

CMS Issuer Technical Work Group

- ***Housekeeping***
 - ✓ ***Webinar Schedule-***
 - ✓ ***Plan Category Limitations:
Enrollees Who Attested To SEP
Qualifying Event Prior to 2/1 Go-
Live***
 - ✓ ***Enrollment Pre-Audit &
Reconciliation-***
- ***ER&R***
- ***Eligibility Updates***
- ***Compliance Reminders***
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- ***DE Updates***
- ***Q&A***

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

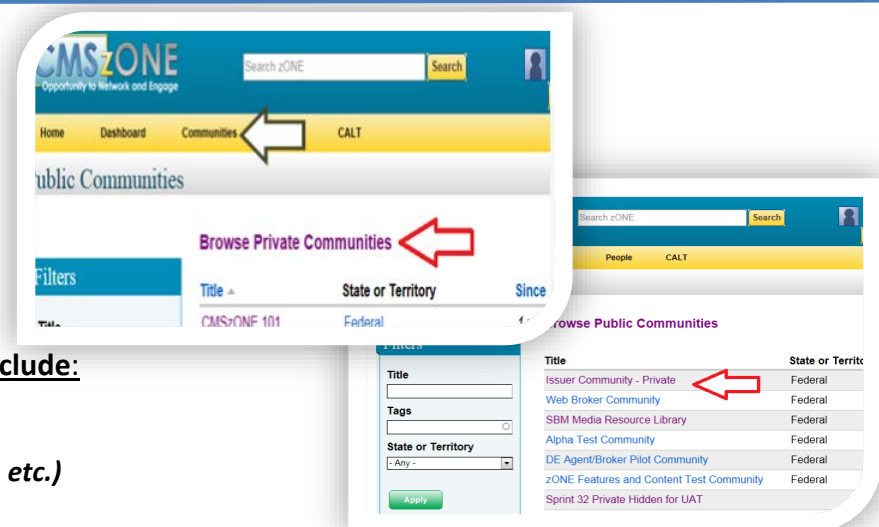
EIDM Registration Process: (Pre-requisite to CMSzONE Access)

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.)*

Distribution Lists

The CMS Issuer Communications Distribution List sends courtesy alerts on:

- ✓ *Daily IMP1A testing environment status message (~10:30 a.m. E.T.)*
- ✓ *Alerts on IMP1A outages/reboots (standard testing window is 10:30 a.m. – 8 p.m. ET, except Fridays 10:30 a.m. - noon)*
- ✓ *Deliveries for Enrollment Pre-Audit files, Enrollment Data base lining initiative and other alerts*

To add yourself to the **CMS Issuer Communications** 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 **CMS_Issuer_Communications** distribution list:

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

The Operations Distribution List sends courtesy alerts on:

- ✓ *planned system maintenance windows or unexpected outages of the **FFM system in production***

To add yourself to the **Operations Distribution List** (separate from the List above):

- ❖ Send an email, with one or two email addresses, to the Issuer_Registration@cms.hhs.gov with the subject line:
“Systems notification POC for [company name]”

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. At the top, there are icons for 'Participants' and 'Chat'. Below these, the 'Participants' list shows 'Ama Emanuel (me)' and 'Philip Desc...'. To the right of the list, there are icons for a raised hand and a video camera. A large blue arrow points from the text box above to the raised hand icon. Below the participants list, there is a 'Chat' window. To the right of the chat window, there is a 'File Transfer' dialog box. The dialog box has a menu with options: 'Open and Share...', 'Open Poll Question...', 'Open Chat...', 'Close', 'Save', 'Save As...', 'Save All...', and 'Transfer...'. A large blue arrow points from the text box above to the 'Transfer...' option. The 'Transfer...' option is highlighted, and a sub-menu is visible with the option 'Download'. Another large blue arrow points from the text box above to the 'Download' option. The 'Download' option is greyed out. Below the 'File Transfer' dialog box, there is a table with the following data:

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

At the bottom of the 'File Transfer' dialog box, there is a message: 'To download a file, either select it and then click Download, or right-click ...'. To the right of the message, there is a green circle with the number '2' inside it.

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

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ibuted, or copied to pers

prosecution to the full extent of the law.

Save the Date! QHP Issuer Conference April 23-24

- The annual Qualified Health Plan (QHP) Issuer Conference will be held Tuesday/Wednesday April 23-24, 2019 at CMS Headquarters in Baltimore, MD.
- This event is for issuers applying for QHP certification in the Federally-facilitated Exchange (FFE). Pre-registration is required to participate in-person or remotely. (Like previous years, DE partners and TPAs working on behalf of issuers can register to participate remotely.)
- This year we are planning on holding the following 4 sessions on the 2nd day of the conference that may be of interest to the audience on our weekly webinars:
 - Enhanced Direct Enrollment (EDE) Lessons Learned from Last Open Enrollment (OE) and Plans for 2020
 - Lessons Learned from PY 2019 Open Enrollment: Batch Auto Renewals (BAR) and Alternate Enrollments
 - Enrollment Processing: Overview and Enhancements for IC834s, Recon, and Enrollment Resolution and Reconciliation (ER&R) since 2018
 - New Issuer Onboarding 101: Enrollment, Payments and Testing

