Enrollment Blocker Job Aide

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October 1, 2018

Understanding Enrollment Blockers

- An Enrollment Blocker, also referred to as a "blocker", "confirmation blocker", or "termination blocker", occurs when a consumer with an existing enrollment on the Federally-Facilitated Exchange (FFE) successfully updates their current application through the Exchange but a technical issue prevents the policy from updating with the new eligibility information.
- The blocked policy update also prevents the issuer from receiving the change, as no 834 transaction is sent, and the correctly updated enrollment is not viewable on the Pre-Audit file.
- Blocked policy updates may prevent issuers from receiving accurate policy-based payments due to the new Advanced Premium Tax Credit (APTC) amount not being updated on the FFE policy. Blockers can cause multiple issues, such as:
    - An enrollee paying an incorrect premium amount and/or receiving inaccurate cost-sharing reductions.
    - Preventing a new spouse or infant from being added to a policy, which may cause delays or rejection of submitted claims.
    - Preventing consumers from removing Qualified Individuals (QIs).
    - Preventing updates to demographic information, such as date of birth (DOB), address, gender, and SSN.
- Enrollment Blockers can significantly impact consumers and issuers if not properly aligned with the FFE.

Updating the FFE Policy

- When an enrollee with a blocker contacts the FFE, the FFE employs a manual workaround whereby a HICS case that includes the key eligibility updates is created and assigned to the respective issuer.

- The FFE then relies on the issuer to apply the changes to the issuer's records and update key aspects of the FFE policy through Reconciliation or by submitting the case to the Enrollment Resolution & Reconciliation (ER&R) Contractor via the HICS Direct Disputes process or the Enrollment Dispute Form.

- Regardless of the method used to resolve the discrepancy with the FFE, the issuer's Inbound Enrollment Reconciliation (RCNI) file must always reflect the change required by the HICS case.

- If issuers have questions on the Enrollment Blocker process, please contact the ER&R Support Center for assistance.
  - ERRSupportCenter@Cognosante.com
  - 855-591-7113

Updating the FFE Policy – HICS Direct Dispute

- Issuers are required to add a comment to the Resolution tab of the HICS case when submitting a HICS Direct Dispute to ER&R. To send the case as a HICS Direct Dispute, issuers must select the *Yes* radio button in the ER&R Review Requested field.

- Prior to submitting the case, the following must be noted in the HICS case comments:
  - The change is due to an Enrollment Blocker, confirmation blocker, or 500.300588 error code
    NOTE: This information must be included in the HICS Case Narrative and may not be added into the case comments.
  - FFM Exchange Assigned Policy ID
  - Total Premium Amount to be applied

- In addition to the required information, ER&R also requests that issuers include the APTC amount and the Benefit Start Date as a result of the new member, if known and applicable.

- **Sample Issuer Comment**: "*ER&R: Please make corrections due to Enrollment Blocker. Total Premium Amount: $982.89, APTC Amount: $643.00, Policy ID: 12345678, New Start date: 03/01/2017*"

- If the issuer finds that certain required information is missing from the HICS Case Narrative, the issuer should enter the missing values in the HICS case comments.

- Issuers should not contact the Marketplace Service Desk (MSD) for assistance with missing information, as the MSD will likely be unable to assist, nor should issuers refer the enrollee back to the FFE.

  NOTE: The ER&R Support Center is often able to assist with identifying optional information.

- If a case is ineligible for processing as a HICS Direct Dispute or is missing the required details, ER&R will assign the case back to the issuer with a comment in HICS explaining the reason.

  - The issuer can resubmit a case that is missing required details after adding a comment to the case with the requested information.

- Once ER&R processes the HICS case, ER&R documents that the update has been submitted, and the FFE should update within 1-2 cycles.

Updating the FFE Policy – HICS Direct Dispute (Continued)

