

CMS Issuer Technical Workgroup



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 - *QHP Annual Issuer Conference March 15 – 17, 2017 (CMS Headquarters, Baltimore)*
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February 14, 2017

FFM Updates to Account for State-Specific Newborn Requirements

- Some states require that Issuers cover newborns without an increase in premium to the mother or other subscriber for a specified date span (most commonly 31 days) immediately following the birth of the newborn child.
- Currently, when the subscriber adds the newborn to the policy, the FFM increases the premium and the APTC, if applicable, to account for the newborn.
- ER&R has included a dispute type called “Newborn Premium Updates” in Enrollment Dispute Form Version 9 that allows issuers to update the FFM and create a 3rd segment under the policy to account for this period. There are certain restrictions on this new dispute type, as follows:
 - Issuers may only submit Newborn Premium Update disputes going forward from 1/2/2017. At this time, issuers may not submit this dispute type for benefit years 2016 or earlier, and doing so will result in a rejection.
 - Issuers may not submit Newborn Premium Update disputes for newborns that have not gone through the FFM eligibility determination and already have coverage through the FFM under the subscribers policy.

Newborn Premium Updates Tab

- Issuers must complete all fields on the Newborn Premium Updates tab to ensure the information ingests into the automated process.
- The Newborn Premium Updates tab fields which Issuers complete are:
 - **Header rows with Issuer information** – (Point of Contact, Telephone Number, Email Address, HIOS, Batch and Coverage Year)
 - **Note:** Issuers should use the RCNO Batch Number Value
 - **FFM Internal Record Inventory Number**
 - **FFM Exchange Assigned Policy ID**
 - **FFM Exchange Assigned Subscriber Identifier**
 - **Date to begin charging newborn premium** – Date by which, under state law, the issuer may increase the premium to account for the newborn.
 - **Subscriber Total Premium during free coverage period** – Subscriber's total premium amount prior to adding the newborn individual premium amount.
 - **Subscriber APTC during free coverage period** – Subscriber's APTC amount determined by the FFM eligibility system after adding the newborn individual premium.
 - **Issuer Assigned Control Number**

Newborn Premium Updates – Scenarios

Scenario 1: Mom and Dad on policy pre-baby. Baby born on 2/1/17. Family annual income of \$45,000 stays constant before and after baby. Pre-baby with total premium = \$655 and APTC = \$310; Post-baby FFM calculated premium = \$808 and APTC = \$535. Dispute should reflect:

- Date to begin charging newborn premium – 3/4/17 (assuming state requires 31 days where the newborn is covered under the subscriber's policy)
- Subscriber Total Premium during free coverage period – \$655
- Subscriber APTC during free coverage period – \$535

Scenario 2: Mom and Dad on policy pre-baby. Baby born on 2/1/17. Family annual income of \$45,000 pre-baby, but increases to \$100,000 post-baby. Pre-baby with total premium = \$655 and APTC = \$310; Post-baby FFM calculated premium = \$808 and no APTC. Dispute should reflect:

- Date to begin charging newborn premium – 3/4/17 (assuming state requires 31 days where the newborn is covered under the subscriber's policy)
- Subscriber Total Premium during free coverage period – \$655
- Subscriber APTC during free coverage period – \$0

Newborn Premium Updates – Scenarios (continued)

Scenario 3: Mom and Dad on policy pre-baby. Baby born on 2/1/17. Family annual income of \$100,000 pre-baby, but decreases to \$45,000 post-baby. Pre-baby with total premium = \$655 and no APTC; Post-baby FFM calculated premium = \$808 and APTC = \$533. Dispute should reflect:

- Date to begin charging newborn premium – 3/4/17 (assuming state requires 31 days where the newborn is covered under the subscriber's policy)
- Subscriber Total Premium during free coverage period – \$655
- Subscriber APTC during free coverage period – \$533

