

Standard Issuer Enrollment Data Files

Reference Information and Expected Issuer Actions

Version: 2.8

Date: 10/21/2019

Revision History

Date	Version	Changes	Author
10/21/2019	2.8	Added 2019 1095A Dispute Files (1095A9), 2020 Pre-Audit Files (AUD0), 2020 Outbound Recon Files (RCNO0), 2020 Missing Outbound 834 Files (MOIPA0), 2020 BAR Progress Reports (MISC0), and 2020 Passive Cancel IPA Files (BARCN0)	M. Gleason
7/25/2019	2.7	- Added 2018 Incremental Enrollment Pre-Audit (ISIPA8) Files - Removed 2018 Outbound (RCNO8) Files - Removed Date of Birth cleanup (MISC9) Files - Updated links to latest files on zONE	M. Gleason
3/4/2019	2.6	- Added 2019 DOB Cleanup Files (MISC9) - Removed 2018 DOB Cleanup Files (MISC8)	M. Gleason
12/31/2018	2.5	- Added 2018 1095A Dispute Update File - Removed Plan Year 2019 Missing Outbound 834 and Carry Forward Cancel Incremental Pre-Audit Files - Removed Batch Auto Renewal Progress Reports (Plan Year 2019)	M. Gleason
10/16/2018	2.4	- Added 2019 Pre-Audit (AUD9) files - Added 2019 Outbound Enrollment Reconciliation (RCNO9) files - Added 2019 Missing 834 IPA (MOIPA9) files - Added 2019 Passive Cancel IPA (BARCN9) files - Added 2019 BAR Progress Report (MISC9) files	M. Gleason
7/19/2018	2.3	- Added 2017 Monthly Incremental Pre-Audit File - Added 2018 Date of Birth Cleanup Incremental Pre-Audit File	J. Hase
5/8/2018	2.2	- Added Issuer Outreach Files - Removed RCNO17, BARCN8 Files	J. Hase
2/2/2018	2.1	- Added 2018 Outbound Enrollment Reconciliation File - Added 2017 1095-A Dispute Update File - Updated BARCN8 Files to represent carry-forward cancels - Removed MISC8 BAR Progress Report File	M. Gleason/J. Hase

		• Removed MOIPA8, ORPHN7, ISUIPA, and OVRLP7 Files • Updated links	
10/24/2017	2.0	• Added 2018 Enrollment Pre-Audit File • Added 2018 BAR Progress Report File • Added 2018 Missing Outbound 834 Incremental Pre-Audit File • Updated links	J. Hase
8/10/2017	1.3	• Added Monthly Incremental Enrollment Pre-Audit Files • Removed RCNO16 File • Added references to specifications going to production in September 2017 • Updated links	J. Hase
3/27/2017	1.2	• Updated hyperlinks to latest Education Suite	M. Gleason
3/13/2017	1.1	• Updated links to latest documents on zONE	M. Gleason
2/15/2017	1.0	• Initial Version	J. Hase/T. alSalaam

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Introduction & Purpose

To facilitate proper alignment and synchronization of enrollment data between the Federally-Facilitated Marketplace (FFM) and Issuers, CMS regularly distributes files to Issuers reflecting the current state of data on the FFM or documenting updates that have been applied. This document details this suite of files regularly distributed to Issuers, providing information related to the file naming convention, file format, and contents of each file. Likewise, this document also provides guidance to Issuers on proper handling of these files and the appropriate actions to be taken in response to the information conveyed in each file. Please be aware that the expected frequency of distribution for each file in this document may vary at different times of the year based on business or operational requirements.

