process flow graphic • Minor updates throughout
4.0	11/14/2019	CMS and ER&R	• Slide 3: Updated with Date of Birth information and notes • Slide 9: Added Date of Birth dispute type requirements • Slide 12: Added sample Date of Birth comment • Slide 13: Revised steps

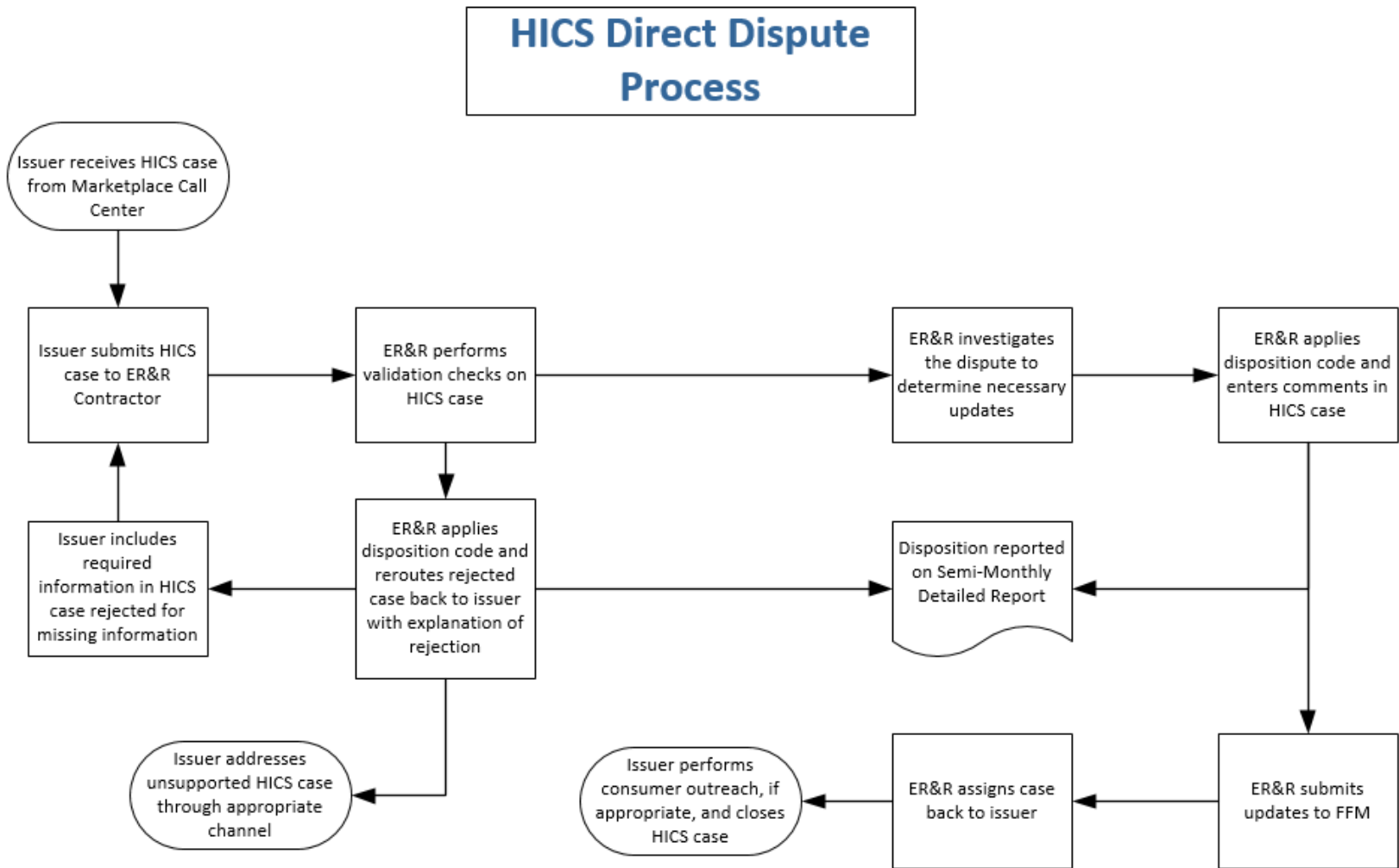
Introduction

- Certain HICS cases have historically required issuers to update values in RCNI and submit an Enrollment Dispute.
- Issuers may use the HICS Direct Disputes functionality to assign these HICS cases directly to ER&R.
NOTE: If the dispute has already been submitted to ER&R on the Enrollment Dispute Form, the issuer should not also submit the dispute via the HICS direct disputes process. This can result in delayed processing for both disputes.
- The following types of disputes are eligible to be submitted as HICS Direct Disputes:
 - Enrollment Blocker
NOTE: Issuers may only use the HICS Direct Dispute process to align dates and financial amounts of a policy that already exists in the FFE database. Issuers should contact their CMS Lead Caseworker/Account Manager for cases asking to change the consumer name, residential address, SSN or to add a new member.
 - Changes to Advanced Premium Tax Credit (APTC)
 - Changes to Total Premium Amount that cannot be resolved through automated reconciliation
 - Term No Longer Eligible (NLE) Appeal
 - QHP ID/Variant ID
 - Removal of a Member
 - Changing Subscriber
 - Date of Birth

Introduction (Cont.)

- ER&R processes updates to the FFE using information directly from eligible HICS cases, as long as all required information is included in the HICS Case Narrative or issuer comments.
- If a case is an ineligible type or is missing the required details, ER&R will reject the case back to the issuer with a comment in HICS explaining the rejection.
 - 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 within the HICS case that the update has been submitted, and the FFE should update within 1–2 cycles.
 - Issuers should continue to review their ERRD Semi-Monthly Detailed Reports.
 - If the update to FFE fails or requires the issuer to resubmit the dispute, an RJ disposition code is applied to the dispute and updated on the ERRD Semi-Monthly Detailed Report.
 - The descriptions and definitions of each disposition code are located in the document labeled CCIO_Enrollment_Dispositions on CMS zONE:
<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>
