

CMS Issuer Technical Workgroup



- *Housekeeping*
- *2017 Batch Auto Renewal (BAR) Updates*
- *Direct Enrollment Update*

December 13, 2016

Access to CMSzONE & the Private Web-broker Community

User Access Quick Guide

A copy of the comprehensive User Access Quick Guide is posted on zONE @:

<https://zone.cms.gov/document/zone-access-troubleshooting> (pre-log in required to access zONE links)

Three audiences:

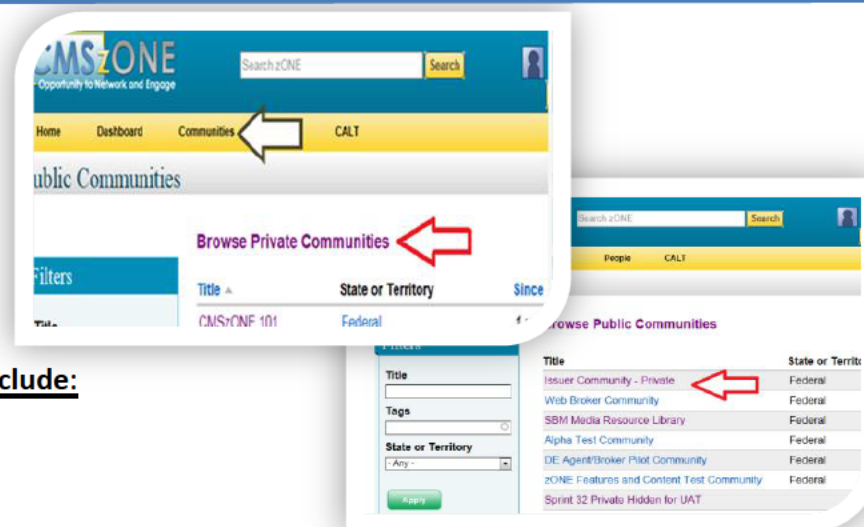
1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

EIDM Registration Process: (Pre-requisite to CMSzONE Access)

1. Register for access at EIDM Enterprise Portal Here: <https://portal.cms.gov/>
2. Log in with your EIDM credentials and click on "Request Access Now"
3. Click on "Request New Access" and choose CMSzONE

CMSzONE Private Web-broker Community Access: (After being granted EIDM access)

1. Log into zONE; click on the Communities tab
2. Click Browse Private Communities
3. Click Web-broker Community – Private
4. Click Join Community
5. Provide explanation of why you need access to this community; Include:
 - name and contact information
 - web-broker POC contacts
 - specific work for web-broker (i.e. access web-broker resources, etc.)



Troubleshooting access to CMSzONE

REGISTRATION, PASSWORD RESETS, & FORGOTTEN PASSWORDS

- **New Users:** Registration & community approval are typically completed in 1-3 business days, if not sooner.

If you are unable to access zONE, and/or the web-broker community after 3 business days you may email a follow up request to the helpdesk & the web-broker support team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

- **Existing zONE Users :** Password resets are also typically completed in 1-3 business days, if not sooner.

If your request is not completed after 3 business days, you may email a follow up request to the helpdesk & the web-broker support team (addresses below) for an update. Please include any provided ticket numbers & applicable context for reference.

ALL OTHER CMSzONE ACCESS ISSUES

Prerequisite Details

- Capture screenshots of any errors received so our teams can troubleshoot

☐ PC = Ctrl + PrtScn to capture, Ctrl + V to paste / Mac = Command+Shift+4 to capture & send to a desktop file

Email

- Provide screenshots and applicable prerequisite information above, in an email body, as follows:

- ❖ With the subject line: "zONE Access Issues"
- ❖ To: CMS_FEPS@cms.hhs.gov

Follow-Up Cc: or Bcc: WebBroker@cms.hhs.gov

- If the issue is not resolved within 3 business days, you may email a follow up request:

- ❖ With the subject line: "zONE Access Issues : 3+day follow up"
- ❖ To: CMS_FEPS@cms.hhs.gov & WebBroker@cms.hhs.gov
- ❖ Include (where possible) explanation message, screenshots, ticket #(s) received, and number of days outstanding

Reminder: Supported Browser Versions

- ✓ Internet Explorer Version 9.0
- ✓ Internet Explore Version 10.0
- ✓ Google Chrome
- ✓ Safari

2017 Batch Auto-Reenrollment (BAR) Update



*Center for Consumer Information
and Insurance Oversight (CCIIO)*

December 13, 2016

Week of 12/12/16

Continue activities from last week

- Finished carrying forward 2016 Terminations by sending I834 Cancels (next I834 cancels c. 12/16/16)
- Carrying forward 2016 Enrollment Updates to 2017 passive reenrollments (via M834 or CANCELCIC)
- Restoring Financial Assistance on Enrollees who Resolve Failure to Reconcile APTC (“FTR Re-process,” typically via M834)