The following files are currently detailed in this document:

- Updates as a result of 1095-A Disputes (Plan Year 2014) – 1095A4
- Updates as a result of 1095-A Disputes (Plan Year 2015) – 1095A5
- Updates as a result of 1095-A Disputes (Plan Year 2016) – 1095A6
- Updates as a result of 1095-A Disputes (Plan Year 2017) – 1095A7
- Updates as a result of 1095-A Disputes (Plan Year 2018) – 1095A8
- Updates as a result of 1095-A Disputes (Plan Year 2019) – 1095A9
- Monthly Incremental Enrollment Pre-Audit Files (Plan Year 2016) – ISIPA6
- Monthly Incremental Enrollment Pre-Audit Files (Plan Year 2017) – ISIPA7
- Monthly Incremental Enrollment Pre-Audit Files (Plan Year 2018) – ISIPA8
- Enrollment Pre-Audit Files (Plan Year 2016) – AUD16
- Enrollment Pre-Audit Files (Plan Year 2017) – AUD17
- Enrollment Pre-Audit Files (Plan Year 2018) – AUD8
- Enrollment Pre-Audit Files (Plan Year 2019) – AUD9
- Enrollment Pre-Audit Files (Plan Year 2020) – AUD0
- Outbound Enrollment Reconciliation Files (Plan Year 2019) – RCNO9
- Outbound Enrollment Reconciliation Files (Plan Year 2020) – RCNO0
- Issuer Outreach Files – IOUTrC
- Missing Outbound 834 Files (Plan Year 2020) – MOIPA0
- Batch Auto Renewal Progress Reports (Plan Year 2020) – MISCO
- Passive Cancel IPA Files (Plan Year 2020) - BARCNO

Once a particular file is no longer part of the regular distribution schedule published on zONE, the description in this document will be archived. As new file types are added to the calendar, the description will be added to this document. The latest version of the Pre-Audit & Reconciliation Calendar can be found on zONE at: <https://zone.cms.gov/document/pre-audit-and-recon-calendar-and-file-specification>.

For each file referenced in this document, CMS distributes the files to Issuers via secure Electronic File Transfer (EFT). Files are aggregated by Trading Partner ID, based on the QHP ID-to-Trading Partner ID mapping documented in your organization's EDI Registration Form.

Additional educational and reference information regarding these files can be found in the Enrollment Reconciliation Education Suite, available on zONE at: <https://zone.cms.gov/document/enrollment-data-reconciliation>.

Updates as a Result of 1095-A Disputes (Plan Year 2014)

Function Code: 1095A4

Plan Year: 2014
File Format: Enrollment Pre-Audit
Expected Frequency: Periodically
File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2014 as a result of this dispute process since the last 1095A4 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A4 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Updates as a Result of 1095-A Disputes (Plan Year 2015)

Function Code: 1095A5

Plan Year: 2015
File Format: Enrollment Pre-Audit
Expected Frequency: Periodically
File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2015 as a result of this dispute process since the last 1095A5 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A5 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Updates as a Result of 1095-A Disputes (Plan Year 2016)

Function Code: 1095A6

Plan Year: 2016
File Format: Enrollment Pre-Audit
Expected Frequency: Periodically
File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2016 as a result of this dispute process since the last 1095A6 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A6 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Updates as a Result of 1095-A Disputes (Plan Year 2017)

Function Code: 1095A7

Plan Year:	2017
File Format:	Enrollment Pre-Audit
Expected Frequency:	Periodically
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2017 as a result of this dispute process since the last 1095A7 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A7 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Updates as a Result of 1095-A Disputes (Plan Year 2018)

Function Code: 1095A8

Plan Year:	2018
File Format:	Enrollment Pre-Audit
Expected Frequency:	Periodically
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2018 as a result of this dispute process since the last 1095A8 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A8 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Updates as a Result of 1095-A Disputes (Plan Year 2019)

Function Code: 1095A9

Plan Year: 2019
File Format: Enrollment Pre-Audit
Expected Frequency: Periodically
File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the file to ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

CMS continues to receive and process consumer-initiated disputes related to IRS 1095-A Health Insurance Marketplace Statement tax forms. These disputes are researched and resolved by the Enrollment Reconciliation & Resolution (ER&R) Contractor. As applicable, updates are made to the FFM enrollment database upon resolution of the dispute. These incremental Pre-Audit files contain all enrollment records that were updated in the FFM for Plan Year 2019 as a result of this dispute process since the last 1095A9 File distribution.