Registration info:

- The 2019 Qualified Health Plan (QHP) Issuer Conference will take place April 23-24, 2019 at CMS Headquarters in Baltimore, MD. This event is for issuers applying for QHP certification in the Federally-facilitated Exchange (FFE) and their state regulators. Conference registration is now open; pre-registration is required to participate in-person or remotely. To find more information about the conference and register for the event, please visit:

<https://protect2.fireeye.com/url?k=00d24e63-5c874770-00d27f5c-0cc47adb5650-913ece24a89e2d1d&u=https://protect2.fireeye.com/url?k=cd3cd87a-9169d169-cd3ce945-0cc47adb5650-6fe3a174d54ee46b&u=https://www.regtap.info/QHPonsite.php>

Cloud Migration Reminder for All FFM Issuers and DE Partners

- All FFM issuers and DE partners: Please make sure you are able to successfully connect to the Cloud environment in production. As a reminder, we migrated EFT to the Production environment February 23. We will complete our final Cloud Migration cut-over the weekend of March 23.
- As we look towards March 23, DE partners will want to make sure they are able to follow the same requirements around DNS whitelisting (for those that have previously whitelisted specific IP addresses.)
- We may need to delay EDI traffic this upcoming weekend or a future weekend in advance of the final migration on March 23rd. We will send a blast e-mail out if necessary.
- Full details on cloud environment connectivity details can be found in the e-mail sent from CMS_Issuer_Communcations@cms.hhs.gov sent on Monday, Feb. 25, 2019 at Noon Eastern Time with the subject line “CMS-FFM Issuer and DE Partner Alert: HUB EFT Services Migration Complete in Production; Reminder for Any Remaining Issuers Experiencing Difficulty”
- If you have any questions or are experiencing any connectivity problems, please e-mail the DSH Support Team at dsupport@qssinc.com and CC the CMS FEPS Helpdesk at cms_feps@cms.hhs.gov . Please use the subject line “EFT Migration Cut-Over Issue – [Partner Name]”

Plan Category Limitations: Enrollees Who Attested To SEP Qualifying Event Prior to 2/1 Go-Live

Background:

- The 2017 Marketplace Stabilization rule established plan category limitations (PCL) to address concerns that existing Exchange enrollees were utilizing Special Enrollment Periods (SEPs) to change plan categories based on health needs that emerge during the benefit year, and that it was having an adverse impact on the risk pool. PCL limits the ability of Exchange enrollees who qualify for the most common SEPs to change plan categories, and in some cases, change plans at all.
- The Federally-facilitated Exchange (FFE) implemented systems to apply PCL rules to existing enrollees on 2/1/19. See the following link for more information on PCL:
➤ https://www.regtap.info/uploads/library/ENR_ReviewOfPlanCategoryLimitations_5CR_020419.pdf

Policy & Operational Clarification:

- FFE enrollees who attested to a SEP-qualifying event prior to the FFE PCL implementation start date of 2/1/19 and were still in their SEP window on 2/1/19, are exempt from PCL (i.e. are eligible to select from a plan in any category as they were prior to 2/1/19).
- Due to FFE technical issues related to this policy, some SEP enrollments for this population may reflect an EX SEP code on the 834 transaction sent to the issuer. In these cases, the 834 will reflect an effective date that aligns with the SEP-qualifying event the FFE enrollee attested to prior to 2/1/19.

Housekeeping: Enrollment Pre-Audit and Reconciliation



Housekeeping: Enrollment Pre-Audit & Reconciliation

March 5, 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 to Issuers tomorrow, Wednesday, March 6th
- **Plan Year 2016**
 - This month's 2016 FFM extract will be taken on Friday, March 15th at 6PM EDT
 - ISIPA6 Files based upon that extract are scheduled for delivery to Issuers on Thursday, March 21st
- **Plan Year 2017**
 - This month's 2017 FFM extract will be taken on Friday, March 15th at 6PM EDT
 - ISIPA7 Files based upon that extract are scheduled for delivery to Issuers on Wednesday, March 20th

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2018**

- This month's 2018 FFM extract will be taken on Friday, March 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD8) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, March 19th
- ***Friday, March 15th at 3PM EDT is also the RCN18 submission deadline for the final scheduled PY2018 recon cycle***

Housekeeping: Pre-Audit & Reconciliation

- **Plan Year 2019**

- The RCNI9 submission deadline for February's Run 3 was last Thursday, February 28th at 3PM EST
 - **100%** of 2019 FFM Issuers successfully submitted for Run 3
 - **Please Note:** CMS plans to apply full field-level updates to PY2019 data for the first time based upon the results of Run 3
 - RCNO9 Files are being delivered to Issuers today, Tuesday, March 5th
- This month's 2019 FFM extract will be taken on Friday, March 15th at 6PM EDT
- Comprehensive Enrollment Pre-Audit (AUD9) Files based upon that extract are scheduled for delivery to Issuers on Tuesday, March 19th
- The RCNI9 submission deadline for March's Run 4 is Thursday, March 21st at 3PM EDT

