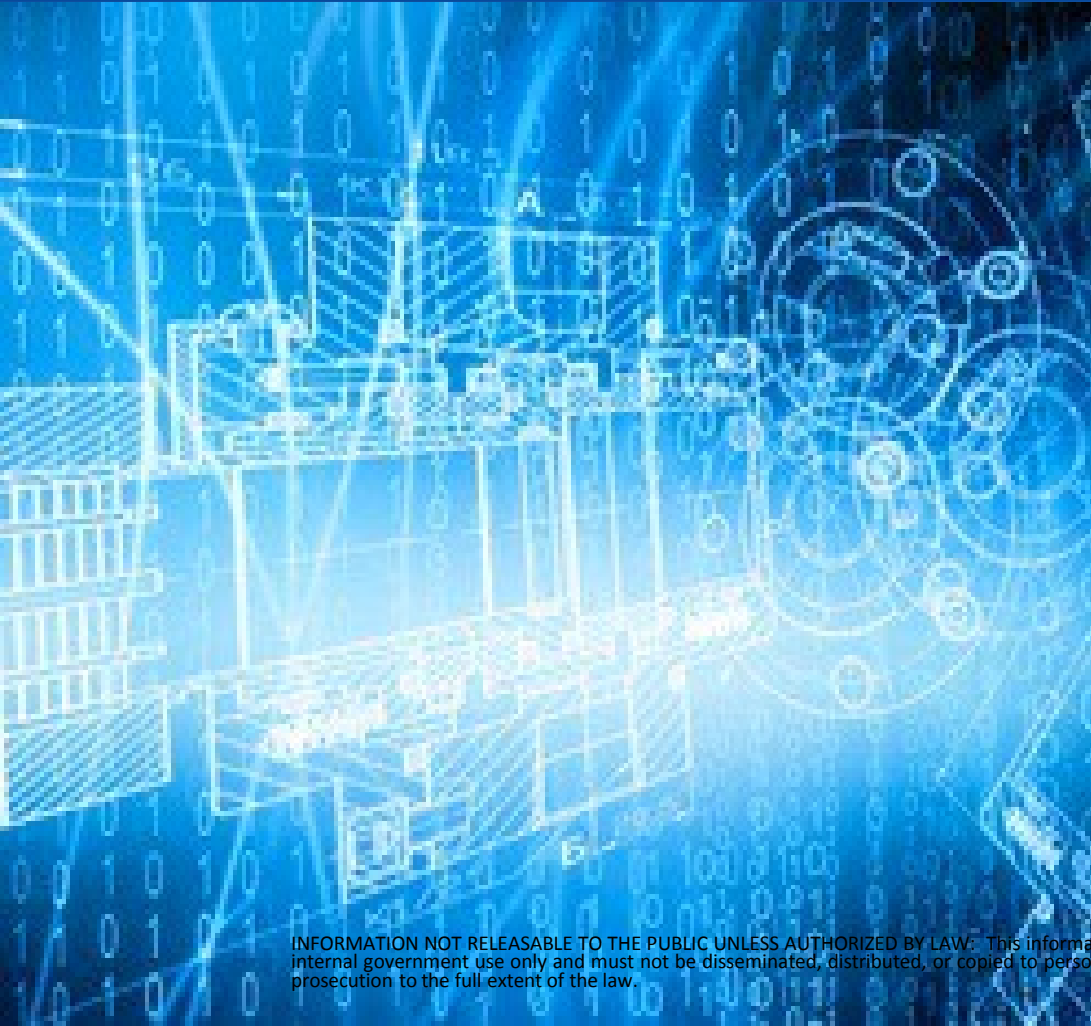


CMS Issuer Technical Workgroup

- 
- ***Housekeeping***
 - ***Open Enrollment 2017 Update***
 - ✓ Highlights for Production Stand-Alone Dental Plan (SADP)-Only Terminations
 - ✓ Resolution to Erroneous Terminations & Sliding Effective Dates