As a reminder, there are no EDI 834 transactions generated as a result of this process; these 1095A9 files serve as documentation of the changes made.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions or assistance on the 1095-A dispute process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "1095-A - QUESTION". Please remember to include the name of your organization, state(s), 5-character HIOS ID(s) and your contact information.

Incremental Monthly Enrollment Pre-Audit Files (Plan Year 2016)

Function Code: ISIPA6

Plan Year:	2016
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly (per calendar)
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare updated FFM enrollment data documented in the Incremental Pre-Audit File to the Issuer's enrollment data store; ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. Apply any updates to your enrollment data store as needed.
3. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at:
<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

These files contain FFM enrollment data for policies with updates applied during the calendar month prior to the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files will contain only enrollment data for policies effective January 1st, 2016 through December 31st, 2016 that have been updated since the prior Incremental or Comprehensive Enrollment Pre-Audit File for Plan Year 2016.

Please note, if any coverage span for a specific policy (as defined by Exchange-Assigned Policy ID) has been changed, all coverage spans associated with that policy will be conveyed on this Incremental Pre-Audit File.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Enrollment Pre-Audit Files (Plan Year 2016)

Function Code: AUD16

Plan Year:	2016
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly (per calendar)
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare FFM enrollment data documented in the Pre-Audit File to the Issuer's enrollment data store. The enrollment data reflected in the Pre-Audit File will be processed for any Policy-Based Payment or User Fee adjustments in the next month's Preliminary Payment Report (PPR) and HIX 820.
2. Apply any updates to your enrollment data store as needed.
3. If you feel that any enrollment data in the FFM is inaccurate based upon this Pre-Audit File, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

These files reflect FFM enrollment transactions and updates applied starting November 1st, 2015 through the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files are distinct from any Pre-Audit Files created for other plan years and contain data only pertaining to enrollments effective January 1st, 2016 through December 31st, 2016.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Incremental Monthly Enrollment Pre-Audit Files (Plan Year 2017)

Function Code: ISIPA7

Plan Year:	2017
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly (per calendar)
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare updated FFM enrollment data documented in the Incremental Pre-Audit File to the Issuer's enrollment data store; ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. Apply any updates to your enrollment data store as needed.
3. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at:
<https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

These files contain FFM enrollment data for policies with updates applied during the calendar month prior to the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files will contain only enrollment data for policies effective January 1st, 2017 through December 31st, 2017 that have been updated since the prior Incremental or Comprehensive Enrollment Pre-Audit File for Plan Year 2017.

Please note, if any coverage span for a specific policy (as defined by Exchange-Assigned Policy ID) has been changed, all coverage spans associated with that policy will be conveyed on this Incremental Pre-Audit File.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Enrollment Pre-Audit Files (Plan Year 2017)

Function Code: AUD17

Plan Year:	2017
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare FFM enrollment data documented in the Pre-Audit File to the Issuer's enrollment data store. The enrollment data reflected in the Pre-Audit File will be processed for any Policy-Based Payment or User Fee adjustments in the next month's Preliminary Payment Report (PPR) and HIX 820.
2. Apply any updates to your enrollment data store as needed.
3. If you feel that any enrollment data in the FFM is inaccurate based upon this Pre-Audit File, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

These files reflect FFM enrollment transactions and updates applied starting November 1st, 2016 through the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files are distinct from any Pre-Audit Files created for other plan years and contain data only pertaining to enrollments effective January 1st, 2017 through December 31st, 2017.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Incremental Monthly Enrollment Pre-Audit Files (Plan Year 2018)

Function Code: ISIPA8

Plan Year:	2018
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly (per calendar)
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare updated FFM enrollment data documented in the Incremental Pre-Audit File to the Issuer's enrollment data store; ensure the updates applied to the FFM reflect the state of these enrollments in your database.
2. Apply any updates to your enrollment data store as needed.
3. If you disagree with the update that has been applied to the FFM, file a dispute with the ER&R Contractor using the standard Enrollment Dispute template, available on zONE at: <https://zone.cms.gov/document/enrollment-resolution-and-reconciliation>.