Production Updates & Related News



- ✓ QHP Annual Conference March 15-17, 2017 at CMS HQ in Baltimore
- ✓ Direct Enrollment Partners: Reminder on TLS 1.2 to Complete by Feb.17th
- ✓ Pre-Enrollment Verification for SEPs: Technical Preparation for DE Partners

February 14, 2017

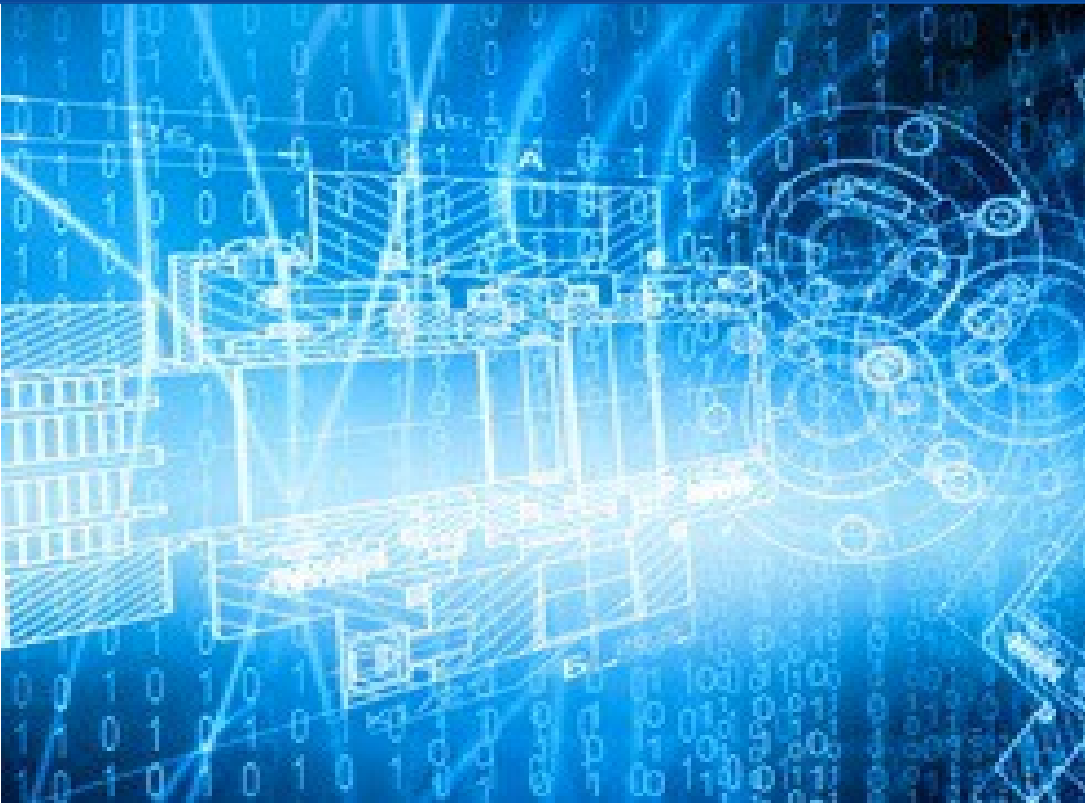
QHP Annual Issuer Conference

March 15 – 17, 2017 (CMS HQ, Baltimore)

- The Qualified Health Plans (QHP) Annual Issuer Conference will be held on:
 - **March 15th - 17th, 2017**
 - Onsite at the Headquarters of the Centers for Medicare & Medicaid Services (CMS), Baltimore, MD
- This event is for issuers applying for QHP Certification in the Federally-facilitated Marketplace (FFM). Similar to last year's conference, we are planning on holding a couple of additional Operational & Enrollment topics among others, including:
 - **Lessons Learned from Open Enrollment (OE):
Batch Auto Renewals (BAR) & Alternate Enrollments**
 - **Operations Tips & Techniques for FFM Issuers**
 - **Issuer Onboarding 101: Enrollment, Payments & Testing**

For additional event details, agenda and registration for this conference, log into RegTap and go to <https://www.regtap.info/QHPonsite.php> .