- All HICS cases routed to ER&R will be included on the issuer's ERRD Semi-Monthly Detailed Reports.

HICS Direct Disputes Process Flow



Requested Information by Dispute Type

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details:

- **Enrollment Blocker**

- Reference to Enrollment Blocker, Enrollment Blocker code number, or confirmation blocker in the HICS Case Narrative*
- Total Premium Amount to be applied (required if being updated)
- APTC amount
- CSR variant (required if being updated)
- FFE Exchange Assigned Policy ID*
- Start date as a result of the new member

- **APTC Amount**

- APTC amount
- FFE Exchange Assigned Policy ID*

***NOTE:** This information is required for the dispute type. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Requested Information by Dispute Type (Cont.)

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details:

- **Total Premium Amount**
 - Total Premium Amount*
 - FFE Exchange Assigned Policy ID*
- **Term NLE Appeal** – Term NLE Appeals are HICS cases that instruct the issuer to reinstate or extend an end date on a policy that was previously termed for NLE.
 - Benefit Start Date*
 - Benefit End Date
 - FFE Exchange Assigned Policy ID*
- **QHP ID/Variant ID**
 - QHP ID/Variant ID*
 - FFE Exchange Assigned Policy ID*
 - Effective date
 - APTC amount

***NOTE:** This information is required for the dispute type. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Requested Information by Dispute Type (Cont.)

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details:

- **Removal of a Member** – Issuers should use this dispute type when a HICS case directs the issuer to remove a member from a coverage period. Most Removal of a Member disputes are the result of Medicare eligibility or a death.
 - FFE Exchange Assigned Policy ID*
 - Name of the member being removed*
 - Date of removal*
 - Subscriber that should remain on the policy (if member removed was the subscriber)
 - Total Premium Amount after the removal of the member
 - APTC amount after the removal of the member
- **Changing Subscriber** – Issuers should use this dispute type when there is a change in subscriber but a member is not being removed.
 - FFE Exchange Assigned Policy ID*
 - Name of the existing subscriber*
 - Name of the new subscriber*
 - Date of subscriber change*

***NOTE:** This information is required for the dispute type. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

Requested Information by Dispute Type (Cont.)