Background:

These files contain FFM enrollment data for policies with updates applied during the calendar month prior to the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files will contain only enrollment data for policies effective January 1st, 2018 through December 31st, 2018 that have been updated since the prior Incremental or Comprehensive Enrollment Pre-Audit File for Plan Year 2018.

Please note, if any coverage span for a specific policy (as defined by Exchange-Assigned Policy ID) has been changed, all coverage spans associated with that policy will be conveyed on this Incremental Pre-Audit File.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Enrollment Pre-Audit Files (Plan Year 2018)

Function Code: AUD8

Plan Year: 2018

File Format: Enrollment Pre-Audit

Expected Frequency: Monthly

File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare FFM enrollment data documented in the Pre-Audit File to the Issuer's enrollment data store; this Pre-Audit File also represents the FFM enrollment data that will be compared to the Issuer's enrollment data submitted in the monthly reconciliation process.
2. Process any enrollments from the Pre-Audit File that are missing on the Issuer system, and start customer outreach and effectuation as needed; please reference the Missing Outbound 834 Indicator and Retransmitted Outbound 834 Indicator fields on the Pre-Audit File to identify potential missing enrollments.
3. Closely review the Pre-Audit File as the effectuated enrollments reflected in the file will be processed for Policy-Based Payments and User Fee calculations; the snapshot of FFM enrollment data used for the Pre-Audit File is also used for payments, as reflected in the next month's Preliminary Payment Report (PPR) and HIX 820.

Background:

These files reflect FFM enrollment transactions and updates applied starting with the initiation of Batch Auto-Renewal for 2018 in October 2017 through the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files are distinct from any Pre-Audit Files created for other plan years and contain data only pertaining to enrollments effective January 1st, 2018 through December 31st, 2018.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Enrollment Pre-Audit Files (Plan Year 2019)

Function Code: AUD9

Plan Year:	2019
File Format:	Enrollment Pre-Audit
Expected Frequency:	Monthly
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare FFM enrollment data documented in the Pre-Audit File to the Issuer's enrollment data store; this Pre-Audit File also represents the FFM enrollment data that will be compared to the Issuer's enrollment data submitted in the monthly reconciliation process.
2. Process any enrollments from the Pre-Audit File that are missing on the Issuer system, and start customer outreach and effectuation as needed; please reference the Missing Outbound 834 Indicator and Retransmitted Outbound 834 Indicator fields on the Pre-Audit File to identify potential missing enrollments.
3. Take appropriate action on flags in other fields on the Pre-Audit file, including: Overlaps Indicator (field 89), New Policy ID Indicator (field 100), and Date of Birth Cleanup Indicator (field 101). See the comprehensive Enrollment Reconciliation Education Suite available on zONE (<https://zone.cms.gov/document/enrollment-data-reconciliation>) for guidance on Issuer actions required for these fields.
4. Closely review the Pre-Audit File as the effectuated enrollments reflected in the file will be processed for Policy-Based Payments and User Fee calculations; the snapshot of FFM enrollment data used for the Pre-Audit File is also used for payments, as reflected in the next month's Preliminary Payment Report (PPR) and HIX 820.