HICS Direct Dispute Process
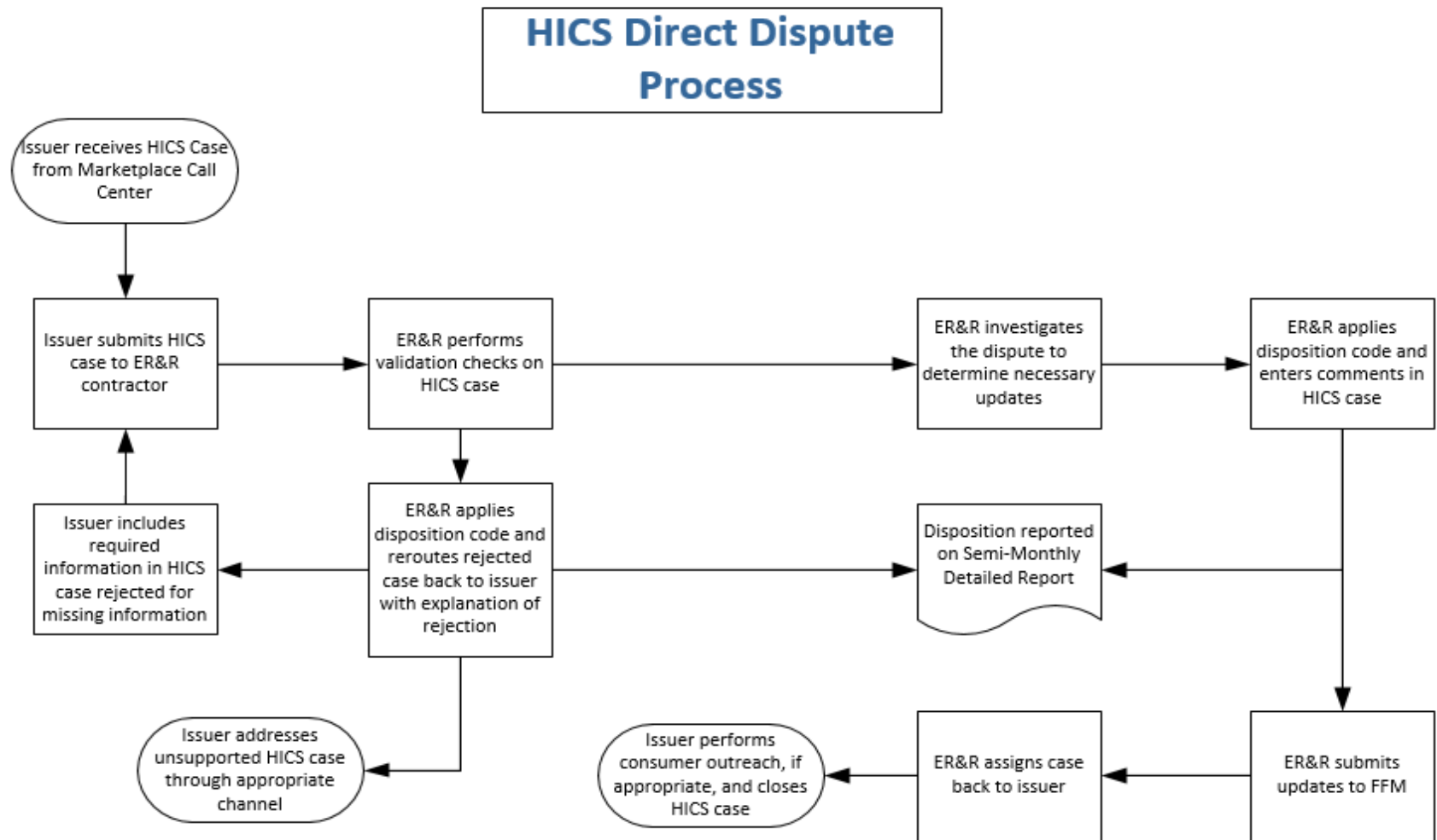
Updating the FFE Policy – Enrollment Dispute Form

- Issuers can submit Enrollment Blocker corrections via the Enrollment Blocker tab of the Enrollment Dispute Form. The latest version of the Enrollment Dispute Form is available on CMS zONE at https://zone.cms.gov//document/enrollment-resolution-and-reconciliation.
- To submit an Enrollment Blocker correction using the Enrollment Dispute Form, the issuer should complete the fields on the Enrollment Blocker tab in accordance with the following table.

Attribute	Required/Optional	Source
Issuer POC Name	Required	Issuer
Issuer POC Telephone Number	Required	Issuer
Issuer POC Email Address	Required	Issuer
HIOS	Required	HICS
FFM Exchange Assigned Policy ID	Required	HICS
FFM Exchange Assigned Subscriber ID	Required	Issuer
HICS Case ID	Required	HICS
FFM Benefit Start Date	Optional	RCNO
FFM Benefit End Date	Optional	RCNO
Total Premium to be Applied	Optional	HICS
APTC Amount	Optional	HICS
QHP Variant ID	Optional	HICS
Issuer Start Date as a result of Add or Removal of Member(s)	Optional	HICS

Updating the FFE Policy – Enrollment Dispute Form (Continued)

ER&R

- Issuers must submit the completed form to ER&R using the ERRS EFT function code.

