

CMS Issuer Technical Workgroup



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Agent/Broker Compensation and Discriminatory Marketing FAQ
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December 20, 2016

Housekeeping Cont. Agent/Broker Compensation and Discriminatory Marketing FAQ

CMS has released an FAQ addressing recent actions by issuers to restructure their producer compensation arrangements to avoid higher cost individuals by withholding commissions for special enrollment periods, or paying lower sales commissions on higher metal levels, such as platinum and gold level plans. Such marketing practices have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage, including QHPs.

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Agent-Broker-Compensation-and-Discriminatory-Marketing-Practices.pdf>

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:

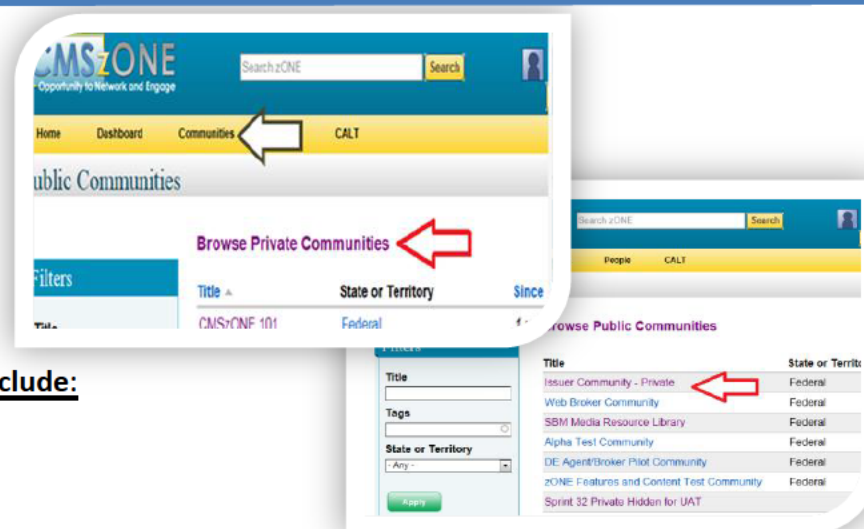
1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

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

New FFM Cleanup Activity:

Retroactive Date of Birth and Premium Adjustments

- As first noted last month, CMS has implemented two new cleanup activities that are reflected in the 2016 Pre-Audit Files being distributed tomorrow
- **Retroactive DOB and Premium Adjustments:** When a DOB change was entered in the FFM, the DOB and premium were adjusted as needed going forward, but no update was made to the historical records for that plan year
 - CMS has instated a monthly process to adjust historical records in the FFM when a member changes their DOB
 - If the DOB change on the historical update would cause a change in premium, the premium adjustment and DOB will be applied to historical records
 - If the premium on the historical record had been previously updated through reconciliation, a DOB change will be made but no update to the premium will be applied
 - CSR amounts will be adjusted along with any premium changes, as appropriate

New FFM Cleanup Activity: Erroneous CIC Age Rating Premium Adjustments

- **CIC Age Rerating:** In limited circumstances, CICs rerate using a consumer's age as of the effective date of the change rather than original start date for that plan year
 - CMS has instated a monthly process to adjust records in the FFM where the premium was erroneously rerated by CIC
 - Premium adjustments will only be made to contiguous date spans (no gaps in coverage) where the 14-digit QHP ID and subscriber remain constant
 - If the premium on the historical record had been previously updated through reconciliation, no update to the premium will be applied
 - CSR amounts will be adjusted along with any premium changes, as appropriate

Open Enrollment 2017 Update



- ✓ Highlights for Production Week 8
- ✓ BAR Update

December 20, 2016



Open Enrollment 2017: Production Highlights for Week 8

- **Issues Update for Week 8:**
 - Direct Enrollment 2/1 Effective Date Issue: Affected a small number of enrollments from DE partners. (See next slide.).
- BAR Update: BAR II begins tonight now that December 19th extension is over. (See BAR Slides →)
- Holiday Note for Next Week: IMP1A will not be actively supported between December 26-30. We will still send weekday messages when there is significant BAR activity however during this timeframe.