Background:

These files reflect FFM enrollment transactions and updates applied starting with the initiation of Batch Auto-Renewal for 2019 in October 2018 through the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files are distinct from any Pre-Audit Files created for other plan years and contain data only pertaining to enrollments effective January 1st, 2019 through December 31st, 2019.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Enrollment Pre-Audit Files (Plan Year 2020)

Function Code: AUD0

Plan Year: 2020

File Format: Enrollment Pre-Audit

Expected Frequency: Monthly

File Specifications: https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Compare FFM enrollment data documented in the Pre-Audit File to the Issuer's enrollment data store; this Pre-Audit File also represents the FFM enrollment data that will be compared to the Issuer's enrollment data submitted in the monthly reconciliation process.
2. Process any enrollments from the Pre-Audit File that are missing on the Issuer system, and start customer outreach and effectuation as needed; please reference the Missing Outbound 834 Indicator and Retransmitted Outbound 834 Indicator fields on the Pre-Audit File to identify potential missing enrollments.
3. Take appropriate action on flags in other fields on the Pre-Audit file, including: Overlaps Indicator (field 89), New Policy ID Indicator (field 100), and Date of Birth Cleanup Indicator (field 101). See the comprehensive Enrollment Reconciliation Education Suite available on zONE (<https://zone.cms.gov/document/enrollment-data-reconciliation>) for guidance on Issuer actions required for these fields.
4. Closely review the Pre-Audit File as the effectuated enrollments reflected in the file will be processed for Policy-Based Payments and User Fee calculations; the snapshot of FFM enrollment data used for the Pre-Audit File is also used for payments, as reflected in the next month's Preliminary Payment Report (PPR) and HIX 820.

Background:

These files reflect FFM enrollment transactions and updates applied starting with the initiation of Batch Auto-Renewal for 2020 in October 2019 through the extract date and time (typically the 15th of the month at 6PM Eastern Time). These files are distinct from any Pre-Audit Files created for other plan years and contain data only pertaining to enrollments effective January 1st, 2020 through December 31st, 2020.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

For general questions on the Pre-Audit process, please send an e-mail to CMS_FEPS@cms.hhs.gov with the subject line "PRE-AUDIT - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Outbound Enrollment Reconciliation Files (Plan Year 2019)

Function Code: RCNO9

Plan Year: 2019

File Format: Outbound Enrollment Reconciliation

Expected Frequency: Monthly

File Specifications: https://zone.cms.gov/system/files/documents/outbound_enrollment_reconciliation_file_specification_v5_11.pdf

Issuer Actions Required:

1. Begin analysis of the record-matching and discrepancy results represented in the file.
2. **Do not** apply any updates to your system as a result of this file until statistical validation results are received by the designated reconciliation technical contacts for your organization; the results e-mail will indicate the updates that will be appropriate to make based on CMS's analysis of the file.

Background:

This file represents the results of automated FFM Enrollment Reconciliation; an e-mail will be sent to the designated Enrollment Reconciliation contacts for your organization with the results of reconciliation processing for this cycle and the appropriate actions to be taken from your RCNO9 file.

Please also refer to the comprehensive Enrollment Reconciliation Education Suite for further details on the reconciliation process. This document is available on zONE at:

<https://zone.cms.gov/document/enrollment-data-reconciliation>.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

If you have any questions about the reconciliation results reflected in these files, please submit them to CMS_FEPS@cms.hhs.gov with the subject line "RECONCILIATION – QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Outbound Enrollment Reconciliation Files (Plan Year 2020)

Function Code: RCNO0

Plan Year: 2020

File Format: Outbound Enrollment Reconciliation

Expected Frequency: Monthly

File Specifications: https://zone.cms.gov/system/files/documents/outbound_enrollment_reconciliation_file_specification_v5_11.pdf

Issuer Actions Required:

1. Begin analysis of the record-matching and discrepancy results represented in the file.
2. **Do not** apply any updates to your system as a result of this file until statistical validation results are received by the designated reconciliation technical contacts for your organization; the results e-mail will indicate the updates that will be appropriate to make based on CMS's analysis of the file.

Background:

This file represents the results of automated FFM Enrollment Reconciliation; an e-mail will be sent to the designated Enrollment Reconciliation contacts for your organization with the results of reconciliation processing for this cycle and the appropriate actions to be taken from your RCNO0 file.