- Upon receipt of the Enrollment Dispute Form, ER&R reviews the associated HICS case and any other information the issuer has provided.

- ER&R assigns a disposition code to the case, which is reported to the issuer on the subsequent Semi-Monthly Detailed Report.
  - If the HICS case is not an Enrollment Blocker, and does not mention the required Enrollment Blocker error verbiage in the HICS Case Narrative, or if the issuer did not provide the required details, ER&R rejects the case with a disposition code that explains the reason for the rejection.
  - If ER&R is able to make the necessary correction(s), ER&R applies a disposition code beginning with BU, and the FFE should update within 1-2 cycles.

Updating the FFE Policy – Expected Resolution & Response Time

- ER&R resolves HICS Direct Disputes in a time frame comparable to the resolution time for disputes submitted via the Enrollment Dispute Form (1-2 cycles); however, resolution times may vary depending on the specifics of each dispute.

- When a case is being reviewed, issuers are encouraged to notify the consumer of the investigation prior to receiving a response from the ER&R Contractor. Issuers can also notify consumers of the review after receiving a response from the ER&R Contractor.

- Issuers are NOT penalized for HICS Direct Dispute cases pending resolution to the ER&R Contractor beyond the standard regulatory timelines.
    - When the issuer submits the HICS Direct Dispute case to the ER&R Contractor, the timer related to the 72-hour or 15-calendar day resolution timeline is on hold.
    - Once the case is resolved and sent back to the issuer for closure, the timer resumes.
    - Like disputes submitted on the Enrollment Dispute Form, outcomes for Enrollment Blocker cases submitted using the HICS Direct Dispute process appear on the Semi-Monthly Detailed Report that is delivered via the ERRD function code.

HICS Case Examples

- Issuers may encounter several types of Enrollment Blocker HICS cases, and in all cases, the Exchange will not send an updated enrollment, termination, or maintenance 834 file showing the reported changes. Following are the most common types of Enrollment Blockers, with examples of the standard language used by the FFM Call Center when generating the HICS case.

Example	Scenario Description	Update RCNI?	ER&R Enrollment Blocker Dispute?	Sample HICS Case Narrative
A	Policy Termination Blocker	Yes	No	Consumer requested to terminate coverage. The Exchange is unable to process this request due to system error 500.280.
B	Adding a Member Blocker	Yes	Yes	Consumer was unable to submit application due to error 302100, 500.300588... Name of new enrollee: [NAME]
C	Removing a Member Blocker	Yes	Yes	Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process... Name and date of birth of person being removed from coverage: [NAME]
D*	Updating Non-SEP Change in Circumstance Blocker	Yes	Yes, only if case includes financial update	Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process.

HICS Case Example A – Policy Termination Blocker

- This error occurs when a consumer or FFM Call Center representative attempts to terminate Exchange coverage for a policy. This blocker type typically generates an error code of *500.280*.

- **Standard HICS Narrative**: *"Consumer requested to terminate coverage. The Exchange is unable to process this request due to system error 500.280. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State], [ZIP], and has a date of birth of [Birth Date]. Consumer enrolled on [Enrollment Start Date] in [Plan Name], [Plan Phone Number]. The consumer's policy number is [FFE Policy Number] and the plan identification number is [Issuer ID]."*

- **Issuer Action**: Issuers should use RCNI to establish the correct policy end date in the FFE. A HICS Direct Dispute is not the appropriate enrollment data alignment method for blockers where the entire policy needs to be terminated. In some cases, end dates or effectuation status may be updated through the ER&R Contractor using the Enrollment Dispute Form. For additional details regarding these processes, issuers should contact the ER&R Support Center at ERRSupportCenter@Cognosante.com.

HICS Case Example B – Adding a Member Blocker

- This error occurs when a consumer tries to complete a Change in Circumstance (CiC) after a successful application submission by selecting or confirming a Qualified Health Plan (QHP) in Plan Compare. This blocker type typically generates an error code of **500.300588** or **302100**.

