

Open Enrollment (OE) and Batch Auto Reenrollment (BAR) FAQ

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Information & Insurance
Oversight (CCIIO)*

October 21, 2019

<https://www.regtap.info/FFENR.php>

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Open Enrollment and BAR

The Open Enrollment Period for 2020 Coverage runs from November 1 – December 15, 2019

Reminder of Files Sent to Issuers After November 1:

- **Switch File**
 - The Switch file (sent via EFT SWTFL) will begin daily delivery on 11/3/19. The file lists 2019 subscribers who have not yet been auto-reenrolled and have actively selected a different issuer for 2020 year Marketplace coverage.
 - Current year issuers should non-renew subscribers if they are on the Switch File.
 - The Switch File will run until about 12/16/19.
- **During Open Enrollment** season, issuers can expect to receive both 2019 and 2020 enrollments sent via EFT I834 and I834AR.

BAR Daily Progress Report

- CMS will deliver a daily tab-delimited report **via EFT code MISC0** on/around 10/22/19 to health and dental plan issuers listing the following attributes:

Attribute	Definition
bar_eligible_policies	2019 coverage in initial or effectuated status with 12/31/19 Plan Benefit End Date & EOY = False (excludes 2019 policies with active 2020 reenrollments)
regular_auto_reenrolled	Total count to date of 2020 auto-renewals (policy origin = 11, and 2019 and 2020 HIOS match).
estimated_alternate_enrollments	[only applies to issuer who were notified by CMS] The count of new members (number of people) estimated by CMS to be matched to the issuer as of 10/9/19.
alternate_enrollments	The count of alternate enrollments (number of policies) sent to date (policy origin = 11, and 2019 and 2020 HIOS do not match)

General BAR Questions

- **Can an issuer cancel a consumer's passive enrollment at the consumer's request or is the consumer required to contact the Marketplace?**
 - An issuer may cancel a passive re-enrollment (aka BAR, policy origin = 11) at consumer's request. Issuers should report the cancel back via IC834 or monthly reconciliation.
- **When a member is auto-renewed, will they receive a new Application ID for 2020?**
 - Yes, there will be a new FFE Application ID for the new coverage year. The FFE-Assigned Policy ID will also change. FFE-assigned Member IDs remain the same year-over-year.
- **Will the BAR include demographic changes?**
 - The BAR file will include all changes that have been reconciled with the FFE up to that moment. Any demographic changes the consumer reported throughout the year will be included in the BAR file.

BAR Stop Coverage

- An enrollee has until December 31 to indicate to the Exchange that they don't want to be auto-reenrolled by using the "Stop Coverage for 2020" button available on healthcare.gov.
- Selecting this button will immediately generate a current year policy termination with a benefit end date of December 31, and simultaneously cancel the future year BAR policy.

Don't want your current coverage to continue into 2020?

You can choose to end all of your Marketplace coverage on 12/31/2019. If you do this, we won't automatically enroll you in coverage next year.

STOP COVERAGE FOR 2020

De-duplication of Auto-reenrollments

- The Marketplace works diligently to prevent sending passive re-enrollment (BAR) transactions for someone with an active 2020 enrollment.
- Nevertheless, there are enrollees who temporarily have duplicative re-enrollments. For example:
 - BAR passively reenrolled a person because the 2020 active reenrollment was created by an agent who failed to use the enrollee's pre-existing Marketplace Account, and thus was not initially detected by BAR. The FFE regularly searches for any duplicates and will cancel the auto-reenrollment and leave the active selection in force.

De-duplication of Auto-reenrollments

- To be responsive to the consumer, an issuer may report an unwanted BAR policy as cancelled in reconciliation without a Health Insurance Casework System (HICS) case if the following criteria are met:
 - Only passive reenrollments (origin type 11) should be cancelled without a transaction or HICS case.
 - Issuers who receive a HICS request for cancellation of a passively reenrolled policy must honor the consumer's request.
 - The cancellation should be reported as cancelled through IC834 or other enrollment data alignment channel.