Reminder: New Footnotes on RCNO

- Starting with the February recon cycles (Run 15 for 2018, Run 3 for 2019) CMS has added three new potential values to the Footnotes field to provide clarity on reasons why fields flagged “F” on that record will not result in updates to the FFM
 - The new values are:
 - **#GAP, #OVERLAP, #SPANSHORT**
 - If any of these footnote values are present on an RCNO record, updates to the FFM based upon that record *will likely not occur in that cycle*
 - **Please Note:** such updates are already suppressed and lead to “persistent F flags”; the addition of the new footnote values is purely informational
- Full details and examples were shared on the October 25th Issuer Recon/IC834 Workgroup Call
 - Slides are available on zONE at <https://zone.cms.gov//document/enrollment-reconciliation-and-ic834-workgroup-call-content>

Upcoming Changes to Pre-Audit, RCNI, and RCNO

- Last week, CMS published updated file specifications for the following files:
 - Enrollment Pre-Audit v5.0
 - Inbound Enrollment Reconciliation (RCNI) v5.0
 - Outbound Enrollment Reconciliation (RCNO) v5.0
- Although the changes reflected in the updated file specifications will not go into effect until later in 2019, it is important that Issuers closely review the changes now to prepare, plan, and implement the required changes in your processes
- CMS is also requesting Issuer feedback on the timeline to implement the changes to the RCNI file (details to follow)
- All three updated specs are available on zONE at:
<https://zone.cms.gov/document/enrollment-data-reconciliation>

Changes in Pre-Audit v5.0

- Three currently unused fields have been repurposed in the updated Pre-Audit v5.0 spec
 - Field 88: Cancellation Reason
 - Field 90: Termination Reason
 - Field 100: New Policy ID Indicator
- **Cancellation Reason** will convey the reason (aligned to the AMRC from the I834 or IC834) for the cancellation of the policy
 - This value will only be populated if the policy is cancelled
- **Termination Reason** will convey the reason (again aligned to the AMRC) for the termination of the policy
 - This value will only be populated if the policy is terminated, and will appear on the last segment that represents a period of active coverage
- **New Policy ID Indicator** will flag instances where an Exchange-Assigned Policy ID has been newly created by a non-standard process and is appearing for the first time on the Pre-Audit File
 - For example, when a gap in coverage within a policy is created by the ER&R Contractor, a new Policy ID is generated and would be flagged

Changes in Pre-Audit v5.0

- Additionally, a new table (Table 9) has been added to specify the codes that will be used in the Cancellation and Termination Reason fields

Reference Code	Value
1	Voluntary Withdrawal
2	No Longer Eligible (NLE) Due to Unresolved Data Matching Issue (DMI)
3	Change in Circumstance (CIC)
4	Stop QHP Due to Other Coverage
5	BAR Carry-Forward Cancel
6	Non-Payment
7	Free Look Cancel
8	HICS
9	Fraud
10	Anti-Duplication
11	Out of Area
12	Other

Changes in RCNI v5.0

- Two fields have been **added** in the new RCNI File spec:
 - Field 62: Cancellation Reason
 - Field 63: Termination Reason
- These fields align to the format and purpose of the same new fields in the Pre-Audit File spec
 - Table 2 has also been added with the same values as on the Pre-Audit File spec
- These fields will allow Issuers to provide the reasons for which they have cancelled or terminated a policy in their system
 - In cases where the cancellation and termination will be newly applied to the FFM, the Issuer-supplied reason code will be associated with the cancellation/termination on the FFM
 - Where the cancellation and termination already has been applied on the FFM, the Issuer-supplied reason code *may* update the existing reason code on the FFM per business rules
 - The exact business rules for accepting new reason codes are under development and will be shared with Issuers when finalized

Changes in RCNI v5.0 – Feedback Requested

- CMS is interested in Issuer feedback to determine the timeframe in which Issuers will be expected to submit a Cancellation or Termination Reason Code on the RCNI File in conjunction with any cancels and terms submitted on the file
 - There will likely be some time prior to this where the new fields are “live” and must be accounted for with at least two additional pipe delimiters on each RCNI 01 record
 - Likewise, once the reason codes are being submitted by Issuers, CMS will take several months to analyze the data quality of the reason codes prior to applying them to the FFM
- If you would like your feedback to be considered, please send an e-mail to recon_issuer_support@bah.com with the subject line “RECON REASON CODES”

Changes in RCNO v5.0

- Two field sets (six fields total) have been **added** in the new RCNO File spec:
 - Fields 173-175: Cancellation Reason
 - Fields 176-178: Termination Reason
- Each “field set” consists of the FFM value, Issuer value (from RCNI), and the matching/discrepancy resolution flag
- Table 3 has also been added with the same values as on the Pre-Audit File spec and RCNI spec

ER&R Topics

✓ ***ER&R Topics***

- ✓ Update: Add-ins Version 11.1
- ✓ Refresher: FR9 Disposition Code
- ✓ Refresher: FR18 Disposition Code