If the information is known or applicable to the dispute, ER&R requests that issuers include the following details:

- **Date of Birth** – Issuers should use this dispute type when a HICS case directs the issuer to update the date of birth.
 - FFE Exchange Assigned Policy ID*
 - Name of the member being updated*
 - New date of birth*
 - Total Premium Amount after the date of birth correction (required if being updated)

***NOTE:** This information is required for the dispute type. The case will be rejected if this information is not provided within the HICS Case Narrative or comments.

NOTE: If the case is an enrollment blocker, confirmation blocker, or related to a technical error code (i.e. 500.300588), issuers should notify their CMS Lead Caseworker/Account Manager. CMS prefers these cases be handled using a special process and generally result in an updated 834 transaction being sent to the issuer.

Issuer Process

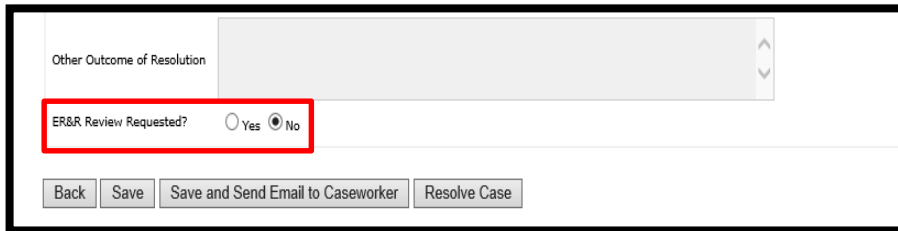
The issuer should complete the following:

1. Enter a comment with the details of the requested change on the Resolution tab in HICS. Be sure to include any required or pertinent information that does not appear in the HICS Case Narrative.

NOTE: The issuer may not add the required Enrollment Blocker error verbiage into the case comments if it was not provided in the HICS Case Narrative.



2. Select **Yes** in the ER&R Review Requested field before saving.



3. Select **Save** to submit the case to ER&R.

NOTE: The issuer will not need to submit an additional Enrollment Dispute Form to ER&R.

Examples of Acceptable Issuer Comments

- **Enrollment Blocker Direct Dispute Comment Example 1:**

ER&R: Please make updates to correct Enrollment Blocker error. The policy Start Date is 02/01/2019, with a Premium Amount of \$982.89, and an APTC Amount of \$643.00. The CSR Variant is 06, making the CSR Amount \$122.00. The Policy ID is 12345678. The new start date resulting from the new member is 3/1/19.

- **Enrollment Blocker Direct Dispute Comment Example 2:**

ER&R: Benefit Start Date: 02/01/2019, Total Premium Amount: \$982.89, APTC Amount: \$643.00, CSR Variant: 06, CSR Amount: \$122.00, Policy ID: 12345678, New Start Date: 03/01/2019

NOTE: Not all Enrollment Blockers result in a new start date; this information should only be included when a change needs to be made as a result of the new member.

- **APTC Direct Dispute Comment:**

ER&R: Please change the APTC to \$643.00 for Policy ID: 12345678.

Examples of Acceptable Issuer Comments (Cont.)

- **Total Premium Direct Dispute Comment:**

ER&R: The new Total Premium Amount is \$982.89 for Policy 12345678

- **Term NLE Direct Dispute Comment:**

ER&R: Start: 2/1/19, End: 06/30/2019, Policy: 12345678

- **QHP ID/Variant ID Direct Dispute Comment:**

ER&R: Please update the QHP ID/Variant ID to 12345FL123456705, for FFE Policy ID 765432. The effective date should be 3/1/19, and the APTC Amount should be \$150.00.

- **Removal of a Member Direct Dispute Comment:**

ER&R: Jon Doe should be removed from the policy as a result of his death on 3/1/16. FFE Policy ID 765432. Jane Doe will remain the subscriber. The Total Premium without Jon on the policy is 560.00 and the APTC will be 150.00.

- **Date of Birth Direct Dispute Comment:**

ER&R: Please update the DOB for Jon Doe to 3/1/16. FFE Policy ID 765432. The Total Premium after the DOB correction is \$560.00.