Direct Enrollment (DE) Update



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

December 20, 2016

Enrollment Extension Update

- Overall, the majority of enrollments submitted via the DE flow between 12/16 and 12/19 were processed correctly, with 1/1 effective dates.
- We did see a small subset of enrollments that were processed with 2/1 effective dates.
 - Based on our initial analysis, it appears that the Fetch Response accurately reflected a 1/1 effective date, however DE Partners in these cases submitted 2/1 effective dates in the Submit Enrollment transactions
 - These Submit Enrollment transactions with 2/1 effective dates should have failed; we are investigating this issue
 - We are looking at possible solutions for correcting these effective dates to 1/1, however no solution has been finalized at this time
 - Once a solution has been agreed upon, we will provide an update

Partial Terminate- Dental Only



December 20th, 2016

Overview of Current Termination Process

Currently, an individual enrolled in both a QHP and QDP cannot terminate their QDP without terminating their QHP as well; a consumer must terminate **ALL** active policies associated with an application. CCIIO has given instructions to dental issuers to terminate enrollees' QDPs in their systems when requested by an enrollee.

Other provisions outlined in 155.430 still apply

Terminations are included in the subsequent reconciliation file and the FFM will be updated with the enrollee-requested termination date.

Enrollees may request to terminate their QDP in three ways:

Directly with the DE Partner (optional)

Through the Marketplace Call Center (HICS ticket sent to dental issuer)

Through Regional Caseworkers (HICS ticket sent to dental issuer)

The current workflow leads to redundant work, a poor user experience, and increases manual input by both DE Partners and CMS

Overview of Updated Termination Process

Beginning January 8, 2017, the FFM is introducing functionality that will allow consumers to terminate QDPs independent of other QHPs or QDPs associated with the application, and will enhance the process for the Call Center to terminate SADPs.

The following enhancements will be made to the My Account Tenant page :

- User Interface (UI) flow will provide a button and confirmation modal that allows users to terminate single dental policies

- Modification of the enrollment termination/cancellation logic to support single dental-only policy termination/cancellations (i.e. sending a termination 834 instead of generating a HICS case and updating termination status via Recon)

- Modification of the used Advance Payment of the Premium Tax Credit (APTC) amount to reflect any changes (if applicable) from terminating or cancelling dental policies

Updated Terminate Dental Policy Workflow

2017 application for Individuals & Families (ID#: 5314733) View all applications

My plans & programs (3)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

Need to pay your first month's premium? Call your plan's customer service number or select the "Pay" button from your confirmation page to pay online.

Need to terminate your coverage? Start here.

Status: Initial Enrollment

Simply Blue 60
37160ND2410023

Blue Cross Blue Shield of North Dakota

VIEW PLAN BENEFITS

Base premium	\$530.20/mo.
Premium tax credit	-\$530.20/mo.

1) User will enter the My Account- My Plans & Programs Page and select the "Start Here" link next to the "Need to Terminate your coverage?" section

Individuals & Families (ID#: 6098609) View all applications

Terminate coverage

You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 4 plan(s)

END (TERMINATE) ALL COVERAGE

END (TERMINATE) DENTAL COVERAGE

2) Updated functionality will now include an additional button "End (Terminate) Dental Coverage" that the user can press to go through selection of dental policies to be cancelled/ terminated

3) Once the button is pressed, a dental policy selection/confirmation for cancellation/termination modal will be displayed. The modal will allow the user to select one, multiple, or all the dental active policies for cancellation/ termination. Additionally, a cancellation/ termination checkbox will be required for the Cancel/ Terminate action to be available

You've chosen to end dental coverage

Select the dental coverage you'd like to end:

☒ Select Plan Basic spouse griffith

☒ Elite PPO Basic Susan griffith

Choose the date you want your dental coverage to end:

You may not be able to replace this coverage if it's outside of the Open Enrollment Period. If it's outside of Open Enrollment, you can only enroll in new dental coverage if you have a [life change](#) that makes you eligible for a [Special Enrollment Period](#). Otherwise, you must wait until the next Open Enrollment to get dental coverage. Check HealthCare.gov each Fall for Open Enrollment dates.

02/28/2017

MM/DD/YYYY

[Learn more about terminating your dental coverage.](#)

☒ I fully understand that I'm choosing to end (terminate) the dental coverage selected above. I understand that we can't enroll in other Marketplace dental coverage until the next Open Enrollment Period.

KEEP COVERAGE **TERMINATE COVERAGE**

You've chosen to end dental coverage

Select the dental coverage you'd like to end:

☒ TruAssure Basic Adult or Child Dental Plan Susan griffith

The Marketplace will assign you a coverage termination date (usually the 1st of the next month). If it's during Open Enrollment or if you have a Special Enrollment Period, you usually have until the 15th of the month to select a new plan for coverage that starts as soon as the 1st of the next month. If you enroll after the 15th, your coverage can start as soon as the month after that. For example, if you enroll by February 16, your coverage could start April 1.