✓ ***Q&A***

March 5, 2019

Update: Add-ins Version 11.1

- ER&R published an updated version of the Excel add-ins for Enrollment Dispute Form v11.
- The updated add-ins allow issuers to submit 2018 Rejected Enrollment disputes.
- The updated add-ins are available on CMS zONE at <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>
 - Updated Enrollment Dispute Form v11.1 add-ins filename:
EnrollmentDisputeAddinsv11dot1.zip
- Issuers who wish to use add-ins to submit 2018 Rejected Enrollment disputes must download and install the new version.
 - Prior to installing the new version, issuers should uninstall any previous version(s).
- Issuers must submit 2018 Rejected Enrollment disputes by 03/31/2019, as this dispute type may only be used for current RCNO year policies.
 - From 04/01/2019, issuers should use the Initial Premium Paid Status dispute type on the Discrepancy Dispute tab for 2018 cancellations.
- The PSV Format tab of the Enrollment Dispute Form provides instructions for installing and using the add-ins; however, issuers should contact their IT department before installing the add-ins.
- Issuers may direct questions regarding the add-ins to the ER&R Support Center.
 - ERRSupportCenter@Cognosante.com
 - (855) 591-7113

Refresher: FR9 Disposition Codes

- Issuers receive disposition code FR9 for current year disputes when the issuer value on the dispute form does not match the issuer value in the RCNO. In most cases, this error is caused by the issuer entering the FFM Benefit End Date into the Issuer Value field on the dispute form.
 - Rule Description: End Date – Different in the RCNO file than on the Dispute Form
 - Verbiage Returned to Issuer: *The RCNI file submitted reflects a Benefit End Date of [Issuer Benefit End Date value in RCNO]. If you believe that the Benefit End Date should be [Issuer Value on dispute form], the issuer must apply the appropriate Benefit End Date on the RCNI before it can be reviewed and updated via the ER&R dispute process. If you have questions or need technical assistance with updating the RCNI to ensure it is correct, please contact the FMCC help desk at fmcc@cms.hhs.gov.*
- To prevent these errors, issuers should enter the desired Benefit End Date in the Issuer Value field on the dispute form and ensure this value matches the value the issuer reported in the RCNI file.

Refresher: FR18 Disposition Code

- ER&R saw an influx in the number of disputes receiving FR18 dispositions, often caused by a missing FFM Internal Inventory Number (column E on the Discrepancy Dispute tab).
 - Rule Description: Required Fields Not Submitted
 - Verbiage Returned to Issuer: *ER&R is unable to process the dispute because the required fields and/or appropriate situational fields were not submitted on the form correctly. Please refer to the Dispute Examples tab on the Enrollment Dispute Form or contact the ER&R Support Center at errsupportcenter@cognosante.com.*
- All dispute categories on the Discrepancy Dispute tab require the FFM Internal Inventory Number EXCEPT Prior Year – End Date disputes.
 - Prior Year – End Date disputes with no FFM Internal Inventory Number must include the FFM Exchange Assigned Policy ID (column F) and FFM Benefit Start and End Dates (columns L and M).
- Leaving other fields blank can also result in an FR18 disposition. These include:
 - HIOS (column B)
 - Coverage Year (column C)
 - FFM Exchange Assigned Subscriber ID (column G)
 - The dispute type from the Description of Disputed Item field (column H)
 - Issuer Value (column I)
- For specific guidance on required information, review the tool tips on the column headers or the Dispute Examples tab of Enrollment Dispute Form v11.

Compliance Team Reminders and Announcements



Tuesday, March 5, 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.

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.

Enhanced Direct Enrollment (EDE) Timeline Reminders and Upstream Documentation Package

- The **primary audit submission window** for DE Entities interested in implementing EDE in calendar year 2019 for PYs 2019 and 2020 is from **April 1, 2019 to June 30, 2019**. The notice of intent was due by February 28, 2019. Entities that submitted notices of intent should note the following:
 - DE Entities that are already live and intending to implement a new phase must also submit complete audits.
 - If a DE 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](#) from January 8, 2019 and February 26, 2019 located on CMS zONE.*

Clarification: Instructions for Upstream Entities

- **Upstream Documentation Package:** Upstream 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: Upstream Entities who intend to add functionality to the EDE pathway (excluding branding differences) must contact the DE Help Desk by March 15, 2019, to discuss whether an audit may be needed.

Reminder: Request for EDE Auditor Agreement and Audit Kickoff Calls

- **Request for Auditor Agreement**
 - CMS will request 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.