January 24, 2017

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 Explorer Version 10.0
- ✓ Google Chrome
- ✓ Safari

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:

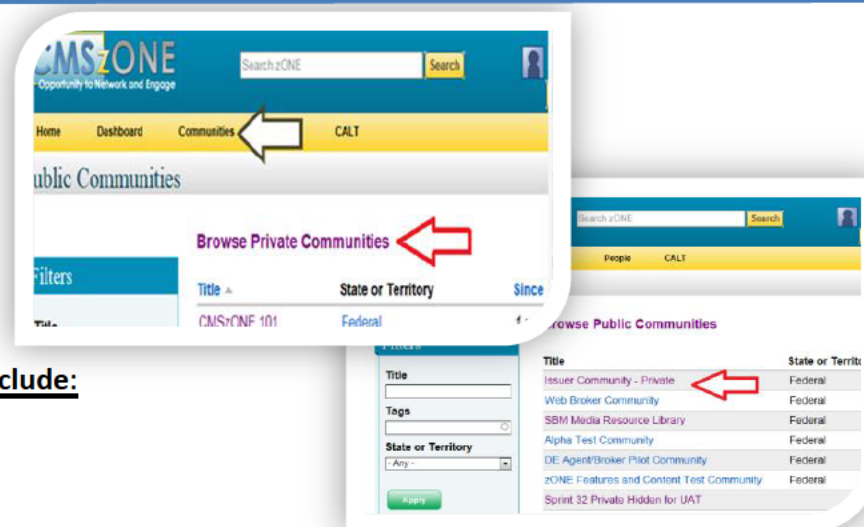
1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

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.)



Open Enrollment 2017 Update

- 
- ✓ Highlights for Production Week 13
 - ✓ Stand-Alone Dental Plan (SADP)-Only Terminations
 - ✓ Resolution to Erroneous Terminations & Sliding Effective Dates

January 24, 2017

Open Enrollment 2017: Production Highlights for Week 13

- **System Status as We Prepare to Close OE:** No new critical systems issues as we head towards the close of Open Enrollment next Tuesday. Direct Enrollment functionality will continue to work after the close of OE.
- **Stand-Alone Dental Plan (SADP)-Only Terminations Recap:** As a frequently asked question from several DE Partners during the last technical workgroup webinar, this functionality was successfully put into production on January 8th. While the initial processes were discussed in the December 20th webinar, see the following slides for a recap on the functionality and a couple of important reminders.
- **Resolution to Erroneous 2016 Terminations & 2017 Passive Cancels & Sliding Effective Dates:** Later in this presentation slides detail the resolution to the erroneous 2016 terminations issues and a summary of the Sliding Effective Date Policy that expires in mid-February.

Stand Alone Dental Plan-Only Terminations



Technical Workgroup Call

January 24, 2017

Overview of Former Termination Process

Prior to January 8, 2017, an individual enrolled in both a QHP and QDP could not terminate their QDP without terminating their QHP as well. A consumer had to terminate **ALL** active policies associated with an application

CClIO gave instructions to dental issuers to terminate enrollees' QDPs in their systems when requested by an enrollee

Other provisions outlined in 155.430 still applied

Terminations were included in the subsequent reconciliation file and the FFM was updated with the enrollee-requested termination date

Enrollees could request to terminate their QDP in three ways:

1. Directly with the issuer (optional)
2. Through the Marketplace Call Center (HICS ticket sent to dental issuer)
3. Through Regional Caseworkers (HICS ticket sent to dental issuer)

The previous workflow led to redundant work, a poor user experience, and increased manual input by both issuers and CMS

Overview of Updated Termination Process

Beginning January 8, 2017, the FFM introduced functionality that allows consumers to terminate QDPs independent of other QHPs or QDPs associated with the application, and thus enhanced the process for the Call Center to terminate SADPs.