[Learn more about terminating your dental coverage.](#)

☒ I fully understand that I'm choosing to end (terminate) the dental coverage selected above. I understand that we can't enroll in other Marketplace dental coverage until the next Open Enrollment Period.

KEEP COVERAGE **TERMINATE COVERAGE**

**In order to be consistent with the current Terminate All policies flow, the new modal will have two variations: A) one for cancellations where date picker is not displayed, and B) one for terminations where the date picker is displayed.

My Account APTC Usage Widget

- The logic for the premium tax credit usage widget in the My Account tenant page will be modified to display the new used APTC after cancellation/termination of the selected dental policies
- With this increment, the APTC allocated to the terminated dental policies via the new My Plans & Programs functionality **will not** be redistributed to the remaining active policies

The screenshot displays the 'My Account' interface for 'Individuals & Families'. The top navigation bar includes 'Individuals & Families' and 'Small Businesses'. Below this, a blue banner shows '2017 application for Individuals & Families (ID#: 5314733)' and a 'View all applications' link. The main content area is divided into three sections: a left sidebar with a menu, a central 'MY COVERAGE' section, and a right 'PREMIUM TAX CREDIT' section. The 'PREMIUM TAX CREDIT' section is highlighted with a red border and contains the 'Premium tax credit usage' widget. This widget shows the user's name 'daughter, Son and Susan', the amount 'Using: \$530.2 per month', and the eligible amount 'Eligible for: \$552 per month'. A green progress bar is visible below the usage information. The 'MY COVERAGE' section lists three policies: 'Blue Cross Blue Shield of North Dakota Simply Blue 60' (active), 'FM Company204 BESTOne Basic Silver' (active), and 'FM-Company-TEST0-008 Delta Dental Bronze + Delta Dental Pediatric Low' (terminated on 02/28/2017).

Individuals & Families	Small Businesses
2017 application for Individuals & Families (ID#: 5314733) View all applications	
- My plans & programs - My plan profile - Eligibility & appeals - Applications details - Report a life change - Communication preferences - Exemptions - Tax forms	MY COVERAGE My plans & programs Blue Cross Blue Shield of North Dakota Simply Blue 60 daughter, Son and Susan Status: Initial Enrollment FM Company204 BESTOne Basic Silver Susan Status: Initial Enrollment FM-Company-TEST0-008 Delta Dental Bronze + Delta Dental Pediatric Low Son and daughter Status: Terminated (coverage ended on 02/28/2017) PREMIUM TAX CREDIT Premium tax credit usage daughter, Son and Susan Using: \$530.2 per month Eligible for: \$552 per month

Important Reminders

“Partial terminations” refers to the termination of one or more, but less than all, active dental plan policies for a given application household.

“Partial terminations” does not refer to:

- Termination of one or more – but less than all – enrollment group members within an active plan policy

- Termination of one or more – but less than all – health plans

APTC will not be redistributed when a dental policy is terminated

No additional notices will be sent for the implementation of partial terminations

No new Maintenance 834 codes will be required to support partial dental cancellation or termination (INS03 of 024 will continue to be sent for terminations and cancellations)

The user will not be able to cancel their cancellation/ termination action, or modify their term date, once they have completed the cancellation/ termination flow

2017 Batch Auto-Reenrollment (BAR) Update



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

December 20, 2016

Week of 12/19/16

As announced last week, the cut-off for January 1 coverage was extended to December 19 (technically Tuesday 3am ET)

- This means that a SEP is not required for active enrollments completed by December 19 to receive 1/1/17 coverage.

BAR2 begins 12/20/16. All BAR2 coverage starts 1/1/17

- **12/20**
 - **Passive Cancel Incremental Pre-Audit File** eliminates duplicate enrollments created through disconnected apps; issuers should use the Passive Cancel IPA to cancel the FFM Policy ID noted on the Cancel IPA.
 - Note that in some instances a duplicate passive policy may be cancelled, then passively reenrolled again, and then finally cancelled in the next Passive Cancel IPA
 - **1834 Cancels** of auto-reenrollments associated with a 2016 policy that later terminated
 - **2017 SNE.** We will send BAR auto-renewals and alternate enrollments for applicants who started or submitted a 2017 application but didn't enroll.

2017 BAR Update

BAR2 continues the last week of December

- **12/21- 12/23**
 - Volume is expected to increase through December 23rd , moving to other populations
 - Final 2017 Switch File (SWTFL) delivered December 21
- **12/26+**
 - **BAR2** will continue, with a goal of completing as soon as possible. CMS will notify DE Partners when BAR 2 is completed.