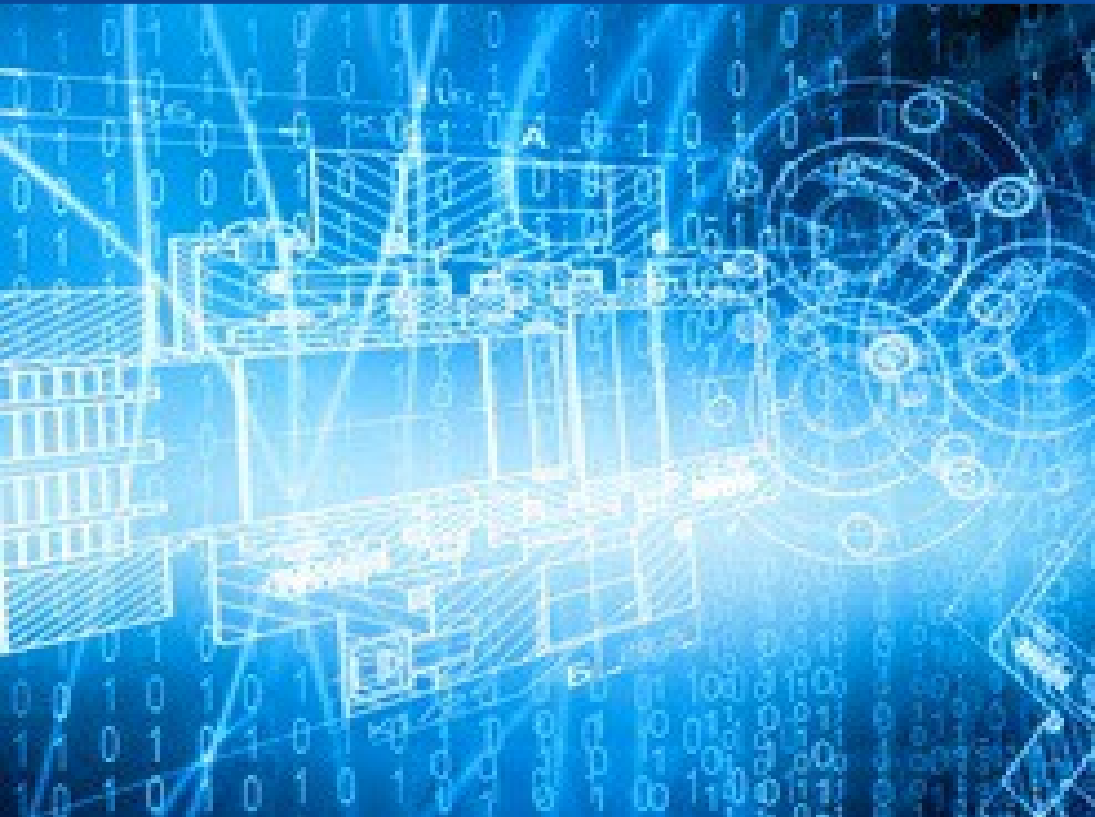
New Baseline Toolkits Available on CMS zONE

- 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
- The Auditor will use these toolkits to verify the DE 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).
- A new baseline Communications Toolkit is forthcoming.

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:
 - EDE Entities and Auditors with difficult legal, policy, or technical inquiries as offered by CMS.
 - 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).

EDE Partners: Eligibility Results Messaging Resource



Office of Communications

Division of Content Development

March 5, 2019

Samples of Eligibility Results Messaging

- An .xls file posted to zONE contains a sample of messages that may be displayed within the user interface for eligibility results.
- The following slides include UI highlights for certain scenarios.

Eligibility Results: Consistent Dynamic Features

Learn more about your eligibility results'. The main content area is divided into sections. The first section is 'Eligibility overview' with a light blue background. It contains a row with 'First Name Last Name', a green circle with a checkmark, the word 'Eligible', and the text 'To buy a Marketplace plan'. Below this is the heading 'Required action: View your eligibility notice'. The text below this heading explains the eligibility notice and provides instructions. A green button labeled 'VIEW ELIGIBILITY NOTICE (PDF)' is present. The next section is 'Continue to enrollment' with a light blue background. It contains text about choosing a plan and a grey button labeled 'CONTINUE TO ENROLLMENT'."/>

✓ Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	✓ Eligible	To buy a Marketplace plan
----------------------	------------	---------------------------

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period. You must pick a plan by February 17. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

You must pick a plan by February 17 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

- Submission status
- Application ID
- Application date
- Per-person eligibility information
- Notice download requirement
- Relevant CTAs
- Limited “help” functionality

Eligibility Results: Scenario-Specific Dynamic Features

Example 1: Ineligible, opted not to apply for help

 Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 Not eligible	Not eligible for health plans, premium tax credits, lower copayments, coinsurance, and deductibles (cost-sharing reductions), or state health benefits.
----------------------	--	---

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

VIEW ELIGIBILITY NOTICE (PDF)

Example 2: Assessed eligible for CHIP

 Your application was received and has been processed.

Eligibility results

Results based on your application (ID 152514312) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 May be eligible	For Children's Health Insurance Program (CHIP) You'll get a final decision from your state CHIP agency.
----------------------	---	--

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

Everyone on your application is eligible for coverage through [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). Select "View Eligibility Results" to find out how you can enroll in coverage.

VIEW ELIGIBILITY NOTICE (PDF)

Full Medicaid determination

It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the Arizona Health Care Cost Containment System (AHCCCS) (Medicaid). Do any of these people want us to send their information to the Arizona Health Care Cost Containment System (AHCCCS) (Medicaid) so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?

☐ First Name Last Name

☐ None of these people

SEND TO MEDICAID

Eligibility Results: Scenario-Specific Dynamic Features

Example 3: Determined eligible for CHIP

✓ Your application was received and has been processed.