Current Year Termination Impact on Future year BAR Policy

- **If an issuer receives an 834 termination of the member's 2019 coverage after the member is auto-renewed for 2020 coverage, should the issuer cancel the 2020 BAR coverage as well?**
 - CMS will cancel the 2020 policy if it is still in passive status through the cancel carry-forward job. However, some issuers do not wish to wait for the completion of the cancel carry-forward process; therefore, an issuer can send the FFM a transaction to cancel the 2020 policy. Some scenarios also permit the issuer to cancel a 2020 policy in active status, but the issuer should be sure to follow the rules around guaranteed availability.
 - For more information, see Chapter 3s, and 7.4.2 and 7.4.3 of the Enrollment Manual at https://www.regtap.info/reg_librarye.php?i=1739

BAR Policy Reinstatement Requests

- **If an enrollee's coverage wasn't auto-renewed because FFE records indicated the 2019 policy was terminated, but the issuer later reinstates the 2019 coverage, what happens for 2020 coverage?**
 - 2019 policies reinstated in the FFE by December 15 will be auto-renewed for 2020 coverage in the final wave of BAR
 - 2019 policies reinstated after December 15 require the enrollee to actively reenroll during Open Enrollment, or at the FFE Call Center after December 15
 - In February and March, the FFM facilitates post-BAR reinstatements.
 - The FFE Call Center has a list of members whose 2019 coverage was reinstated by the issuer in enrollment data alignment after December 15 if no associated active re-enrollment for 2020 coverage is found.
 - These impacted enrollees are flagged for a Special Enrollment Period (SEP) and issuers are encouraged to conduct voluntary outreach for them to actively prospectively or retroactively to January 1, 2020.

Grace Period and BAR Policies

- **If a member receiving APTC has a Grace Period End Date of 11/30/2019, and has a 2020 BAR policy, but is later termed due to non-payment back to 9/30/2019, would we cancel the new 2020 policy? What is the policy for those who actively enroll for 2020?**
 - In the example you describe, where the enrollee with an APTC grace period ending November 30 fails to pay all premium due and is terminated back to September 30, the issuer may cancel the January 1 enrollment if it is still in passive status (policy origin = 11) as nonpayment is an exception to guaranteed renewal. However, an active re-enrollment with a January 1 effective date for someone whose grace period expires November 30 must be treated as a potential new enrollment subject to binder payment (and applicable past due premium if the issuer has properly adopted the payment policy conditioning new enrollment on the payment of past due premium within twelve months of the new policy's start date). An active reenrollment effective January 1 is considered a potential new enrollment subject to binder because it fails the "continuous enrollment" test as the transaction effective date, January 1, is after the end of the grace period, November 30).
 - For additional information on nonpayment scenarios around the change in plan years: *Section 7.4.2 Grace Period Whose End Occurs After the End of the Annual Open Enrollment Period*

References

- [OE Transaction Summary for Plan Year 2020](#)
- [Standard Issuer Enrollment Data Files](#)
- [FFE and FF-SHOP Enrollment Manual \(2019\)](#)

Knowledge Check 1

- **If a family BAR'd in October, then a change file (M834) is received to terminate a dependent from the BAR policy, what should issuers do with the BAR transaction?**
 - A. The remaining members will not be re-BAR'd on Wave II.
 - B. The issuer should cancel the BAR Wave I transaction.
 - C. Any changes after BAR Wave I will be reflected in BAR Wave II.

Knowledge Check 1 – ANSWER

ANSWER: C

- CMS will run Batch Auto-Reenrollment on any active policy in the FFE as of the October cut-off date. Any Change in Circumstance (CIC) reported after this time will be picked up during BAR Wave II in mid - December, after OEP has finished. If no active selection is made during OE affecting this policy, then BAR Wave II will reflect the terminated dependent and BAR the remaining family members to ensure they have 2020 coverage.

Knowledge Check 2

- **An issuer's daily progress report does not match their expected numbers. Am I missing BAR transactions?**
 - A. Yes, the daily progress report is considered a true measure of missing BAR transactions.
 - B. This could be related to timing. EDI aggregation determines the count of 834s issuers receive that day and is different from the cut-off time for the BAR Progress Report.
 - C. The issuer's expected numbers may have been miscalculated.

Knowledge Check 2 - ANSWER

ANSWER: B

- EDI aggregation is around 5:30-6:00pm daily, whereas the BAR progress report is generated around 11:55pm daily. Since BAR typically runs at all hours, if some BAR policies were generated on a day after 6:00pm but before 11:55pm, they would show up on that day's BAR progress report but issuers would not receive the 834s until the next day. A very small number of BAR transactions fail, but are often sent later via EFT I834RT.