ER&R Process

When a HICS case is routed to ER&R, the ER&R Contractor completes the following steps:

1. Validate that the dispute type is approved for routing to the ER&R Contractor through HICS.
 - a. If an issuer selects **Yes** in the ER&R Review Requested field for any other type of HICS case, the ER&R Contractor will reject the case back to the issuer with a comment explaining the rejection.
2. Validate that the case contains all supporting policy and financial information to facilitate the update.
 - a. If information is needed, the HICS case will be sent back to the issuer with a comment requesting additional details.
3. Submit a policy update to the FFE.
4. Enter a comment that the update has been submitted and FFE should update within 1–2 cycles.
5. Route the case back to the issuer in HICS.

Once the HICS case is routed back to issuer, the issuer will enter a resolution note and close the case. If appropriate, the issuer may contact the consumer to notify them of the outcome.

All HICS cases routed to ER&R will be on the issuer's ERRD Semi-Monthly Detailed Reports. Issuers should continue to review their Semi-Monthly Detailed Report. If the update to FFE fails, an RJ disposition will be applied to the dispute.

Avoiding HICS Direct Disposition HU1

- **Sample HICS Narrative:** *This policy has been granted a retroactive start date of 3/01/2019. The current enrollment is effective 5/1, with an APTC amount of \$1939, and the CSR Variant of 04. The issuer should update its internal systems for this policy to start 3/1, and update the APTC or CSRs accordingly.*
- **Issuer Comments in the HICS Case Notes:** *Please update FFE Exchange Assigned Policy ID 123445, Subscriber ID 9999999999, with APTC \$1939, effective 3/01/2019.*
- **ER&R Response in the HICS Case Notes:** *ER&R is unable to accept the requested change through the HICS Direct Dispute process. The FFM is already reporting a coverage span with the requested financial amounts supported by the HICS case. In order to resolve the HICS case, a retroactive start/end date or reinstatement should be updated through the RCNI process. The HICS Direct Dispute process is reserved for disputes that cannot be resolved through the Reconciliation or Issuer Dispute process because a HICS case is required to verify the request. If you have questions or need technical assistance with updating the RCNI to ensure it is correct, please contact the FMCC help desk at fmcc@cms.hhs.gov.*
- **Disposition Code on the Semi-Monthly Detailed Report:** HU1 – Indicates that FFE data already contains an enrollment for the enrollment group with the requested financial amounts in the current coverage year. These cases require a retroactive adjustment to the start/end date. Retroactive start and end dates do not require a HICS case to be processed and should be addressed through monthly Reconciliation.
- **Action Required:** Issuers should make a retroactive adjustment on their next RCNI submission so that it is updated through the monthly Reconciliation process. If issuers have questions on how to submit the data to align in the Reconciliation process, contact the FMCC helpdesk. If the start/end date is not processing through the monthly Reconciliation process, please submit an Enrollment Dispute to the ER&R Contractor. Only HICS cases requesting retroactive start/end date changes for prior year policies may be submitted via the HICS Direct Dispute process.

Avoiding HICS Direct Disposition HU22

- **Sample HICS Narrative:** *The member is requesting a correction to the last name on the policy. The issuer should update internal systems for this member to reflect the last name of “Smith” accordingly.*
- **Issuer Comments in the HICS Case Notes:** *Please update consumer’s Last Name to “Smith”.*
- **ER&R Response in the HICS Case Notes:** *ER&R is unable to accept the requested change through the HICS Direct Dispute process. Issuers cannot update the member demographic field (name, SSN, and mailing address, as applicable) through the Enrollment Dispute process. If the demographic change is the result of a non-Special Enrollment Period (non-SEP) Change in Circumstances Enrollment Confirmation Blocker error, the issuer should contact their Lead CMS Caseworker for assistance. Otherwise, consumers must update the fields (if applicable) by updating their application in the FFM.*
- **Disposition Code on the Semi-Monthly Detailed Report:** HU22 – Indicates that the HICS Case Narrative is requesting a change to a demographic field that cannot be updated through ER&R or the Reconciliation process.
- **Action Required:** The consumer must update their application in the FFM to reflect the correct demographic information.