Eligibility results

Results based on your application (ID 152764288) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name

✓ Eligible

For [Children's Health Insurance Program \(CHIP\)](#)
Your state CHIP agency will contact you if you need to provide more information.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

Everyone on your application is eligible for coverage through [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). Select "View Eligibility Results" to find out how you can enroll in coverage.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Full Medicaid determination

Do any of these people want to request a determination for Medicaid as conducted Alabama Medicaid on the basis of disability, blindness, or recurring medical needs and bills? *optional*

- ☐ First Name Last Name
☐ None of these people

[SEND TO MEDICAID](#)

Example 4: Assessed eligible for Medicaid

✓ Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153113518) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name

✓ May be eligible

For [Medicaid](#)
You'll get a final decision from your state Medicaid agency.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

Everyone on your application is eligible for coverage through [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). Select "View Eligibility Results" to find out how you can enroll in coverage.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Eligibility Results: Scenario-Specific Dynamic Features

Example 5: Determined eligible for Medicaid

✓ Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name ✓ Eligible For [Medicaid](#)

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

Everyone on your application is eligible for coverage through [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). Select "View Eligibility Results" to find out how you can enroll in coverage.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Example 6: Special Enrollment Period

✓ Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name ✓ Eligible To buy a Marketplace plan

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period. You must pick a plan by February 17. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

You must pick a plan by February 17 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

Eligibility Results: Scenario-Specific Dynamic Features

Example 7: Special Enrollment Period, verification required

 Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 Eligible	To buy a Marketplace plan
----------------------	--	---------------------------

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period, but we need information. Submit documents as soon as possible to confirm a loss of coverage. You'll pick a plan now, and your coverage will start once your documents are approved. See your eligibility notice for details and deadlines.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

You must pick a plan by March 2 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

You'll need to submit documents. If you're ready, you can [upload them now](#). But, if you'd rather upload documents later, select "Continue to Enrollment" now.

Example 8: Eligible for premium tax credit and CSR

Eligibility results

Results based on your application (ID 153126510) submitted on 01/16/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 Eligible	To buy a Marketplace plan For a premium tax credit of up to \$914 each month for your tax household For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans
----------------------	--	--

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've submitted your application and viewed your results. Next, you'll choose a plan.

[CONTINUE TO ENROLLMENT](#)

Full Medicaid determination

Do any of these people want to request a determination for Medicaid as conducted Virginia Medicaid on the basis of disability, blindness, or reoccurring medical needs and bills? optional

☐ First Name Last Name
☐ None of these people

[SEND TO MEDICAID](#)

Eligibility Results: Scenario-Specific Dynamic Features

Example 9: Eligible for CSR and Special Enrollment Period

 Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 Eligible	To buy a Marketplace plan For additional help with costs as a member of a tribe (see "Eligibility Results" for more information) Your eligibility is temporary: By April 6, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
----------------------	--	--

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period. You must pick a plan by March 7. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

You must pick a plan by March 7 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

Example 10: Data matching issue

 Your application was received and has been processed.

Eligibility results

Results based on your application (ID 153454372) submitted on 01/06/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	 Eligible	To buy a Marketplace plan Your eligibility is temporary: By April 11, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
----------------------	--	---

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

[CONTINUE TO ENROLLMENT](#)

Eligibility Results: Scenario-Specific Dynamic Features

Example 13: Multiple household members

Eligibility results

Results based on your application (ID 108337676) submitted on 01/18/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

First Name Last Name	Eligible	To buy a Marketplace plan For a premium tax credit of up to \$544 each month for your tax household For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans
Second Name Last Name	May be eligible	For Medicaid You'll get a final decision from your state Medicaid agency.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've submitted your application and viewed your results. Next, you'll choose a plan.

[CONTINUE TO ENROLLMENT](#)

Full Medicaid determination

It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the Florida Medicaid. Do any of these people want us to send their information to the Florida Medicaid so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?

☐ First Name Last Name
☐ None of these people

[SEND TO MEDICAID](#)

Other examples: Updates to the zOne resource

- **Outside Open Enrollment, Special Enrollment Period for existing enrollees with a change in circumstances**