- **Standard HICS Narrative**: *"Consumer was unable to submit application due to error 302100, 500.300588. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State], [ZIP], and has a date of birth of [Birth Date]. Consumer enrolled on [Enrollment Start Date] in [Plan Name], [Plan Phone Number]. The consumer's application ID is [Application ID]. Reason for change in circumstance: [Answer 1]. Name of new enrollee: [Answer 2]. Date of birth/adoption/marriage: [Answer 3]. Coverage effective date: [Answer 4]. New APTC amount: [Answer 5]. Cost-sharing reduction variant: [Answer 6]. Exchange Assigned Policy ID [FFE Policy Number]."*

- **Issuer Action**: Issuers should make the requested changes in their internal systems and report the correct information in Reconciliation. Issuers should follow the instructions to submit the financial changes via the HICS Direct Dispute process.

HICS Case Example C – Removing a Member Blocker

- This error occurs when a consumer reports a CiC on an active Exchange application but is not able to proceed into Plan Compare to confirm the change because of an error. There is no error code generated by this blocker. When enrollment data alignment guidelines are properly followed, the FFE policy record will have the member removed, unlike the "Adding a Member" blocker, where only the FFE policy record financial amounts can be updated.

- **Standard HICS Narrative**: "*Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State] [ZIP] date of birth is [Birth Date]. Consumer enrolled on [Enrollment Submission Date] in [Plan Name], [Plan Phone Number]. The consumer's application ID is [Application ID]. The consumer's policy number is [FFE Policy Number]. Reason for change in circumstance: [Answer 1]. Name and date of birth of person being removed from coverage: [Answer 2]. Effective date the person should be removed from coverage: [Answer 3]. New APTC amount: [Answer 4]. Cost-sharing reduction variant: [Answer 5]. Additional information: [Answer 6].*"

- **Issuer Action**: Issuers should remove the applicant from the policy by adjusting their internal records to reflect the appropriate financial information as indicated in the HICS case and report the correct information in Reconciliation. Issuers should follow the instructions to submit all changes via the HICS Direct Dispute process.

HICS Case Example D – Updating Non-SEP CiC Blocker

- This error occurs when a consumer reports a CiC on an active Exchange application but is not able to proceed into Plan Compare to confirm the change because of an error. Some of the most frequent changes impacted by this blocker include changes to name, gender, address, date of birth, social security number, and income. This blocker is believed to be caused by the new demographic information, leading the FFE to believe the enrollee is now a new person, and because the member is not eligible for a Special Enrollment Period (SEP), the member is blocked from Plan Compare. There is no error code generated by this blocker.

- **Standard HICS Narrative**: "Consumer unable to submit application due to change in circumstance enrollment confirmation blocker. Please make the updates in your system and submit changes to the Exchange through the ER&R process. [First Name] [Last Name] lives at [Address Line 1], [Address Line 2], [City], [State] [ZIP] date of birth is [Birth Date]. Consumer enrolled on [Enrollment Submission Date] in [Plan Name], [Plan Phone Number]. The consumer's application ID is [Application ID]. The consumer's policy number is [FFE Policy Number]. Reason for change in circumstance: [Answer 1]. Name and date of birth of person being removed from coverage: [Answer 2]. Effective date the person should be removed from coverage: [Answer 3]. New APTC amount: [Answer 4]. Cost-sharing reduction variant: [Answer 5]. Additional information: [Answer 6]."

  NOTE: In addition, the narrative may provide guidance identified as "Issuer Action".

HICS Case Example D – Updating Non-SEP CiC Blocker (Continued)

- **Issuer Action**: Issuers should adjust internal records to reflect the correction noted in HICS and resolve the case. If the HICS case includes a change to financials (i.e., APTC, CSR, Total Premium Amount), the issuer should submit the changes via the HICS Direct Dispute process. Certain demographic changes, such as address, DOB, and SSN, cannot be reconciled through any Exchange data alignment channel.

- Starting September 24, 2018, Regional Office casework staff can assist in the resolution of name changes, DOB, SSN, and residential address, as noted in a HICS case.

- Regional Offices will actively look for blockers and assign these cases to CMS staff to generate 834 transactions to resolve the blockers.

- If issuers see these cases, they can notify their Lead Caseworker.

Common HICS Direct Dispute Rejection Scenarios

- Upon receipt of the HICS Direct Dispute case, ER&R reviews the data submitted. In some instances, ER&R cannot process the case as submitted and the case is rejected. The following table lists the most common scenarios that lead to rejections and provides the recommended issuer follow-up actions.

