

CMS Issuer Technical Work Group

- ***Housekeeping***
 - ✓ ***Webinar Schedule***
 - ✓ ***Enrollment Pre-Audit & Reconciliation-***
- ***ER&R***
- ***Compliance Updates***
- ***DE Updates***

Q&A

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
31	1	2	3	4 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	5	6
7	8 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	9 CMS Issuer Technical Workgroup 3:00pm-4:30	10	11 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	12	13
14	15	16 CMS Issuer Technical Workgroup 3:00pm-4:30	17	18 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	19	20
21	22 CCIIO Enrollment Webinar(Policy Focus) 12:00pm-1:00pm	23 CMS Issuer Technical Workgroup 3:00pm-4:30	24	25 Data Recon & Inbound 834/BAA Workgroup 12:30-1:30pm	26	27
28	29	30 CMS Issuer Technical Workgroup 3:00pm-4:30	27	28	29	30



Access to CMSzONE & the Private Issuer 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)

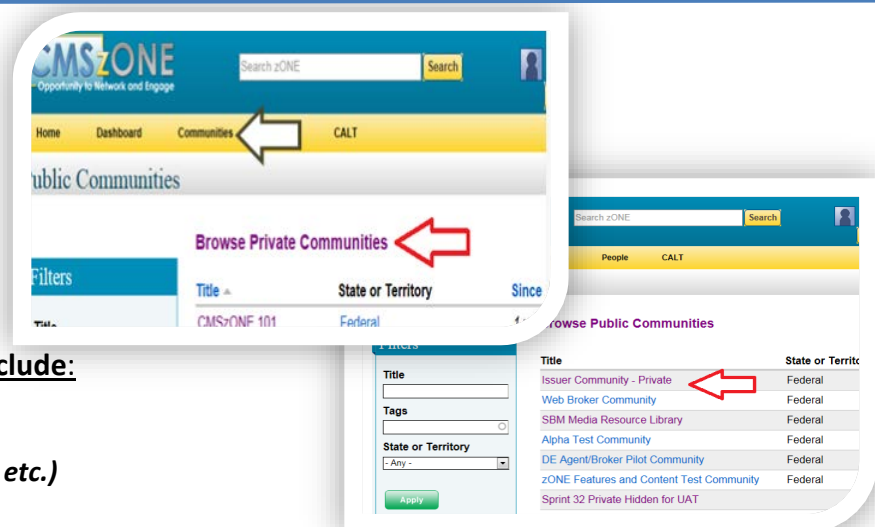
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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 Issuer Community

Access: (After being granted EIDM access)

1. Log into zONE; click on the **Communities tab**
2. Click **Browse Private Communities**
3. Click **Issuer Community – Private**
4. Click **Join Community**
5. Provide explanation of why you need access to this community; **Include:**
 - name and contact information
 - issuer POC contacts
 - specific work for issuer (i.e. fill out QHP templates, processing 834's, 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 issuer community after 3 business days you may email a follow up request to the helpdesk & the issuer communications 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 issuer communications 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
- ❖ Cc: or Bcc: CMS_Issuer_Communications@cms.hhs.gov

Reminder: Supported Browser Versions

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

Follow-Up

- 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 & CMS_Issuer_Communications@cms.hhs.gov
- ❖ Include (where possible) explanation message, screenshots, ticket #(s) received, and number of days outstanding

Requesting Updates to the CMS Issuer Distribution List

The CMS Issuer Communications Distribution List sends e-mail messages pertaining to :

- ✓ Alerts on Deliveries for Enrollment Pre-Audit files; Enrollment Reconciliation Files; Open Enrollment Activities; IC834 Activities (Specifically processing schedules, delays in processing or reporting), and other alerts.
- ✓ Daily IMP1A status

The CMS Issuer Communications Distribution List sends e-mail alerts:

- ✓ Daily between 10:30 and 11:00 AM EST.

To add yourself to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"

To remove yourself from the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC from Distribution List"

To add multiple contacts to the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Add POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be added in the body of your message

To remove multiple contacts from the distribution list:

- ❖ Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line:
"Remove POC to Distribution List"
- ❖ Include the email addresses of all desired contacts to be removed in the body of your message

***PLEASE NOTE:** Any email addresses included in the body of your distribution requests may be subject to the action requested. Please ensure you omit any superfluous addresses not intended for receipt of your requested action (i.e. IT support distributions, alternate personal email, etc.)

Asking a Question/downloading the Meeting pdf slides in the Web-Ex Platform

To ask a question, please select the raised hand icon at the start of Q&A session. It is the icon to the right of your name (see below).

To download the pdf version of today's deck, open the "File Transfer" box on your screen. If not, please select "File, then "Transfer" and "Download" (as captured below.) The "Download" button will be grey.

The screenshot displays the WebEx interface. On the left, the 'Participants' panel shows a list of participants: 'Ama Emanuel (me)' and 'Philip Desc...'. A blue arrow points to the raised hand icon next to 'Ama Emanuel (me)'. In the center, a blue bar obscures part of the interface. On the right, a 'File Transfer' window is open, showing a table with file information. The table has columns for 'File name', 'Location', 'Size', and 'Status'. One file is listed: '20170104 Recon IC83...' with a size of '304057 bytes' and status 'Shared'. A context menu is open over the file, showing options like 'Open and Share...', 'Open Poll Question...', 'Open Chat...', 'Close', 'Save', 'Save As...', 'Save All...', and 'Transfer...'. A blue arrow points to the 'Transfer...' option. At the bottom of the File Transfer window, there is a message: 'To download a file, either select it and then click Download, or right-click ...'.