The following enhancements were made to the My Account Tenant page :

- User Interface (UI) flow provides 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 SADP-Only Termination 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

VIEW PLAN BENEFITS

Blue Cross Blue Shield of North Dakota

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 now includes 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 was 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', 'Small Businesses', and a 'Sus.' dropdown. Below this is a blue banner for the '2017 application for Individuals & Families (ID#: 5314733)' with 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 shows 'Premium tax credit usage' for 'daughter, Son and Susan'. It displays 'Using: \$530.2 per month' and 'Eligible for: \$552 per month' with a green progress bar. 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	Sus.
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

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

Issuers **MAY** term a dental policy at the consumer’s request

No new Maintenance 834 codes will be required to support SADP-only 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

Erroneous 2016 Terminations & 2017 Passive Cancels



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

January 24, 2017

Background & Resolution for Erroneous 2016 Terminations

CMS identified an issue in the reconciliation process that resulted in erroneous termination of 2016 coverage for some enrollment groups

- If these members did not have an active plan selection for 2017, this would have resulted in cancellation of the 2017 passive (BAR) enrollment or in a small amount of cases, prevented the BAR enrollment from being created

CMS has resolved this issue

2016 Coverage. CMS restored the correct 2016 coverage and delivered an IPA (file name [TPID].ISUIPA.D170123.T153022192.P) to issuers on 1/23/17.

Issuers should ensure that their 2016 records match the IPA file

Most corrected 2016 enrollments had coverage restored through 12/31/16, but some had valid termination dates $\leq$ 12/31/16

Issuers can use the IPA to identify members that possibly had 2017 passive reenrollments cancelled in error on 12/8 or 12/20 by using the FFM Subscriber ID or other info to find the 2017 record

- **2017 Coverage.** On 1/24/17, CMS ran Batch Auto-Renewal (BAR) process to restore 2017 coverage for members that have not made an active selection for 2017

BAR will not run for members that made an active plan selection for 2017

Remediation Plan for 2017 Coverage

Group	Description	Remedy to restore 2017 coverage
1	2016 reconciliation term prevented the enrollee from being BARed and there is no 2017 active reenrollment (smallest group)	CMS ran BAR establishing 1/1/17 coverage after restoring 2016 coverage
2	Enrollee's passive 2017 reenrollment cancelled 12/8 or 12/20 and no active 2017 reenrollment	CMS ran BAR establishing 1/1/17 coverage after restoring 2016 coverage
3	Enrollee's passive 2017 reenrollment cancelled 12/8 or 12/20 and actively reenrolled 2/1 or 3/1/17	Issuer should use automated recon to advance the start date of active reenrollment to 1/1/17 if desired by enrollee

Sliding Effective Date Policy via HICS opened at Marketplace Call Center (expires 2/15/17)

If the consumer has made an active plan selection with a 2/1 or 3/1 start date (Group 3),
Issuers may update the start date to 1/1/17 or 2/1/17 via automated reconciliation

If the consumer BARed on 1/24/17 with a 1/1/17 start date desires a 2/1 date because they
were effectively blocked from January coverage, the issuer should slide the start date to
2/1/17 at enrollee request

Issuers may slide the effective date without a HICS for faster customer service; Issuers must
implement HICS cases adjusting the start date

Erroneous 2016 Terminations & 2017 Passive Cancels

- Issuers can identify 2016 terminations created by this issue using the criteria below
- CMS is exploring a sliding effective date policy so that enrollees who were effectively blocked from coverage in January can delay their start date until 2/1, and enrollees in Group 3 can advance their start date

Criteria (all must be Yes)	Y/N
2016 Termination applied through Reconciliation late in 2016 (October or after)	Y
2016 Termination not intentionally applied by Issuer or Enrollee	Y
Records have an N or Z <i>record-level</i> flag and an F <i>field-level</i> flag on the Benefit End Date on the RCNO file resulting in the update; Issuer approved for full field-level updates (not “suppressed”) for the corresponding HIOS ID	Y
Records where Issuer sent multiple records compared to a single FFM record for the latest span of coverage for 2016	Y
2017 Passive Reenrollment associated with the 2016 policy described above and canceled via I834 cancel on 12/8/16 or 12/20/16	Y