ER&R Rejection Reason	Issuer Follow-Up
Clarifying Resolution Note Required	The issuer should review the HICS case note, add a note in HICS with the requested clarification or information, and reselect the *Yes* radio button in the ER&R Review Requested field. **NOTE**: HICS Direct Dispute cases submitted for ER&R review must be in the *Open* status.
No Change in FFE Required	ER&R has determined that the change reflected in the HICS case is already reflected in the FFE.
Invalid Dispute Type	The HICS Case Narrative does not contain verbiage referring to "Enrollment Blocker", "Confirmation Blocker" or error "500.300588". The issuer should review the Case Narrative to determine the correct resolution.
Ineligible – Demographic	The HICS case is requesting a change to demographic information, which cannot be updated by the ER&R Contractor. The issuer should update internal records to reflect the change requested in the HICS case.
Member Requesting to be Removed Not on Policy	The HICS Case Narrative is requesting the removal of a member who is not present on the FFE policy.
Ineligible – Start or End Date Update	The HICS case is requesting a start date and/or end date change and the FFM APTC and QHP ID/Variant ID already match the HICS case values. The issuer should make this update via the RCNI process.
Missing Policy ID	The policy ID is not provided in the HICS case. The issuer should add the policy ID as a comment in the HICS case and reselect the *Yes* radio button in the ER&R Review Requested field. **NOTE**: HICS Direct Dispute cases submitted for ER&R review must be in the *Open* status.
Conflicting Information	This indicates that there is a discrepancy between what is provided in the Case Narrative and what is provided in the issuer comment(s). This discrepancy may be related to Total Premium Amount, effective date, or other required elements.

Submitting Enrollment Blocker Disputes

How should an issuer submit an Enrollment Blocker dispute to ER&R?

- Prior to submitting an Enrollment Blocker, the issuer should visit the HICS Direct Dispute Master Guidance presentation at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation for detailed instructions.
    - If the HICS case is open, the issuer should submit the case for ER&R review using the HICS Direct Dispute process.
    - If the HICS case is closed and has been resolved for less than 30 days, the issuer can request to reopen the HICS case through their Lead Caseworker and submit the case for ER&R review using the HICS Direct Dispute process.
    - If the HICS case is closed and has been resolved for more than 30 days, the issuer should submit a dispute using the Enrollment Blocker tab of the Enrollment Dispute Form. Access the latest version of the form on CMS zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.

This guidance continues on the next slide.

Submitting Enrollment Blocker Disputes (Continued)

How should an issuer submit an Enrollment Blocker dispute to ER&R? (Continued)

- The following table provides additional information on the two (2) methods available for submitting Enrollment Blocker disputes.

Criteria	HICS Direct Dispute	Enrollment Dispute Form
HICS Case Status	▶ Open	▶ Open or Closed
Case Processing Time	▶ Faster processing – ER&R can communicate with the issuer if clarification or additional information is needed ▶ Timer related to case resolution SLA is placed on hold while the case is under ER&R review and resumes when the case is sent back to the issuer	▶ Slower processing – ER&R must communicate with the issuer via issuer outreach to obtain additional information ▶ Timer related to case resolution SLA is not placed on hold
Accuracy of Information	▶ Updates are more accurate because the HICS case is recent and related to the dispute	▶ ER&R may not have the most up-to-date or accurate information due to the age of the HICS case
Bulk Upload	▶ Issuers do not have the option to bulk upload cases	▶ Issuers can bulk upload cases via the Enrollment Dispute Form
Response Time	▶ After processing, the issuer receives an immediate response regarding the outcome of the dispute	▶ The issuer must wait to review the outcome of the dispute on the Semi-Monthly Detailed Report

Enrollment Blocker Cheat Sheet

- The Enrollment Blocker Cheat Sheet will be made available to issuers on CMS zONE.

- This document is a quick reference guide that contains additional guidance and answers to common issuer questions regarding:
  - Identifying Enrollment Blockers
  - Submitting Enrollment Blocker disputes
  - Resolving various types of Enrollment Blockers
  - Tips for completing HICS Direct Disputes

- Issuers may access the Enrollment Blocker Cheat Sheet on CMS zONE at https://zone.cms.gov/document/enrollment-resolution-and-reconciliation.

Q&A

Contact the ER&R Support Center
Phone: **(855) 591-7113**
Email:
ERRSupportCenter@Cognosante.com