2017 BAR Update

Alternate enrollments in review

As of 11/24/16, the FFM has completed sending alternate enrollments until 12/16+

- On average, DE Partners have received about 60% of the maximum estimate provided by CMS in September/October, and may receive another 10% in the 12/16+ wave
- Difference between Actual vs Estimated is accounted for by:
 - 2016 policies terminating between the estimated count and the 11/21 beginning of alternate enrollments, making them ineligible (*never sent*)
 - Enrollees making active plan selections in the 3+ weeks of OE (*never sent*)
 - Enrollees starting a 2017 application but not yet enrolling (*sent 12/16+*)

12/16/16 “BAR2”

- As scheduled, beginning around 12/16/16, the FFM will send regular BAR auto-renewals as well as alternate enrollments for enrollees who joined the FFM after BAR1

Cancel jobs

- This job cancels passive reenrollments that duplicate active reenrollments made through disconnected applications, next scheduled for 12/20/16

2017 BAR Update

Passive Cancel Incremental Pre-Audit File (IPA)

This job, run approximately weekly during December, cancels passive reenrollments that duplicate active reenrollments made through disconnected applications, next scheduled for 12/20/16

- **Disconnected Enrollments:** Active re-enrollments made through a new account or a non-prepopulated application are not detected in real time by Batch Auto-reenrollment, so the FFM may send a passive reenrollment even when the DE Partner has already received an active enrollment, creating duplicate coverage.
- DE Partners should always take care to **honor active reenrollments (policy origin ≠ 11) over passive reenrollments (policy origin = 11)**, even if the passive reenrollment is more recent.
- The DE Partner should retain the FFM Policy ID and financial information contained on the active reenrollment.
- When a DE Partner de-dupe without examining the FFM Policy ID, it may end up storing the passive (wrong) policy and errantly cancelling the active.
- The FFM Passive Cancel IPA eliminates the passive reenrollment, and once the DE Partner applies the cancels – paying special attention to the FFM Policy ID rather than the FFM Subscriber ID – the DE Partner and the FFM are left with the de-duplicated active reenrollment.

Direct Enrollment (DE) Update



*Center for Consumer
Information and Insurance
Oversight (CCIIO)*

December 13, 2016

State Exchange Code Errors

- **Some DE Partners have recently reported receiving an, “Insurance Application Id not found for given Exchange Assigned Consumer Identification,” error**
- **The error is received in the Fetch Eligibility response**
- **DE Partners may be receiving this error due to an issue with the State Exchange Code being submitted in the SAML request**
 - **Specifically, the State Exchange Code being sent in the SAML request does not match the State Exchange Code used on the QI’s FFM application**

State Exchange Code Errors Continued

- If DE Partners receive an, “Insurance Application Id not found for given Exchange Assigned Consumer Identification,” error:
 - An A/B can look up and verify the State Exchange Code on the QI’s current FFM application, and then reattempt to submit a Fetch Eligibility request, with the correct State Exchange Code on the SAML
 - DE Partners can complete the enrollment via a 3-way call with the Call Center
 - DE Partners can refer the QI back to the FFM website to complete the enrollment

Direct Enrollment Best Practices

- Addresses some frequently submitted Help Desk issues
- Complete slide deck will be posted to the Web-broker Community on CMSzONE: <https://zone.cms.gov/community/web-broker-community>
- Complete slide deck includes some XML samples and some example scenarios
- Complete slide deck also includes links to additional resources such as:
 - The FFM and Federally-facilitated Small Business Health Options Program (FF-SHOP) Enrollment Manual
 - Direct Enrollment End-to-End Testing Materials
 - Direct Enrollment & Fetch Eligibility Business Service Definitions (BSDs)

DE Best Practices - Child-only QHP Enrollments

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

DE Best Practices - Child-only QHP Enrollments

- When creating the Submit Enrollment web service request, the DE 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.

DE Best Practices - Child-only QHP Enrollments

- 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.
- 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 DE 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.

DE Best Practices - Joint QHP and QDP Enrollment

- 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.

DE Best Practices - Joint QHP and QDP Enrollment

- **When creating the Submit Enrollment request, the DE Partner should do the following:**
 - **Create a PolicyCreationActivity for the QHP enrollment with all of the corresponding data 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.**

DE Best Practices - Joint QHP and QDP Enrollment

- For 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.

DE Best Practices - Specific Enrollment Scenarios

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

DE Best Practices - Applying APTC Across Enrollment Groups

- During Open Enrollment for plan year 2017, DE 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

DE Best Practices - Applying APTC Across Enrollment Groups

- Some DE Partners have received an incorrect APTC Amount error without a corrected value when splitting APTC across different enrollment groups in a single tax household.
 - This generally occurs when the Elected APTC submitted is greater than the Allowed APTC.
- 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, DE Partners must adjust the elected APTC between the two groups to not exceed the original accumulated elected APTC between the two groups.
- Examples in full slide deck that will be posted to CMSzONE

DE Best Practices – New Submit Enrollment Request Validation Requirements

- 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 (For A/Bs if NPN is not null)
 - National Producer Number
 - Person Given Name and Person Surname
 - Payload Characters (*, ~, :, ^)
 - Social Security Number
- 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.
- 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>