Pre-Enrollment Verification for SEPs: Technical Preparation for DE Partners



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

February 14, 2017

What is Pre-Enrollment SEP Verification (SEPV)?

Background:

- **CMS is implementing a functionality in which certain consumers applying for coverage (outside of Open Enrollment) using SEPs will be required to verify their SEP before they can complete the enrollment process.**
- **These consumers will be said to have an open SEP Verification Issue (SVI).**
- **If the consumer verifies their SEP prior to making the plan selection, the enrollment will be processed as usual and sent to the issuer via 834.**
- **If the consumer has not yet verified their SEP, they will still be allowed to select a plan during their SEP; however, their plan selection will be held (“pending”) and not sent to the issuer until the SEP is verified.**
- **If the consumer does not verify their SEP within the verification window, their Pended Plan Selection (PPS) will be cancelled, resulting in no enrollment with the issuer.**

Proposed DE Service Impacts: Fetch Eligibility Response Changes

The FFM will include an additional SEP eligibility indicator that will inform DE Partners that an application will be subject to a pended enrollment if a plan is selected and confirmed:

- **New data element: SpecialEnrollmentVerificationPending**
 - Required in the Fetch Eligibility response with populated values of “True” or “False”
 - True - Signifies the consumer’s SEP eligibility requires verification
 - False – Signifies verification has been completed, is not required for an applicant’s SEP, or is not applicable because the application is a non-SEP transaction or during OEP

Proposed DE Service Impacts: Fetch Eligibility Response Changes

XML Example:

```
<ns2:specialEnrollmentPeriodEligibility>  
  <ns2:eligibilityStartDate>2016-05-22T00:00:00-04:00</ns2:eligibilityStartDate>  
  <ns2:eligibilityEndDate>2016-09-14T00:00:00-04:00</ns2:eligibilityEndDate>  
  <ns2:eligibilityIndicator>true</ns2:eligibilityIndicator>  
  <ns2:earliestQHPEffectiveDate>2016-08-01T00:00:00-04:00</ns2:earliestQHPEffectiveDate>  
  <ns2:latestQHPEffectiveDate>2016-10-01T00:00:00-04:00</ns2:latestQHPEffectiveDate>  
  <ns2:specialEnrollmentPeriodEligibilityReasonCode>07</ns2:specialEnrollmentPeriodEligibilityReasonCode>  
  <ns2:specialEnrollmentVerificationPending>true</ns2:specialEnrollmentVerificationPending>
```

Complete XML Example:



XML File

Proposed DE Service Impacts: Submit Enrollment Response Changes

FFM will include an additional SEP eligibility indicator and SVI timer end date field to communicate the creation of a PPS, rather than a true enrollment:

- **New data element: SpecialEnrollmentVerificationPending**
 - Required field in Submit Enrollment response with populated values of “True” or “False”
 - True – Signifies PPS has been created at the time of plan selection
 - False – Signals a plan selection results in an enrollment
- **New optional element: SpecialEnrollmentVerificationDueDate**
 - Conditional field in Submit Enrollment response
 - If the SpecialEnrollmentVerificationPending data element is set to, “True,” then a due date will be populated to inform the DE Partner/consumer when verification documents are due by, in order to turn the plan selection into true enrollment.
 - If SpecialEnrollmentVerificationPending is set to ‘ False’ then the optional due date must be omitted from the payload; an empty element will not be sent.