File name	Location	Size	Status
20170104 Recon IC83...	\\CO-ADHOME1\HOME1\E...	304057 bytes	Shared

ited, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in

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prosecution to the full extent of the law.

Housekeeping: Enrollment Pre-Audit and Reconciliation

Housekeeping: Enrollment Pre-Audit & Reconciliation

April 2, 2019

Housekeeping: Pre-Audit & Reconciliation

- **Prior Plan Years (2014-2018)**
 - The next set of 1095-A Consumer-Initiated Dispute Update (1095Ax) Files is scheduled for distribution tomorrow, Wednesday, April 3rd
- **Plan Year 2016**
 - This month's 2016 FFM extract will be taken on Monday, April 15th at 6PM EDT
 - Incremental Pre-Audit (ISIPA6) Files based upon that extract are scheduled for delivery to Issuers on Friday, April 19th
- **Plan Year 2017**
 - This month's 2017 FFM extract will be taken on Monday, April 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD7) Files based upon that extract are scheduled for delivery to Issuers on Thursday, April 18th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Monday, April 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD8) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, April 17th
- **Please Note:** The final SADP Effectuation process for 2018 will be run prior to the April extract; any new effectuations applied to the FFM will be reflected in this month's AUD8 File

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**
 - This month's 2019 FFM extract will be taken on Monday, April 15th at 6PM EDT
 - Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for delivery to Issuers on Wednesday, April 17th
 - Date of Birth Cleanup (MISC9) Files will also be distributed to impacted Issuers on Wednesday, April 17th
 - **Please Note:** The first SADP Effectuation process for 2019 will be run prior to the May extract

SADP Effectuation Process

- SADP enrollments more than 90 days old that are still being sent by the Issuer in initial status in reconciliation (Initial Premium Paid Indicator = N) and are in initial status on the FFM (Transaction Type Code = 1 and Confirmation Indicator = N as reflected on the Pre-Audit File) will be effectuated
 - To avoid potentially adverse impact to enrollees, any SADP enrollment with Applied APTC would be excluded from this process
- Effectuations of policies in initial status will result in charges for FFM User Fees in the following payment cycle, and invoices to Issuers if those charges cannot be netted from payments
- In order to avoid User Fee charges for policies that should not be effectuated, SADP issuers should ensure that cancellations are being sent to the FFM timely and accurately
- Cancellations and effectuations not yet applied to 2018 or 2019 policies can be submitted via IC834 transactions

ER&R

- ✓ ***ER&R Topics***
 - ✓ 2018 Disputes are now Prior Year
- ✓ ***Q&A***

April 2, 2019

2018 Disputes are now Prior Year

- As a reminder, as of April 1, 2019, all 2018 policies will be considered prior year.
 - Issuers will need to submit Benefit End Date disputes for prior years using the Prior Year – End Date option from the Discrepancy Dispute tab.
 - Issuers can only submit Rejected Enrollment disputes for current year policies.
 - To cancel a prior year policy, issuers should select the Initial Premium Paid Status option from the Discrepancy Dispute tab.
 - Issuers can submit other dispute categories for any coverage year, as all other categories are year agnostic.

Note: Prior year account manager approvals are not required until May 1, 2019.

Compliance Team Reminders and Announcements



Tuesday, April 2, 2019

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Auditor Training Modules & Publish Dates (Update)

- Auditor Training Modules:** CMS is preparing the following computer-based training (CBT) modules:

Topic	Purpose	Publication Date	Required for Business Requirements Auditor	Required for Privacy and Security Auditor	Required Year 2 (PY 2020) Modules if Entities/Auditors Completed Year 1 Modules (PY 2019) (see bullet below)*
A. Enhanced Direct Enrollment (EDE) Privacy/Security Standards	To review the required EDE Entity privacy and security standards for EDE.	Published March 8, 2019	Not Required	Required	Year 2 Version Required
B. Enhanced Direct Enrollment (EDE) Regulatory/Compliance Standards	To review the CMS policy guidance regarding EDE.	Published April 1, 2019	Required	Required	Year 2 Version Required
C. Enhanced Direct Enrollment (EDE) The Operational Readiness Review (ORR) and CMS Reporting Requirements	To review the ORR and related CMS Reporting Requirements that will assist in completing the ORR.	Published March 22, 2019	Required	Not Required	Year 2 Version Strongly Encouraged
D. Enhanced Direct Enrollment (EDE) Application User Interface (UI) Overview	To review all aspects and features of the Application User Interface (UI) for EDE enrollments available for plan year 2020.	Published April 1, 2019	Required	Not Required	Year 2 Version Strongly Encouraged
E. Enhanced Direct Enrollment (EDE) Non-Eligibility API Services	To review all User Interface (UI) services offered by CMS.	Published March 28, 2019	Required	Not Required	Year 2 Version Strongly Encouraged

- Prospective EDE Entities and their Auditors may take the PY 2019 trainings that have existed on REGTAP prior to starting the audit instead of waiting for the updated PY 2020 trainings. Prospective EDE Entities and their Auditors who use this option need to take the updated PY 2020 trainings listed in the final column prior to submitting the audit. For required PY 2020 trainings, EDE Entities and their Auditors will be accountable for any updates in the PY 2020 training if they take this approach (i.e., they take the PY 2019 training first). This applies to existing EDE Entities and Entities with audits in CMS' review queue. All modules have been updated and posted now for PY 2020.