Please also refer to the comprehensive Enrollment Reconciliation Education Suite for further details on the reconciliation process. This document is available on zONE at:

<https://zone.cms.gov/document/enrollment-data-reconciliation>.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

If you have any questions about the reconciliation results reflected in these files, please submit them to CMS_FEPS@cms.hhs.gov with the subject line "RECONCILIATION – QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Issuer Outreach Files

Function Code: IOUARC

Plan Year:	2019 or 2020
File Format:	Pipe-Delimited Flat File
Expected Frequency:	As needed
File Specifications:	https://zone.cms.gov/document/ioutrc-file-layout

Issuer Actions Required:

1. Review the instructions associated with the specific IOUARC File as communicated by CMS.
2. Conduct the requested direct outreach to the population identified in the IOUARC File.

Background:

This file provides information for consumers requiring outreach from the Issuer. This file will be accompanied by detailed instructions describing the purpose of the outreach and recommended talking points. Please refer to e-mail blast communications from CMS Issuer Communications as well as the content presented on CMS Issuer calls.

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

If you have any questions about the reconciliation results reflected in these files, please submit them to CMS_FEPS@cms.hhs.gov with the subject line "IOUARC File – QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Missing Outbound 834 Incremental Pre-Audit Files (Plan Year 2020)

Function Code: MOIPA0

Plan Year:	2020
File Format:	Incremental Pre-Audit
Expected Frequency:	Periodic during Open Enrollment
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

Issuers must review the enrollment records in this MOIPA file and ensure that:

1. For a new initial enrollment, the enrollment group is loaded into the Issuer's system and appropriate new member outreach performed
2. For a cancellation, the affected policy is cancelled in the Issuer's system
3. For a maintenance transaction, the appropriate update is made to the enrollment in the Issuer's system

Please see below for guidance on how to identify the appropriate action for each record in the file.

Background:

This file is a special Incremental Pre-Audit File that will contain full information for enrollment transactions that failed to convey to the Issuer via the standard EDI 834. Before January 1, 2020, CMS will periodically send a special Missing Outbound 834 IPA File distinct from distribution of a full Enrollment Pre-Audit File. As there is no corresponding Pre-Audit File, this IPA File will contain the full Pre-Audit information for all enrollment transactions that failed to convey successfully to the Issuer during the period covered by the MOIPA.

To identify the update required for each record on the Missing Outbound 834 IPA File, Issuers should first check the value in **Field 11: Transaction Type Code**

- *Transaction Type Code 1 (Active)*
 - If the *Exchange-Assigned Policy ID (Field 68)* on the record does not exist in the Issuer system
 - This record represents a new Initial enrollment
 - If the *Exchange-Assigned Policy ID* on the record already exists in the Issuer system
 - This record represents a maintenance transaction
- *Transaction Type Code 3 (Cancelled)*
 - This record represents a cancellation transaction

Since these files may require manual review and processing, you may need to manually retrieve and store the files to ensure any automated routines (such as those to ingest EDI 834 files) do not process these files.

Questions & Assistance:

If you have any questions about these Missing Outbound 834 Incremental Pre-Audit Files, please submit them to CMS_FEPS@cms.hhs.gov with the subject line “ENROLLMENT PRE-AUDIT – QUESTION”. Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Batch Auto-Renewal Progress Reports (Plan Year 2020)

Function Code: MISCO

Plan Year:	2020
File Format:	Report
Expected Frequency:	Daily during Batch Auto-Renewal (approximately October 17 th through December 31 st , 2019)
File Specifications:	Tab-Delimited Flat File (see layout in the Background section below)

Issuer Actions Required:

1. Issuers may use the information on the Batch Auto-Renewal (BAR) Progress Report to gain insight into the total projected number of auto-renewals and alternate enrollments for 2020 and the number of each that have already been conveyed to the Issuer via I834 or I834AR.