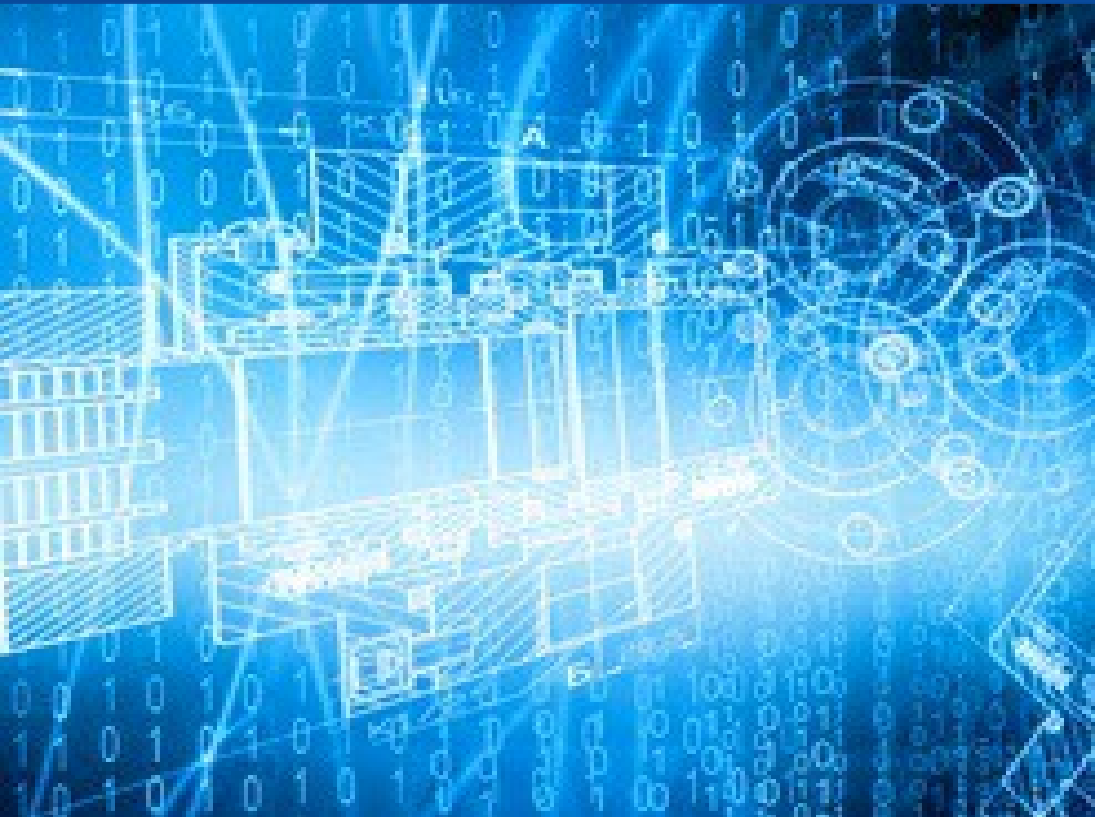
Eligibility Results: General Content Guidelines

Guidelines provided in the zOne xls file

Scenario/Description	Messaging Tips
These messaging rules apply to all scenarios.	Do not use acronyms like FFM, QHP, or SEP. For qualified health plans, HealthCare.gov uses terms like "Marketplace health plans," "Marketplace plans," and "Marketplace coverage." Don't use incorrect terms like "quality health plans." Do not use the acronym APTC. The eligibility results page should use generic terms to describe financial assistance programs. Misleading terms like "discounts" or "plans with lower prices" should not be used. Do not use the acronym CSR. The Eligibility Results UI should use generic terms to describe financial assistance programs. Misleading terms like "discounts" should not be used.

- Be consistent
- Don't use acronyms on consumer-facing messages, including Eligibility Results page
- Avoid misleading terms
- Use plain language
- Content examples:
 - <https://zone.cms.gov/document/enhanced-direct-enrollment-edo-documents-and-materials>
 - <https://marketplace.cms.gov/applications-and-forms/applications-and-forms.html>
 - [HealthCare.gov](https://www.healthcare.gov)

Direct Enrollment (DE) Updates: Enrollment Team



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

March 5, 2019

Reminder for EDE and Classic DE Partners: New Procedures for Help Desk Tickets

- EDE and Classic DE Partners, please note that we are updating our Help Desk procedures in an attempt to improve response times, and we request that you do the following to help us on this front:
 - When you are having problems with a technical issue (and not a connectivity or compliance issue), e-mail CMS_FEPS@cms.hhs.gov and Cc CMS.FFM.EDESupport@accenturefederal.com
 - Use one of the below subject line prefixes to ensure your issue is routed correctly:
 - For production issues, include either “EDE Production Issue: (short description of issue)” or “Classic DE Production Issue: (short description of issue)”
 - For testing issues, include either “EDE Testing Issue:(short description of issue)” or “Classic DE Testing Issue: (short description of issue)”
 - Do not copy CMS employees aside from your DEPOC unless it is a critical emergency
 - Please allow the team time to respond before escalating the issue (allow at least 24 weekday business hours)
 - As a best practice, please do not wait until the last few weeks before a program deadline (such as audit submission deadlines, Open Enrollment go live, etc.) to submit your technical issues
 - While we do our best to respond as quickly as we can, it will naturally take longer to resolve issues when overall volumes are high
 - Continue to send non-technical issues to the appropriate Help Desks:
 - Send connectivity questions and issues to DSH.Support@qssinc.com
 - Send compliance and audit-related questions to DirectEnrollment@cms.hhs.gov

Reminder for EDE and Classic DE Partners: Upcoming Production Outage

- EDE and Classic DE Partners, please be advised that there will be a production outage on 3/8/2019
 - A deployment and corresponding outage will begin on 3/8/2019 at 12:01 AM EST, and is expected to be completed/finished by 7:00 AM EST
 - During the outage, there will be a maintenance page on HealthCare.gov, and EDE and Classic DE Partners will be unable submit applications and enrollments
 - EDE and Classic DE Partners should plan accordingly