Clarification: Spanish Audit and Category 3 Phase Changes

(Documentation must be submitted in the Audit Submission Window)

- The Spanish audit documentation should be submitted at the time of audit submission if the prospective EDE Entity is pursuing use of the EDE pathway in Texas. Entities do not have to submit the Spanish audit with the English audit, but it will have to submit it during the audit submission window; therefore, CMS recommends submitting them together.
- Because of the scope of the change, implementing a Spanish application would be a Category 3 EDE Entity-initiated Change Request.
- Independent audits that document the compliance of a Category 3 EDE Entity-initiated Change Request must be submitted to CMS during a scheduled audit window. The only such window this year is the April-June window.
 - For more information, please refer to the Guidelines available here:
<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>

Reminder: New Baseline Toolkits Available on CMSzONE (updated)

- Updated EDE business audit template and toolkits are available on CMS zONE at the following link:
<https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>.
- The following toolkit documents are included in a zip file labeled “Business_Report_Template_and_Toolkits_3-1-2019.” The updated documents are labeled (in the zip file) as:
 - EDE_Eligibility Results Toolkit_Phase 1_PY2019_FINAL
 - EDE_Eligibility Results Toolkit_Phase 2_PY2019_FINAL
 - EDE_Eligibility Results Toolkit_Phase 3_PY2019_FINAL
 - Application UI Toolkit_PY2019_03012019
 - API_Functional_Integration_Toolkit_PY2019_FINAL
 - EDE Business Audit Instructions and Report Template_PY2019_FINAL
 - Communications Toolkit_09062018 (see update below)
- The Auditor will use these toolkits to verify the EDE Entity’s application and enrollment process is compliant with CMS-defined requirements. The Auditor must use the baseline toolkits (i.e., the versions listed above) for audits that will be submitted in the April 1, 2019 – June 30, 2019 audit submission window.
 - The only change between the baseline versions of the toolkits posted on 3/1/2019, and the most recently posted versions (Eligibility Results Toolkit posted 2/6/2019, Application UI Toolkit posted 2/8/2019, API Functional Integration Toolkit posted 1/19/2019) is the Auditor User Guide tab. Therefore, if Auditors have been using the most recently posted versions, listed above, they should be able to transfer their findings to the baseline versions after reviewing the revised Auditor User Guide tabs in each toolkit. Auditors must also review to assess if they need to re-review requirements before transferring their findings.
 - Regarding the EDE Business Audit Instructions and Report Template, CMS has made several changes since the most recent version was posted, so Auditors will need to review the entire document before transferring their findings (i.e., Auditors will need to review the baseline version to ensure no updates to their findings are needed).
 - **UPDATE: There have been no changes to the file Communications Toolkit 09062018 since it was posted in September, 2018. If Auditors are using this version, they do not need to transfer findings to a new toolkit.**

Reminder: Conflict of Interest and Auditor Independence and Objectivity

- Conflict of Interest
 - A prospective EDE Entity must select an Auditor who is free from any real or perceived conflicts of interest, including being free from personal, external, and organizational impairments to independence, or the appearance of such impairments to independence.
 - A prospective EDE Entity must disclose to HHS any financial relationship between the Auditor and individuals who own or are employed by the Auditor or who own or are employed by an agent, broker, or QHP issuer for which the Auditor is conducting an ORR.
- Auditor Independence and Objectivity
 - A prospective EDE Entity's Auditor must remain independent and objective throughout the audit process for both audits.
 - An Auditor is independent if there is no perceived or actual conflict of interest involving the developmental, operational, and/or management chain associated with the system and the determination of security and privacy control effectiveness or business requirement compliance.
 - The Auditor's role is to provide an independent assessment of the compliance of the prospective EDE Entity's EDE environment and to maintain the integrity of the audit process.
- Please refer to the Guidelines, available here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>

Reminder: Optional Test Cases Now Available

- A new resource, EDE Partner Test Cases, is available on [CMS zONE](#)
- It is for prospective EDE Entities and includes over 100 test cases that entities can now use when testing their environments
- Document name: ede_partner_test_cases_v1.xlsx
 - Document description: Optional test cases that EDE Partners can use to conduct additional testing.

Reminder: New Auditor Guidelines Released

- New Auditor Guidelines, *Third-party Auditor Operational Readiness Reviews for the Enhanced Direct Enrollment Pathway and Related Oversight Requirements*, were released on February 19, 2019 and are available here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>
- These guidelines define EDE program requirements and discuss requirements and considerations for prospective EDE Entities' selection of an Auditor, as well as the scope of the operational readiness review (ORR) prospective EDE Entities must undertake to demonstrate they are prepared to provide EDE services through use of the EDE pathway.