Background:

At the request of Issuers, CMS is distributing daily Batch Auto-Renewal (BAR) Progress Reports to provide insight into the total number of policies associated with each Issuer that are eligible for auto-renewal and how many have already been sent to the Issuer as 2020 renewals by the BAR process. For Issuers that are to receive alternate enrollments during the BAR process, estimates are also provided for the total number of expected alternate enrollments to be sent to that Issuer and how many have already been sent as 2020 “Passive – New to Issuer” enrollments by the FFM.

Issuers should be aware that the total number of BAR-Eligible Policies cited on the BAR Progress Report represents **all** BAR-eligible policies that have 2019 coverage with that HIOS ID, regardless of whether the Issuer is offering service in that area for 2020. As such, if the Issuer is withdrawing from a state, or portion of a state, for 2020, the BAR-Eligible Policies total will include policies that will be alternately enrolled with another Issuer. Conversely, issuers with HIOS IDs that offer coverage in 2020, but not in 2019, will not receive a BAR Progress Report for that HIOS.

These BAR Progress Reports are tab-delimited flat files in the layout below:

Field	Data Element	Description	Data Type	Length
1	State	Abbreviation for the coverage state associated with the HIOS ID	String (Alphabetical)	2
2	Issuer ID (HIOS ID)	Identifier for the Issuer as assigned via the Health Insurance Oversight System; corresponds to the first 5 characters of the QHP ID	String (Numeric)	5
3	Issuer Marketing Name	Marketing name of the Issuer	String (Alphanumeric)	

Field	Data Element	Description	Data Type	Length
4	QHP or SADP	Indicates whether the enrollments listed in the report for that HIOS ID are QHP or SADP enrollments	String (Alphabetical)	3-4
5	Trading Partner ID	Trading Partner ID associated with the enrollment transaction, as designated by the Issuer on the EDI Registration Form	String (Alphanumeric)	5-10
6	BAR-Eligible Policies	Number of 2018 policies associated with the HIOS ID and Line of Business that are currently eligible for auto-renewal into 2019 coverage	Integer	
7	Regular Auto-Enrolled	Total number of 2018 policies auto-renewed into 2019 coverage with the same HIOS ID and sent via I834AR	Integer	
8	Estimated Alternate Enrollments	Estimated number of policies to be renewed as “Passive – New to Issuer” for 2019 coverage	Integer	
9	Alternate Enrollments	Total number of 2019 alternate enrollments sent to the Issuer via I834	Integer	

Questions & Assistance:

If you have any questions about these BAR Progress Report files, please submit them to CMS_FEPS@cms.hhs.gov with the subject line “BAR PROGRESS REPORT – QUESTION”. Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.

Passive Reenrollment Cancel Incremental Pre-Audit Files (Plan Year 2020)

Function Code: BARCN0

Plan Year:	2020
File Format:	Incremental Pre-Audit
Expected Frequency:	Periodic following Open Enrollment
File Specifications:	https://zone.cms.gov/system/files/documents/enrollment_pre-audit_file_specification_v5_11.pdf

Issuer Actions Required:

1. Review the cancellations documented in the file and ensure these cancellations are applied to the appropriate passive reenrollments in your system.

Background:

The Passive Reenrollment Cancel Incremental Pre-Audit File documents the cancellation of passive renewals that have been duplicated by an active selection made on a different application for Plan Year 2020. As the active selection was not made on the application connected to the passive renewal, it did not result in an 834 CANCEL and the cancellation is documented in this BARCN9 file.

The cancellations documented in this Cancel IPA File have already been applied to the FFM, and Issuers should use this file to apply the cancellation, as necessary, to the Issuer's system.

Questions & Assistance:

If you have any questions about the cancellations reflected in the ISUIPA File, please report them to CMS_FEPS@cms.hhs.gov with the subject line "RECONCILIATION - QUESTION". Please remember to include the name of your organization, State(s), 5-character HIOS ID(s) and your contact information.