Proposed DE Service Impacts: Submit Enrollment Response Changes

XML Example:

```
<ns2:affectedInsuranceMember personReference = "applicant_2">
  <ns2:exchangeMemberId>
    <ns2:identificationId>0000541940</ns2:identificationId>
  </ns2:exchangeMemberId>
  <ns2:tobaccoUseIndicator>false</ns2:tobaccoUseIndicator>
  <ns2:relationshipToSubscriberCode>2</ns2:relationshipToSubscriberCode>
  <ns2:originatingInsuranceApplicantReference>insuranceApplicant2</ns2:originatingInsuranceApplicantReference>
</ns2:affectedInsuranceMember>
<ns2:exchangePolicyId>
  <ns2:identificationId>924404</ns2:identificationId>
</ns2:exchangePolicyId>
<ns2:insurancePlan>
  <ns2:planStandardComponent>
    <ns2:identificationId>93332GA0710006</ns2:identificationId>
  </ns2:planStandardComponent>
  <ns2:planVariant>
    <ns2:identificationId>01</ns2:identificationId>
  </ns2:planVariant>
  <ns2:issuerId>
    <ns2:identificationId>93332</ns2:identificationId>
  </ns2:issuerId>
</ns2:insurancePlan>
</ns2:createdInsurancePolicy>
<ns2:policyResponseCode>Accepted</ns2:policyResponseCode>
<ns2:paymentTransactionId>GA00000078346</ns2:paymentTransactionId>
<ns2:specialEnrollmentVerificationPending>true</ns2:specialEnrollmentVerificationPending>
<ns2:specialEnrollmentVerificationDueDate>2016-07-22T00:00:00.000-04:00</ns2:specialEnrollmentVerificationDueDate>
```

Complete XML Example:



XML File

What is the proposed implementation approach for SEPV related DE changes?

- **Single cutover for DE Partner integration:**
 - **All DE Partners will be required to make a change to the SEPV enhanced DE service at the same time.**
 - **A single cutover is necessary to ensure that all consumers are notified when their enrollment is, “pended.”**
 - **The cutover is projected for the end of Quarter 2 or early in Quarter 3.**
 - **All subsequent SEP requests from DE Partners will be subject to SEP verification changes (for the enrollees that fall within the pilot population, a Pended Plan Selection will be created and the 834 will not be sent to the issuer until the verification of SEP).**
 - **The new fields will inform DE Partners if the new enrollment plan selections are pending and of the due date for verification resolution.**
 - **DE Partners will need to update their Schema by the launch of SEPV, in order to continue to use DE without interruption.**

Appendix A



*Access to CMSzONE & the
Private Issuer Community*

2/14/2017

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:

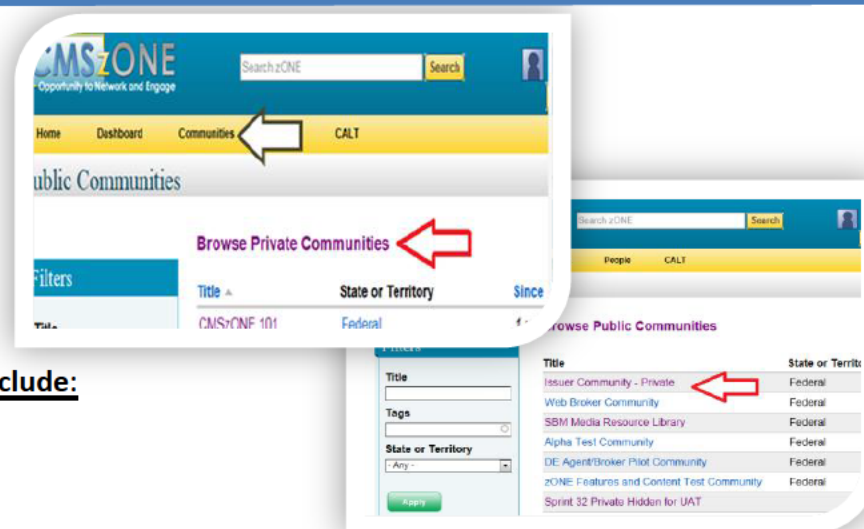
1. **New Users** (new to zONE & EIDM)
2. **Existing EIDM Users** (new user to zONE)
3. **Existing zONE Users** (unable to log-in since the EIDM transition)

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