Reminder: Enhanced Direct Enrollment (EDE) Timeline

Reminders and Upstream Documentation Package

- The **primary audit submission window** for EDE Entities interested in implementing EDE in calendar year 2019 for PYs 2019 and 2020 is **now open through June 30, 2019**. The notice of intent was due by February 28, 2019. Entities that submitted notices of intent should note the following:
 - EDE Entities that are already live and intending to implement a new phase must also submit complete audits.
 - If an EDE Entity submits an audit, and then resubmits its audit, the resubmitted audit submission is reprioritized at the end of the review queue.
 - CMS does not guarantee any approval timelines.
- **Note:** *This is a summary of information presented previously. For more information, please refer to the [ITWG Slides \(Issuer Technical Workgroup Call\)](https://zone.cms.gov/document/slides-cms-issuer-technical-workgroups-tuesdays) - <https://zone.cms.gov/document/slides-cms-issuer-technical-workgroups-tuesdays>*
- *from January 8, 2019 and February 26, 2019 located on CMS zONE.*
- **Documentation Packages:** Primary and upstream EDE Entities must submit several documents, including a data request form, to CMS along with their audit. CMS has not yet made these files available to primary and upstream EDE Entities, but expects to publish them soon on CMS zONE. CMS will send an email to all primary EDE Entities when these files are available.

Clarification: Instructions for Upstream Entities

- **Upstream Documentation Package:** Upstream EDE Entities did not need to notify CMS of their participation by February 28th. Instead, Upstream Entities will notify CMS of their participation by submitting an upstream documentation package (to be provided by CMS) at the time the primary EDE Entity submits its audits or after.
 - Note: The deadline (March 15, 2019) has passed for prospective upstream EDE Entities that intend to add functionality to the EDE pathway (excluding branding differences) to contact the DE Help Desk to discuss whether an audit may be needed.

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Reminder: Request for EDE Auditor Agreement and Audit Kickoff Calls

- **Request for Auditor Agreement**
 - CMS requested a copy of the signed agreement or contract between the Auditor(s) and prospective primary EDE Entity.
 - The contract must describe the Auditor's entire scope of work and meet the requirements in 45 C.F.R. 156.340.
 - The primary EDE Entity may redact information (e.g., pricing) that is not necessary for CMS review.
- **Reminder about Audit Kickoff Calls**
 - The primary EDE Entity must notify the DE Help Desk before its Auditor begins its audit (at least one to two weeks prior). CMS will schedule a kickoff call before the audit is initiated to answer questions, ensure expectations are clear, and ensure the Auditor and prospective EDE Entity are using the correct audit documents.

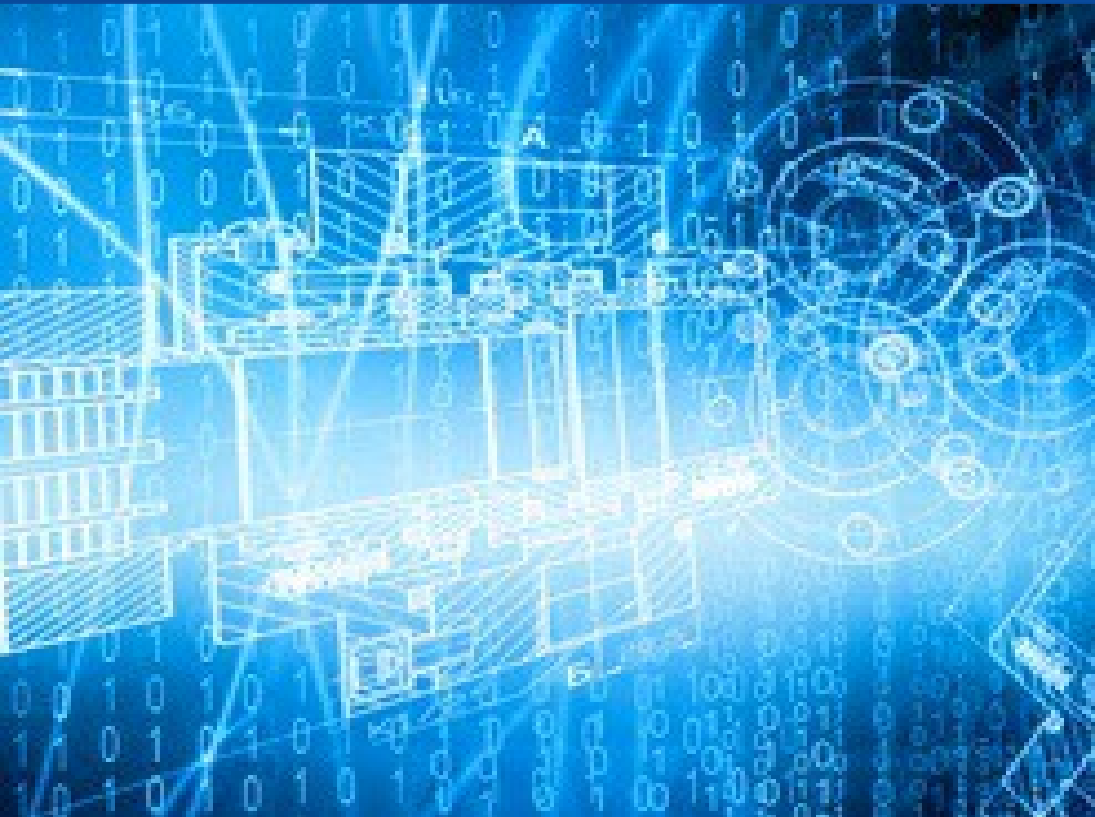
Reminder: EDE Audit Office Hours Now Available