Reminder for EDE Partners: Upcoming SES API Changes

- EDE Partners should be aware that we will be making a number (100+) of SES changes in an upcoming release
 - The list of changes that will be made 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>
 - » 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 Apiary schema documentation discrepancies across the SES APIs
 - » Changes will be made to Create App, Update App, Add Member, Submit App, Get App
 - 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 changes are expected to be deployed to UAT0 on 5/10/2019 and are expected to be deployed to production on 7/26/2019

EDE Partners: Upcoming SES Validation Changes

- EDE Partners, please be aware that we will be updating our validation for employer name in both the Update App and Add Member Requests
 - The relevant paths are:
 - `attestation.members.income.currentIncome.jobIncome.empoloyerName`
 - `attestation.members.insuranceCoverage.employerSponsoredCoverageOffers.escOffer.employer.name`
 - Under the new validation requirements, Update App and Add Member Requests will need to conform to the following for employer name:
 - Can include alphanumeric characters (i.e. a-z, A-Z, and 0-9)
 - Can include the following special characters: `_ . @ - ! " # $ % & ' ( ) * + / = ? ^ ` { } ~ : ; , []`
 - Can include white space
 - Can include diacritics
 - Cannot include a combination of two dots and forward slash (i.e. `../`)
- EDE Partners, please also be aware that we will be updating our validation for tribal income in both the Update App and Add Member Requests, to allow for negative values
 - The relevant path is:
 - `members.[MEMBER-ID].income.currentIncome.currentIncome*.triballIncomeAmount`
- The updated validations will be deployed to UAT0 on 3/29 and to production on 5/3

EDE Partners: SES Defect

- EDE Partners, please be aware that we've identified a defect related to the `usedDocumentAnnualTaxIncomeAmountExplanationRequiredAmount`
 - This data element is returned in both the Update App and Get App Responses
 - This is expected to be returned as a number, however this is currently being returned as a boolean value (i.e. true/false value)
 - EDE Partners aren't likely using this value in any way, however the defect is still relevant since EDE Partners may be ingesting this value in their Update App and Get App Responses
- We have not yet prioritized a fix for this defect, however an additional update will be provided when one is available

CMS Issuer Technical Workgroup Call Appendix

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

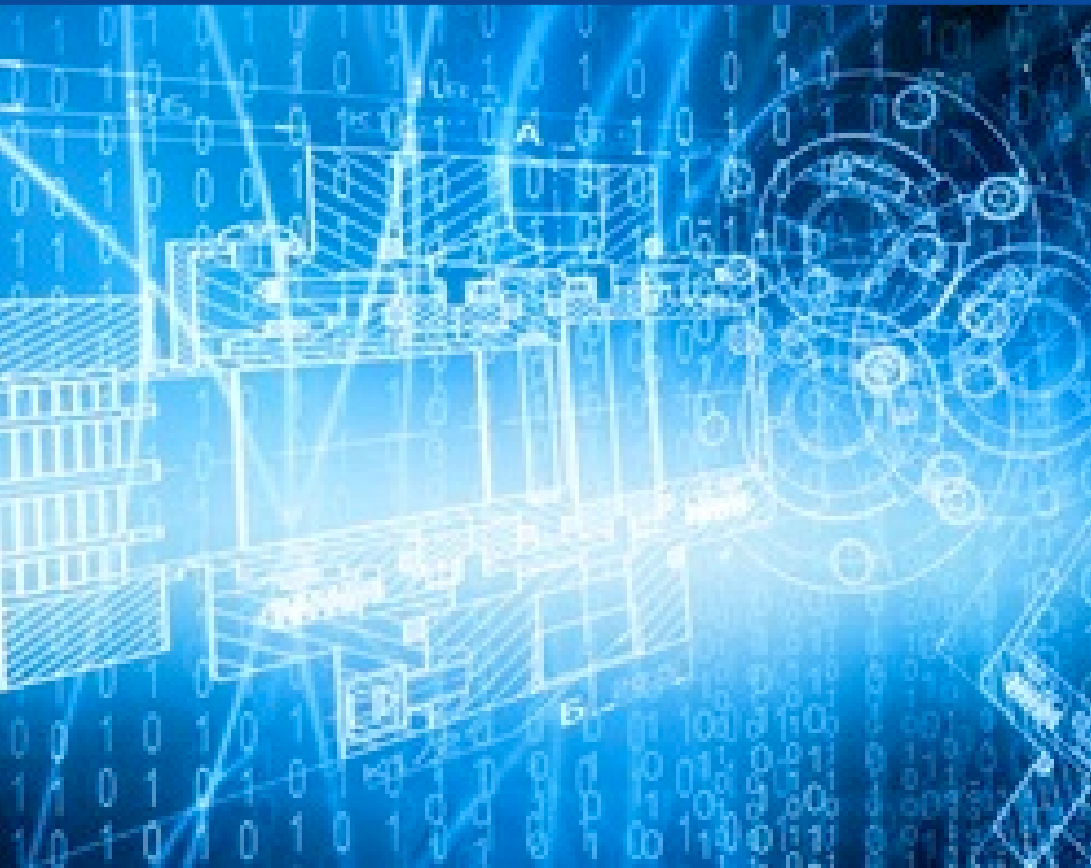
https://zone.cms.gov/system/files/documents/issuer_technical_slides_appendix_a_2018_3_20_v1.pdf

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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