HICS Direct Disputes FAQs

- **Are issuers able to submit multiple HICS cases to ER&R without manually selecting the ER&R Review Requested option on each applicable case?**
 - No. Issuers must use the **Yes** selection in the ER&R Review Requested field to initiate a HICS Direct Dispute for each applicable HICS case.
- **Will cases that are selected for ER&R review remain open during the research?**
 - HICS Direct Dispute cases remain open to issuers during ER&R research.
- **Will there be a different resolution timeline for HICS Direct Dispute cases?**
 - When the radio button for ER&R Review Requested is marked **Yes**, the resolution timeline clock stops. The clock resumes when ER&R returns the processed case to the issuer by marking **No** in the ER&R Review Requested field. This allows the issuer time to take the necessary action after receiving the dispute response from ER&R.
- **If an issuer previously resolved a HICS case that pertains to one of the dispute types allowed for HICS Direct Dispute submission, would the issuer reopen the case in order to assign it to the ER&R Contractor?**
 - Issuers do not need to reopen the HICS case if the issue is already resolved.

HICS Direct Disputes FAQs (Cont.)

- **If the issuer plans to send a letter to the member, should the letter be sent at the time the case is sent to ER&R or after the issuer receives a response from ER&R?**
 - The letter should be sent after the issuer receives a response from ER&R; however, the issuer can notify the consumer their case is being reviewed prior to receiving the response from ER&R.
- **Do HICS Direct Dispute responses appear on the Semi-Monthly Detailed Report sent through ERRD?**
 - Issuers can monitor the outcomes of HICS Direct Dispute cases on the Semi-Monthly Detailed Report. These disputes are identified as “HICS Case Only” in the Dispute Category field on the Enrollment Dispute tab of the report.
- **How do I close out a case after it is returned following the ER&R process?**
 - Once the ER&R Review Requested field is set to **No**, issuers must access the case in HICS, review the notes, perform consumer outreach as needed, and resolve the HICS case.
- **Do issuers still need the prospective 834 to term for death?**
 - In some cases, issuers will not receive an 834. In these cases, the issuers will receive a HICS case indicating a member should be removed. Issuers should forward the case to ER&R to have the member removed.

HICS Direct Disputes FAQs (Cont.)

- **If the case comes back to an issuer with an RJ disposition, does the issuer need to make changes to the enrollment?**
 - The RJ codes indicate why an update was not successfully applied to the FFE. For example, if the update will cause an overlap in coverage, the issuer needs to look at the verbiage associated to the RJ code and determine if there are enrollment changes or dispute submission changes to be made. Issuers may contact ER&R at ERRSupportCenter@cognosante.com for additional assistance.
- **How do I know which HICS Direct Disputes are currently being processed by ER&R and when those disputes are returned?**
 - Issuers should pull a HICS Extract to view current information on HICS cases assigned as Direct Disputes. Any cases where the ER&R Review Requested field is set to **Yes** are still being worked on by ER&R. That field will change to **No** once the case is assigned back to the issuer.
- **What should be the timeframe for the resolution of HICS cases referred to ER&R?**
 - The timeframe for HICS resolution depends on the case, but ER&R tries to resolve cases within 30 days.

NOTE: The resolution timeline for casework stops while a case is pending with ER&R. Issuers are not held accountable for delays caused by ER&R review.

HICS Direct Disputes FAQs (Cont.)

- **If the updated values an issuer is looking for are already present in the Pre-Audit file, should they submit a HICS Direct Dispute to make the change?**
 - It is not necessary to submit a Direct Dispute if the values are already present in the Pre-Audit file. This indicates that the desired updates have already been applied and no submission is needed.
- **If the HICS case requests retroactive termination due to Medicare coverage and there are no other members on the contract, should we forward the case through the ER&R Direct Dispute process?**
 - No. Since there is only one member on the policy, this is not considered a Removal of a Member case. In these cases, the issuer needs to update the termination date on the next RCNI submission to ensure the FFE is updated with the correct termination date.
- **Where can issuers find the CSR Amount that should be applied to a dispute?**
 - The Pre-Audit file will show the correct CSR Amount. CSR is the result of a calculation that is performed by the FFE. ER&R is unable to provide this information prior to it being published in the Pre-Audit file.

Q&A



Contact the ER&R Support Center

Phone: **(855) 591-7113**

Email: ERRSupportCenter@cognosante.com