- CMS is planning to host office hours each week. During these office hours, CMS will aim to provide targeted, detailed technical assistance to prospective and active EDE Entities and their Auditors.
- These office hours have limited availability and will be assigned on a first-come, first-served basis based on the following categories:
 - Category 1: EDE Entities and Auditors with difficult legal, policy, or technical inquiries as offered by CMS.
 - Category 2: EDE Entities and Auditors who request a walkthrough or explanation of audit or technical documentation with subject matter experts (e.g., technical experts, security and privacy experts, or eligibility experts).
- CMS will not schedule office hours sessions to discuss standard help desk inquiries that can be resolved through DE Support. EDE Entities and Auditors can only request office hours pursuant to category 2 above. Category 1 requests will be offered and assigned in CMS's sole discretion.
- EDE Entities should submit requests for office hours under category 2 above to DE Support (directenrollment@cms.hhs.gov).

Reminder: Maintenance of an Accurate Testing Environment

- Each DE Entity must maintain a testing environment that accurately represents the compliance of the DE Entity's production environment as documented in any CMS-approved or CMS-conducted audits.
- If the testing environment is not appropriately firewalled from the production environment and PII, the testing environment must comply with the privacy and security requirements.
 - DE Entities shall not submit actual PII to the FFE Testing Environments.
- Each DE Entity must provide CMS, via the DE Help Desk, with a set of credentials that CMS can use to access the testing environment.
 - Each DE Entity must ensure that the testing credentials are valid and that all APIs and components of the EDE Pathway in the testing environment, including the remote identity proofing (RIDP) services, are accessible.
- Please refer to the EDE Business Agreement located on [CMS zONE](#) and the *Third-party Auditor Operational Readiness Reviews for the Enhanced Direct Enrollment Pathway and Related Oversight Requirements* located at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>. Please note, an updated EDE Business Agreement is forthcoming.

Direct Enrollment (DE) Updates: Enrollment Team



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

April 2, 2019

Update for EDE Partners: Upcoming SES API Changes

- EDE Partners should be aware that we will be making a number (100+) of SES changes to the API Spec documentation and to the SES code
 - The list of changes can be found in the “SES_API_RECON_R13_011519.xlsx” document on the EDE page on zONE at <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>
 - » **Update:** We have identified some additional changes that we will make as part of this effort, and an additional file outlining the changes can be found on zONE under the file name, “SES_API_RECON_R13_031919.xlsx”
 - » **Update:** We will also be removing enrollmentGroups (result.computed.enrollmentGroups) from the Get App and Submit App Responses as part of this release
 - » An updated “SES R13” API Spec extract can also be found here on zONE
 - The API changes are being made to address code implementation and API Spec documentation discrepancies across the SES APIs
 - » Changes will be made for Create App, Update App, Add Member, Submit App, and Get App
 - » For example, both our code and the API Specs for the Get App Details Response, currently reflect result.attestations.members.[MEMBER-ID].family.definingFosterCareState
 - However, in the Update App Request, this is fosterCareState
 - The behavior should be consistent across the services and we’ll therefore be updating both the code and the API Specs to reflect fosterCareState in the Get App Details Response
 - » Or for example, our API Specs currently reflect that “OTHER_RACE” is an acceptable enumeration value in the Update App Request for members.[MEMBER-ID].demographic.race, however our code only accepts “OTHER”
 - So we’ve updated our API Specs to accurately reflect “OTHER” as the acceptable enumeration value for the Update App Request
 - Only a subset of the API changes will likely have a direct impact on EDE Partners
 - » EDE Partners must ensure they have made the necessary changes
 - The code changes are expected to be deployed to UAT0 on 5/10/2019 and are expected to be deployed to production on 7/26/2019

Update for EDE Partners: SES Defect

- EDE Partners, please be aware that we've identified a defect, where we are incorrectly failing Submit App Requests in some instances
 - Essentially, we are incorrectly failing Submit App Requests when Update App is called 4 or more times, and an SSN has been provided for a non-applicant
 - In this scenario, we are incorrectly setting the ssnStatusReason to 573_SSA_HUB_CALL_HELD_COUNTER for the non-applicant
 - » Normally, when the demographic information for a consumer changes, but the SSN remains the same, we will recall the Social Security Administration (SSA) for verification reasons
 - We however are currently incorrectly recalling the SSA, even when no demographic information changes for the non-applicant, which results in the retry limit being reached and the ssnStatusReason being incorrectly set to 573_SSA_HUB_CALL_HELD_COUNTER for the non-applicant
- **Update:** A fix for this issue is expected to be deployed to UAT0 on 4/12 and to production on 5/3

Update for EDE Partners: Phase 3 SES Defect

- Phase 3 EDE Partners, please be aware that we've recently identified the below defect, that only impacts Phase 3 applications
 - We've identified a defect, where when a household is not filing taxes, and an adult child is included on the application, then we may incorrectly include the adult child in the parentCaretakerChildList (i.e. Medicaid household), which can result in an incorrect Medicaid determination
 - We believe this is a small-population scenario
 - This defect does result in an incorrect outcome for scenario 3.H in the Eligibility Results Toolkit
 - **Update:** A fix for this issue is expected to be deployed to UAT0 on 5/10 and to production on 6/14

Reminder for Classic DE Partners: New Unique Partner ID Requirement

- Please be advised that CMS will now be requiring each Classic DE (aka double-redirect) Partner to have their own unique Partner ID
 - While many Classic DE Partners already have unique Partner IDs, there are also many Partner IDs that are currently shared between Classic DE Partners
 - For example, we know that in some instances DE Partner X is providing a Classic DE platform for DE Partner Y and DE Partner Z, and DE Partner X is using their single Partner ID for all of the transactions coming from DE Partner X, Y, and Z
 - » Historically, we have allowed DE Partners to share Partner IDs like this, however we will no longer allow this for the following reasons:
 1. We want each Classic DE Partner to have their own unique Partner ID so that we can better understand where each Classic DE transaction is coming from
 - This allows us to have better reporting and tracking, and also allows us to more easily identify if a problem is occurring via a specific DE Partner
 2. If for some reason we need to suspend a Classic DE Partner, we want to be able to suspend only a specific DE Partner
 - If Classic DE Partners share a Partner ID, when we turn off the Partner ID due to a suspension, it impacts every DE Partner that uses the same Partner ID
- As part of this requirement, Classic DE Partners will need to ensure that only the Partner ID associated with a transaction is used when submitting transactions to the FFM
 - For example, if DE Partner X is providing a Classic DE platform for DE Partner Y, any transactions that originate from DE Partner Y will need to include DE Partner Y's Partner ID, even if DE Partner X is submitting the transactions on behalf of DE Partner Y

Reminder for Classic DE Partners: New Unique Partner ID Requirement

- For those Classic DE Partners sharing a DE Partner ID, note that a new Hub Onboarding Form will need to be completed and sent to dsh.support@qssinc.com
 - If a Classic DE Partner is providing a platform for other DE Partners, the entity providing the platform can complete the form on behalf of the entities they are providing the platform for
 - » The Hub Onboarding Form allows for both primary and upstream entities
 - Primary entities that have upstream entities will receive unique Partner IDs for their upstream entities after submitting an updated Hub Onboarding Form
 - Issuers must list all HIOS IDs within their organization that will use the Partner ID
 - » Issuers can opt to have a single Partner ID for all of their HIOS IDs, or can opt to have an individual Partner ID for one or more of their HIOS IDs
 - The Hub Onboarding Form can be found on zONE at <https://zone.cms.gov/document/hub-onboarding-form>
- Classic DE Partners currently sharing a Partner ID will need to ensure they receive a unique Partner ID **by 8/23/2019**

EDE and Classic DE Partners: Updated Age Rating Guidance Added to DE API Specs

- EDE and Classic DE Partners, please be aware that updated age rating guidance has been added to Section 7.3.2.6 in the DE API Specs
 - The DE API Specs are available on zONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - As a reminder, there are a number of considerations that need to be made when determining an applicant's age, for purposes of calculating premium
 - The updated logic accounts for these considerations
 - » Note, if you are receiving IncorrectPremiumAmount errors in Submit Enrollment Responses, you may want to ensure that your age rating logic accounts for all of these considerations
- The updated logic includes the following:
 1. Is there an existing policy in the InsurancePolicy section of the Fetch Eligibility Response?
 - a) If no, all applicants should be rated based on their age as of the EarliestQHPEffectiveDate. Note, the Fetch Eligibility response may include both an IEP and SEP EarliestQHPEffectiveDate, and the earliest of the dates must always be using for age rating. The relevant IEP and SEP EarliestQHPEffectiveDate paths are: 1) InsuranceApplication/ InsuranceApplicant/ InitialEnrollmentPeriodEligibility/ EarliestQHPEffectiveDate and 2) InsuranceApplication/ InsuranceApplicant/ SpecialEnrollmentPeriodEligibility / EarliestQHPEffectiveDate.
 - b) If yes, proceed to #2.
 2. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response, is the SpecialEnrollmentVerificationPendingIndicator (InsuranceApplication/ InsuranceApplicant/ SpecialEnrollmentPeriodEligibility/ SpecialEnrollmentVerificationPendingIndicator) in the Fetch Eligibility Response "True"?
 - a) If yes, age rating should be as described in 1a.
 - b) If no, proceed to #3.

EDE and Classic DE Partners: Updated Age Rating Guidance Added to DE API Specs

3. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response and the SpecialEnrollmentVerificationPendingIndicator is “False,” is the InsurancePolicyEffectiveDate (InsurancePolicy/ InsurancePolicyEffectiveDate/ Date) prior to both the IEP and SEP EarliestQHPEffectiveDate?
 - a) If no, age rating should be as described in 1a.
 - b) If yes, proceed to #4.
4. If there is an existing policy in the InsurancePolicy section of the Fetch Eligibility Response, the SpecialEnrollmentVerificationPendingIndicator is “False,” and the InsurancePolicyEffectiveDate is prior to both the IEP and SEP EarliestQHPEffectiveDate, is the InsurancePolicyExpirationDate (InsurancePolicy/ InsurancePolicyExpirationDate/ Date) prior to both the IEP and SEP EarliestQHPEffectiveDate?
 - a) If yes, proceed to #5.
 - b) If no, proceed to #6.
5. If the InsurancePolicyExpirationDate is prior to both the IEP and SEP EarliestQHPEffectiveDate, is there a gap in coverage? For example, if the InsurancePolicyExpirationDate is 1/31/2019 and the EarliestQHPEffectiveDate is 2/1/2019, there is no gap in coverage.
 - a) If yes, age rating should be as described in 1a.
 - b) If no, proceed to #6.
6. Is the enrollment group enrolling in a new plan? In other words, will the InsurancePlanStandardComponentIdentification in the Submit Enrollment Request (PolicyCreationActivity/ EnrollmentGroup/ SelectedInsurancePlan/ InsurancePlanStandardComponentIdentification / IdentificationID) be different than the InsurancePlanStandardComponentIdentification in the Fetch Eligibility Response (InsurancePolicy/ InsurancePlan/ InsurancePlanStandardComponentIdentification/ IdentificationId)?
 - a) If yes, age rating should be as described in 1a.
 - b) If no, proceed to #7.

EDE and Classic DE Partners: Updated Age Rating Guidance Added to DE API Specs

7. Is the subscriber for the enrollment group changing? In other words, will the subscriber in the Submit Enrollment Request (PolicyCreationActivity/EnrollmentGroup/InsuranceApplicant/ProposedSubscriberIndicator) be different than the subscriber in the Fetch Eligibility Response (InsurancePolicy/ InsuranceMember/ InsuranceMemberSubscriberAssociation/ InsuranceSubscriberReference)? Note, subscriber logic can be found in Appendix E.
 - a) If yes, age rating should be as described in 1a.
 - b) If no, proceed to #8.
8. Are the applicants in the InsurancePolicy/ InsuranceMember section of the Fetch Eligibility Response the same as the applicants that are included in the InsuranceApplication/ InsuranceApplicant section of the Fetch Eligibility Response?
 - a) If yes, the applicants should be rated based on their age as of the InsurancePolicyEffectiveDate (InsurancePolicy/ InsurancePolicyEffectiveDate/ Date) in the Fetch Eligibility Response.
 - b) If no: 1) currently enrolled applicants (i.e. those in the InsurancePolicy/ InsuranceMember section of the Fetch Eligibility Response) should be rated based on their age as of the InsurancePolicyEffectiveDate (InsurancePolicy/ InsurancePolicyEffectiveDate/ Date), and 2) new applicants (i.e. those not in the InsurancePolicy/ InsuranceMember section of the Fetch Eligibility Response) should be rated as described in 1a.

Q&A



CMS Issuer Technical Workgroup Call Appendix

To view the full Appendix, please visit CMSzONE at the following url:

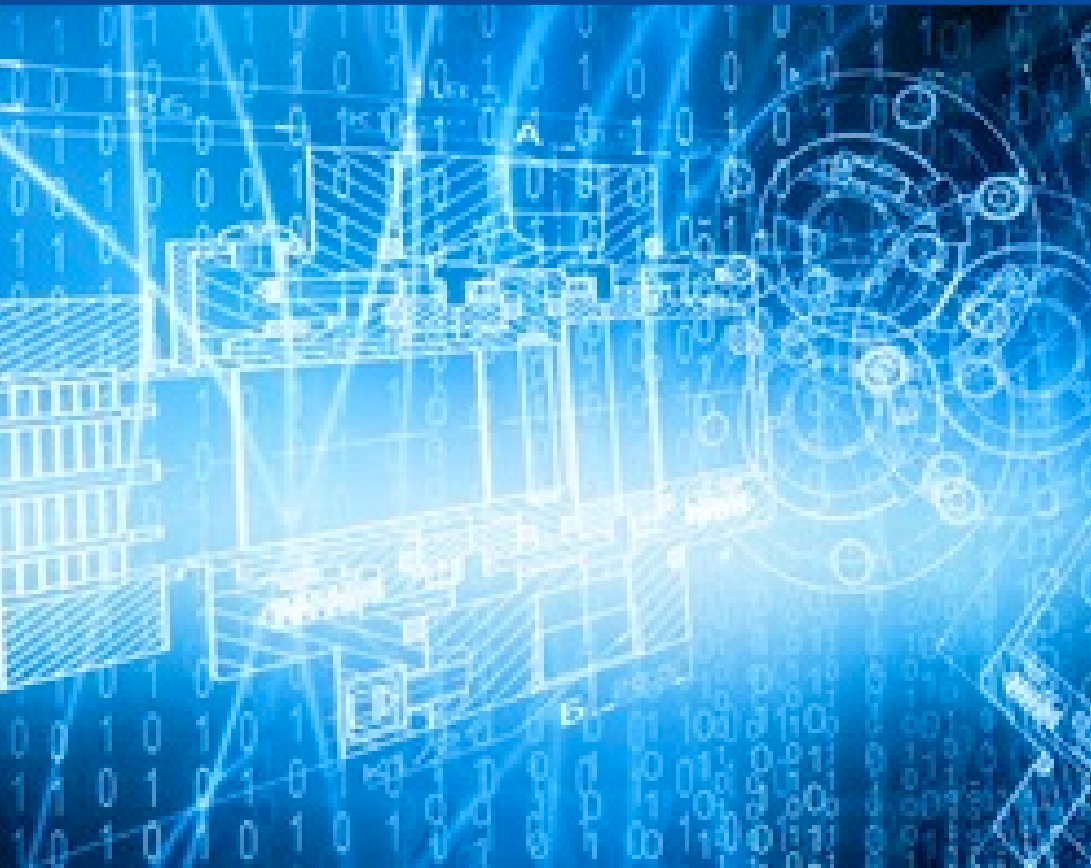
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

Updating Contact Information for the Marketplace

03/05/2019

confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Updating Contact Information for Marketplace Issuers

- 
- **Requesting Updates to the CMS Issuer Distribution List**
 - **Issuer Notifications: Updating IC834 Contacts**
 - **2018 Prep: Updated Recon Technical Contacts Needed**
 - **2018 Prep: Updated ER&R Contacts Needed**

December 3, 2018

Issuer Notifications: Updating IC834 Contacts

Inbound834 (IC834) Contacts

- Issuer Organization and Clearinghouse members may be contacted through Inbound834@bah.com with notifications for high volume failure, low success rates, and summary reports based on weekly Inbound 834 submissions
- CMS encourages Issuers to identify key technical POCs to receive both outreach communications and performance reports so any errors received for failed transactions can be corrected and resubmitted for application in the Marketplace
- To update the contact list for your HIOS IDs (add or remove members), please follow one of the two options listed below:
 - Create and send an updated EDI onboarding form or;
 - Send an e-mail to Inbound834@bah.com with the new contact addresses

2019 Prep: Updated Recon Technical Contacts Needed

Enrollment Data Reconciliation Technical Contacts

- Reconciliation Technical Contacts for your organization will be contacted by CMS resources in regard to any technical issues identified in Issuer-submitted Inbound Reconciliation (RCNI) Files
- Please designate a primary and secondary contact or group e-mail address to ensure any issues can be addressed in a timely fashion
- To submit the Enrollment Data Reconciliation Technical Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line “RECONCILIATION – TECHNICAL CONTACTS”
 - Please include the name, e-mail address, and business telephone number for each contact provided

2019 Prep: Updated ER&R Contacts Needed

Enrollment Resolution & Reconciliation (ER&R) Contacts

- Cognosante, the Marketplace Enrollment Resolution & Reconciliation (ER&R) contractor, will be responsible for conducting analysis to resolve discrepancies between data provided by Issuers and FFM data
- As direct contact with the Issuers may often prove to be the most reliable method of resolving issues, CMS is requesting that each Issuer provide a primary and secondary contact with whom the ER&R contractor can have direct communications
- If there are distinct contacts for different lines of business within the Issuer organization, please clearly identify which contacts are appropriate for each HIOS ID and/or QHP ID
- The requested contacts are to be individuals able to assist in resolving conflicts with member information; **these individuals are more likely to be business end-users rather than EDI or IT representatives**
- To submit the Enrollment Resolution & Reconciliation Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line "RECONCILIATION – ERR CONTACTS"
 - Please include the name, e-mail address, and business telephone number for each contact provided

Register for QHP Certification Updates

CMS sends updates and information during the certification period in several ways:

REGTAP

- Register for the [REGTAP portal](#) to get CMS technical assistance related to Marketplace and Stabilization programs that are not a part of the Marketplace Plan Management Group (MPMG). Registered users can access the library training resources, webinars, and the inquiry tracking and management system.
- Registered REGTAP users who are affiliated with an issuer organization and elect to receive notifications will automatically be subscribed to *Issuer Insights*, a bi-weekly e-newsletter that highlights upcoming deadlines, new trainings and webinars, and updates on guidance.

Application Notices

- CMS will send information about your specific application and needed corrections directly to each issuer during the QHP certification period.

HIOS Blasts

- To get QHP Application and certification announcement blasts from HIOS, make sure your contact information in HIOS is current and accurate.

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

Plan Management QHP Certification Updates

Contact Information in HIOS

Add New Contacts

- In order for a contact to receive these notices, they must be assigned to the role of QHPValidator, QHPAttester, or QHPSubmitter in HIOS. For instructions on adding these roles, see section 5 of the Plan Management QHP Modules HIOS Quick Reference Guide.

Remove Contacts

- To remove contacts from the distribution list or from your organization, contact the Marketplace Service Desk (MSD) Help Desk at CMS_FEPS@cms.hhs.gov and use the language specified below.
 - Remove contacts from notice distribution list: Use the subject line “HIOS User Roles” and the following language: “Please remove contact: [Full Name], [Email Address], from the roles of QHPValidator, QHPAttester, and QHPSubmitter for issuer ID [XXXXX].”
 - Remove contacts from issuer organization: Use the following language: “Please remove contact: [Full Name], [Email Address], from all HIOS user roles associated with issuer ID [XXXXX].”

For a list of QHP Application Notices sent during QHP Certification:

<https://www.qhpcertification.cms.gov/s/QHP%20Application%20Notices>

HIOS Quick Reference Guide:

<https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-QuickGuideProd-000100.pdf>

Source - <https://www.qhpcertification.cms.gov/s/Register%20for%20Updates>

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